

## Children talking to ChildLine about parental alcohol and drug misuse

“My mum drinks all the time and leaves me alone lots of times. I feel scared and lonely. I look after my mum when she drinks. I put her to bed. Mum shouts and hits me; she is worse on a Friday. I don't want to feel pain. I want to die.” (Angel, aged 10)

“My mum and dad don't feed me. I have to steal money from people so I can get food. When I cry, Mum and Dad hit me. They are drinking all the time. I can't tell anyone because I am scared my mum and dad might do something and hit me.” (Jonathan, aged 10)

“I live with my mum and her boyfriend. They both take drugs. I am worried they might die. My mum makes tea and then smokes drugs. She shouts at me. I feed my baby sister. I see my dad every two months and he takes drugs.” (Sarah, age unknown)

“I want to run away from home. Both my parents use drugs and alcohol and they fight. My mum brings men home all the time. I really hate their way of living and would like to get away. I did try to get away with my sister but my sister is partly disabled so she couldn't keep up and we came back home. I am really unhappy to be left alone in the house all night.” (Sanjay, aged 14)

“I think it is the constant fear that children have and it is on a daily basis. Children worry about their parents. Instead of parents looking after the children, they need to look after their parents.” (ChildLine counsellor)

### Key findings

- Children who were counselled by ChildLine about their parents'<sup>1</sup> alcohol and drug misuse often also talked about their experiences of physical abuse, family relationship problems, neglect and sexual abuse.
- Children talked about being worried, frightened and confused by their parents' alcohol and drug misuse.
- Children often took on a caring role and saw it as their responsibility to solve their parents' alcohol and drug misuse problems.

<sup>1</sup> Throughout this report we use the terms “parents” and “parental” interchangeably to mean either/both parent(s), carers and others with parental responsibility. This person is usually the child's mother or father.

## Key findings continued

- Almost twice the number of children were counselled by ChildLine about their parents' alcohol misuse than about drug misuse.
- Children who were cared for by habitual alcohol or drug users could be inducted to rely on alcohol and drugs in order to cope with life's challenges.

## 1. Introduction

The impact of parental alcohol or drug misuse on children's lives can be devastating. Children whose parents have alcohol or drug problems can suffer a wide range of damaging forms of abuse or neglect.

ChildLine has a unique insight into this problem, gained from the children who ring to ask for help. Usually, these children are fiercely protective about their parents. For instance, one 10-year-old girl's very first comment to a ChildLine counsellor was: "I don't want anything to happen to my mother." For these reasons, many children who are counselled by ChildLine about their parents' problems with alcohol and drugs have told no one else; they are a "hidden" group and feel they have no one to turn to.

Alcohol and drug misuse by a parent or parents can damage children physically, mentally and emotionally, can undermine family relationships and threaten their own security and safety. These vulnerable children are struggling to cope with complex problems that become difficult to solve.

Alcohol and drug problems may at first appear minor and the children may feel that they can cope alone. However, parents who misuse alcohol and drugs may do so as a way of dealing with other problems in their lives. If these problems grow in number or severity, as often happens, the substance misuse may also escalate and become dangerous (see appendix 2). The children and their parents living in these difficult situations need help and support to tackle their problems.

Children living in these circumstances are at increased risk of maltreatment. In order to protect children, ways need to be found for detecting and helping them at an earlier stage and for understanding the nature and extent of the problem.

The pattern of problematic alcohol and drug misuse by those parents of the children counselled by ChildLine varies. Some children are worried about excessive drinking that happens occasionally or by small amounts of drug taking by their parents. For other children, it is an ingrained and pervasive addiction that takes over their parents' lives. This can result in parents who have severe mood swings and episodes of violence and emotional instability, who are regularly sick, who interrupt their children's schooling, who prevent children making friendships and who harm themselves and their children.

Examples given by ChildLine counsellors even describe parents who sleep all day and drink all night, preventing them from being able to care adequately for their child's daily needs.

This casenote examines how parental alcohol and drug misuse seriously, and sometimes dangerously, impacts on children's lives. We demonstrate this through the words of the children themselves, expressing their deep-felt concerns about their parents' and their own safety. We also explore ChildLine counsellors' experiences of responding to some of the most challenging requests for help received by the helpline.

For information about the methodology used in this casenote, see appendix 1.

## 2. Evidence: what children tell ChildLine

This casenote reports on calls to ChildLine about parental alcohol and drug misuse between April 2008 and March 2009.

### 2.1 Calls to ChildLine from children about parental alcohol misuse

In 2008/09, 4,028 children (21 per cent of all callers [18,983] with a concern about a significant other<sup>2</sup>) were counselled by ChildLine with concerns about their parents' alcohol misuse. This number consisted of 2,867 girls and 1,161 boys. Alcohol problems were the largest concern mentioned regarding parents.

### 2.2 Calls to ChildLine from children about parental drug misuse

In 2008/09, 2,284 children (12 per cent of all callers about a parental drug misuse concern) were counselled by ChildLine with concerns about their parents' drug misuse. This number consisted of 1,639 girls and 645 boys.

Calls to ChildLine from children who talked about parental alcohol and drug misuse represent 4 per cent of all (156,729) children counselled by ChildLine. Alcohol and drug concerns make up 33 per cent of the total concerns given by children for their parents.

### 2.3 Difference between calls to ChildLine about parental alcohol or drug misuse

Almost twice the number of children were counselled about parental alcohol misuse (4,028) compared with parental drug misuse (2,284).

This was similar for boy callers and for girl callers. Nearly twice the number of girls were counselled about a concern for parental alcohol misuse (2,867) than parental drug misuse (1,639). Similarly, nearly twice the number of boys were counselled about a concern for parental alcohol misuse (1,161) than parental drug misuse (645).

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<sup>2</sup> "Significant other" refers to any person in a child's life who can affect them. ChildLine counsellors tell us that this is usually the child's mother or father. In this casenote, unless otherwise stated, we use the term "parents" in preference to the more cumbersome "significant others".

Overall, nearly three times more girls were counselled about parental alcohol misuse compared to those boys counselled. Similarly, nearly three times more girls were counselled about parental drug misuse than boys.

However, it should be taken into consideration that the overall ratio for children counselled by ChildLine for the period from April 2008 to March 2009 was two girl callers to every one boy caller.

It is also possible that girls are more prone to asking for help, both for themselves and for others, across all services and we would anticipate that more girls than boys would contact ChildLine to express concern about someone else's alcohol or drug misuse.

#### 2.4 Children's own alcohol and drug misuse

In 2008/09, 3,054 children (2 per cent of all children counselled) were counselled about their own alcohol misuse. Of these, 720 were counselled about alcohol misuse as a main concern or a reason for ringing, and 2,334 were counselled about another problem but also raised alcohol misuse as an additional concern.

Of the children counselled about alcohol misuse, 2,342 were girls and 712 were boys. Therefore, three times more girls were counselled about alcohol than boys. Again, this may be because girls are more likely to ask for help than boys.

In 2008/09, 3,045 children (2 per cent of all children counselled) were counselled about their own drug misuse. Of these, 1,122 were counselled about drug misuse as a main concern and 1,923 were counselled as an additional concern. Those children counselled about drug misuse consisted of 1,175 boys and 1,870 girls.

The figures demonstrate that a greater proportion of children counselled about drug misuse were boys compared to those children counselled about alcohol misuse, where girls represented the greater proportion.

#### 2.5 The relationship between children's own alcohol and drug misuse and parent's alcohol and drug misuse

Of those children who spoke about a parent's alcohol misuse, 185 were counselled about their own alcohol misuse and 121 were counselled about their own drug misuse (as either a main or an additional concern).

For some children, drinking could be a behaviour that was learnt from their parents. One ChildLine counsellor described this link:

*"Sometimes, they have been used to their parents drinking over a number of years. It is almost normal for them: they are not used to anything else. Sometimes, children also end up drinking."*

Of those children who mentioned parental drug misuse, 251 were counselled about their own drug misuse and 112 were counselled about their own alcohol misuse (as a main or additional concern).

Of all the 156,729 children who were counselled by ChildLine in 2008/09, 3,045 (2 per cent) talked about their own drug misuse. Whereas, of the children counselled about parental drug misuse, 251 (11 per cent of children counselled about parental drug misuse) talked about their own drug misuse.

Thus, for children contacting ChildLine, if a significant person in their life is misusing drugs, there is almost six times the likelihood that the young person will discuss themselves misusing drugs compared with all children counselled by ChildLine.

This appears to highlight the dangers for children and young people of being influenced by the drug-taking behaviour of significant others in their lives and of the potential risks involved to them through the accessibility to drugs in a family environment.

One particular situation was described by a ChildLine counsellor:

*"His mother and stepfather were misusing drugs. A lot of pressure was put on him and he started using drugs."*

## **2.6 Change in number of children counselled about parental alcohol and drug misuse between 2003/04 and 2008/09**

Over the past five years, the number of children counselled about parental drug misuse has shown a small 10 per cent increase: 2,076 children in 2003/04 and 2,284 children in 2008/09. However, the proportion of all children counselled for both years remained the same.

Over the same period, the number of children counselled about parental alcohol misuse has declined by 9 per cent, falling slightly from 4,445 in 2003/04 to 4,028 in 2008/09. This may be linked to a fall in all calls to ChildLine over this period. The proportion of total children counselled about all problems had decreased from 3 per cent to 2.5 per cent in 2008/09.

## 2.7 Age and gender breakdown for callers about parental alcohol and drug misuse

**Table 1**

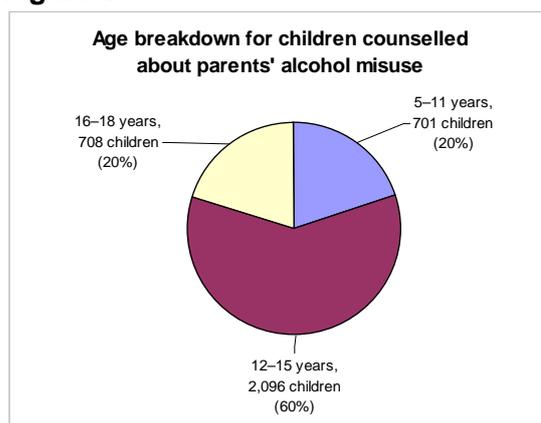
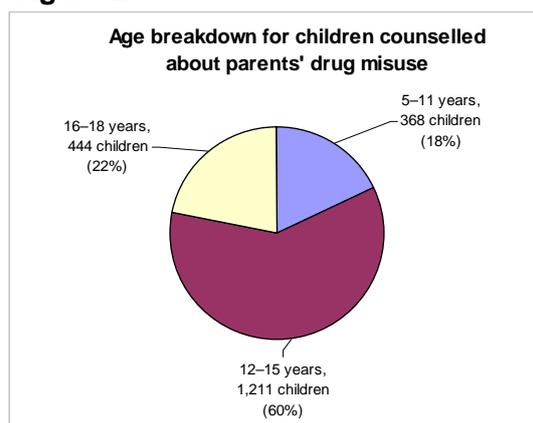
Age breakdown for children counselled about parental alcohol misuse in 2008/09

Age (years)	Number and percentage of known ages for girl callers	Number and percentage of known ages for boy callers	Total number and percentage of known ages for all callers
Age unknown	318	205	523
5 and under	13 (1%)	6 (1%)	19 (1%)
6	22 (1%)	6 (1%)	28 (1%)
7	43 (2%)	12 (1%)	55 (2%)
8	38 (1%)	20 (2%)	58 (2%)
9	81 (3%)	38 (4%)	119 (3%)
10	121 (5%)	63 (7%)	184 (5%)
11	168 (7%)	70 (7%)	238 (7%)
12	301 (12%)	88 (9%)	389 (11%)
13	380 (15%)	117 (12%)	497 (14%)
14	432 (17%)	189 (20%)	621 (18%)
15	407 (16%)	182 (19%)	589 (17%)
16	287 (11%)	89 (9%)	376 (11%)
17	181 (7%)	58 (6%)	239 (7%)
18	75 (3%)	18 (2%)	93 (3%)
<b>Total</b>	<b>2,867</b>	<b>1,161</b>	<b>4,028</b>

**Table 2**

Age breakdown for children counselled about parental drug misuse in 2008/09

Age (years)	Number and percentage of known ages for girl callers	Number and percentage of known ages for boy callers	Total number and percentage of known ages for all callers
Age unknown	153	108	261
5 and under	10 (1%)	4 (1%)	14 (1%)
6	11 (1%)	3 (1%)	14 (1%)
7	14 (1%)	4 (1%)	18 (1%)
8	28 (2%)	19 (4%)	47 (2%)
9	38 (3%)	19 (4%)	57 (3%)
10	57 (4%)	34 (6%)	91 (4%)
11	89 (6%)	38 (7%)	127 (6%)
12	167 (11%)	49 (9%)	216 (11%)
13	213 (14%)	68 (13%)	281 (14%)
14	291 (20%)	99 (18%)	390 (19%)
15	222 (15%)	102 (19%)	324 (16%)
16	133 (9%)	42 (8%)	175 (9%)
17	118 (8%)	48 (9%)	166 (8%)
18	95 (6%)	8 (1%)	103 (5%)
<b>Total</b>	<b>1,639</b>	<b>645</b>	<b>2,284</b>

**Figure 1****Figure 2**

Tables 1 and 2 show that more children aged 14 and 15 were counselled about parental alcohol and drug misuse than children of all other ages.

Looking at the age ranges highlighted in figures 1 and 2, the highest number of children (60 per cent) was in the 12–15 age range for parental alcohol misuse (2,096 children counselled) and also for parental drug misuse (1,211 children counselled).

Twenty per cent of children counselled about parental alcohol misuse and 18 per cent of children counselled about parental drug misuse were in the 5–11 age range (701 children and 368 children respectively). Again, this reflects the overall pattern of all calls to ChildLine.

Similarly, around 20 per cent of children counselled about parental alcohol misuse and 22 per cent of children counselled about parental drug misuse were in the 16–18 age range (708 children and 444 children respectively).

Tables 1 and 2 show that fewer younger children (5–11 age range) and fewer older children (16–18 age range) contacted ChildLine about these issues. This may be because younger children have less understanding of the nature and impact that alcohol and drug misuse has on them and on the ramifications of this misuse.

Fewer older children may have been counselled because those children over the age of 16 who were living with chaotic alcohol and drug misuse in their family may have been able to move out of home and thereby avoid the situation. At this age, they may also have been more likely to access other services.

In 2003, the Home Office published *Hidden Harm: responding to the needs of children of problem drug users*, the report of an inquiry by the Advisory Council on the Misuse of Drugs (ACMD). This report stated that there were between 250,000 and 350,000 children of problem drug misusers in the UK and that these children were all ages, not just teenagers.

Similarly, between 780,000 and 1.3 million children in the UK were affected by parental alcohol misuse (AHRSE, 2004). This makes public awareness of the impact of alcohol and drug misuse extremely important to supporting and protecting these younger children.

These findings were echoed by a ChildLine counsellor:

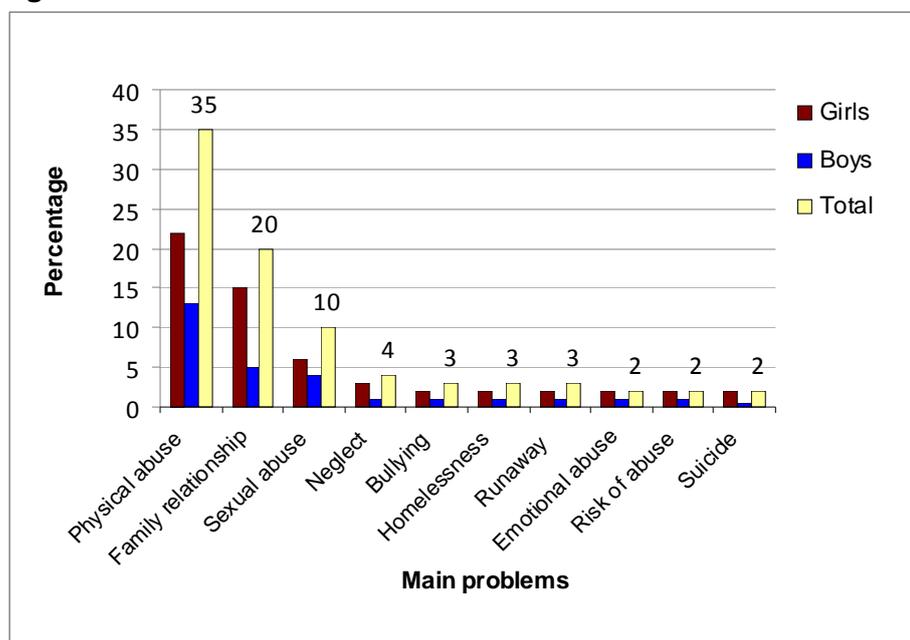
*"I found more calls with the young to mid teenagers, 12–16 years old. I think they are the ones who are more aware of parental alcohol and drug misuse."*

For a number of reasons we know that the 12–15 age range can be difficult for children; as they enter adolescence, they move towards independence, school life is changing, they are forming relationships with friends, and academic pressures can increase.

Having to deal with a parent's alcohol or drug misuse can create impossible pressures for a child. Home life can become unpredictable and chaotic, there may be violent rows and a child or young person may be fearful or ashamed of bringing friends home. Children in this situation can become extremely isolated.

## 2.8 Main problems for children counselled about parental alcohol concerns

Figure 3



When parents are misusing alcohol, children often experience a range of other linked problems.

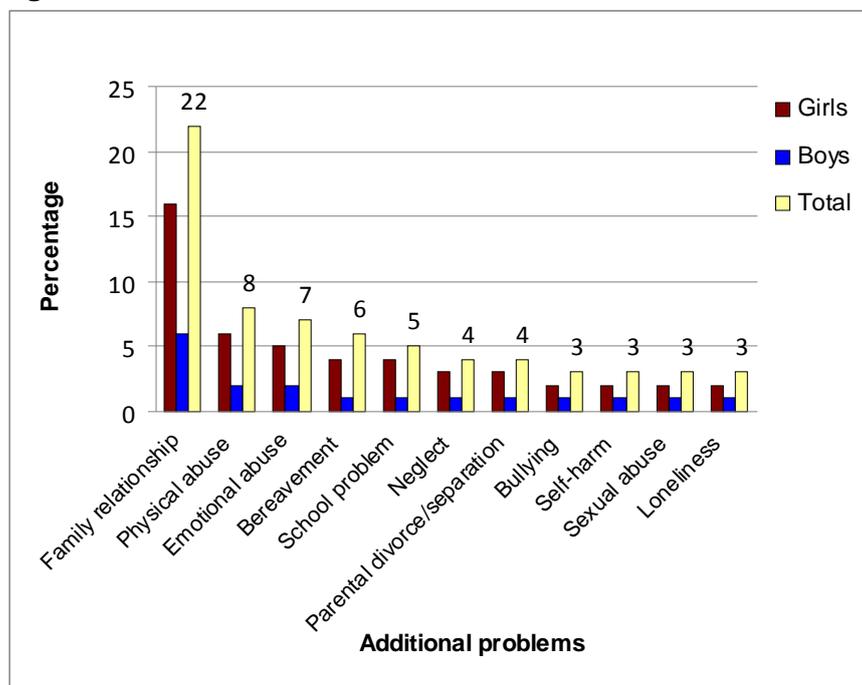
When children ring ChildLine, the issue they call to talk about is recorded as their “main problem”. For the children who rang ChildLine and mentioned a concern about a parent’s alcohol misuse, the most discussed main problem was physical abuse (1,392 children counselled [35 per cent]). Children who said that a parent misused alcohol were over three times more likely to ring ChildLine about physical abuse than the average child ringing ChildLine. This shows the link between alcohol and violence in the home, and the increased vulnerability of children to physical abuse when a parent misuses alcohol.

Family relationship problems comprised the second largest category of calls where parents were misusing alcohol. This was evident for the 799 children counselled (20 per cent of those calls). Children who said that a parent misused alcohol were almost twice as likely to ring ChildLine about family relationship problems as the average child ringing ChildLine. This demonstrates clearly the stress and strain drinking can place on family relationships, and the relationship between family conflict and alcohol misuse.

Physical abuse and family relationship problems were followed by sexual abuse (407 children counselled [10 per cent]) and descriptions of neglect (145 children counselled [4 per cent]) as the most frequently discussed main concerns for those children counselled when parents were misusing alcohol.

## 2.9 Additional problems for children counselled about parental alcohol concerns

Figure 4



In addition to recording the main problem that children call ChildLine about, counsellors also note additional problems that are mentioned during the course of the call.

Figure 4 shows that the most frequent additional problems children mentioned in association with a parent's alcohol misuse were problems within family relationships (1,578 children counselled [22 per cent]), followed by physical abuse (585 children counselled [8 per cent]). As will be discussed later in section 4.3, alcohol misuse clearly has a devastating effect on the emotional welfare of the family.

For many children, it is clear that the relationships most crucial to their happiness are all too often severely damaged in this way. Parents and those responsible for looking after children should remember that if they habitually abuse alcohol and/or drugs, it is not only their own happiness that they are putting in jeopardy, but also the happiness of the children who depend on them.

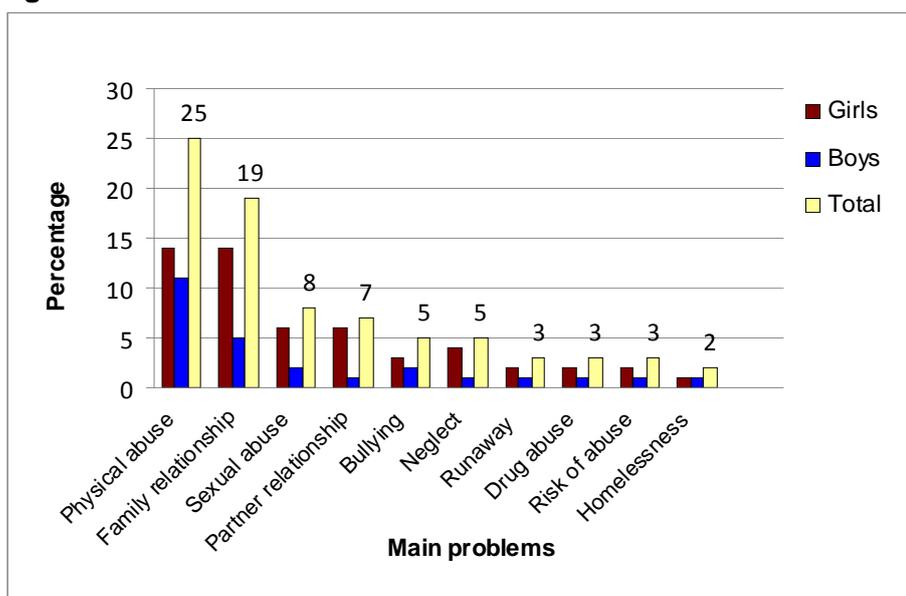
Family relationship problems and physical abuse were followed by emotional abuse (495 children counselled [7 per cent]) and bereavement (400 children counselled [6 per cent]). The fact that bereavement is so prevalent a problem associated with parental alcohol misuse suggests that the death of a loved one may increase the tendency of parents to misuse alcohol, perhaps as a coping mechanism. It may also be a reflection that alcohol misuse can be associated with premature death (Alcohol Concern, 2003).

Divorce caused by alcohol misuse brings its own pain to the family and the isolation of a child fearful of allowing school friends into the family circle can lead to bullying.

Worryingly, children suffering as a result of parental drunkenness may be driven to contemplating self-harm and even suicide. This is explored further in section 4.4 of this casenote.

## 2.10 Main problems for children counselled about parental drug concerns

Figure 5



Children calling ChildLine reported that drug taking by their parents was frequently associated with physical abuse (562 children counselled [25 per cent]). Like alcohol, drug misuse leaves children more vulnerable to violence. This can be caused by the loss of control and the emotional volatility associated with drug misuse.

Physical abuse was also associated with family relationship problems (19 per cent of calls or 444 children counselled). Unfortunately, the emotional and psychological effects of drug misuse can make it harder to maintain harmonious family relationships.

Physical abuse was followed by sexual abuse (186 children counselled [8 per cent]) and partner relationship problems for the child counselled (150 children counselled [7 per cent]).

Tragically, but perhaps not surprisingly, drug addiction brings the additional problems of homelessness and neglect into children's lives. A previous ChildLine casenote on running away and homelessness (NSPCC, 2007) highlighted how, in desperation, some children experiencing parental drug addiction run away from home.

## 2.11 Additional problems for children counselled about parental drug concerns

Figure 6

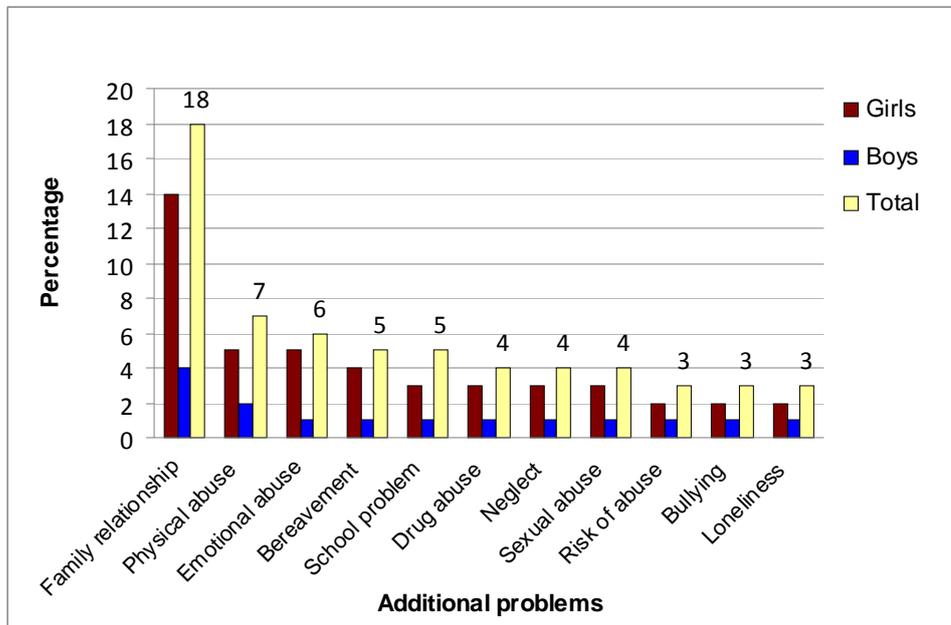


Figure 6 highlights that the most frequent additional problems mentioned by children experiencing parental drug misuse were, once again, family relationship problems (793 children counselled [18 per cent]) and physical abuse (306 children counselled [7 per cent]). This reinforces the link between parental drug misuse and family relationship problems, previously discussed in section 2.10.

Family relationship problems and physical abuse were followed by emotional abuse (255 children counselled [6 per cent]), bereavement (231 children counselled [5 per cent]) and school problems (196 children counselled [5 per cent]).

A number of these children also spoke about bullying and loneliness. A recent ChildLine casenote on loneliness (Hutchinson and Woods, 2010) highlighted the devastating impact that drug abuse can have on children's lives.

### 3. Parental alcohol and drug misuse – findings from research

The experiences of children and young people who contact ChildLine about the impact of parental alcohol and drug misuse are reflected in a growing body of research. At ChildLine, hearing first hand from children, we know that their lives are blighted by their parents' problems.

It is of great concern to ChildLine counsellors that, no matter how young they are, the children who ring often assume responsibility for their parents who abuse alcohol or drugs. It is also clear from their calls that parental addiction or heavy usage can be extremely harmful to children.

Previous estimates suggest that, in the UK, between 780,000 and 1.3 million children are affected by parental alcohol misuse (AHRSE, 2004).

It is believed that parental alcohol misuse is five times greater than the number affected by parental drug misuse (Turning Point, 2006). A recent study using secondary analysis of five UK national surveys suggested that the number of children living with substance-misusing parents exceeded earlier estimates.

It also indicated that widespread patterns of binge drinking and recreational drug use may expose children to low standards of care and to role models who misuse drugs and alcohol (Manning et al, 2009).

Echoing what children have reported to ChildLine, research illustrates that parental alcohol and drug misuse disrupts family relationships, affects children physically and emotionally, and negatively impacts on their lives (Turning Point, 2006; Cleaver et al, 1999).

Similarly, Forrester et al's 2006 report highlighted that physical abuse and neglect are often associated with parental drinking.

Children who live with parental substance misuse can often develop negative effects, such as behavioural disturbance and problems, emotional difficulties and under achievement at school. They also tend to have a more difficult transition from childhood to adolescence and have an increased likelihood of being referred to social services due to child protection concerns. Some of these problems experienced in childhood and adolescence can continue into adulthood (Templeton et al, 2007).

Research also finds that role reversal is a common feature in families affected by alcohol misuse, as children often feel the need to accept responsibility for the care of their troubled parents and their siblings (Tunnard, 2002). The following experience reported by a ChildLine counsellor typifies this:

“The first thing a 10-year-old child told me was: ‘I don’t want anything to happen to my mother.’ The child went on to explain that her mother was an alcoholic, that her mother’s partner took drugs, and that when they fought, she lay in bed listening to their violent battles. She only felt safe at school, but her mother often kept her at home to clean the house. She said: ‘Sometimes, one of my friends has me round to tea and then I see what family life can be like.’ I referred her to a local organisation working to support the children of alcoholics”.

Parental misuse of alcohol or drugs is a common issue encountered by social workers. In a qualitative study of social work case files, Forrester et al (2006) found that 34 per cent of all cases featured parental substance misuse.

In Northern Ireland, we know from the *Regional Hidden Harm Action Plan* (DHSSPSNI, 2008) that 70 per cent of looked after children and young people are in care because of parental alcohol and drug misuse.

Children are often taken into care because of the disruption caused to their families by parental addiction. However, frequently the children themselves do not want to leave their family and feel responsible for them when their parents have alcohol or drug problems. Children sometimes have no choice but to go into care.

*Care matters: time for change* (DfES, 2007) described the effects on children of substance-misusing parents’ behaviour and the scale of the problem. It also highlighted that this is reflected in high rates of care proceedings in some parts of the country.

Many children do not want to leave their family and some have a difficult time in foster homes or in care placements. Children can have ambivalent feelings: wanting to be protected from the abuse or neglect caused by their parent(s), but also wanting to remain with their family whom they love. Unfortunately, *Care matters* also highlighted how children in care were four times as likely as their peers to misuse alcohol and drugs.

In Northern Ireland, there is a clear link between parental alcohol and drug misuse and child protection registrations. Forty per cent of children on the register are there because of alcohol and/or drug misuse (DHSSPSNI, 2008).

It is also estimated that 70 per cent of looked after children and young people in Northern Ireland are looked after because of parental alcohol or drug misuse. In addition, they are three times more likely to be adopted and to remain in care for longer. This clearly shows a link between alcohol and drug misuse and the need for children to be protected (DHSSPSNI, 2008).

In an analysis of 161 serious case reviews (reviews of child deaths and serious injury through abuse and neglect) between 2003 and 2005, it was found that, of the 47 serious case reviews where fuller, more detailed information was available, there was evidence of substance misuse in 57 per cent of these families (Brandon et al, 2008).

A recent study of ChildLine data in Scotland (Wales et al, 2009) revealed that a disproportionately large number of calls received by ChildLine from children in Scotland were about a significant other's drinking and that this was often associated with violence.

Despite the increasing evidence of the impact of parental alcohol or drug dependency, the focus of treatment and services is still on the user and not on the wider family.

Using findings from the Belfast Youth Development Study, Percy and McCrystal published a 2008 study on the extent and nature of family alcohol and drug misuse, which concluded that: "While harm reduction has been an influential approach to adult alcohol and drug treatment within the UK, it is essential that the assessment of harm is not restricted to the individual substance user but is extended to cover the impact that it has on family members."

## 4. Issues associated with parental alcohol and drug misuse

### 4.1 Child abuse and neglect

Children who called about parental alcohol or drug misuse also reported abuse and neglect that had been triggered by their parents' alcohol and/or drug misuse.

Michelle, aged nine, told ChildLine:

*"My mum hit me and pushed me into a wall. Every weekend she gets drunk and has a go at me. Mum leaves me in the house until 11pm. I have to make my own food. My dad died when I was five."*

Children were worried and scared of what would happen when their mum or dad drank alcohol or used drugs. They felt that they were living with great uncertainty, not knowing when the next flare up would happen.

Tyrone, aged 12, told ChildLine:

*"My dad is beating me and my younger brother. Dad injects something into his arm and shouts at me and beats me. My brother and I have bruises. My teachers see this and when they ask, I tell them I had a fall."*

A ChildLine counsellor explained:

*"There is a lot of physical abuse when parents are drinking. They [children] also end up taking care of the younger siblings. I talked to a girl who said: 'It's part and parcel of Dad drinking'; she feels she has no choice but to look after the younger sibling."*

Other counsellors explained circumstances when physical abuse may occur:

*"...when they have not got the money for drink and they are lashing out at the nearest thing they could find. It could happen at various stages: when they are drunk and when they have hangovers."*

*"If the dad is drinking, they fear violence from him. They are scared of him. With alcohol, it very often ends in violence."*

Children who called to talk about parental alcohol and drug misuse also talked about neglect, lack of care, not being provided with food and of having to fend for themselves.

David, aged 14, told ChildLine:

*"My dad is smoking weed and gets angry. When I come home from school, there is no food for me. He has threatened to hit me and once he locked me in a cupboard. I am scared to tell anyone."*

Sangeeta, aged 13, rang at 3pm and told ChildLine:

*"My mum left home around 6pm last night after having an argument. She is not back yet. She has done this before. I am feeling scared, lonely and hungry. I can stay with Dad but he is an alcoholic. I saw him last a couple of months ago."*

Abdal, aged 13, told ChildLine:

*"Mum goes out drinking. She doesn't come back until the morning. I am left to babysit my little brother and little sister. I can't sleep when Mum is out as I can hear noises downstairs."*

Adrian, aged 14, told ChildLine:

*"I am at home alone now. My dad keeps touching me in my private parts and my bum. My dad is always taking drugs. If I tell anyone, he said he will kill me. I don't go to school. I stay all day in my room until Dad does what he does."*

Emily, aged 13, phoned at 2am and told ChildLine:

*"I have just run away from home. My mum and dad are drinking all night. They also had friends over for drinking. I was sleeping in my room; my dad's friend took off my pyjamas but I don't know what happened. My body is hurting and it is also hurting down below. Now I am at my uncle's house."*

Many of the children who rang ChildLine told us that physical, sexual and emotional abuse and neglect were all linked in their lives with alcohol and drug misuse. This is evidence that the emotional volatility, the reduced ability to parent responsibly and the reduction in normal inhibitors can have the most serious impact on children's lives. But because these children feel so protective about the abusive parent, ChildLine hears from children and young people time and time again about how difficult they find it to tell anyone about the problems they are experiencing in their lives and to seek help.

For many, a ChildLine counsellor was the first person they had told. When their parents misused alcohol and drugs, the children also felt ashamed and humiliated, and wanted to conceal what their parents were doing. They may have been afraid that their parents would be sent to prison or that their family would be broken up. These powerful feelings militated against them telling anyone. When they were being abused and neglected, the pressures were even greater.

A ChildLine counsellor described how, even though children were being abused, they still wanted to protect their parents:

*"Children want somebody to wave a magic wand and make it all go away. They want to fix everything for their parents. Although the children are experiencing abuse, they want to protect their parents and are concerned for them."*

## 4.2 Emotional impact

Children experienced emotional effects due to parental alcohol and drug misuse.

One ChildLine counsellor said:

*"At the time, children feel they are handling it and then later everything comes out. Children keep bottling it all up. Sometimes, looking after the parents, they become almost like the carer, mopping up Mum's sick, putting Mum to bed, picking her up off the floor, sometimes cooking the tea, looking after the house. Parents should be looking after them but they are actually not capable of doing so."*

Another counsellor commented:

*"I remember a child phoned up and said her mum gets drunk all the time and the child has to take money from Mum's purse to get food for her brother and herself, and they become the carer, parent and sibling as well."*

Another counsellor described the feelings that parental alcohol and drug misuse led to in children:

*"Sadness, hopelessness, helplessness, instability, and, I think, a lack of confidence."*

The impact of parental alcohol and drug misuse meant that children suffered in so many ways. They were constantly living with the fear, loneliness and unpredictability of what would happen next. Children felt helpless, sad and hopeless, and experienced great instability in their lives.

Children were often forced to lead chaotic lives with no respite because of the addictions of their parents. Sadly, they often took on the responsibility of protecting and supporting their parents and their family.

Two ChildLine counsellors explained:

*“These children never know what they have to face. One of the biggest issues is fear of what to expect when they come home from school or when parents return home from having been out drinking or taking drugs.”*

*“Because their parents get angry, they worry about their mood swings. One day they are fine but when they are drunk, their mood changes.”*

Another counsellor described how the children may not want to face up to their parents' addiction:

*“I had a call from a young teenage boy. He was in denial that his mother had a drink problem, even though she would sleep all day and spend all night drinking. He was embarrassed and didn't know how to handle this. He wanted his friends to come around but there was no carpet on the floor. When they did come round, she would scream and shout at them. He was in denial. He thought if he didn't admit it, then it was not an issue.”*

#### 4.3 Family relationship problems

One of the major issues for children who talked about parental alcohol and drug misuse was family relationship problems. Children talked to ChildLine counsellors about arguments and conflicts in the family.

The emotional volatility, mood swings, mental health problems and emotional problems associated with alcohol and drug misuse all had negative effects on family relationships, making family life harder to maintain.

One ChildLine counsellor said:

*“Children feel a sense of loss for a parent who is addicted. They feel they have lost their support emotionally. This feels similar to the death of a parent.”*

Tanisha, aged 14, told ChildLine:

*“My dad is shouting a lot at me. He says I don't do anything and told me to leave this morning. I went to my friend's house. Now I am back. My dad drinks regularly. He shouts at Mum and sometimes he is physically and verbally abusive to her. My mum suffers from depression. There are also money problems.”*

Norman, aged 13, told ChildLine:

*“My mum is an alcoholic. I need to stop Mum and Dad arguing and fighting. Today, my parents and brother were arguing, fighting and swearing and kicking doors downstairs. This is always happening. I feel upset at the way my dad treats her [Mum]. I feel sad because she goes off for days and drinks. I want someone to stop them arguing. I would like someone to help my mum, like a doctor. I have not told anyone about what is happening. I like to keep it a secret. I am in a new school; I hate it because it is rough. I also have dyslexia.”*

Children who talked about parental alcohol and drug misuse also talked about living in single parent families, about parents separating or divorcing, about being taken into care due to family disruption and about experiencing domestic violence.

They also talked about how bereavement over the loss of one parent could affect the other parent, driving the remaining parent to misuse alcohol or drugs. The children themselves would also be affected by the bereavement and, tragically and all too often in these cases, their needs for support were ignored.

Angie, aged 13, told ChildLine:

*“My mum is taking drugs and stealing my things, which is upsetting me. I live alone with Mum. My brother died when he was two years old and my dad committed suicide.”*

A single parent may need to cope with both the emotional and the physical loss of their partner, may be affected by a change in financial status as a result of the loss and may find it difficult to cope. This may result in them turning to alcohol or drugs for support, thereby losing the ability to care for their children.

Children experiencing such situations actually suffered a double loss: losing one parent and also losing the stability of the other. Life could become extremely difficult for them.

Anna, aged 13, told ChildLine:

*“I lost my mum two years ago. My mum committed suicide. My dad is drinking a lot. I miss Mum and want to talk about her.”*

#### **4.4 Suicide and self-harm**

The impact of parental alcohol and drug misuse could cause children to have suicidal thoughts and also lead them to self-harm.

Felicia, aged 17, told ChildLine:

*“I am just out of hospital; I took an overdose on Friday. I feel like this all the time. I do have a social worker but don't see her often. I used to live with Mum, who is an alcoholic. When I was 15, I was put in foster care but didn't like the carer much. Now I am living in supportive lodgings.”*

Amaya, aged 14, told ChildLine:

*"I cut myself when I am upset. I live with my dad. My mum died when I was four years old; I have been cutting myself for three years. Dad does not work and I don't get on with him. He drinks a lot and is always horrible to me. I feel sad but I have not told anyone about this."*

Jonathan, aged 15, told ChildLine:

*"I do have tablets to kill myself but didn't really want to take them. My mum is in hospital. She has a drug problem and my dad is in prison. I am with foster parents. They are OK but I find I can't talk to them about difficult things."*

#### 4.5 Impact on school life

Some children who called ChildLine about parental alcohol or drug misuse also experienced difficulties in school. Their parents might actually prevent them from attending school in order to use them to organise the home or care for the other children in the family. When they did attend, they had problems at school and sometimes experienced bullying because their parents were alcoholics or drug addicts.

Children with these serious problems at home often found it difficult to concentrate on their studies. Many did not enjoy school as much as other young people because they were having to deal with difficult problems in their lives that they were struggling to conceal.

Sometimes, they became withdrawn and lonely but, because they felt so protective towards their parents, they dared not confide the truth about their lives to anyone outside ChildLine.

Imogen, aged 12, told ChildLine:

*"I just came out of school. I can't take this any more. My dad locks himself in his room and ignores everyone. I think he has started taking drugs again. My mum is not coping either; she is smoking more and not eating. I'm having to help Mum to look after my brother and sister. I am worried. I can't concentrate on my work. I want to do well at school. Some of the boys are calling me names."*

One ChildLine counsellor explained:

*"There is shouting and fighting at home and so they are not sleeping properly. They are concerned about Mum or Dad. They experience school problems because of the lack of sleep. The kids get bullied because their parents are alcoholics. They are embarrassed about other kids knowing this."*

#### 4.6 Looked after children

In 2008/09, 3,571 children discussed being in care with ChildLine. Of these, 122 children (3 per cent) discussed a parent's alcohol problem and 135 children (4 per cent) mentioned a parent's drug problem.

Angela (age unknown) told ChildLine:

*"I am upset. I have been in foster care these few months but I don't like it. I want to be with Mum but she is an alcoholic and drug addict. I feel no one is listening to me. They all say it is for my own good but I feel I am safe with Mum. I can only go with Mum if she can stop taking drugs, but Mum says she can't do this."*

Aiesha, aged 13, told ChildLine:

*"I have been in foster placement for ten months. My dad lives with my three younger sisters and two younger brothers. Mum is an alcoholic and she is in a rehabilitation centre (for a second time). I don't like my foster carers. They are not always nice – criticising me and arguing with me. I try to stay alone in my room but my foster carers don't like this. I would love to live with Dad. My mum and dad split up last year. I am disappointed about Mum. She gets very drunk and gets violent. I am worried she might not last longer because she has health problems due to her drinking."*

A ChildLine counsellor described a call she received:

*"I had a call from a teenage boy. His mum was a heroin addict. He wanted help for his mum but he was worried that he would be taken away from home. He wanted to stay with her."*

Another counsellor described:

*"Quite often children feel they are stuck in the situation. But they really don't want the family unit broken up. It is a complex issue."*

#### 4.7 Children's ways of coping or "getting by"

Children who lived with alcohol and drug misusing parents tried to cope with their situation in different ways. Many of them had to learn to look after themselves and even other family members and siblings. Some took on responsibility, including the role of adults and parents, creating a form of role reversal.

Angel, aged 10, told ChildLine:

*"My mum drinks all the time and leaves me alone lots of times. I feel scared and lonely. I look after my mum when she drinks. I put her to bed. Mum shouts and hits me; she is worse on a Friday. I don't want to feel pain. I want to die."*

Jonathan, aged 10, told ChildLine:

*"My mum and dad don't feed me. I have to steal money from people so I can get food. When I cry, Mum and Dad hit me. They are drinking all the time. I can't tell anyone because I am scared my mum and dad might do something and hit me."*

ChildLine counsellors described:

*"A caller I have spoken to used to pour away any alcohol at home. I think children take over the adult role and they become parents in a way. Essentially, the roles are reversed. They just take on responsibility and try to get their parents to change. Also, for them it is a survival instinct."*

*"They take the adult role. Often a child has to put Mum to bed and take care of them both."*

*"They love their family and don't want any harm to come to them."*

Sometimes, children felt that by trying to cope with such a difficult situation, they could minimise or deny the problem and thus normalise the situation.

Two ChildLine counsellors explained:

*"I think something does come into play. It is survival and it probably takes over when they leave the house. They go and do their normal school things and, when they come back, they put on a brave face."*

*"It is the worse kind of dichotomy. In one sense they are tough and coping and on the other hand they are really vulnerable because they are dealing with things that they have no skills to deal with."*

Another counsellor explained:

*"I very often find that the kids feel responsible and want to know how to solve the problem."*

Another ChildLine counsellor described children living with alcohol and drug misusing parents:

*"They think it's normal. They think it's happening to everybody. They don't know how bad it is. They just accept it. They have no one to turn to about it and they feel helpless."*

## 5. Conclusions

- Children living with parents who misuse alcohol and drugs take on a huge burden of responsibility and experience a reversal of roles: trying to undertake their parents' caring roles, both for themselves and for their siblings/other family members.
- Despite enduring adversities and abuse, children worry not about themselves but about their loved ones and want to (and feel that they should) try to solve their parents' alcohol and drug misuse.
- Children experience multiple layers of problems, such as physical abuse, family relationship problems and sexual abuse due to parental alcohol and drug misuse.
- Family separation and loss emerges as having strong links with parental alcohol and drug misuse, with many children identifying events like divorce, separation and bereavement as triggers for an escalation in the misuse.
- Children can experience problems outside the home as a result of parental alcohol or drug misuse, including bullying at school, problems with concentration at school due to lack of sleep or worries over their parents or siblings. They can also be kept off school to look after their parents or siblings, or even because of the visibility of their bruising as a result of physical abuse. However, for some children, school can provide respite from their problems at home.
- Children are often taken into care because of the disruption caused to their families by parental addiction. However, many of them do not want to leave their family and some have a difficult time in foster homes or in care placements.

## 6. Recommendations

### 6.1 The policy context

#### 6.1.1 England

For many years, the key policy driver for children and young people living with problem substance abusers has been *Hidden Harm: responding to the needs of children of problem drug users*, the report of an inquiry by the Advisory Council on the Misuse of Drugs (ACMD), published by the Home Office in 2003.

The focus of this paper was parental misuse of drugs, for although the inquiry acknowledged that "...problem drinking by parents can have serious consequences for their children and...there are probably at least as many children thus affected as by problem drug use", the ACMD decided that alcohol misuse was "...beyond the scope of the Inquiry...".

However, the report went on to state that “...many of the recommendations we make for protecting and supporting the children of problem drug users will also be applicable to the children of problem drinkers.”

There can be little doubt, however, that the implementation of the 48 recommendations made in *Hidden Harm* advanced multi-agency responses to drug-abusing parents but achieved very little for children living with parental alcohol misuse.

Subsequently, the *Alcohol Harm Reduction Strategy* (Home Office, 2004) identified between 780,000 and 1.3 million children as being affected by parental alcohol problems, yet it was silent on the impact of this problem on children and young people themselves, addressing instead the phenomenon of children and young people’s own alcohol misuse.

In 2007, the ACMD found that addressing substance and alcohol misuse in England had been less effective in improving the lives of children and young people than in the devolved territories, citing “...an increasing emphasis in England on drug-related crime as the main form of 'harm'...[which] has taken priority within the expansion of drug treatment services over the last five years, and...resulted in a neglect of treatment services' responsibilities towards the children of their clients in performance management terms”.

The recently-elected coalition government in England may present new opportunities for refocusing the attention of policy makers on the impact of parental alcohol and/or drug misuse on the lives of children and young people.

In the coalition agreement, the government has made a commitment to investigate a new approach to working with families with multiple problems (HM Government, 2010). Where these problems include parental alcohol and drug misuse, it will be important to consider fully the impact on the children in the family and how this can be addressed effectively.

### 6.1.2 Wales

The eight-year Welsh substance misuse strategy, *Tackling substance misuse in Wales: a partnership approach*, was launched in 2000. It is the responsibility of community safety partnerships to ensure that the strategy is delivered at a local level. The strategy highlighted the children of substance misusing parents as a particularly vulnerable group (Advisory Council on the Misuse of Drugs, 2003).

In response to *Hidden Harm*, the Welsh Assembly Government’s advisory panel on substance misuse developed a “framework for action”. *Working Together to Reduce Harm – the Substance Misuse Strategy for Wales 2008–2018* includes the “action area” of supporting and protecting families. It describes how “substance misuse can be both a symptom and a cause of a range of inter-related problems including mental health problems, poverty, low skills, homelessness and criminal or anti-social behaviour” (Welsh Assembly Government, 2008).

The assembly implemented the aims of this framework, including training of GPs, health visitors and midwives who are working with substance-misusing parents.

### 6.1.3 Northern Ireland

In October 2008, the *Regional Hidden Harm Action Plan* was launched, seeking to provide help and support to children with substance misusing parents and carers. The plan contained a number of key elements, including:

- establishing a baseline
- workforce training
- awareness raising
- putting systems in place to ensure that children affected by hidden harm were identified and supported.

A multi-agency regional quality assurance group has been established to oversee the implementation of the action plan, with a regional coordinator and local implementation groups established to deliver on local plans with four key priorities: training and workforce development; joint leadership and inter-agency working arrangements; prevalence baseline development; and public awareness and good practice.

However, approximately £800,000 has been allocated to the action plan; if it is to be fully effective, resources will need to be appropriate and proportionate to the activities identified.

### 6.1.4 Scotland

Following on from *Hidden Harm*, there has been recognition that children and young people are affected by harmful parental drinking. Action to address issues of children and young people affected by alcohol misuse needs to be fully integrated with wider measures to promote the wellbeing of children and young people, such as the *Early Years Framework* (The Scottish Government, 2008) and *Getting it Right for Every Child*, a programme that aims to improve outcomes for all children and young people in Scotland.

The Scottish Government's 2008 drugs strategy, *Road to Recovery*, aims to ensure that local arrangements are able to adapt to a "whole population" approach for alcohol and to a "recovery" approach for drugs.

There is an aspiration to strengthen the role of practitioners in universal and specialist services who see children affected by their parents' substance misuse at first hand, and to strengthen the focus of adult substance misuse services on the needs of children and families.

## 6.2 Policy recommendations

### 6.2.1 UK-wide

- The collection of data on children and young people affected by harmful parental alcohol and drug misuse needs to be developed and improved and, together with the voice of the child, used to inform service development.
- In particular, alcohol data and drug data should be disaggregated, given that alcohol is a legal substance that is cheap, widely available and broadly socially acceptable across class and gender. The use of the term “substance misuse” masks the role and impact of harmful alcohol misuse.
- A mapping exercise should be conducted to identify existing services in both the statutory and voluntary sectors for children and families affected by alcohol and drug misuse. This should include both local drug and local alcohol services and counselling services, and should seek the views of service users and providers to identify gaps.
- A public awareness campaign should be developed on these issues and should include:
  - information on the impact of harmful alcohol and drug misuse on children and young people
  - information encouraging children and young people to share their concerns
  - information for parents on where to access support.
- Schools and other institutions and professionals in contact with children, such as health visitors, school nurses and peer support schemes, should receive training on the impact of parental alcohol and drug misuse on children and young people.
- Children in foster care should be provided with information about how to access confidential independent helplines like ChildLine.
- Children in residential care should have confidential access to independent helplines like ChildLine.
- Teachers and other providers of school pastoral care and/or school counselling services should be familiar with the potential impact of loss and bereavement on the lives of children and young people. Independent counselling services should be available to children and young people within the school environment.
- Information on where to turn to should be widely and easily available to children and young people to encourage them to share their concerns and reach out for help. This should include reference to the availability of help and support for parents and carers, and should encourage children and young people to seek support rather than to conceal their concerns by attempting to take on the responsibility for running the family.

### 6.2.2 England

- Agencies and individuals should be encouraged, prepared and trained to undertake a common assessment (under the Common Assessment Framework [CAF]) where there are concerns about the impact of parental alcohol or drug misuse on a child or young person.

### 6.2.3 Wales

- Services should work to reduce the amount of responsibility undertaken by young carers and should provide support to them.

### 6.2.4 Northern Ireland

- The proposed safeguarding board for Northern Ireland should consider how it might work to develop the *Hidden Harm* agenda to safeguard children and young people.
- Commissioners need to ensure that services are available across Northern Ireland for all children and young people affected by parental alcohol and substance misuse.
- Service development frameworks should be informed by listening to the voice of children and young people.
- The implementation of the *Regional Hidden Harm Action Plan* throughout Northern Ireland should be adequately resourced.

### 6.2.5 Scotland

- Local authorities and health boards should be required to specify how they will make best use of universal and specialist alcohol services, including those provided by non-government organisations, to meet the needs of family members, including the children and young people affected.
- Service responses should be age-appropriate, with consideration of child protection thresholds and confidentiality issues. Expanding provision of and improving access to informal support services are particularly important in relation to older children.
- In relation to nursery and lower primary-aged children, expanding provision of nurture groups is particularly important.
- Specific guidance should be produced on assessment and risk, information-sharing, judging appropriate intervention and, of particular importance, how service providers should address misuse of alcohol in that it is both legal and socially acceptable.
- Peer support schemes involving trained pupils and staff should form a core part of the school curriculum.

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## Appendix 1

### Methodology

#### ChildLine recording process

When a child or young person talks to ChildLine, the counsellor makes a note of the age and gender of the caller, the main reason that the caller gives for ringing (eg the caller is concerned about an alcohol problem) and, where applicable, who is the person responsible for or involved in the problem. Counsellors have no independent way of verifying the age of callers; the ages used in this casenote are based on the ages given by the callers themselves.

Counsellors also note down any additional problems that are discussed subsequently. This information is later transferred onto a database and categorised according to the nature of the problem/s.

#### Confidentiality

In the majority of cases, this is the only information that is recorded about callers. However, if the counsellor has concerns about the safety of the caller, feels that the caller may be at serious risk of harm and/or the counsellor thinks that it is likely that the caller will ring ChildLine back, then more detailed information is recorded and a summary of the discussion that takes place is inputted into the database.

Children choose to talk to ChildLine because they know they will receive a confidential service and that what they say will not go any further unless they wish.

ChildLine will always make an informed judgement as to whether the child can give realistic consent to act on his/her behalf. On rare occasions, this contract of confidentiality can be broken if the child is assessed to be in a life-threatening situation.

ChildLine will also take action against an abuser in a position of authority and trust. The majority of children do not identify their whereabouts and maintain their own anonymity.

#### Case records and thematic analysis using NVivo

The information recorded by the ChildLine counsellors about the call they receive is called a case record. If the counsellor thinks that it is likely that the caller will ring ChildLine back, then more detailed information and a summary of the discussion that takes place is also recorded.

In total, 2,000 parental alcohol and drug misuse case records from 2008/09 were analysed using qualitative thematic analysis. Qualitative software package NVivo was used to assist this analysis.

#### Focus groups

In addition to the thematic analysis, four focus groups across England, Northern Ireland, Scotland and Wales with over 20 counsellors were conducted in order to supplement the data with their unique professional insights into issues faced by callers.

### **Use of quotes**

Where direct quotes from children have been used in this casenote, identifying details have been changed to protect the identities of callers.

### **Diversity**

The ethnicity of the caller is often not specifically asked for by the counsellor or disclosed by the young person. Therefore, it has not been possible to analyse the different calls in terms of ethnicity of the caller at this stage.

The new development of ChildLine's online service offers a range of opportunities for disabled children and young people to use the service and has ensured that the needs of disabled users are considered from the start, both in terms of content and function. The new technology caters for a range of disabilities, ensuring greater accessibility.

## Appendix 2

### About the information in this casenote

The findings in this casenote are based on detailed analysis of calls to ChildLine from April 2008 to March 2009.

When responding to a child or young person, the ChildLine counsellor tries to gain an appreciation of the child's world, what they think, feel, need and want and also the degree of risk that exists to the child's safety and wellbeing. The counsellor will listen and take the child or young person seriously. ChildLine will help the child to talk through their concerns, exploring what might make a difference and whether there are supportive adults in their lives.

Sometimes, the child will practise what they would say to increase their confidence in speaking to such an adult. The counsellor will also give the child information on how other agencies can help. If the child wants ChildLine to make contact on their behalf, or this is assessed as necessary, ChildLine will mediate, advocate or refer the child to a relevant agency or person, such as social services, the police, the ambulance service, or a parent or teacher. Information about confidentiality is given in the methodology.

In relation to parental alcohol and drug misuse, the task of the counsellor remains the same: they are there to be someone for the child to turn to for comfort, support, advice and protection. Their job is to listen and guard against making assumptions and sounding judgemental. It is more relevant that the child express their own view about their parent's alcohol or drug misuse than the counsellor. What understanding does the young person have of their situation? What ideas do they have for resolving their problem? Do they appreciate all the options available to them and their likely consequences?

It is important that the counsellor can assess the situation the child describes and any risk to safety and wellbeing. The emphasis has to be on keeping the young person safe and, wherever possible, this should be achieved by working in partnership with them. Can the child tell the person they are in conflict with how they feel and is it safe to do so? The counsellor will find out if a trusted adult known to the child can help take matters forward. What barriers exist to the child asking for help? Can they be reassured so that they will confide in others? Can they be made more confident to make a disclosure? Perhaps it would be useful to rehearse that conversation? Can the child really act on their own behalf or do they need more help?

The counsellor must tread a fine line: being supportive but not to the extent that they help the child put up with a situation that they should not tolerate or endure. They should not give false assurances like "of course your dad loves you" or "everything will be all right". They will assure the young person of continued support whatever they decide to do about their problem, will keep the channels of communication open and will try to help the young person to decide what will happen next. ChildLine tries to promote a sense of control and personal effectiveness in young people, building on their resources and resilience.

The counsellor will also challenge the views expressed by the young person if they are not a foundation for the child's best interests. For instance, they would challenge a child's belief that abuse is somehow deserved by them or the responsibility of anyone other than the perpetrator. They will express concern for a child who has abandoned concern for themselves or who does not see danger. The counsellor often has to help the child hold conflicting thoughts and feelings so they can be safe: "I love Mum and Dad and don't want them to get into trouble but it isn't right that we are left on our own all night".

The ChildLine volunteer counsellors are supervised when they engage with children and risk assessments relating to child protection are carried out with a counselling supervisor. If necessary, the supervisor will refer a child's situation to the authorities.

Conversations are child-led and not conducted for the purposes of research; but it is for precisely these reasons that they often reveal information that formal research might not uncover.

ChildLine provides a confidential telephone counselling service for any child with any problem, 24 hours a day, every day. In February 2006, ChildLine joined the NSPCC as a dedicated service in order to help, support and protect even more children. ChildLine continues to use its own name and the 0800 1111 phone number, and has enhanced the accessibility of its service.

For more information, please contact NSPCC Safeguarding Information and Library Services on: 020 7825 2775 or email: [info@nspcc.org.uk](mailto:info@nspcc.org.uk), or contact the NSPCC Media Team on: 020 7825 2500, email [media@childline.org.uk](mailto:media@childline.org.uk) or visit: [www.nspcc.org.uk/casenotes](http://www.nspcc.org.uk/casenotes)

All names and potentially identifying details have been changed to protect the identity of callers.

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