

Bottling it up

The effects of alcohol misuse on children, parents and families

**TURNING
POINT**
turning lives around





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Summary

There are up to 1.3 million (one in eleven) children in the UK living with parents who misuse alcohol (Alcohol Harm Reduction Strategy for England, 2004). The problems are widespread and well documented, yet children and parents are still neglected by services.

Parental alcohol misuse damages and disrupts the lives of children and families in all areas of society, spanning all social classes. It blights the lives of whole families and harms the development of children trapped by the effects of their parents' problematic drinking.

This issue challenges a number of Government agendas. Yet despite the damage that it causes to individuals and society, it is an area that remains hidden. The effect of alcohol misuse within families has been relatively overlooked and under-recognised by Government and severely neglected in terms of specific service development for children and families affected. A particular characteristic of the issue is denial – the alcohol misuse is a family secret and children's voices, too often, go unheard.

As a leading provider of services for children and parents facing the issue of problematic drinking, Turning Point has researched the reality of alcohol misuse within the family in order to help drive the development of better services. This report, based on interviews with children and parents, highlights the far-reaching consequences of parental alcohol problems on everyone in the family. The impact on children can begin pre-birth and lead to a sustained, damaging legacy into adulthood. As they grow up, children have to cope with a multitude of behavioural, emotional and social problems. Families generally receive little support to help address the practical and emotional issues that arise, yet children and parents are clear about the positive impact that the right services could have on helping them to manage or overcome their situation.

If an adult problematic drinker accesses services, they largely find their role as a parent is not addressed. Many parents told Turning Point that they were struggling to meet their children's

basic care needs or provide adequate emotional support, and children had to rely on either their own coping strategies or resilience, or the support of others to get by. Alcohol misuse has significant adverse effects on parenting including inconsistency, emotional detachment and neglect. Family life can become characterised by chaos and a lack of routine, and in some cases unpredictable behaviour associated with mental health problems and violence.

From Turning Point's experience, we know that adults experiencing alcohol problems may be wary of fully disclosing the impact that their drinking is having upon their children. We also know that staff in adult alcohol services often feel ill-equipped to meet the needs of children of misusing parents, and therefore concentrate on adults. In children's services, many staff feel that they lack the knowledge, skills and confidence to address parents' substance related problems even where they affect children. Very few professionals are confident about addressing the needs of both client groups.

As a result, significant gaps exist in specialist provision and where services do exist, the focus is primarily on parental drug misuse, rather than alcohol. Direct services for children and their parents have been very slow to develop and have received insufficient prominence or attention. Yet we know that there could be as many as five times as many children affected by parental alcohol misuse than parental drug misuse.

For many children the future seems bleak, and this situation cannot continue. It is time to start delivering the services that children and families need. Parents need support to improve their parenting, to help families stay together. Services that work with alcohol-misusing adults should have protocols in place to protect children, and to provide prompt access to a wider range of specialist services when required.

It is time for the Government to take the next step and prioritise support in order to meet the specific needs of children of alcohol-misusing parents, as well as providing support directly to parents themselves.



1. Methodology

Turning Point sees 20,000 young people through its services each year. With over 20 services specifically aimed at working with young people in England and Wales, we see those with a wide range of complex needs. Turning Point has specific services for children affected by parental substance misuse including alcohol, and a range of adult provision including community and residential services accessed by alcohol-misusing parents.

As a provider of services for alcohol-misusing adults and for children affected by parental alcohol misuse, Turning Point is well placed to understand the destructive impact alcohol misuse can have on everyone in the family. As a campaigning organisation, we are working to tackle the situation, informed directly by the people using our services. This report is based on the contributions and perspectives of children and their parents in Turning Point's services. For many children, coming to Turning Point is their first chance to talk about their experiences, and being part of this report was a valuable opportunity to help change the situation they find themselves trapped in.

Through focus groups and individual interviews with children and parents as well as those working with them, this report seeks to give a voice to those who are unheard.

We asked children aged 12–18 about their views, including:

- How their knowledge and attitudes to alcohol had been affected by their experiences
- What effect they thought their parents drinking had on them as an individual
- What effect parental drinking had on their family
- What helps children to cope with their situation
- What services could do/have done to help

Parents' views were also researched, including:

- Identifying the support they had received from services to support them and their children
- What impact they considered their alcohol use to have had on their children
- What would help in terms of services, practical support, information needs

Interviews were recorded, transcribed and analysed, providing insight into how parental behaviour has impacted upon parenting, family functioning and on children's behaviour, physical and psychological health. It also provided a valuable account of how children view their parents' drinking and how this impacts upon their views of alcohol and family life.

The names of the children and parents have been changed to protect their anonymity. We are extremely grateful to each person who agreed to participate in the interviews and contribute to this report.

2. Policy framework

This report reveals that a significant problem remains entrenched in millions of households in this country, despite policy developments in recent years. The Government has introduced a number of strategies intended to tackle the harm caused by alcohol and to safeguard the welfare of children. Under the antisocial behaviour agenda, separate parenting initiatives have been promoted for working with problem families. Yet there still remains a big gap between policy and practice, as these different strands of policy have not been translated into integrated support for children and their alcohol-misusing parents. Children and their families are still living with the pain and disruption of alcohol misuse without adequate support.

The *Alcohol Harm Reduction Strategy* (2004) sets out the Government's strategy for tackling the harms and costs of alcohol misuse in England. Whilst the strategy does quantify the number of children affected by parental alcohol misuse, it merely reinforces the status quo and does not propose solutions for improved service delivery nor make recommendations for a wider family approach.

The National Treatment Agency for Substance Misuse, in conjunction with the Department of Health, has developed *Models of Care for Alcohol Misusers* (MoCAM), which is scheduled to be published in 2006. It will describe the framework for the commissioning and provision of interventions and treatment for adults affected by alcohol misuse. MoCAM will explicitly acknowledge the impact of alcohol misuse on children and ensure appropriate mechanisms are in place to respond to concerns over their welfare. Whilst this is a step in the right direction, the actual impact on families will be arguable given that there is unlikely to be any accompanying commitment from Government to make available additional funding upon publication of the framework, or to support any developments in service provision. In particular, there is a more pronounced lack of services for alcohol-related

problems in comparison to services for drug-related issues, and MoCAM will not tackle this inequality.

In Wales, substance misuse policy is outlined in *Tackling Substance Misuse in Wales: A Partnership Approach* (2000), which explicitly acknowledges the risks faced by children of alcohol-misusing parents. *The Substance Misuse Treatment Framework for Wales* (2004) identifies that parents may need additional support to "fulfil their responsibilities" and that children may be "acting in a caring capacity" and require referral to child protection or children in need services. However, there are no specific recommendations to target services towards this vulnerable group. Responsibility for children of alcohol-misusing parents sits with the Children First Programme.

The needs of children of people who use illegal drugs have been highlighted by the Department of Health in *Drug Using Parents: Policy Guidelines for Inter-Agency Working* (1997), which stressed the need for improved access and inter-agency working, and again in the report from the Advisory Committee on the Misuse of Drugs, *Hidden Harm* (2003), which provided recommendations on how services can respond to the problem.

Hidden Harm identifies the need for services for adults, children and young people to work together to ensure that families receive the support they need, and recommends that more specialist services should be available to support the needs of children from vulnerable groups. However, overall services for children of drug-misusing parents remain patchy. Recent research carried out by Turning Point and Addaction found that services are not available in over a third (35 per cent) of areas in England. This research concluded that there is a lack of clarity about how such services are commissioned. Some areas are rooting their provision in adult commissioning processes while others include it as a priority for children's planning.

Given that targeted work with vulnerable groups is currently not coordinated across sectors, this means that the services are not meeting the recommendations set out in *Hidden Harm*. In any event, whilst many of the issues raised in *Hidden Harm* are applicable to the children of problem drinkers, specific reference is not made to this group. Both the Government's response, published in 2005, and the response of the Welsh Assembly primarily focus on the needs of children of drug users. This means that the needs of children of alcohol-misusing parents are still overlooked.

In contrast, significant progress has been made in identifying and supporting children and families with particular reference to those most vulnerable. Key policy changes have focused on the improvement of outcomes for children, including *Every Child Matters* (DfES, 2003) and *Children and Young People: Rights to Action* (Welsh Assembly Government, 2004), aimed at protecting children and helping to maximise their potential.

Children's Trusts or Children's Frameworks have been formulated to ensure joined-up approaches are used to plan, commission and deliver services. *Every Child Matters* and *Children and Young People: Rights to Action* outline new areas for development with support for parents and carers, including targeted and specialist support, and early interventions and prevention activities supported by common assessment frameworks, consistent information sharing and multi-disciplinary response teams. Whilst these have certainly instigated a 'sea change' in how children's services work together, they have not yet resulted in a consistent, joined-up approach between adult and children's services, leaving those at risk still vulnerable.

Supporting and working with families with challenging behaviour are key focus areas in the Government's Respect Action Plan to tackle antisocial behaviour. The plan identifies the critical role played by parents in the development of values and behaviour

and the impact poor parenting can have, including increased risk of involvement in antisocial behaviour. It outlines plans to develop parenting services and an enforcement approach to ensure families accept support to change behaviour. *Youth Matters* (DfES, 2005) outlines the Government's plans to reform youth services and accepts the important role played by parents, particularly those at risk of experiencing serious problems. Again, it highlights a more persistent approach for those most at risk, using statutory powers to engage them in parenting programmes. Whilst additional support for parents is a positive step, parents with chaotic alcohol misuse will require specific programmes and specialist support to address the impact of their behaviour on their children, and improve their parenting skills.

Further action is also required to more closely align treatment and the Respect agendas. The parenting agenda must take into account the specific support needs for alcohol-misusing parents and ensure that provision is developed over and above generic parenting programmes linked with treatment provision.

The current lack of a nationally shared direction results in a poor use of resources and in a commissioning process that is not given the levers to change. This leads to provision that is inconsistent and uncoordinated with lack of joint working and shared understanding around the needs of children and their parents. In the end, it is the children who are paying the price for inadequate policy responses.



3. The impact of alcohol misuse on families

- Up to **1.3 million** children in the UK are affected by parental alcohol problems (Alcohol Harm Reduction Strategy for England (AHRSE), 2004).
- **Five times** as many children could be affected by parental alcohol problems as by parental drug misuse.
- There are approximately **3.8 million** people in England and Wales who are dependent on alcohol (Waiting for Change, 2003, based on Coulthard et al., 2002).
- Alcohol causes up to **22,000 deaths** each year and 1,000 suicides (AHRSE, 2004).
- Around **one third** (360,000) of all domestic violence incidents are linked to alcohol misuse (DoH, 2004).
- Alcohol misuse by parents was identified as a factor in over **50 per cent** of child protection cases (Alcohol Concern, 2003).
- Between **50 per cent** and **90 per cent** of families on social workers' child care caseloads have parent(s) with drug, alcohol or mental health problem. (Kearney, 2003).
- **Half** of those attending drug and alcohol services have mental health problems (AHRSE, 2004).
- Marriages are **twice** as likely to end in divorce where there are alcohol problems (AHRSE, 2004).
- The average waiting time for assessment for alcohol treatment was **4.6 weeks** (ANARP, 2005).
- Between **2 and 30 per cent** of women drinking more than 56 units of alcohol per week may have babies with Foetal Alcohol Syndrome. This equates to between 240 and 1,190 such cases per year in the UK (AHRSE Interim Analytical Report, 2003).

3.1 What is the extent and nature of the problem?

The current situation damages young lives and there is little or no support for families who want to tackle the negative impact of alcohol misuse. Turning Point's experience as a service provider shows that problem drinking by parents needs to be addressed much more seriously, for the sake of the children as well as the adults.

We know that alcohol misuse affects more families than drug misuse. The number of children exposed to parents' harmful drug problems is between 250,000 and 300,000 (Hidden Harm). The Government estimates that between 780,000 and 1.3 million children in the UK are affected by parental alcohol misuse (Alcohol Harm Reduction Strategy for England, 2004). This would suggest that one in eleven children live in a family with alcohol problems.

However, it is difficult to precisely assess the true extent of the problem. Problem drinking is often kept secret in families and both parents and children may be reluctant to seek help, so estimates are likely to significantly underestimate the scale of the problem. For example, Turning Point knows that approximately 3.8 million people in England and Wales are dependent on alcohol (Waiting for Change, 2003, based on Coulthard et al, 2002) and it is estimated that each problematic user of alcohol will, on average, negatively affect the lives of two other close family members (Zohadi, Templeton and Velleman, 2004).

Alcohol misuse is generally damaging to families, impacting on parents' ability to care for their children, how the family functions and affecting children from pre-birth to adulthood. It increases the risk of children developing serious emotional and social problems themselves in their adult lives. Over 50 per cent of child protection case conferences include parental alcohol misuse and it is a contributory factor in cases of neglect. Some 360,000 reported incidents of domestic violence are related to alcohol, with a significant proportion of these being witnessed by children (DoH, 2004).

Children of alcohol-misusing parents are at increased risk of suffering the trauma of losing a parent given that 22,000 deaths every year are attributable to alcohol (AHRSE, 2004). In their contributions to this report, children told us of the guilt and distress they experienced when a parent became ill or died because of alcohol, and the lasting impact this had on them as they grew older.

It is important to remember that parents who drink are not by definition 'bad' parents. The parents, and children, who spoke to us indicated that, despite their problematic drinking, they may still be genuinely concerned for their children's welfare, struggle to provide well for their children, and shield them from the negative effects of alcohol. Other factors can offset the effects of alcohol misuse, such as support from others in the family, a non-drinking parent, stable finances, and a continuation of family routines and activities.

3.2 Impact on physical and mental health

A parent's alcohol misuse can dominate family relationships, affecting children both physically and emotionally. The impact will depend on the severity of the parent's problems and any protective factors being in place, but can affect a child right from pre-birth to adulthood.

Drinking during pregnancy can cause premature birth, low birth weight, damage to the central nervous system and physical abnormalities. Alcohol-misusing parents are less likely to attend antenatal appointments or consult medical staff if they have concerns. At the extreme end, heavy drinking throughout pregnancy can lead to giving birth to a baby with foetal alcohol syndrome. Physical problems can continue into childhood and beyond, with children from a very early age experiencing tremors, seizures and epilepsy.

There is also an increased risk of a younger child being harmed because of poor hygiene, lack of safety precautions or being left for long periods of time unsupervised, in the care of an older sibling, or with someone outside of the family who may not be appropriate.

Just as important as the physical impacts, it is obvious that there are strong links between parental drinking and the child's emotional development and wellbeing. Children describe feeling angry, frustrated, anxious, sad and depressed. Given that children in families with a problem-drinking parent are more likely to experience psychological problems and psychiatric disorders than other children, this clearly should be of concern. Eating disorders are also more common, as children struggle to assert control in their lives.

In many cases, parents may only express emotion when they have been drinking, which leaves children deprived of affection and afraid that their parents don't love them. Other children told Turning Point that their parents did not show any warmth towards them, and that this had led to feelings of rejection from an early age. An absence of encouragement or general interest can seriously affect the child's self-esteem and impact on their own future parenting capacity.

When she spoke to us, **Laura**, 17, described her conflicting feelings for her mother that caused her extreme difficulties, and finally forced her to move out of home:

"It was hard because on one hand I really hated her, on the other I still loved her...God knows why, she didn't care. I used to shout and scream at her and then go and cry because it made no difference. In the end I had to leave, I didn't want to be around it anymore. I still worry though, and get angry."

Children may be aware of their parents' misuse earlier than parents think they are, particularly if they are worried about their parents' safety. Some children told Turning Point that they blamed themselves for their parent's drinking. All the children who participated had a range of worries, which caused them serious and ongoing anxiety.

Mia, 12

"If they can't stop drinking then it shows they don't really care what I think. I've asked them to stop but they don't, they're not bothered."

Lou, 12

"I used to feel responsible but then I realised it wasn't my fault, she didn't love me enough or she would have stopped (drinking) before."

Such children carry a heavy emotional burden. For instance, some told us of their preoccupation that their parent's would be harmed, while others were worrying about the family 'secret' being revealed. Concerns that they may have to leave their mum or dad, and the pressure of having to maintain the functioning of the household can lead to high levels of stress and anxiety for children. This has a long-lasting and damaging impact on their emotional development and mental health.

Danny, 14

"Things were really bad at our house. I used to feel bad all the time, even when I weren't there and I used to cry at school but I couldn't tell anyone what was wrong. It weren't nice at home but I didn't like going out 'cause something might happen... something bad."

3.3 Impact on behaviour

Children's behaviour is often affected by the unpredictable behaviour of their parent. Children living in chaotic families have increased emotional problems and are more likely to become withdrawn, build up a 'fantasy world', become angry or aggressive towards others, or take part in antisocial behaviour as a way of coping.

Some children told Turning Point that they had already been caught up in the criminal justice system because of their antisocial behaviour, or had committed minor crimes. Whilst children will see their behaviour as part of their reaction to their parent's drinking, this is not always identified by services working with them.

Danny, 14

"I just had enough one day, got really mad, went to school and then walked out halfway through and went into town. I nicked a few things and then got done by the police for chucking things over these railings at people underneath... Part of me did it just to see if they'd (his parents) be bothered. They weren't though, just shouted and then carried on as normal. I have to go and see this woman every two weeks now (Youth Offending Team) to talk about my 'behaviour'. They should be talking to them about theirs (his parents)."

For others, violence and aggression is learned behaviour arising from living in a disruptive household where arguments are common. In Mia's house, shouting and aggressive behaviour was considered normal behaviour. She had been referred to an educational psychologist because she did not know of any other way to speak out, and had become aggressive in school and violent towards teachers and other children.

The children Turning Point worked with revealed that they are more likely to experiment with drugs and alcohol at an earlier age, and more likely to progress to problematic use. They are more likely to drink more heavily and more often, and drink alone rather than with others in their peer group (Chalder, Elgar and Bennett, 2006). Children of alcohol-misusing parents are also more likely to use alcohol as a coping strategy or escape mechanism, and may have different views of where, when and how it is appropriate to use alcohol. This can lead to inappropriate behaviour, such as drinking before school.

Parenting worker

"Often children are scared of it (alcohol), often they refer to it as 'mummy's medicine' and say 'mummy's medicine makes her better'. They can really notice a change in the parents so even if they're as young as four they can recognise when their parent's had a drink or not. And on the other side of things, the older they get, I've seen a 13-year-old child trying alcohol because mum and dad are doing it and it's perhaps more acceptable. They learn to use it as a way of coping, they see mum and dad using it as a medication to deal with stress and they think 'oh, I'll try that'."

Children told us that they feel that problems at home mean that they do less well at school. This might be a result of missing school or arriving late, or parents not showing any interest in their work or abilities. The children we spoke to missed school because they had to care for their parents, or because of worry about what was happening at home, or because supervision was so poor that there was no expectation on them to attend.

Lorna, 16

“I never knew what to expect when I got home so I’d miss school to stay at home and make sure everything was ok. My mum wasn’t really bothered anyway, she’d let me stay off ‘cause she didn’t like to be on her own and half the time she didn’t get up until later so she didn’t know whether I’d gone or not.”

In other cases, family separation leads to a change in school, and vital support may be lost. Children told us of difficulties in concentrating at school because of feeling tired due to taking on the caring routines in the home, and how school was not really a priority for them. They found it difficult to prepare for examinations and complete homework, and had poor expectations and low aspirations to succeed.

Fiona, 17

“I didn’t really get anywhere at school. I missed loads ‘cause they (her parents) didn’t bother telling me to go and then when I did go, I’d be worrying what was happening at home. When it came to exams, I never did any revision – you couldn’t in our house, there was always something going on. I remember one exam, I’d been up ‘til four in the morning ‘cause the police were round and then they were fighting. It’s no wonder I’m thick now.”

It might be easy to assume that children would have a good understanding of alcohol misuse. Turning Point’s experience of working with children tells a different story.

Children will often display a detailed knowledge of some aspects of alcohol misuse, but, as children, they are not experts on the whole subject. Our interviews showed that witnessing their parent’s behaviour may even make them reluctant to gain an understanding about other aspects of drugs and alcohol, leaving them vulnerable to misinformation. Yet it is not uncommon that professionals may also assume that these children have a higher level of awareness of the context of their parent’s problematic drinking.

Mia, 12

“I would like to know more about drugs and things. People think because my mum was an alcoholic I should know all about them but I don’t, you only find out about things when people tell you, and no one’s told me about that.”

Many of the children we spoke to had enormous resilience and determination. For some, the experience is not all negative, and seeing the impact of drinking on their parents can be a strong driver to build a strong future for themselves and seek a more positive life. However, such outcomes should not be restricted to occasional exceptional individuals – dedicated support services would give more children the opportunity to respond to their situation in a positive way.

Gemma, 18

“My parent’s drinking...I guess it did me a favour in one way...made me not want to be like them, do something positive with my life. I knew I didn’t want to turn out like that, on the social and everything. I got my exams and got a job straight after school.

“It (the parental situation) hasn’t made me not drink, I still like to go out and have a laugh with my mates. But it has made me more aware of what happens when you take it too far, I’ve seen what it can do. I won’t do that, I know my limits, I’m sensible.”

3.4 Impact on the family

Parents misusing alcohol generally try to give the impression of normality and a secure family life. They will try to conceal their drink problem from their children, often unsuccessfully. The conflict and disharmony caused by drinking is particularly harmful. In our interviews with children many felt confused about their role within the family, were isolated from their relatives or other family members, and were seriously affected by family conflict, domestic violence, parental separation and divorce.

Both parents and children highlighted the disruption that arguments can have on normal family life and how everyday activities can be affected. Family outings and occasions such as birthdays, Christmas and family holidays may either be completely forgotten or seen as the cause of increased stress and anxiety, either because the parent is not present or ruins the occasion by being there. Our interviews also described how they had missed out on some of the most basic life experiences, for example, going to the park, being played with and being read to.

Many of the children we spoke to said they found it difficult to make friends and were less likely to talk to friends about their problems. They told Turning Point that their parents' misuse of alcohol had prevented them from taking part in normal childhood activities, such as inviting friends into the house or talking about their home life. Some try to hide what is happening at home or portray a normal life.

Ellie, 18

"I didn't really like to talk to my friends about it... They didn't understand and anyway it was embarrassing, who wants to admit their families are alkie? I used to make things up to make it sound alright... One of my friends knew, I'd go round to her house if things got bad but you could tell her mum just let me stay because she felt sorry for me."

Children often feel different from their friends and worry about others finding out about their family life. The secrecy can become an added burden.

Mia, 12

"I don't really have lots of friends, I don't go out much so some of them have stopped talking to me. I go to my friend's house sometimes and she's been to mine but I don't really like it, it can be embarrassing if it's a mess and we've got nothing in."

Concerns about leaving parents alone or having to take on additional caring responsibilities in the home can also leave little time to spend with friends, take part in activities, or undertake school work. Fiona's parents both had alcohol misuse problems and as she pointed out "it didn't leave time for anything else". She spent most of her time caring for her parents, leaving very little time to socialise with others of the same age.

Living in an environment where violence and aggression are the norm can have a serious impact on children. Children often witness aggressive behaviour, arguments and fighting between parents, and damage to the home. **John**, a parent, is aware of the impact of his daughter witnessing his violent behaviour:

"She's seen me smashing things up. When the police came round and I was arrested – all that shouting must have been damaging."

Where domestic violence and alcohol coexist, parents (usually the mother but not exclusively) can be more reluctant to seek help. The effect on children is traumatic, and to live in a family where disruption and conflict is normal is damaging. Where a non-drinking parent is present, the other parent may try to shield the child, but this is not always possible.

Lorna, 16

“When my mum has had a drink she just shouts...always arguing. My dad usually takes us to my nana’s house but sometimes if it’s late we just go upstairs and try to ignore it. She doesn’t know what she’s saying most of the time, it’s just shouting, but sometimes it’s really horrible things about my dad, about us.”

In some cases, the level of violence reaches the point where statutory services need to step in to protect the children:

Natalie – parent

“The children are on a case protection plan... Basically it means not drinking while the children are in my care...and (because of) emotional abuse from my ex-husband towards the kids and because of domestic violence from my ex-husband towards me.”

In other cases, children find themselves drawn into arguments between parents. Some children find themselves siding with one parent by hiding the other parent’s behaviour, or creating the impression that the family is stable and functioning well. The parent’s drinking may become the ‘family secret’ with both parent and child in denial that a problem exists, and any admission of difficulties viewed as betrayal or failure to cope (Gilvarry, 2005). This increases the risk of further isolation for the child and social exclusion for the whole family.

Gemma, 18

“My mum and step-dad used to argue all the time... Police would be here loads, they would blame each other and try to drag me into it.”

Children can also be reluctant to accept help from services or anyone outside the family. If agencies try to intervene, they may be defensive or feel that they have ‘failed’ in some way. Where services have had success, they have been sensitive to this.

Parenting worker

“I’ve found that children can get very defensive, particularly if social workers are coming in, often there’s questions about their home life. One particular client of mine...the child isn’t honest with the social worker, they feel like they’re intervening, and they’re intruding.”

In other cases, parents may separate or divorce, causing further disruption and instability in the home. If the non-drinking parent leaves children in the care of the drinking parent, children are put more at risk, removing a stable and protective factor in their lives.

Where a significant amount of the family’s finances are spent on alcohol, this can impact directly on family life with money being used to buy alcohol rather than food and clothing, or to pay household bills. And it can often spiral more seriously into rising debts, defaulting on the mortgage or rent, and fears about losing the family home.

Danny, 14

“I get my own money, earn my own money. It’s the only way I can get things I want...they don’t give me anything... We don’t have much money anyway but them drinking costs lots. When I get a job I’ll get one that gets you loads of money, then I’ll be able to buy what I want and not have to ask nobody.”

3.5 Impact on parenting

Alcohol misuse can mean parents are unable to look after their children or provide the practical and emotional support they need. Parents can be inconsistent, unpredictable, and in many cases add to the pressure by reversing the roles and relying on the child itself for their own emotional and physical support. False promises to change their behaviour and overly optimistic views of what they will be able to achieve if they stop misusing alcohol are common and can be particularly damaging. These may, in turn, result in a cycle of disappointment and distrust as the children learn from experience.

Tensions may stem from parents' lack of time and energy for their children. Poor parenting coupled with a chaotic lifestyle can leave children without adequate care. Children can perceive this lifestyle as the norm, which has serious implications for their own futures. Some parents strive to provide a supportive environment for their children but find it too difficult to sustain, or do not feel equipped to bring structure and routine into the family home.

Ruth – parent

“Even though I was drinking I was spending a lot of time with my children, helping them with their schoolwork. It was just torture, I wanted to drink and I couldn't stop on my own so things started slacking – near the end, just before I came here (rehab), things started gradually falling down, where I couldn't help my children with their schoolwork, and I was finding it a struggle just to walk to school with them... It was just physically draining, just trying to fit it all in.”

Parents may also try to blame their children for their situation or see them as their saviour or reason to change. These polarised views can bring additional pressure to the child/parent relationship, particularly as the behaviour can quickly change, adding to the instability and unpredictability of the home environment.

There are often no clear boundaries between family roles. Children feel confusion over their role as they sometimes have to look after their parent rather than being looked after by them. Many children assume parental responsibility in the family home from an early age, from basic household chores, such as cleaning and cooking, to responsibility as a carer for younger children.

Janice – parent

“My children seemed to grow up very fast, the eldest two were playing like mummy and daddy, they were basically being mummy and daddy near the end of my drinking towards me and my other two children, asking was I alright and basically being really protective over me. They had a lot of extra responsibility which they shouldn't have had because they're children... But if the help had been there for me, as an adult, then it would have sort of lightened the load for my children.”

Caring for younger siblings and caring for the parent themselves can put additional strain on children, affect their achievement at school and impact on their ability to socialise with others their own age.

Fiona, 17

"I had to look after my brother, make sure he got up and went to school, had his tea...if I didn't he wouldn't have. I couldn't go out after school 'cause he finished before me and I knew he'd be waiting, wanting to get in at home and my mum...she wasn't always there or if she was, she'd be in bed."

Taking on the role of the parent can be confusing for a child. If a parent tries to resume the role of parent when they have stabilised or stopped drinking, the child can become defensive and this can cause conflict. Children won't recognise their authority or won't believe it will last. This is particularly true where an older child is concerned or where the child has assumed a caring responsibility for a long period of time.

Ann (parent) and Claire, 15

Ann has drunk alcohol and smoked cannabis for five to ten years. She has two children: Claire, who is 15 years old and Nicola, who is six years old. Claire's dad is not in her life and Ann is in a relationship with Nicola's dad. When a troubled Claire confided in a worker at school a referral was made to Turning Point's service, BASE 10.

Claire worries about her mum's drinking. She tells her when she can drink and puts constraints on her mum's social life. Ann has always allowed Claire to do this as she was aware that Claire was affected by another family member's heavy drinking. This level of responsibility has now led to a confusion of roles in the house and often leads to power struggles.

Claire has difficulties with anger management and as a result has become physically aggressive towards her mum and younger sister. Ann struggles to assert herself as a parent and often does not follow through with punishments 'for an easy life'. Claire often feels she is the one in control of the household and therefore does not agree with any

parental control being enforced by her mum. Both Ann and Claire have trouble keeping their temper and so issues are often unresolved between them.

Ann sees a parent worker individually and also attends a parents' group. With support from the parent worker she has accessed a drug and alcohol treatment service and is seeing a counsellor about reducing her alcohol and cannabis use. Ann is now accessing vocational training and encouraging Claire to become involved in recreational activities and make friends. Claire sees a worker on an individual basis and has acknowledged that she has difficulties communicating with her mum, but she is keen to build a positive relationship with her and her attendance at school has improved since seeing a worker. Parenting and the Turning Point UP Project are working collectively with Ann and Claire to improve their relationship, and enabling them to reflect on their situation.

Alcohol misuse can also lead parents to spend significant amounts of time away from their children, when drinking or recovering from a binge-drinking episode, or when attending treatment. This can mean that children have to fend for themselves and can lead to high-risk situations, such as children cooking for themselves, or looking after younger brothers or sisters.

In most cases, children will be cared for by another family member if their parents attend residential or inpatient treatment, or are hospitalised for alcohol-related problems. For some this is not possible, and where there are serious concerns for the child's welfare or alternative care is not available, the child may be placed in the care of the local authority and have limited contact with parents. Coupled with negative self-esteem, we found that children may view their separation as punishment for doing something wrong, or feel responsible for not managing to 'keep the family together'.

Many parents are well aware of the impact that their behaviour is having on their children, but many feel uncertain what to do about it. Support to provide improved parenting skills would minimise the harmful impact and help many children in the short and long term.

As a positive response to their upbringing, children of alcohol-misusing parents may themselves seek to develop strong parenting skills in order to ensure their experiences are not relived with their own children. Initiatives such as Sure Start are particularly beneficial in enabling children to develop positive parenting skills and styles.

Laura, 17

Laura had a child at 16 and is now living in her own house away from her parents.

“I won’t treat him (her nine-month-old child) like that, he deserves better. I want him to grow up normal.”



4. What stops children and parents getting help?

Every child and parent that we spoke to was clear that there is a need for greater support than currently exists within our communities. There is a stark mismatch between the national policy framework that states that families with problematic drinking issues should receive services, and the reality on the ground.

There are numerous obstacles preventing families getting the integrated support they need, which need to be addressed at both local and national levels urgently.

Shortage of services

Alcohol Concern's review of available services (2004) identified only 59 projects or initiatives in the UK aimed at supporting children and families affected by alcohol misuse. Whilst the number of services has increased, provision is inadequate and the range of services available differs significantly between different areas in the country. Services frequently prioritise drug misuse over alcohol, and even when support is available, it is frequently time limited. This makes it difficult to offer continuity and long-term support, not just for young children but right through to adulthood. The wider context of providing support on parenting issues is often overlooked.

Services not working together

Because alcohol services are not necessarily included in the commissioning framework of models of care, they are less likely than drug services to be part of a coordinated response, and there are fewer protocols for collaborative working at a local level. Children and adult services are also not as well coordinated as they should be. A lack of shared direction between adult and children's agencies have resulted in fragmented services, and opportunities for joint training, building capacity and developing new ways of working have not been fully explored. Children's services feel that they lack knowledge on what constitutes problem drinking, and may appear unsympathetic to the parent's needs. Adult drug and alcohol services often focus on addressing the drinking problem

without recognising their needs as parents or that others in the family may need help, and are unsure of their responsibilities regarding children. Thus, the lack of a joint approach contributes to more problems. Moreover, whilst the voluntary sector is able to reach out and engage with children and their families, there is no systematic and coordinated approach to engage them to make the best use of resources.

Mike – parent

“(Alcohol)...it's something that affects the whole family... It's good to get everyone (the family) together and have a meeting, and to get children in on it and have proper family groups...you can only do it by talking about it, that's how you sort problems out.”

John – parent

“There's the alcohol service in Blackburn, they've been brilliant – they have fetched my family all into it, you know, got the boys in, and my grandchildren, they haven't just focused on me, they have focused on other people who I've done damage to, you know, like the children. They have fetched a lot of things that I have done and haven't realised I've done...(in group therapy) and my one-to-one sessions.”

Children and parents don't ask for help

Parents fear losing their children if child protection is considered an issue, and children fear that they will have to leave their parents. The stigma that many families face and possible negative connotations associated with 'not coping' or 'needing help' make children and parents reluctant to approach services. Children told us they had mixed feelings about talking to teachers in schools or going to their GPs. There was a fear that any revelation might bring rejection. Families suffer in silence rather than coming forward for help.

Laura, 17

"I didn't like talking about things at school, I always thought they'd talk to other people, that everyone would know. We had a social worker but they were always changing, they'd come once then not for ages, then it'd be someone different."

Gemma, 18

"School was okay but it was better being away, somewhere I could stress at people but not get done for it."

Jane, 14

"I wouldn't go to the doctor's, he knew anyway and didn't do anything."

Parents and children don't have information on what services are available and how to access them. The probability that they will identify a problem, know where and how to seek help, and have the confidence to access support is therefore unlikely (Zohhadi, Templeton and Velleman, 2004).

Jane, 14

"My brother had a mentor thing at school, they got me in here. If it wasn't for them and here, I don't know where I'd be now. I don't think I'd have come on my own."

Lou, 12

"We had a social worker, they knew about my mum so they got in touch with here (the service). I wasn't sure then but I'm glad I came now, it's been good."

Danny, 14

"Everyone should know about this so you can come straightaway. You should be able to get help when you need it. I wish I'd come sooner, I wish someone'd noticed sooner."

Children are often not aware of how much their parents' drinking is impacting on their lives. Coping with the day-to-day tasks in the home take all their energy and means they often don't consider asking for support. The children we spoke to were often so busy looking after others that they did not realise they may need someone to help themselves.

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5. What must be done for children, parents and families

Children and parents told us that they felt there was a lack of support to help them. Adult services don't focus beyond the presenting alcohol problem and may not take into account that the person with alcohol difficulties is also a parent who needs support to change their behaviour and hold the family together, or that the quality of support that the child gets will determine his or her future. Parents told us that they wanted the best for their children, even if they need support to provide this, while children talked to us about the harm caused by their parent drinking. Turning Point's research shows that children require a wide range of therapeutic emotional and practical support, but services for them are often not available.

Both parents and children wanted different kinds and levels of support depending on their individual circumstances. The experiences of children, parents and families were very different, so it is clear that one type of service is not going to fit all. Because of this, Turning Point has identified a need for specific provision for parents with alcohol problems, separate services for children outside of the family, and also provision which brings both parents and children together. All services should be seeking to take the needs of the family into account when planning any interventions. Services for those affected by alcohol misuse should take into account:

Mary, parent

"You need extra resources to fund more of this type of work. It's no good if you can only come for a bit then you have to go somewhere else."

Ellie, 18

"There should be more places like this... Everyone should be able to come if they need to."

Laura, 17

"You need to be able to keep getting support for as long as you need it, not just a few weeks."

Ruth, parent

"I want to go somewhere where they understand what I'm going through, not somewhere I need to explain all the time. or where I know more about it than they do."

Jane, 15

"The workers are really nice, they understand what you are going through. It was good being with other people the same... I didn't think it would be, I was a bit scared at first but it was good."

Laura, 17

"People from outside my family were better to help, my friends didn't understand, it needed to be someone who knew what they were talking about, let me get angry and not mind."

Parenting worker

"If you are going to offer parenting work you really need to offer a crèche as well – parents have kids to look after – or find alternative childcare whilst they attend appointments."

All families universally called for more information on alcohol and its effects, early interventions backed up with services for parents and children, and those that draw the two together. Service users and staff have both stressed the need for sufficient resources to provide the right services for as long as they are needed.

Where services have been most effective, a range of things have been put in place and are working well together.

5.1 Information

Whilst some parents are aware of the damage their drinking may be having on the family, others are not, denying that they have an alcohol problem, or not realising the impact it can have on their children or on their own ability to care for them. Parents admitted to Turning Point that not knowing where to go for help or what would happen if they asked for support often stopped them from seeking advice, or had resulted in them seeking help at a later stage when their situation had worsened. To stop this from happening information needs to be easily accessible, for example, in GP surgeries and through antenatal groups. A general public awareness campaign would encourage people to talk more openly about the issue, increase a wider understanding and help families to realise that non-judgemental support is available.

Children accessing Turning Point services wanted to know about problem drinking and other types of substance misuse. They wanted to know how their experiences and circumstances compare to others in similar situations. For many children, the opportunity to do this is not available, with a lack of specific provision and interventions that allow children to spend time outside of the family. If information was provided through schools, by including the subject in open discussion sessions, children would not face some of the barriers to asking for help that they have told us currently exist.

Discussions with parents and children have revealed the professionals are often aware that the family has a problem with alcohol but, because of unease at broaching the subject, concerns about making assumptions, or a lack of knowledge about the issues, it has not been raised. This needs to be resolved if families are to be encouraged to get support, and this can be offered at an early stage to prevent future problems.

Turning Point often works in an advisory role and provides training and awareness-raising to

support other agencies in working with families where concerns are identified or suspected.

5.2 Screening and early identification

Many of those we spoke to had only accessed services when their situation had reached crisis point or where statutory services had intervened, and acknowledged that if they had received support earlier many of the problems they had experienced could have been prevented or reduced. Children described how they had often become disruptive or had missed school, become involved in crime, or started drinking themselves before anyone had noticed they had a problem. To prevent this from happening all agencies working with children need to be aware of the impact parental alcohol misuse can have on children and be able to identify signs of a potential problem. Agencies should have appropriate screening processes in place which identify the risk factors and signs, including inconsistent attendance at school, being particularly withdrawn and reluctant to participate in activities, reluctance to talk about the home situation, deterioration in personal hygiene and appearance, loss of weight etc. They should be confident to talk to the child about this and be aware of specialist services to refer them to for support.

Many of the parents we spoke to had accessed a number of services which had either not asked about their alcohol use (even where it was obviously an issue) or had not asked about their status as parents. All those working with parents should be confident and have the skills to screen and assess parents who they suspect have an alcohol problem. Parents found alcohol services that had considered their children as part of the care package to be more effective. Assessing parenting capacity, looking at the needs of children, and considering what wider support networks the family has, make services more effective and better able to improve outcomes for the individual and their family. To ensure any risks to the family are identified and that support is coordinated, services also

need to identify any involvement with social services, including where children have been assessed as 'at risk' or 'in need'.

5.3 Prevention and early intervention

Where a parent's alcohol misuse is acknowledged at an early stage, interventions can be offered to prevent ongoing harm to children, reduce the impact of the parent's behaviour on the family as a whole, and stop problems escalating.

In order to prevent damage to children pre-birth, maternity and antenatal services should be aware of the impact of parental alcohol misuse. Turning Point provides specialist antenatal support to families, and has found that helping them to secure a stable environment and develop coping strategies at this stage can prevent or reduce the impact of their behaviour on their children.

Turning Point Ascot House Oldham Maternity Liaison Service

This service was developed after recognition that pregnant, or newly delivered, substance-using mothers needed more support. The service provides support in the home, and other agreed venues, to substance-using pregnant women (and their partners where eligible), during pregnancy, delivery and post-natally with the aim of creating a stable environment in which to promote the best possible parent/child relationships. This may include: stabilising substance misuse; securing suitable accommodation and supporting parent(s) to sustain tenancy; support with parenting skills.

Such services should be available to all families.

Many of the families attending Turning Point services are isolated from their communities and wider families. They have often stopped using or mistrust mainstream services, which excludes them further and reduces the level of support children could receive. Where specialist services have most success, they aim to support children and parents to maintain

their involvement with communities and mainstream agencies. Services which support children to take part in activities and offer time out from their home lives are particularly appreciated. Contact with an adult whom they trust can be particularly beneficial for children; this could be a teacher, social worker, befriender, or mentor.

Turning Point BASE 10 – Mentoring Service

The mentoring service at BASE 10 supports children and young people affected by drugs or alcohol who need support to develop skills, confidence and knowledge. The service works by providing trained volunteer mentors who work with the child or young person as they take part in activities such as attending groups for young mums, anger management, sports, going to exhibitions and galleries and sexual health awareness work.

Mentors work with each young person for around six months, meeting them on a weekly basis to work through an action plan which is regularly reviewed. The service is particularly effective in improving engagement with education, helping young people to build positive relationships, integrate into their local communities and lead healthier lifestyles.

5.4 Support for children

We know from talking to children and their parents that whilst parental alcohol misuse is damaging, some children are more affected than others. Research tells us that when a child's resilience is increased (through a good support network outside of the family, high self-esteem and confidence, problem-solving skills, and positive relationships with at least one adult in a caring role) the impact can be reduced (Velleman and Templeton, 2003).

Some of the children accessing our services require intensive counselling and ongoing support to deal with the conflict and disruption caused by their parent's drinking. Others need emotional support to deal with behavioural difficulties. For some, the support is of a more practical nature, or they need a period of

respite from their role as carer. Surprisingly, many of the children we work with cope under high levels of stress and in adverse circumstances for long periods of time, but this does not mean that they should be without support. All services working with children should be aware of this and even where children appear to be functioning well, support should be made available.

The children interviewed appreciated the support they received from a specialist service, in particular within a place they could discuss their feelings. Taking the views of parents and children into account, services need to address health and social care needs and include:

- Comprehensive assessment identifying how parental alcohol misuse is impacting upon the child's health, and physical and emotional development, what agencies have been in contact with the family, and a full risk assessment to identify child protection concerns or further support needs.
- Individual support or group counselling. Joining a group of children gives the opportunity to provide peer support, discuss common fears and to learn that they are not alone. Some children who have experienced mental health problems, or have had to cope with issues such as bereavement or abuse, may benefit more from individual counselling.
- Providing opportunities for children to enjoy normal activities and to play or socialise with others, as they may not have the chance to do this because of their home situation. Recreational activities allow children to rebuild their confidence and self-esteem and increase competency while still having fun.
- Interventions, which focus on learning coping strategies for dealing with stigma and shame about their home environment and identifying support networks. Teaching practical skills, such as first aid and how to

call an ambulance (for younger children), can help anxiety about their home situation.

- Practical help in the home to reduce the children's caring responsibilities.
- Identifying wider support networks to provide support, or respite or care during an emergency.
- Support to improve school attendance and behaviour and support for the school to encourage flexibility and non-disciplinary approaches if the young person is late or absent due to caring for a parent or young siblings.
- Appropriate policies and procedures should be in place to refer parents into appropriate adult services if they are unable to provide support themselves.

Turning Point SHED What About Me Project

This project provides individual and one-to-one support for children and young people affected by parental drug or alcohol use. The project aims to help young people to find the best ways to deal with their feelings and increase resilience to the impact of parental substance misuse.

Interventions are aimed at providing the opportunity for children and young people to talk about their experiences, ask questions and deal with any anger, worry, guilt, fear or loneliness they may be feeling.

What About Me groupwork is usually undertaken over eight sessions, providing children and young people with the opportunity to take part in activities, increase awareness of substance misuse and gain support from others in similar situations.

Children can often feel alone and isolated in an alcohol-misusing family. Children attending services were surprised to find others in the same situation and benefited from realising they were 'not the only one'.

Naz, 12

“It’s good to be with other people who’ve been through it.. It’s like you can talk different, they understand things your friends don’t because they’ve not been through it.”

5.5 Support for parents

Many of the parents we interviewed had been accessing services for a number of years and highlighted the failure of many to look at the needs of their children or provide support to ensure they were adequately cared for. Parents identified the need for staff in adult alcohol services to understand the issues involved in being a parent and to have the skills, resources and capacity to support them. Given that many parents fail to realise the impact their alcohol issue can have on their children, adult alcohol services also need to be able to assess the parents’ ability to provide consistent and appropriate care for their child. Services which have the most impact on parents are able to assess and support parents, help to increase awareness of the impact of their behaviour on children and to improve their parenting skills.

Services need to be available which increase parents’ ability to attend to children’s basic physical needs, enable them to provide a safe family environment, support parents to meet children’s emotional needs, model appropriate behaviour and provide encouragement and stimulation. Parents that we interviewed were very aware of their responsibilities as parents and how services could sensitively support them to keep families together. Good parenting skills, such as listening and empathy, are key protective factors for children for good emotional and mental health in later life.

Effective parenting support includes:

- Dedicated resources for working with parents either through specific parenting workers or specific interventions or programmes for parents
- Flexible services including outreach work and appointments which fit with family routines (e.g. whilst children are at school)
- Individual or group counselling with an opportunity to discuss the underlying problems that cause their alcohol problems, the effect on themselves and their children, and to address parenting difficulties and work towards behavioural change
- Advice on issues that may trigger drinking problems and how to better manage stressful events
- Practical help to reduce the burden of maintaining a home including budgeting skills, nutrition, and support to establish routines and boundaries
- Practical help to attend appointments for counselling or visits to the hospital or GP
- Anger management techniques to reduce the levels of arguments and violence witnessed by children
- Programmes which develop coping strategies and reduce chaotic behaviour in the family environment, and support parental control of problem drinking
- Developing support networks for both themselves and their children, ensuring there are trusted individuals who can intervene with practical and/or emotional support when required
- Support to improve communication skills between parents and their children and between partners and/or other family members. This can reduce family disharmony and improve support networks as above
- Support to help the parent exercise boundaries over their children’s behaviour which may be affected by their drinking

Turning Point – The Crossing

Turning Point's service provides support for substance-using parents around parenting and family issues. Through this work, The Crossing aims to improve and enhance parenting skills, which in turn will improve the quality of life for the children within the family. The service works with parents who have children aged 5–13. Working with parents to help them to address their drug or alcohol issues and improve parenting skills, the negative impact on children is reduced. The service provides practical support in budgeting and childcare, and support in managing stress and relationship difficulties. The service has seen a reduction in the number of children being registered on the child protection register and the number of days children miss at school.

Turning Point Substance Using Family Support Service (SUFSS)

SUFSS works with substance-misusing parents and children under 13 who are either involved with social services or on the brink of child protection proceedings. The service also supports substance-using pregnant women and victims of domestic violence. In addition to advocacy/liaison with social services, maternity units and the substance misuse service, clients are offered support and guidance with parenting skills, housing, and domestic functioning and are helped to improve uptake of primary health services and other services as identified. This service is flexible, seeing clients in their own homes, and includes:

- Project Worker – Parenting Lead: coordinates the domestic/parenting elements of the care plan, liaises with other agencies with child development expertise and provides the parenting skills input.
- Project Worker – Housing Lead: ensures that all SUFSS families have stable, suitable accommodation and are supported to sustain tenancies.
- Project Worker – Young People's Liaison: providing support to up to 15 families, and

ensuring that all older (13+) children in families are receiving support in line with assessed need.

Julie acknowledged how her behaviour had impacted upon her children and how she has tried to win back their trust:

"It's been a big help for me (the service)... It helped my children as well because they've been able to gain that trust back...they've lost a little bit because I'd say I'd do things with them and the drink would take over and I weren't doing it, I were too busy trying to find out where I was getting my next drink from... Like now, if I say I'm going to do something with them, I do it."

5.6 Joined-up support

Lorna – parent

"While I was drinking they (the children) were frightened, really frightened, and I thought I was on my own. The help just wasn't there, and when I was asking for it, for help, it wasn't coming together – there was something missing out of the jigsaw, not everybody was helping me at the same time."

Lorna highlights a major problem in how services have failed to work together and provide the right support at the right time in a coordinated way. Few services adopt a whole family approach that encourages discussion and problem solving within families. The situation is improving, with increasing numbers of adult services assessing parenting, but is ineffective if they then lack the resources to provide support for children and parents or have the skills and knowledge to facilitate such work. Similarly many services working with children are often not providing adequate support for parents.

For many of the children attending Turning Point services, the time they spend away from the family environment is greatly appreciated and we have seen substantial benefits with

children taking part in appropriate activities they may be unable to do at home. Likewise, parents often require support away from children to develop their parenting skills and discuss problems they have linked to the family environment. As Turning Point has argued, families need a range of services to meet their needs and these should be joined up, such as diversionary activities and family therapy sessions which include parents and children. By providing separate and joint programmes, services can make a real difference to the whole family.

Turning Point BASE 10 – The UP Project

The UP Project is a confidential service for children and young people in Leeds aged 18 and under who are worried about a family member's use of drugs or alcohol. The project offers one-to-one and groupwork programmes for young people, and BASE 10 also supports parents whose substance misuse is having an impact on their child.

Children take part in structured programmes of work around feelings related to parental substance misuse, in a safe environment where they can explore issues arising from their family situation. The service can be delivered in a variety of locations including at school.

The service has seen positive outcomes for those attending the service, including an increase in children's ability to identify existing support networks, an increase in drug and alcohol awareness, children being able to talk more openly about thoughts and feelings associated with parental substance use, and leading a healthier lifestyle.

Where a range of services are offered and are successful, real progress can be made, as highlighted by the case of Beth and Sarah:

Beth (parent) and Sarah (daughter)

Beth has a three year history of daily alcohol use. She is a single mum with a son, David, aged 11, and a 15-year-old daughter called Sarah. Sarah was referred to Turning Point's BASE 10 UP Project by her social worker for support on how her mum's drinking affected her. As a result, her mum also accessed BASE 10 to see a Parent Worker for support around how her drinking affects her parenting.

Sarah's main concern is often the effect that alcohol is having on her mum's physical health. She has a good attachment to her mum and feels that they are a close family but she often gets into bad physical fights with David. She feels safe at home but does not like that it is untidy. Beth has identified that her drinking increases as the children's behaviour gets harder to control and she often feels isolated and bored. She then finds it more difficult to parent as a result of her drinking, which can exacerbate family problems. Sarah sees a BASE 10 UP Project Worker for individual sessions to work through her feelings about her mum's drinking. She used to frequently run away from home but has not done so in the last three months and she also now has a job secured for when she leaves school. With her worker, Sarah is looking at her role in improving family relations. Beth is much more aware of how much she drinks, has reduced the amount she is drinking, and is making purposeful decisions to drink in a more controlled way. Sarah has made an effort to comment on this to her mum, recognising the fact that she does not buy as much alcohol as she used to.

5.7 Respite and residential provision

Some children may need time away from their family, when their role as carer or the stresses of family life become too much of a burden. Children and parents may also benefit from a short period of time apart to help the parent to focus on their treatment. Short-term specialist foster placements could provide care for children whilst parents attend treatment, and allow children a period of stability.

Jane, 15

“Somewhere to go for a couple of days if it’s bad sometimes.”

Julie, 17

“Sometimes you just need a bit of time away to get your head straight.”

Where children are not considered at risk, residential treatment and rehabilitation services should be available which enable children to stay with their parents in a supportive environment. This would enable parenting programmes, support for children and whole family interventions to be implemented.

Recommendations

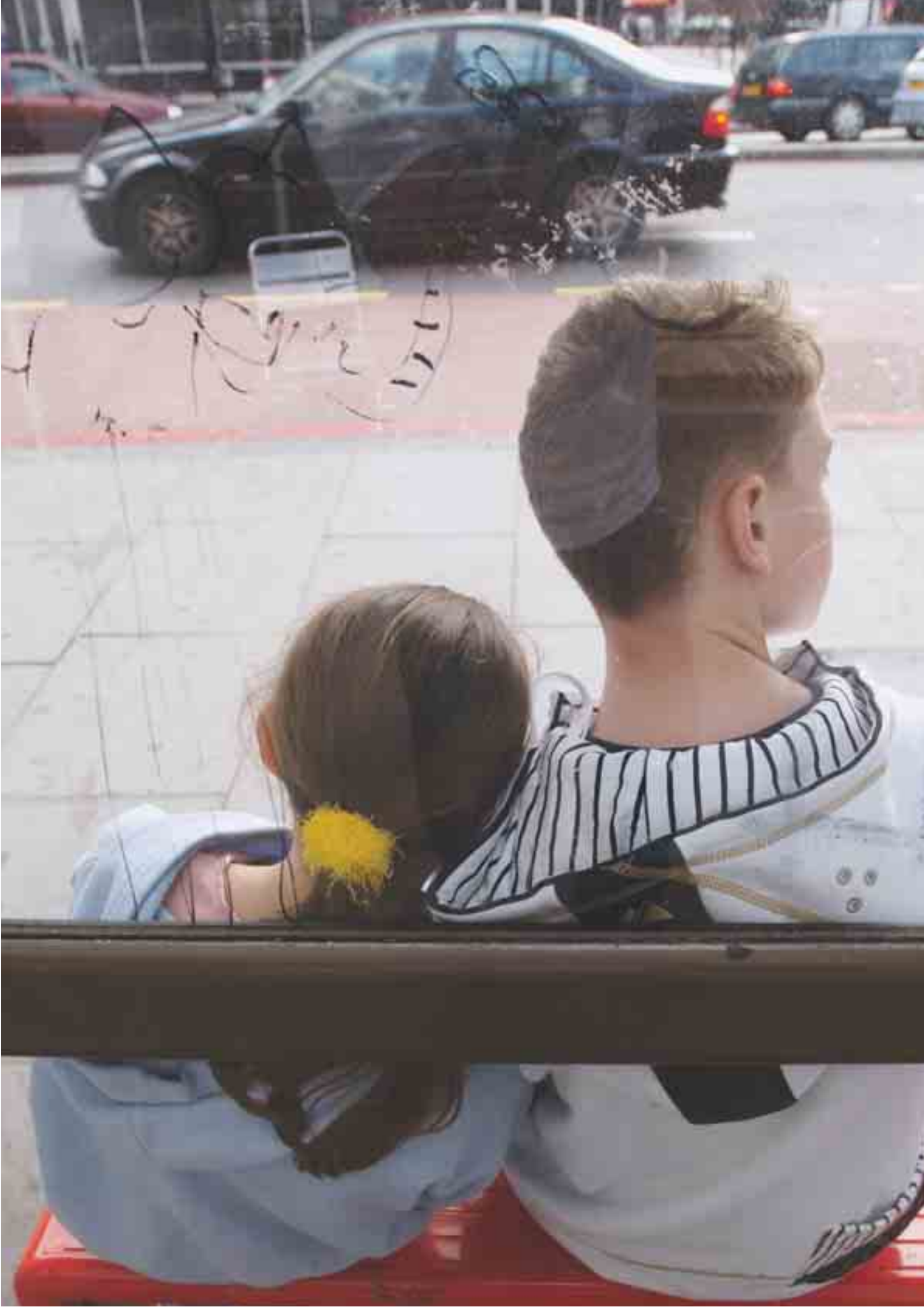
The evidence in this report has highlighted the far-reaching consequences of parental alcohol misuse. A number of recommendations are directed at the Government; there is so much unmet need in this area which must be responded to by Government as a specific issue. The situation also demands far-reaching solutions that span information, prevention, training and better services, and interventions for children and families.

To Government

- The Government should fund a national inquiry that profiles the needs of children of alcohol-misusing parents. The terms of reference should include an analysis of the numbers of children affected in England and Wales, examine the immediate and long-term consequences of parental alcohol use, and look at what types of services and interventions work with children and their families.
- In recognition of the fact that parental alcohol misuse is a major social problem, there should be a cross-government strategy to tackle the impact of parental alcohol use on children and families with resources to specifically back work in this field. Cross-government policy and subsequent service response needs to be reviewed so that support is integrated at every stage for children, from pre-birth through to childhood and transition to adulthood.
- Given that parenting responsibilities are often compromised, the Government needs to make closer links between the Respect agenda and treatment by shifting to a family system approach that includes providing support for parents in bringing up their children and ensuring that children do not take up inappropriate caring roles in their families.
- Children of problem alcohol users are a large group that require specific support across health and social care. The Department of Health, Home Office and Department for Education and Skills (and the Welsh Assembly) should publish separate national policy and practice guidance for working with children and families affected by problem alcohol misuse, which should support agencies to develop appropriate services, standards and practice. It should take account of the good practice set out in this report and provide guidance to local partners on its implementation, including linking with strategies for domestic violence. This should cover expectations in terms of information sharing and confidentiality, and guidance on thresholds for intervention.
- The *Every Child Matters* agenda and *Children and Young People: Rights to Action in Wales* identify vulnerable groups and the need to ensure they are prioritised in service planning, commissioning and delivery. Within this, the children of alcohol misusers should be an identified group, to ensure that their needs are not overlooked within the wider children's agenda.
- The Government and the Welsh Assembly should place a duty on local authorities to develop local strategies on alcohol-misusing parents and invest more heavily in specific services. This should secure direct provision for children and ensure that parents' capacity to support them is promoted. This should include parenting programmes within alcohol services, and additional specialist practical support for children and parents, such as mentoring schemes and respite provision. Investment needs to be long term and consistent.
- Given that the population of children of alcohol misusers remains hidden, service provision is lacking and the evidence base for different interventions is patchy, further research and evaluation is required to obtain more precise information on the prevalence of children affected and to help shape the different approaches for working with this group, evidencing effective outcomes for children.

For services

- The challenge is for all services across adult-based alcohol services and children's services to be reconfigured to provide a coordinated approach to meeting the needs of the whole family. There needs to be a shared vision that is translated into shared standards and measures for improvement, to align how adult services and children services support children and families, and these must be jointly assessed on their performance.
- All areas should ensure that specialist services outside of the family environment are available for children affected by parental alcohol misuse. Adult services should ensure they have specific provision to support parents. All agencies should adopt a family-focused approach and promote initiatives that bring parents and children together. In this report, Turning Point has identified the core features of good practice and recommends all services take these into account when developing provision.
- All adult services working with alcohol misusers should be trained in supporting people to develop parenting skills. Consideration should be given to joint training opportunities across specialist and non-specialist services.
- Adult services working with alcohol misusers should ensure they have appropriate processes and skills to assess the potential impact of alcohol on their children and parenting support. Children's services should have clear protocols to support the early identification of alcohol-misusing parents and their children, outlining referral routes and care pathways for interventions from specialist services.
- Specialist services should have clear child protection procedures developed with Local Safeguarding Children's Boards to ensure the welfare and safety of children. Clear boundaries regarding confidentiality limitations and a commitment to joint working with other agencies should be defined.
- Given the hidden nature of this problem, services are required to be vigilant and consistent in their processes to identify families where alcohol misuse is a factor.
- Children need to be given a voice in expressing their needs and identifying the appropriate interventions to meet them. Mechanisms need to be put in place to ensure this directly influences the planning and commissioning of services. All services should have systems of evaluation in place to ensure quality of provision and mechanisms to ensure ongoing input from children and their parents.
- Further piloting and evaluation needs to be made of respite provision and family residential services for this group, in order to identify any impact on long-term family functioning.





Conclusion

Turning Point's intention is for this report to improve understanding that parental alcohol misuse is a major public health and social challenge in England and Wales. This report must act as process for change. We have been told by parents and children that they face a host of problems, and they have identified a range of things that need to be done. We cannot let them down. We need to have a better understanding of the prevalence of the problem. We need to commission new services that meet the needs of children and parents, and can rebuild families. We need high quality information for children and parents, and for all agencies so that they are better equipped to meet their needs. Given that this is an area of unmet need, we need a national debate about this issue and a national inquiry to develop some solutions. Our challenge is to ensure that such families are not overlooked and those with the most needs are no longer forgotten. We cannot let children and families down, otherwise the voices of children and parents struggling with this issue will remain unheard and forgotten.

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