

Parental problem alcohol use and education

This paper is a collaboration between Alcohol Action Ireland and University College Cork's School of Applied Psychology.¹ It considers the issue of parental problem alcohol use and how children who are exposed to this Adverse Childhood Experience (ACE) cope during their school years.

Parental problem alcohol use is a significant ACE, giving rise to lifelong implications for physical and mental health and it is estimated that 200,000 children in Ireland are living in homes impacted by alcohol use and a further 400,000 are adult children from such homes. Given the ongoing significant contact that children have with teachers, there is an opportunity for early identification of such children and the provision of supports. Using an analysis of Silent Voice's shared voices stories² and interviews with ACOAs (adult children of alcoholics) this paper makes recommendations for teachers, schools and the education system to address this issue.

1.0 Introduction

Silent Voices, an initiative of Alcohol Action Ireland (AAI), seeks to highlight the harm caused by parental problem alcohol use and its impact across the lifespan.

In Ireland, at least 1 in 6 young people suffer the unnecessary impact of alcohol-related harms at home.³ Therefore it is likely that today more than 200,000 children in Ireland are living with the traumatic circumstances of a childhood where parental problem alcohol use is a frequent event. It is further estimated that there are around 400,000 people in Ireland today who are adult children from alcohol-impacted families.⁴ This means that approximately 600,000 people across all age ranges in Ireland may be part of this cohort. Research shows that ACEs can greatly increase

¹ The UCC research this joint paper is based on is available at: Keating, L. 2020. All Ireland Students Congress, available at: <https://alcoholireland.ie/wpfb-file/annotated-fyp20final2028129-docx-pdf/>

² <https://alcoholireland.ie/silent-voices/shared-voices/>

³ See <https://alcoholireland.ie/campaigns/silent-voices/> for an overview of the research data.

⁴ See <https://alcoholireland.ie/campaigns/silent-voices/> for an overview of the research data

the likelihood of poor physical and mental health in later life.⁵ As part of the Silent Voices initiative, AAI has sought anonymous written contributions from people affected by parental problem alcohol use which have been published on the AAI website. Research by Keating⁶ uses 17 of these short stories of lived experience, as well as interviews with 7 adults who identify as ACOAs. This paper draws on Keating's work and other literature in the field to consider the role schools could play in identifying and supporting this cohort of children.

1.1 COVID-19

Although this research took place before COVID-19, Alcohol Action Ireland believes that because of the pandemic, the problem of young people experiencing issues in the home due to alcohol, as outlined in this paper, has very likely increased significantly over the past number of months. We base this assumption on the fact that data shows that despite the fact that all licenced premises were closed during lockdown, alcohol sales experienced only a modest reduction. This indicates that Ireland's alcohol users substituted most of their drinking from regulated licensed premises to consumption in the home.⁷ For young people, exposure to this increase in parental home drinking came along with school closures, summer activities being curtailed and lack of access to peer support. Now more than ever, children and young people need their schools not just to be a place of learning, but to be a place of refuge and support for other issues in their lives. Schools must become a place that recognises young people's trauma and teachers and schools must be supported to nurture trauma-informed environments.⁸

⁵ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.

Baumeister R.F., Schmeichel B.J., Vohs K.D. (2013) Self-Regulation and the Executive Function: The Self as Controlling Agent. In Kruglanski A., Higgins E.T. *Social Psychology: Handbook of Basic Principles* (2nd ed.) New York: Guilford, pp. 516–539.

⁶ Keating, L. 2020. All Ireland Students Congress, available at: <https://alcoholireland.ie/wpfb-file/annotated-fyp20final2028129-docx-pdf/>

⁷ See Alcohol Action statement on sales figures here: <https://alcoholireland.ie/provisional-revenue-receipts-demonstrate-durability-irish-alcohol-market-despite-covid-19-crisis/>

⁸ See the joint AAI/MHI paper calling for trauma-informed services and schools: <https://alcoholireland.ie/download/publications/Trauma-informed-care-position-paper.pdf>

2.0 Alcohol's harm to children

Growing up in a home with parental problem alcohol use has been recognised internationally as an adverse childhood experience for over 20 years, and the physical and mental consequences of such problems have also been widely studied.⁹ Studies have found that there is a serious risk that parents with alcohol problems may neglect their children. This can have a negative impact on children's emotional and physical development and education, and put them at risk of physical and sexual abuse.¹⁰ A UK survey carried out by the National Association for Children of Alcoholics (Nacoa) investigating the problems of adult children of alcoholics found that they were more likely to consider suicide, have eating disorders, drug dependency, and be in trouble with the police, as well as having above average alcohol dependency and mental health problems.¹¹

Parental problem alcohol use damages and disrupts the lives of children and families in all areas of society, spanning all social classes and harming the development of children trapped by the effects of their parents' problematic drinking.

Yet still this issue remains a hidden one, as demonstrated by national policy, Hidden Harm, a strategy document seeking to alert professionals working with such children and families to the problem.¹² The Silent Voices campaign seeks to highlight and expose this hidden harm.

2.1 Common characteristics of children affected by parental problem alcohol use

⁹ Felitti, V.J., Anda, R.F., Nordenberg, D, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACEs) study. *American Journal Preventative Medicine*. 1998; 14: 245-258; Ashton, K., Bellis, M. & Hughes, (2016) Adverse childhood experiences and their association with health-harming behaviours and mental wellbeing in the Welsh adult population: a national cross-sectional survey; Bellis, M. A., Hughes, K., Leckenby, N., Jones, L., Baban, A., Kachaeva, M., Terzic, N. (2014). Adverse childhood experiences and associations with health-harming behaviours in young adults: surveys in eight eastern European countries. *Bulletin of the World Health Organization*, 92(9), 641–655. doi:10.2471/BLT.13.129247

¹⁰ Barnard, M and Barlow, J (2003) 'Discovering parental drug dependence: Silence and disclosure' *Children and Society*, Volume 17, Issue 1, p45-56; Cleaver, H; Unell, I and Aldgate, J (2011) *Children's needs, parenting capacity: The impact of parental mental illness, learning disability, problem alcohol and drug use and domestic violence on children's safety and development* (2nd edition) Department for Education.

¹¹ Nacoa, Professor Martin Callingham, *Survey of children of alcohol-dependent parents*.

¹² Tusla, *Hidden Harm strategic plan*, <https://www.tusla.ie/uploads/content/StrategicGuide.pdf>

Professionals working with families affected by parental problem alcohol use have identified a number of roles that children can develop when living with addiction.¹³ These unhealthy roles add to the dysfunction of a family facing addiction. They are¹⁴:

- The Hero: The hero tries to make the family look good, often by overachieving and being successful. This person seems all together, confident and balanced externally, but often feels isolated and unable to express his or her feelings.
- The Mascot: The mascot tells jokes and keeps things on a superficial level to turn the focus away from the painful truth of the situation. Although this can distract others, the mascot is often fearful, embarrassed and angry.
- The Scapegoat: The scapegoat engages in negative behaviour to turn attention away from the alcohol dependent person or to react to positive attention that the hero receives. In trouble at work or school, the scapegoat often turns to high-risk behaviours such as drugs or alcohol.
- The Lost Child: The lost child is the family member who withdraws from the situation. He or she cares deeply, but emotionally checks out to avoid trouble and drama.
- The Caretaker: The caretaker is the highly responsible one, an adult before their time who works hard to restore harmony and manage the conflict to make everyone happy and feels responsible for keeping the family going. As a result, the caretaker enables the addict by taking over the person's problems and duties; the caretaker also enables other co-dependent family members.

If the problem in the family is not addressed, these roles can carry into adulthood and other relationships, continuing patterns of behaviour that can have negative consequences.¹⁵ Being unaware of personal boundaries of responsibility invites further strain and stress in adult life.

3.0 Parental problem alcohol use and the school environment - research

From the cradle to the grave, children find themselves in hugely negative and vulnerable situations because of harm from alcohol. The evidence for this is overwhelming. Pre-natal exposure to alcohol can leave children compromised from a neurobiological perspective, resulting in problems carried with them throughout their lives. Ireland is estimated to have the third highest prevalence of Foetal Alcohol

¹³ <https://online.alvernia.edu/infographics/coping-with-addiction-6-dysfunctional-family-roles/>

¹⁴ From 'Taking the Lid off' – available at: https://alcoholireland.ie/download/publications/alcohol_health/children_young_people/TakingTheLidOffBook.pdf

¹⁵ From 'Taking the Lid off' – available at: https://alcoholireland.ie/download/publications/alcohol_health/children_young_people/TakingTheLidOffAdultworkbook.pdf

Spectrum Disorder (FASD) in the world.¹⁶ Children with FASD can have cognitive abilities ranging from severe intellectual disability to above average intellectual ability.¹⁷

Children may also worry about their parent's wellbeing and this affects their ability to concentrate and learn in school. Research shows that children of chronic alcohol users can exhibit learning difficulties, reading problems, poor concentration and low performance in school.¹⁸

Research also shows that the unpredictable and frightening behaviour of parental substance use can cause symptoms in children, similar to that of Post Traumatic Stress Disorder (PTSD).¹⁹ Children in early childhood have displayed reactions such as sleep disturbance, bed-wetting and rocking.²⁰ Children of parents who also suffer from a mental health problem are at an increased risk of developing depression and anxiety disorders.²¹

Reflecting the different roles that children can take on as outlined in the previous section, there is conflicting evidence regarding higher levels of interpersonal problems among primary school-aged children where parents are using substances. Research suggests that these children tend to experience higher levels of fighting, teasing, irritability and anger.²² However some children do not exhibit any behavioural problems at school and school can act as a safe haven.²³

¹⁶ Global Prevalence of Fetal Alcohol Spectrum Disorder Among Children and Youth A Systematic Review and Meta-analysis, available at:

https://alcoholireland.ie/download/publications/jamapediatrics_Lange_2017_oi_170049.pdf

Children with FASD are over represented among children in state care. 2013 Meta-analysis of Prevalence of Fetal Alcohol Spectrum Disorders in Child Care Settings (Paediatrics) found (on the basis of studies that used active ascertainment) "the overall pooled prevalence of FAS and FASD among children and youth in the care of a child care system was calculated to be 6% (60 per 1000; 95% CI: 38-85 per 1000) and 16.9 % (169 per 1000; 95% CI: 109-238 per 1000), respectively."

¹⁷ Spohr HL, Willms J, Steinhausen HC. Fetal alcohol spectrum disorders in young adulthood, *J Pediatr*, 2007, vol. 150 (pg. 175-9); Streissguth AP, Aase JM, Clarren SK, et al. Fetal alcohol syndrome in adolescents and adults, *JAMA*, 1991, vol. 265 (pg. 1961-7)

¹⁸ Cleaver, H., Unell, I. and Aldgate, J. (2011) [Children's needs: parenting capacity: child abuse: parental mental illness, learning disability, substance misuse, and domestic violence \(PDF\)](#). London: The Stationery Office (TSO)

¹⁹ Cleaver, H., Unell, I. and Aldgate, J. (2011) [Children's needs: parenting capacity: child abuse: parental mental illness, learning disability, substance misuse, and domestic violence \(PDF\)](#). London: The Stationery Office (TSO).

²⁰ Holt et al, 2008 in Cleaver et al, 2011

²¹ (Turnard, 2004 in Cleaver et al, 2011)

²² (Covell & Howe, 2009) in Cleaver et al 2011)

²³ Joseph et al, 2006,

Academic achievement in school can give children a sense of accomplishment. None the less such children may also experience ongoing problems such as anxiety, depression, eating disorders and relationship difficulties.²⁴

3.1 Parental problem alcohol use and the school environment - ACOA²⁵ feedback

Keating's qualitative research²⁶ notes that when children leave a challenging home environment and attend school, they carry thoughts and feelings with them.

A combination of secrecy, loyalty to parents and the child's developmental stage of understanding, results in the child being unable to fully comprehend and articulate what is going on in their home.

As participants in the research suggest, they do not know any different and they do not know that their situation is not the norm.

"I just..I didn't think there was an issue, I thought that everybody's family was like that..and as I said like, we were told never to talk about family stuff in school." Ellen W.

"Even when I was a kid,I was like ok, "it's a drinking problem"...but you don't really fully understand the implications I think" Tracy S.

As children enter secondary school, they become more developmentally advanced and gain greater awareness and understanding of their environment.

As Keating's research with ACOA's further notes varying strategies are employed by participants, from rebellion to apathy to industriousness, or keeping busy externally to distract from inner turmoil. All strategies have the common goal of escapism and

²⁴ Felitti, V.J., Anda, R.F., Nordenberg, D, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACEs) study. *American Journal Preventative Medicine*. 1998; 14: 245-258; Ashton, K., Bellis, M. & Hughes, (2016) Adverse childhood experiences and their association with health-harming behaviours and mental wellbeing in the Welsh adult population: a national cross-sectional survey; Bellis, M. A., Hughes, K., Leckenby, N., Jones, L., Baban, A., Kachaeva, M., Terzic, N. (2014). Adverse childhood experiences and associations with health-harming behaviours in young adults: surveys in eight eastern European countries. *Bulletin of the World Health Organization*, 92(9), 641–655. doi:10.2471/BLT.13.129247

²⁴ Barnard, M and Barlow, J (2003) 'Discovering parental drug dependence: Silence and disclosure' *Children and Society*, Volume 17, Issue 1, p45-56; Cleaver, H; Unell, I and Aldgate, J (2011) *Children's needs, parenting capacity: The impact of parental mental illness, learning disability, problem alcohol and drug use and domestic violence on children's safety and development* (2nd edition) Department for Education.

²⁴ Nacoa, Professor Martin Callingham, Survey of children of alcohol-dependent parents.

²⁵ Adult child of alcoholic

²⁶ Keating, L. 2020. All Ireland Students Congress, available at:<https://alcoholireland.ie/wpfb-file/annotated-fyp20final2028129-docx-pdf/>

avoidance of a painful reality. To the adult looking on, the behaviours presenting can look very different, and some are easier to manage than others, but whether the child 'acts out' or 'acts in' the underlying feelings are the same, complex stress, which can lead to more serious mental and physical health problems.²⁷

Two of the participants used coping strategies of rebellion against parents through drug and alcohol use. These strategies were employed as methods of escapism and avoidance of the situation. It also allowed them to spend time away from their home environment and avoid confrontation.

"I think it impacted me..I did..I rebelled a lot against them."..Ellen W.

"but we both did really just take a lot of drugs.." Ellen W.

Others took on a lot of extra curricular activities as a means of distraction away from their toxic environment.

"In secondary school..I would have done karate, and boxing and running and..training every evening..and then I'd work at the weekends..I'd just..I'd be so busy that all I'd do is sleep." Lisa H.

Some exhibited externalising difficulties with disruptive behaviour in school.

"I was still in a lot of trouble for my behaviour.." Ellen W.

"..all of the focus was on your bad behaviour and "you're bold and you need to behave yourself" Alicia P.

Exposure to parental problem alcohol use also affected relationships with peers.

²⁷ Gance-Cleveland, B., Mays, M.Z., Steffen, A. (2008). Association of adolescent physical and emotional health with perceived severity of parental substance abuse. *Journal for Specialists in Pediatric Nursing*;13(1): 15-25.
Winqvist, S., Jokelainen, J., Luukinen, H., Hillbom, M. (2007). Parental alcohol misuse is a powerful predictor for the risk of traumatic brain injury in childhood. *Brain Inj.*;21(10):1079-85.
See also: <https://www.ncjrs.gov/pdffiles1/Photocopy/127710NCJRS.pdf>

Patrick D. claims that he didn't have many close friends as he wasn't very trusting. He and Alicia P. describe embarrassment at their parent's behaviour in front of peers and also issues with low self-esteem.

"I could make friends..but no..not very many close friends..you know, I wasn't a very trusting person." Patrick D.

"Coming back to it was a bit like playing Russian Roulette..because you wouldn't know what would appear through the door at any moment..and of course failing in school didn't really help the self esteem that much and I've been maintaining a facade for years." Patrick D.

"..during adolescence I probably would have been embarrassed when friends were over if he was really drunk and making a show of himself." Alicia P.

"Confidence and self- esteem yes" [were impacted] Alicia P.

Participants were typically drawn to form peer relationships with people of similar backgrounds. Close friends often also had a substance dependent parent or a similar family problem.

"I had a group of friends who were ..in hindsight equally troubled right? I don't think any of us really understood the others problems but we ...we were very close." Ellen W.

"..in secondary school I made very good friends with a few different people actually who had alcoholic fathers as well... whenever we'd meet up and talk we'd say, "what's your dad done this time?" Lisa H.

A Dublin City University research project in 2017²⁸ found that 6 of the 7 young people recalled primary school positively; it seems it was an 'escape' or 'break' from home.

Most of the young people also recalled a considerable change in school experience from primary to secondary school. School was no longer a place of refuge.

The research found that young people's education had been significantly impacted because of their parent's difficulties, with both young people and parents detailing frankly how the parental substance use impacted the children's and young peoples' participation in school. Young people recalled missing days, being late, not doing homework, lashing out in school, being bullied because your parents were on drugs, lack of concentration and attention-seeking behaviour at school. Parents recalled feeling judged by school, thus avoiding school meetings and events, not being in touch with the school enough because of the drugs, and at times being unable mentally to help with schoolwork.²⁹

4.0 What can help?

Protective factors and resilience

Research tells us that factors that provide support, friendship and opportunities for development build children's resilience and protect them against some harmful impacts of ACEs such as parental alcohol dependence.³⁰

Resilience is the ability to overcome serious hardship. Factors that support resilience include positive relationships, community support, cultural connections and being involved in sports and other extracurricular activities.

The following sections set out what ACOA's said helped them to cope better during their school years and what their recommendations, based on lived experience, for the future are.

²⁸ F Kearney, 'Voices of a sample of Irish young people affected by parental substance misuse and parents with a substance misuse issue: Uncovering harm and system fragmentation' http://doras.dcu.ie/22008/1/F_Kearney_Thesis_Final_Hardbound_%281%29.pdf

²⁹ See full responses here: http://doras.dcu.ie/22008/1/F_Kearney_Thesis_Final_Hardbound_%281%29.pdf at p 81.

³⁰ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5699-8>

4.1 Lived experience

Ellen W.'s decision to bury herself in schoolwork was she says " a bit of a saviour". Her individual strength of high intelligence aided her ability to do well in school. This was also encouraged strongly by her parents at the time.

This enabled her to have options later on. Having had problems with substance use in the past, she left this behind and went back to college as a mature student and is now completing her Masters. So while her vulnerabilities and adversities were that both parents used substances and one parent had a mental health problem, protective factors were individual strengths, positive reinforcement of values and capabilities.

"Even though I was still in a lot of trouble for my behaviour...I was always able to get good marks..And I knew I wanted to do well in my Leaving Cert and so it was easy for me to bury myself..in my work."

"I always had this message all the time as a child, that you could do whatever you wanted..you could be a doctor you could be a scientist whatever.. so, I had that positive affirmation all the time.. so I think even, when things got bad for me..I would have always had that idea in my head like that, sure look at any stage like I can stop this..I can go back to college and I can sort my life out..and I think that sort of saved me..because I always had that belief!"

Alicia P's high aptitude at school enabled her to attend third level as a mature student. In the midst of poor mental health (anxiety and depression) she graduated and went onto Masters level. Protective factors for her were a supportive long-term relationship and therapeutic support.

"Interestingly though during all of that I still managed to go to college..I went to college as a mature student..but my mental health during college was very bad.I managed to do it..I don't know how I got through it."

"I'm really lucky that I've been with the same person for years and years and years.. and..I suppose...he would have put up with a lot in terms of having to manage my mental health."

Also, finding a psychologist that she clicked with having gone to various counsellors over the years.

"I think I was 28 when I went to the psychologist who I found really good. And that probably gave me the skills to say ok this is why you respond this way to this."

"I went and I did a lot of counselling..and that worked really well."

Lisa H. developed a coping strategy of keeping herself busy in school and outside of school. This meant that she gained excellent social and academic skills. She went onto third level and became heavily involved in several college societies. She also graduated at Masters level, having suffered a depressive episode at 19. Protective factors for her included individual strengths, supportive peer relationships, and limited exposure to substance use.

"I made myself so busy that I didn't have time to think or time to stop.. like I had a lot of hobbies...like in secondary school..I would have done karate, and boxing and running and training every evening..and then I'd work at the weekends..I'd just..I'd be so busy that all I'd do is sleep."

"I kind of always did really well in school..but my mom would have been very academically smart..there was a lot of indirect pressure to do well in school but..like..she never outwardly ..gave out to me to do better. There was always an expectation there..do you know."

"In school like, I had a pretty good group of friends through primary and secondary school... one of my friends who I was still with in secondary school made a joke that, me and two other people that we used to hang out with had the divorced parents club."

“.. in secondary school I made very good friends with a few different people actually who had alcoholic fathers as well.. and one girl, who I'd be very close with, we had always kind of said we were more like sisters, so..whenever we'd meet up and talk we'd say, “what's your dad done this time?”

“My mental health is kind of ..it always takes dips..it always does..but like..when I was kind of 19 ..20..is when I was very bad, and I was on antidepressants for about 6 months..maybe more..and I went to counselling..”

“Last Summer..I did go back to counselling again...like my mental health does take dips and dives it does for sure..but I kind of ..I have the resources..whereas I didn't as a teenager.”

Tracy S's father was a single parent, she pretty much raised herself from 12 or 13 she reports. She chose not to disclose her father's substance use to her friends as a teenager and used to lie about why she couldn't attend certain events. She would be "dealing" with her father instead, helping him, as he aired his grievances. She was very proactive in school and did a lot of extra curricular activities, she focused on school and getting into college. She is now graduating college and is starting a Masters in September. She suffered from an eating disorder from 17 to 19 years old, but managed to overcome it and with the support of a college supervisor and counselling. Tracy S. cites the support of family and positive mentors as important factors in her overall success.

Vulnerabilities and adversities for her included the death of a parent, and mental health problems. Protective factors included the support of older siblings, friends, friends' parents, teachers and mentors.

“I think that I was really lucky to have ..lots of other positive mentors outside of the house..yeah so I had lots of teachers and friends ..so my college professors eh especially like my supervisor, has been a huge source of support throughout college...ah..so I think that that made a big difference for me..yeah..I was lucky..I have other family, who've been really great .. so my brother and sister when I was

growing up , my brother and I are really close now, eh..and so I think that we really helped each other..” .. “So I was a baby .. my older sister was 5 years older than me and my brother was 8 years older than me..mm.. and so they were really like..they would like triage like..I really..I didn’t have to deal with my dad as much as they did.”

“I don’t think my friends parents knew..but ..they kind of did..so they always kind of stepped ..I was always getting I would have you know..several day sleep overs in my best friends house when I was in elementary school mm.. they would take me and do things ..so yeah..I definitely had people filling that role for me.”

School, hobbies & extra curricular activities were also a protective factor.

“That's where I really sought out the positive reinforcement I couldn't get at home. I definitely helped my dad a lot, too... I was always making my own doctors' appointments, figuring out logistics for everything...getting myself places,...even from a very young age. My dad wasn't exactly the type to help with a school project...”

“ I was a competitive runner from age 5 through 16...I did piano lessons and painting..I was captain of my school’s science bowl team...I was on the trivia team. I did Model UN and I was on the student council ...I competed in Statewide English competitions ”

“I think getting out of the house was a big motivation to always be doing something and a big reason to feel a lot of pressure to get into a good college...I felt like I needed to prove to people around me that I’m not doomed to follow in my family’s footsteps”.

From the data, it is evident that the research participants struggled with adversity, but were also supported by protective elements. Their strengths combined with external supports enabled them all to be resilient and successful in spite of adversity.

4.2 Recommendations for schools as per ACOA feedback

Each participant was asked for their opinion on what needs to be established and improved upon in the delivery of services to children and adult children who have grown up with parental problem alcohol use.

Tracy S. described her experience in school, where no real intervention took place, despite apparent knowledge and concern regarding her substance dependent parent.

"I definitely think that there should be a better way of ..like identifying children of alcoholics even..because you know..it never rose to the level of physical abuse, I think it was an "open secret" to at least the friends of my parents, probably, maybe not my teachers, but maybe ..and yet I felt like it was all on me..so I think a better way..." [of approaching it].

Tracy S. suggested that there should be a sensitive way of approaching the child so that they can be helped. It should not be left to the responsibility of the child to come forward. Other participants recommended the staffing of psychologists in schools and educational talks about alcohol.

"They should have a psychologist assigned to the school, who comes to the school, even just once a week and just do sessions if that's all... I think they need to ...in the moment of bravery, somewhere to go like..at least if that child is going to talk to somebody. It's more empowering for them." **Ellen W.**

The importance of the immediate availability of someone to talk to when needed is highlighted here. Children need a place where they can feel safe to talk about their problems at home.

"..having a psychologist to come out to schools and have talks about alcohol..even to..ten year olds ..I think that would be really important.. that support.." **Sandra B.**

This suggestion would increase openness around the issue of parental problem alcohol use among school-aged children and might help them to feel more comfortable in coming forward.

Participants also expressed the need for early intervention and the provision of trauma-informed frontline services.

[Talks about] *“Trauma Informed Care and how to recognise a child who has experienced trauma...before teachers go out to schools and before prison wardens go in..you know.All of these people..because I think they need to know that...you know..it should be on the curriculum..” Ellen W.*

Several participants noted that awareness of alcohol-related harm needs to be raised in society as a whole and that stigma needs to be tackled to enable parents to get treatment and children to get appropriate supports. One participant advocated for the implementation of a public health campaign.

“I think one of the things that needs to be done is a public health campaign..to reduce the stigma in relation to addiction..” Alicia P.

A reduction in societal stigma would ultimately be beneficial for all and needs to be addressed.

5.0 Consolidated recommendations

It is notable that the feedback from ACOA’s resonates with issues raised, and recommendations made in academic literature around parental problem alcohol use and ACEs. For example, participants clearly exhibited signs of the personas that young people take on as outlined in section 2.1. They used various coping strategies to block out or escape what was happening at home, and for many of them, a good support network outside the home was key to becoming resilient reinforcing the notion of one good adult.³¹ When asked about what could have helped improve their situation, they called for greater awareness among professionals, access to talk therapies and trauma-informed frontline services.³² It was also highlighted by a

³¹ See: <https://www.gse.harvard.edu/news/uk/15/03/science-resilience> and <https://jigsawonline.ie/parents-and-guardians/what-does-one-good-adult-mean/>

³² This mirrors recommendations made in a recently published UK report on alcohol harm. See: ‘It’s everywhere’ – alcohol’s public face and private harm: The report of the Commission on Alcohol Harm (2020), p 15-22.

survey participant that young people should not be expected to come forward themselves, and should be approached sensitively. This idea could be supported through initiatives like Operation Encompass, a very successful UK initiative to support young people experiencing domestic abuse in the home.³³

This paper makes the following recommendations:

For schools and teachers:

- Educators are extremely well placed to identify children experiencing harm from parental problem alcohol use, which impacts their development. School-based trauma-informed approaches have been developed in many countries.³⁴ In contrast, there are no trauma-informed frameworks or resources to support schools in Ireland. Trauma-informed practice is a strengths-based approach that is based on knowledge and understanding of how trauma affects people's lives. The provision of training in relation to trauma-informed approaches and adverse children experiences (ACEs) should be implemented at teacher training level, and at all levels of professional development – from teachers to principals to education welfare officers to SNAs and administrative staff.
- Although a national policy document exists to raise awareness among Tusla and HSE staff about parental problem alcohol use³⁵, no such recognition or awareness is contained within education policy documents or indeed wider national policy as it relates to children. Guidance on the issues pertaining to children with ACES in schools, including parental problem alcohol use, should be made available for all educators.
- Schools should seek to strengthen collaboration with Tusla and the Gardai to support a child who might be at risk of hidden harm. The UK's Operation Encompass³⁶ model, an early intervention, must be implemented in Ireland.

³³ For more information see: <https://www.operationencompass.org/>

³⁴ For examples see: traumainformedschools.co.uk ; Australian Childhood Foundation, 2010; Canada, traumasensitiveschoolkit.com.

³⁵ <https://www.tusla.ie/uploads/content/PracticeGuide.pdf>

³⁶ Operation Encompass directly connects the police with schools to ensure support for children living with domestic abuse in their homes when there has been a police attended incident of domestic abuse the night before. Rapid provision of support within the school environment means children are better safeguarded against the short-, medium- and long-term effects of domestic abuse. For more information see <https://www.operationencompass.org/>

For wider public services:

- Awareness of parental alcohol use during pregnancy must be strengthened across society in order that women have the information and support they require to stop drinking during pregnancy, thus preventing FASD.
- Awareness around parental problem alcohol use and its impact on young people and adult children should be raised through information campaigns and training that targets healthcare, social care, early years, child protection, family support, education, and mental health sectors, as well as families and communities.
- Investment is required so that front-line services and counsellors are trauma-informed in order to recognise and adequately deal with the issues that stem from adversity in childhood and children and adult children affected by parental problem alcohol use. Innovative evidence-based programmes must become more widely available in communities around the country.³⁷

³⁷ Programmes specifically tackling parental alcohol misuse include: M-Pact, <https://www.actiononaddiction.org.uk/addiction-treatment/m-pact> and Parents under Pressure, <http://www.pupprogram.net.au/>, Rory <https://www.roryresource.org.uk/>.

AAI has compiled a list of websites and resources that may be helpful for teachers/educators (in no particular order):

Websites regarding trauma-informed schools in other countries:

Traumainformedschools.co.uk

Traumasensitiveschoolkit.com

Traumasensitiveschools.org

See also the Anna Freud National Centre for Children and Families:

<https://www.annafreud.org/>

Taking the Lid Off

A resource for families living with addiction and problematic substance abuse.

[/download/publications/alcohol_health/children_young_people/TakingTheLidOff_Adultworkbook.pdf](#)

and

[/download/publications/alcohol_health/children_young_people/TakingTheLidOffBook.pdf](#)

Rory's story

Rory is a universal resource for use by primary school teachers, building social and emotional wellbeing generally. The resource is a non-threatening story providing teachers with a practical resource linking across health and wellbeing. The Rory resource is widely used in primary schools throughout Scotland.

Find more information on Rory's story and other resources for talking to young people about alcohol harm in the family, see here: <https://www.alcohol-focus-scotland.org.uk/training/children-young-people-and-families/>

Video resources

Childhood Trauma and the Brain:

<https://www.youtube.com/watch?v=xYBUY1kZpf8>

Learning Brain vs Survival Brain:

<https://www.youtube.com/watch?v=KogaUANGvpA>

Welsh ACE video:

<https://www.youtube.com/watch?v=YiMjTzCnbNQ>