

The image shows a family of four in a living room. In the background, a man and a woman are sitting on a sofa, looking towards the camera. In the foreground, two children are sitting on the floor, focused on drawing or coloring. The entire scene is overlaid with a blue tint.

ALCOHOL
FOCUS
SCOTLAND

**Parental Drinking
in Scotland**
Discussion Paper

December 2019



Alcohol Focus Scotland is the national charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people's drinking, and communities free from alcohol-related crime and violence.

INTRODUCTION

A large body of literature has found parental drinking, particularly at higher levels, to be significantly linked with harm to children.¹ However, research into how varying levels of parental drinking affects children is limited.² Alcohol Focus Scotland (AFS), the Institute for Alcohol Studies and the Alcohol and Families Alliance conducted research during 2016-17 to explore the impact of parental drinking on children across a range of drinking levels and patterns, with a principal focus on non-dependent parental drinking. The project used a mixed methods design comprising a literature review; a public inquiry with oral and written evidence; focus groups; and public opinion polling (online survey). The full UK-wide report, *"Like sugar for adults": The effect of non-dependent parental drinking on children and families*, was published in October 2017³ and a peer reviewed article reporting on the survey was published in November 2019.⁴

This report provides an overview of the evidence and key themes relating to parental drinking and its impact on behaviours and attitudes within families gathered through the inquiry session and online survey conducted in Scotland. The online survey comprising 200 interviews with families in Scotland took place in March 2017. For each family, both a parent and one of their children (aged between 10 and 17 years) were interviewed. The majority of parents surveyed drank within the UK Chief Medical Officers' (CMOs') weekly low-risk drinking guidelines of 14 units per week. A detailed description of the survey methodology, including strengths and limitations, can be found within the article, *An exploration of the impact of non-dependent parental drinking on children*.⁴

As well as receiving written evidence, AFS conducted a one-day oral evidence session in Edinburgh in October 2016, with three separate panel groups of participants: specialist alcohol practitioners/service managers; practitioners and professionals working within universal services (education, psychology and the third sector); and researchers, funding providers and those involved in policy and practice development. The oral inquiry explored stakeholders' professional experience on a range of issues. The nature of their experience meant discussions were not limited only to the impact of low-risk parental drinking, and covered topics such as: the impact of parental drinking on children and families; what contributes to the emergence of problematic drinking; what impacts on families seeking help; how to better identify those affected; what services and support are available to families and children; data collection; and policy and service development. For full details of the inquiry panel members and participants, see [Appendix 1](#).

This report presents an analysis of the findings and suggests that there is a need to increase understanding of the impact of parental drinking amongst parents and families; address the pro-alcohol environment; improve identification and support for those affected; and ensure data collection and research effectively informs policy and practice responses.

FINDINGS

The impact of parental drinking on children

One of the key issues arising from the research was the impact of parental drinking on children. Although experiences are highly personalised and differ from child to child, throughout the project a number of common themes were identified. Parental drinking, even at low levels, was found to impact on children's emotional wellbeing, and at higher levels could contribute to their risk of physical harm. The research, however, clearly conveyed the unintentional nature of most of the harm experienced by children as a result of parental drinking. This is in part due to parents underestimating their children's awareness of their drinking and their influence on their children's views on alcohol and future drinking behaviours.

Emotional wellbeing

Emotional distress as a result of seeing parents drinking, intoxicated or hungover was one of the key themes to emerge strongly from both the survey and expert inquiry. Around a third (34%) of children surveyed (whose parents mostly drank within the low-risk drinking guidelines) reported having felt embarrassed, confused, angry, worried, scared or ignored as a result of their parent's drinking.

“ One of the profound impacts of children who are adversely impacted by parental alcohol use is stress, bewilderment, loneliness.

Neil Hunter, Scotland's Children's Reporter



In particular, inquiry participants highlighted how drinking can prevent parents from connecting with their children, leading them to become emotionally unavailable even if still providing physical care. For some children, parents can become neglectful, resulting in poorer levels of care; this could have a significant impact on children over time.

Two fifths of children surveyed reported that their parent's drinking had caused them to: be unpredictable; pay them less attention than usual; be less comforting and sensitive than normal; miss a family meal; argue with them more than normal; put them to bed earlier or later than usual; or make them late for school.

“ Parents [are often] not so good at...comfort-giving and tuning into the relationship. So if they comfort-give it might be overdone or underdone,... their grading of [emotions] is very, very difficult if they've been drinking, which [can be] problematic.

Dr Andrew Dawson, NHS Greater Glasgow & Clyde

Inquiry participants highlighted it could be common for children to feel responsible for their parent, often taking on a caring role for their parent and/or other members of the family. This was particularly the case for older children, and for those who have siblings.

“ Children and young people will be often saying things like ‘I made sure there was some water and some headache tablets next to the bed before I left for school.’

Elaine Wilson, Corra Foundation

The crossover of these feelings into other areas of children's lives, such as their education, was identified as a frequent concern.

“ People [in the services that we fund] talk...about the anxiety and the worries that children have, like if they're scared about leaving their mum...And then obviously they were taking that anxiousness and worry into school which doesn't help in terms of their education or they feel slightly unable to cope in that situation.

Elaine Wilson, Corra Foundation

40%



Two fifths of children surveyed reported that their parent's drinking had caused them to: be unpredictable; pay them less attention than usual; be less comforting and sensitive than normal; miss a family meal; argue with them more than normal; put them to bed earlier or later than usual; or make them late for school.

The risk of physical harm

As well as the emotional impact experienced, some participants shared their experience of how parental drinking at greater levels can also increase the risk of physical harm to children. This was due both to a lack of attention by parents to hazards within the physical environment, and to alcohol's unique effects on their physical and cognitive function which can result in a propensity towards violence.

“ Alcohol [has a] propensity to promote violence because of its [effect on the] central nervous system, its depressant impact... And therefore the risk of things like high hazards in the environment... Most referrals [to the Children's Reporter] at the very acute end are very young children, where there's a very high risk of physical harm.

Neil Hunter, Scotland's Children's Reporter

It was identified that parental drinking at higher levels can mean that children are exposed to others who are emotionally or physically abusive.

“ There's also been increased exposure to abuse and that's not to say that it comes from the parent but it's susceptible to being in that environment where maybe they're more willing to be in relationships where there might be emotional abuse, physical abuse, psychological abuse.

Dr Sharon Greenwood, University of Glasgow

Harm caused is often unintentional

Inquiry participants suggested that due to a perception that their children do not notice their drinking, many parents believe their children are unaffected by it. In reality however, children are often aware of their parent's drinking. Over half of the children surveyed reported that they had seen their parent tipsy, and a third that they had seen their parent drunk.

“ There's so many parents that think children don't notice at all...[but] the child is really absorbing everything that's happening around it from very, very early on. And parents [think] 'I'm only drinking when they're in bed' and 'they don't notice' but they do. They notice the smell. They notice the behaviour.

Jo Grace, NSPCC

The harm that is caused is therefore often unintentional, with many parents not realising the impact that their drinking has on their child.

“ There's a lot of unintentional harm done by parents who drink. The word 'unintentional' I think is really important...that's the key thing that we've done in [our area]...is get the staff to tune into the unintentional nature of the harm – parents who drink are not trying to hurt their children.

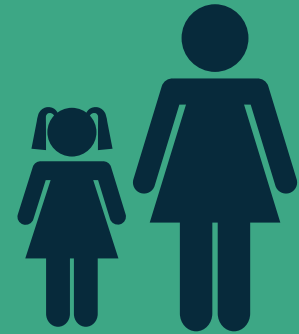
Dr Andrew Dawson, NHS Greater Glasgow & Clyde



Over half of the children surveyed reported that they had seen their parent tipsy.



...and a third that they had seen their parents drunk.



“ One of the points that came out from [our] practitioner survey⁵ was that 70% of the practitioners surveyed indicated that they felt parents didn't understand the impact that their substance issues – either alcohol or drugs – had on their children.

Elaine Wilson, Corra Foundation

Taking into account this often unintentional element, it was stressed that discussions with parents around emotional neglect should be undertaken in a supportive and reflective environment.

“ Sometimes it's not about telling [parents], it's about showing them. So if they can see what they're doing and if you can describe it to them and if they can see the impact, if parents get a proper fright – they don't want to harm their child and they will do whatever they can to stop doing that. So ways of working in which we engage people directly, but...it has to be honest.

Dr Andrew Dawson, NHS Greater Glasgow & Clyde

Factors influencing the impact of parental drinking on children

A number of factors were found to influence whether and how children are impacted by parental drinking, from different frequencies and patterns of drinking, to the child's developing awareness of their environment as they grow older. The involvement of other family members was highlighted as a potentially protective factor.

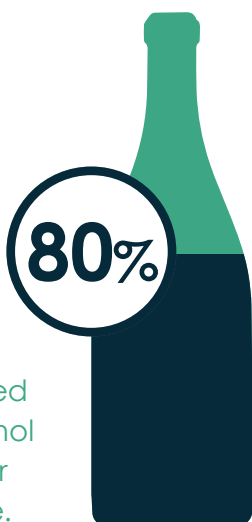
Home drinking

One of the most significant factors affecting the exposure of children to parental drinking was the prevalence of drinking within the home. Four fifths of parents in the survey reported drinking alcohol in front of their child at home. Inquiry participants highlighted this now common practice as particularly problematic.

“ The problems...are the drinking at home and it's drinking at night... when the children go home, after school, and then it gets to teatime... the children are left then with parents drinking.

Jackie Waugh, Tayside Council on Alcohol

Four fifths of parents in the survey reported drinking alcohol in front of their child at home.



Binge drinking

Binge drinking is a drinking pattern that was considered extremely damaging and difficult for children to cope with. Unpredictable drinking and subsequent behaviour was felt at times to be more challenging for children to deal with than steady and predictable drinking, even at heavier levels.

“ We hear about young people who are looking after the weekend binge drinkers and so their behaviour on a Monday is very, very different in school and within the groups to what it might be on the Friday...There's that whole mixed-upness, the child being very, very unsure of what to expect.

Louise Morgan, Carers Trust Scotland

Low-level drinking

When considering how the amount of alcohol consumed by parents can affect children, it was clear that *any* level of intoxication can impair parents' ability to be both physically and emotionally available to their children.

“ Any form of intoxication will mean that you're not able to physically give in the way you would if you weren't intoxicated or...to emotionally...attend to a child and meet their needs. It will impair that.

Neil Hunter, Scotland's Children's Reporter

The impact of such low-level drinking can depend on how often it happens, with longer-term alcohol use more likely to cause harm.

“ So if [parental substance use] is something that has been happening for a very long period of time, at a low level, it can have a massive sustained effect.

Dr Sharon Greenwood, University of Glasgow

“ If you do that [low-level drinking] three or four times a year, in a child's life then the impact is probably going to be more manageable, minor [than] if you do that three or four times a week.

Neil Hunter, Scotland's Children's Reporter

Age

Another factor raised by inquiry participants as influencing how children are affected by parental drinking was the age of the child. Through their developing awareness of their environment, it was suggested that a very young child will experience their parent's drinking very differently to an older child or young person.

“ And as the children develop and they're able to be more alert to their environment, some of those impacts start to change...So the physical worries are less but the social, emotional impacts start to become much more significant as children grow and develop and become aware of their world.

Neil Hunter, Scotland's Children's Reporter

“ When you are younger you don't necessarily understand that 'mum's not picking me up from school because of drinking', [you think that] 'Mum's not picking me up from school because she doesn't love me'...But when you get older and you're a bit more savvy to understanding what substance use is and what substance use means, that's when you start to contextualise things and to start understanding.

Dr Sharon Greenwood, University of Glasgow

Other family support

Alongside factors that can exacerbate the impact of seeing parents drinking, drunk or hungover, the involvement of other family members was identified as a potential protective factor. Support from immediate and extended family was viewed as a source of stability where a parent is emotionally absent or unpredictable.

“ Having some sort of stable other influence within the house, whether that is having an older sibling, or an older member of the family who will pop in – an aunt or uncle –...I think it definitely does [help].

Louise Morgan, Carers Trust Scotland

The normalisation and stigma continuum

Scotland's cultural norms around alcohol were considered to be significant influencing factors in relation to views on, and responses to, parental drinking, including potential to influence drinking behaviours in children. The normalisation of alcohol was identified as a key driver of both parental drinking and the failure to adequately identify and respond to the impact on families. The stigma associated with alcohol problems was viewed as a particular challenge to the identification of, and support provided to, those affected.

Normalisation of drinking

The normalisation of alcohol in our society through the ubiquity of alcohol was considered a key driver of ambivalence towards, and acceptability of, parental drinking. The idea of alcohol as an everyday commodity was found to be perpetuated through alcohol marketing, with alcohol pervading all areas of society.

“ Part of the problem is cultural...you see it on adverts, even sometimes on comedy programmes, where you've got the child's juice and you've got mummy's 'juice' but mummy juice is a big glass of red wine or something...

Dr Andrew Dawson, NHS Greater Glasgow & Clyde

“ And a big, big part of [attitudes towards alcohol use] is...because alcohol is legal. And so it's accepted, it's in society everywhere. We drink to celebrate, we drink to commiserate, we drink because it's a sunny day. Every billboard, every radio station, every TV – it's around us...It's a massive part of our society and it is very acceptable.

Christine Bowie, Drugs, Alcohol and Psychotherapies Limited (DAPL)

“ We don't consider it appropriate for a school sports day to have an alcohol tent due to the signal value this conveys about alcohol being a normal commodity. However, there are plenty of other examples where this is exactly the message conveyed.

Wayne Gault, Aberdeenshire Alcohol and Drug Partnership

It was felt that an especially problematic message promoted through alcohol marketing is the use of alcohol as a normal way to cope with the stresses of parenting. Such messages can impact on children by contributing to how parents may model unhealthy coping behaviours, such as drinking to calm anxiety or relieve stress.

“ It [alcohol marketing] also implies that you need some sort of medication to be a parent. And parenting is stressful...Linking alcohol consumption as self-medication for parents, I think that's problematic in our culture.

Dr Andrew Dawson, NHS Greater Glasgow & Clyde

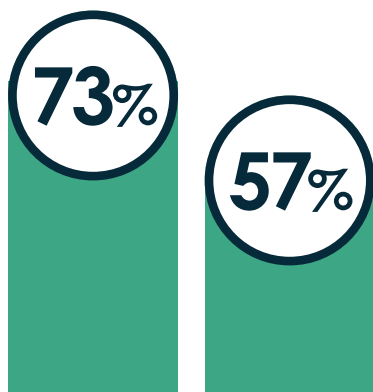
The idea of alcohol consumption as a normal, everyday activity, as reinforced through alcohol marketing, affects all groups in society. Inquiry participants were keen to stress their experience that parental drinking is a classless issue.

“ But I think what’s become more and more evident is that the drinking at home is especially classless and I think there’s a whole swathe of young people that are being missed who are within the middle class families. Where it’s very normal for the parents to drink maybe a bottle of wine each a night.

Jo Grace, NSPCC

Creating normative drinking behaviours

Parental drinking is of particular concern when it comes to the impact on children’s own attitudes towards drinking. Parents seem to play a greater role in influencing their children’s views and experiences in relation to alcohol than they believe. Of the families surveyed, 73% of children believed that how their parent drinks influences the way they think about alcohol, compared to only 57% of parents. As well as influencing children’s views and attitudes towards drinking, growing up in an environment where drinking is viewed as a normal, even everyday, occurrence was considered to have implications for children’s future drinking habits.



Of the families surveyed, **73% of children** believed that how their parent drinks influences the way they think about alcohol, compared to only **57% of parents**

When asked why their parent chooses to drink alcohol, **just over a quarter of children** in Scotland said it was because 'it helps you when you feel depressed or nervous', 'to fit in with a group', 'to escape your problems', or 'to not feel left out'.



“ I had a client...[who] was abusing alcohol quite severely but he didn’t see it that way because of his...[up-]bringing – it was acceptable, it was normalised, there was no discussion about it because it was just there.

Christine Bowie, Drugs, Alcohol and Psychotherapies Limited (DAPL)

The modelling of drinking behaviour by parents was highlighted by inquiry participants as problematic, especially when alcohol is used to ease anxiety or cope with stress. Analysis of the UK-wide survey found that children are very much attuned to the reasons their parents drink, being more likely to cite a reason for drinking if their parent also cited it.⁶ When asked why their parent chooses to drink alcohol, just over a quarter (26%) of children in Scotland said it was because 'it helps you when you feel depressed or nervous', 'to fit in with a group', 'to escape your problems', or 'to not feel left out'.

“ It’s the normalisation of alcohol use within the home that might present problems later on. Even looking at the role of alcohol as a coping strategy as well...for the young people when they grow older in terms of modelling behaviours.

John Holleran, Scottish Families Affected by Alcohol and Drugs

Normalisation as a barrier to identification and support

It was felt that such normalisation can create a ‘cultural blindness’ to the harm that alcohol can cause. Around two thirds (64%) of parents surveyed believed that because drinking alcohol is so normal it hides the problems it can cause in families. Due to the legal status of alcohol and the wide acceptability of drinking in society, inquiry participants highlighted the many ‘grey areas’ when it comes to alcohol consumption, unlike other drugs for which there seems to be a ‘black and white’ perspective to their use. One such ‘grey area’ was identified as the impact of lower-level drinking on children’s emotional wellbeing, which has been noted as often nuanced and significant.

64%



Around two thirds of parents surveyed believed that because drinking alcohol is so normal it hides the problems it can cause in families.

“ We’re much more ambivalent about alcohol misuse [than] drugs... We’ve got a much less clear, less focused view of where alcohol becomes [a problem] in families... And we’ve got better at identifying alcohol issues...at the very acute end. We haven’t probably gone far enough into the broader, more subtle wellbeing concerns.

Neil Hunter, Scotland’s Children’s Reporter

“ It’s part of our cultural denial that alcohol causes [harm] because alcohol is about most of us and not about those drug users over there.

Joyce Nicholson, University of Glasgow

It was also considered that practitioners’ own views and attitudes towards drinking, as influenced by societal norms, can affect how they respond, suggesting missed opportunities to address concerns at the earliest point possible.

“ Something that came out...of our 2009 research⁷ in terms of the volunteers and staff, [was] a pro-alcohol social environment and general normalisation of alcohol in society. Which they suggested might at times affect their own responses to children talking about parents drinking...And the normalisation of alcohol is such that perhaps we don’t realise that our own attitudes will influence how we respond.

Childline Supervisor, Childline

Stigma

The normalisation of alcohol use in our society also contributes to the stigma that is commonly associated with having an alcohol problem. Inquiry participants felt that this stigma can be a significant barrier to effective identification of families affected, reporting a reluctance amongst some practitioners to raise potential issues around alcohol consumption with families due to its stigmatising nature and the potential reactions this might elicit.

“ There’s also a stigma about it... To say somebody has got an alcohol problem is very accusatory. And it’s as if you’re blaming them for all the problems that they’ve sought help for. So I think there is a real issue about how do you engage people who present with these problems.

Dr Andrew Dawson, NHS Greater Glasgow & Clyde

“ And a big thing for me is about reducing stigma. Because there’s a huge amount of stigma in relation to addictions, in relation to mental health or mental wellbeing. So it’s about making it very much about wellbeing.

Jo Grace, NSPCC

Stigma was identified as commonly preventing children and families from being able to be open about their issues and in turn, actively seeking the support that they need.

“ In terms of the reluctance and the stigma – It’s much easier to say ‘my mum’s got a physical impairment’ than saying ‘my mum drinks a lot’ or ‘my mum takes blah blah blah’.

Dr Sharon Greenwood, University of Glasgow

It was also found to stop people around them from raising concerns. Inquiry participants highlighted that although family and friends play a key role in early identification as they are often the first to notice the signs of problematic drinking, many are reluctant to intervene because they do not want to ‘cause trouble’ and are generally uncertain about when and how it is appropriate to have such discussions.

Identification of children affected

Given the potential impacts on children, it is essential that there is early and effective identification of children affected by parental substance use. Practitioners working in universal services, such as teachers, social workers, GPs, and health visitors, were felt to be vital to this process, although capacity and training issues were sizeable barriers. Identification of children, especially whose parent's drinking was at the less severe end of the spectrum, was viewed as challenging. Ensuring that screening tools adequately assess the impact on the child was a significant consideration, as well as the need to realise opportunities in antenatal settings.

Universal services

It was clear that early intervention is essential to improving outcomes for children affected by parental drinking. Those working in universal services, such as teachers, social workers, GPs, and health visitors, were seen as vital to this process. This is due to their more holistic view of what is happening in family life, such as job loss or divorce which can be triggers to problems with alcohol developing.

“ Identifying children at risk for the moderate drinking, I think that's really difficult, but I think what we can identify is overloaded or overstressed parents...But if you identify the stressed parent, you're probably identifying a stressed child at home as well.

Dr Andrew Dawson, NHS Greater Glasgow & Clyde

However, it was felt that universal service practitioners' lack of capacity and resources presented a challenge to their ability to identify problems and intervene.

“ The core for me is that there is signs of neglect early doors and the pressure is very much on the universal services to identify that. And I don't think universal services are necessarily well equipped to do that or well-resourced to do that because, for example, we know the pressures on health visitors.

Jo Grace, NSPCC

Learning and development

The research highlighted that training requirements must be addressed in order to enable those working in universal services both to understand the impact alcohol can have on children and to allow them to have discussions in a sensitive and supportive way. Firstly, inquiry participants suggested there was a need to improve levels of awareness of the prevalence and impact of parental drinking amongst universal practitioners, to address this often 'hidden problem.' It was also suggested that practitioners can feel apprehensive or concerned about opening up a topic to which they do not feel fully equipped to respond. The potential for issues to be incorrectly identified was also noted, as concerns around substance use are often only picked up at a later stage.

“ Children [are] just labelled with 'they've got ADHD' or quite often it's 'anger management'...Almost half of them were referred just purely on the educational side, nothing to do with drugs and alcohol. But once you're talking to them you realise...what's going on.

Christine Bowie, Drugs, Alcohol and Psychotherapies Limited (DAPL)

Although positive reference was made to the Alcohol Focus Scotland Rory resource⁸, it was agreed there is very little ongoing training on this topic, which was viewed as a significant issue that should be addressed.

“ We have not invested in helping those universal services, particularly in education, help identify children. We don't support those professions to identify. There is no teaching or training or workforce development work that is funded on an ongoing basis to actually help teachers and health visitors identify those children at an early point.

Joyce Nicholson, University of Glasgow

Training was seen as key to building understanding of the place of alcohol in wider society and on family life, and increasing confidence to raise the issue, facilitating honest and supportive discussions.

Effective tools

Inquiry participants highlighted some inadequacies of current tools to capture nuances around the potential impact of parental drinking on children and young people. Current screening tools were believed to emphasise adult consumption levels rather than the *impact* of that consumption when identifying children at risk of alcohol harm. It was felt that these tools tend to primarily focus on the number of units consumed with very limited capacity to consider how the person is functioning and what impact their drinking is having on their life and the lives of those around them.

“ A lot of our screening tools [have] quite a lot about units consumed, which I think is really unhelpful... But we do need to think about when people have got a parental responsibility, going a bit further in terms of what are their expectations as parents. So I think we need to get away from unhelpful things – ‘this is non-problematic, this is problematic’ – actually it's about how we function as individuals.

Neil Hunter, Scotland's Children's Reporter

“ And we're not so good at identifying or understanding what the impacts of those patterns of use are in children. So the questions are much more about intoxication and withdrawal... And we know, for example, in our systems we are really overly focused on amounts of substance use but actually amounts don't tell you about care to children.

Joyce Nicholson, University of Glasgow

Antenatal intervention

Some inquiry participants emphasised that opportunities for early intervention occur even before a child is born. Those involved in the inquiry were strongly supportive of the alignment of Chief Medical Officers' guidelines across the UK with the advice in Scotland, i.e. that the safest option if you are trying to conceive or are pregnant is not to drink alcohol. As well as raising awareness of the guidelines, it was further suggested that more work should be done to prepare young people and adults for parenthood.

“ There needs to be much more focus in antenatal services, looking at the referrals into maternity care.... But remember this is also about non-dependent drinking. So foetal alcohol effects can happen as a result of one-off, large blood volume amounts of alcohol in one night. And in fact a lot of heavy drinking women don't seem to have affected babies.

Joyce Nicholson, University of Glasgow

“ Pre-pregnancy the message has to be rung very loudly, which it is not at the moment – general advertising, TV adverts.

Jennifer Smith, NHS Grampian

Challenges

Inquiry participants emphasised the many challenges that exist in relation to the identification of children affected by parental drinking, particularly at the less severe end of the spectrum. For example, the shift to home drinking was seen as a way in which drinking is often kept hidden from view.

“ An awful lot of drinking now occurs in home. It becomes hidden, it becomes secret.

Jo Grace, NSPCC

“ I think just on the case of the home drinking, it almost becomes more difficult to help support and identify young people with the normalisation of alcohol use within the home.

John Holleran, Scottish Families Affected by Alcohol and Drugs

In addition, it was suggested that parents are often apprehensive and fear asking for help if they are concerned that their drinking is becoming a problem. Some participants advised that services, particularly in the statutory sector, are often viewed by families as intrusive rather than helpful, and that parents can avoid asking for help due to worries that their children will be taken away.

“ While we know that social services are there to do good, people still have that perception that they'll be here to take my children away and that perception still exists.

Elaine Wilson, Corra Foundation

It was also seen as common for children to keep issues hidden and try to be 'normal' as they do not want to be disloyal, or to make their situation worse. This was believed to create difficulties in getting children to 'open up' about the issues affecting them.

“ [There's a] perception that the consequences of reporting that is actually worse than the situation. Sometimes, from what young people have told us, it's like... 'this is what I know so I'm going to stick with that and I don't want to betray my family'.

John Holleran, Scottish Families Affected by Alcohol and Drugs

Support and service provision

A number of considerations were brought to the fore in relation to support and service provision for children and families affected by parental drinking. The need for whole family, child-centred support with a focus on wellbeing outcomes was seen as key to ensuring that children are adequately supported. A joined-up approach to services was considered essential to deal with the complex needs of families. The ability of children to access a service was highlighted as becoming increasingly challenging, due to lack of capacity and rising thresholds for access to services.

Whole family approach

With existing alcohol treatment and recovery service provision primarily focusing on supporting adults, it was viewed as critical that support services are provided to children in their own right. This would help ensure that they are adequately supported and able to understand what is happening in their lives. A whole-family approach with the child at the centre was seen as a way to ensure all within the family receive the support needed. These 'whole family' services need to be flexible to reflect different family circumstances and ensure children and adults get the support that they need.

“ So they would be just living in a family that they think's normal...but they're suffering in some way. But they wouldn't necessarily know to say that 'my mum drinks' or 'my dad drinks'... all children should have access to some sort of support, whatever their issue is because it might be underlying things that they don't present originally.

Christine Bowie, Drugs, Alcohol and Psychotherapies Limited (DAPL)

When considering the best approach to specifically support children, stakeholders reported that children often wanted services that 'listened' to them. It was felt that children tend to respond better when support is available to talk through their feelings and experiences, rather than when services or practitioners 'do things' to 'fix' them. Having services that create the space for children to have the opportunity to be listened to was believed to be key.

“ It's about...more than just services responding to fix people...[it's about] people get[ting]access to what they need, when they need it.

John Holleran, Scottish Families Affected by Alcohol and Drugs

“ If we can develop systems and supportive structures that allow children and young people just to feel that they're listened to. That's the thing that children and young people gave across to us; that they often don't feel listened to and that's why there's maybe a fear of 'I can't say it because nobody will hear me'. So it's about where [can you] offer that space to feel that they're listened to.

Elaine Wilson, Corra Foundation

School-based counselling services were highlighted as particularly positive, by allowing children to build a relationship with the counsellor and providing a safe space to talk about issues that are affecting them.

“ The kids are coming to [the school-based counsellor] in the corridor because they know him so well now, and they’re saying ‘can I come and talk to you?’ [He’s got] a fantastic room...[and they say this is] ‘where I can go and talk to [the counsellor]’. Mum and dad can come in as well. And it gets the whole family in...It’s a space for them to go that’s safe, to talk.

Christine Bowie, Drugs, Alcohol and Psychotherapies Limited (DAPL)

It was further suggested that services which focus on wellbeing outcomes, rather than solely on alcohol, could help to reduce the stigma of accessing support, particularly at the less severe end of the spectrum.

“ Young people...don’t want to fixate on the substance use that they’ve lived with, they want to actually explore opportunities to reach their full potential and do the things that they like to do. And sometimes if you frame it in a way that it’s just about that...substance use..., they’re not interested in that because they’re like ‘that doesn’t define me’.

John Holleran, Scottish Families Affected by Alcohol and Drugs

Joined-up services

Inquiry participants raised the necessity for services to be better joined-up to respond to the complexity of needs some families have, and designed in a way that offers flexible support to respond to their individual issues and support needs. For example, it was highlighted that alcohol problems rarely exist in isolation, with other issues such as mental ill-health commonly co-occurring.

“ It’s about looking at the wider impact in terms of how we look at alcohol and mental health...They’re two separate issues but they’re interlinked,...if somebody is using alcohol to cope with mental health issues or it’s...mental health issues brought on by the alcohol...how do we look at that collectively in terms of protecting children?

John Holleran, Scottish Families Affected by Alcohol and Drugs

This would include ensuring better communication and coordination between services for adults and children if a parent was accessing treatment and recovery services.

Access to services

A key concern was that thresholds for accessing statutory services are continuing to rise, year on year, resulting in families not accessing support until the situation is at crisis point. Furthermore, support for children whose parent(s) were drinking at the less severe end of the spectrum was found to be limited at best.

“ [Social work] thresholds every year are climbing higher and higher. And it's the other sectors that are having to pick up that slack. That's not a criticism...of my social work colleagues, that's just the reality that they...don't have the space to be able to work with the kind of lower level early intervention.

Jo Grace, NSPCC

Alongside this, 'softer' support services are increasingly being reduced due to cuts in public funding. Inquiry participants reported that as a result, existing services are being overwhelmed by demand and waiting lists to access support are growing.

“ If [a family] finish with me then is there another project to pick them up or can they go back to social work who...are overrun and they usually say that they don't meet the threshold. So it's trying to keep that door open for them but in fact we're way past capacity, but you try and fit everybody in. And so these projects are really stretched.

Jackie Waugh, Tayside Council on Alcohol

It was highlighted that, alongside the issues of awareness-raising to better identify children affected, this strain on services means that there is a whole cohort of children who have been identified but are unable to access the support they need. In addition, challenges in finding effective referral pathways to appropriate services were reported in situations where universal services have identified children and families needing support. It was suggested that once practitioners have more confidence in raising alcohol issues, the issue then becomes responding effectively.

“ We've had a lot of success with GPs having quite awkward conversations with people about their drinking...But...I suppose the gap is, what do we then do by way of response?

Neil Hunter, Scotland's Children's Reporter

Policy and research

The positive impact of Getting it Right for Every Child (GIRFEC) in improving outcomes for children was recognised by stakeholders. However, there was also felt to be a need to ensure better approaches to joining-up policy. A number of improvements were found to be required in relation to research and data collection in order to effectively inform policy developments in this area.

GIRFEC

Although continued effort and action is required to improve early intervention for children affected by alcohol, 'Getting it Right for Every Child' (GIRFEC)⁹ was believed to have had a positive impact in ensuring improved outcomes for children.

“ The important thing about GIRFEC is looking at the whole picture of the child and not just the education side of it...working together to create a better picture...it's something that we as teachers find really, really useful in identifying issues and recording that in a robust way.

Joy Roberts, Primary School Teacher

“ GIRFEC has probably gone a way to...help[ing]...There probably are more children and young people being identified with a wellbeing need and...that fits much better with being affected by something...that's much more low level but is still having an impact on wellbeing.

Louise Morgan, Carers Trust Scotland

Joined-up policy

It was considered that policy and strategic solutions must better reflect and respond to the complex relationships between issues such as alcohol harm, mental health, domestic abuse, and poverty as this would

then affect how services work together on the ground. However, a disconnect between policy and practice was also highlighted as common.

“ In terms of strategies joined up, I think that there's still some work to be done. As part of our study, 'Everyone Has A Story',⁵ we asked practitioners about integrated work...specifically around adult and children services... The majority of people came back and said integration wasn't happening on the ground and they felt more needed to be done.

Elaine Wilson, Corra Foundation

“ What it says in [policy] documents is very, very different to what it says in practice and what...people...are experiencing it on the ground.

Dr Sharon Greenwood, University of Glasgow

Suggestions included ensuring that policy reflects lived experience and building in gender-response to services.

“ We...really need to be building on gender-response to services as well...Women who are substance users themselves...they're more likely to experience instances of trauma, more likely to experience domestic violence. And often the kids stay with the woman.

Dr Sharon Greenwood, University of Glasgow

Research and data

It was agreed that better data is required to increase understanding of the impact of alcohol on children's lives. Although a broad range of data is already being collected, gaps were identified alongside improvements that could be made to how existing data collection processes are used to build a better picture. For example, although expensive to access, the use of commercial sector data was identified as a missed opportunity in providing an additional perspective. It was considered that systems and processes should be reviewed to ensure better and more consistent data collection.

“ I think there's a clear gap in the fact that SALSUS [The Scottish Schools Adolescent Lifestyle and Substance Use Survey] doesn't ask about [parental drinking]...This is an easy way to get at the prevalence of young people who are affected by parental substance use.

Dr Sharon Greenwood, University of Glasgow

In addition to data on the prevalence of children affected by parental drinking, research on the efficacy of services and information on what works was seen as desirable. To help broaden understanding of the range of impacts alcohol can have on children, from emotional attachment and wellbeing through to physical safety, it was felt that key indicators should be reviewed.

“ We don't do anywhere near enough research alongside services to look at things like interventions, efficacy, the outcomes with children...

Neil Hunter, Scotland's Children's Reporter

It was however stressed that data for data's sake is not enough. Inquiry participants emphasised the need for improvements in the analysis and joining-up of such data to ensure it can be better used to identify gaps in service provision and to support improvement of outcomes. They also felt that there should be a clear rationale and plan of how to use data that is collected to improve support for children and their families. Addressing these identified gaps would likely require changes both at a strategic and operational level, with associated resource commitments, but this was felt to be essential to delivering necessary change.

“ We have some national datasets around [and] other data...at the local authority level. And I think it would be really nice to try and stitch some of those up a little bit more.

Neil Hunter, Scotland's Children's Reporter

The resource implications of data gathering were raised as a particular challenge. With limited resources, tensions exist between resourcing the gathering of data and the need to provide services. Better processes and systems to gather data in existing work were seen as offering potential opportunities to address these tensions.

“ We have what we have and if we want to create more data we're going to have to resource it. And the question is, does that come at the expense of providing service? We need to get better at collecting data in real time as we go along.

Neil Hunter, Scotland's Children's Reporter

DISCUSSION

It has been established that parental drinking, particularly at higher levels, is significantly linked with harm to children,¹ although research into how different amounts of parental drinking affects children is limited.² Both the inquiry and survey strongly indicated that parental drinking, even at low or moderate levels, can impact significantly on children.

With the percentage of alcohol being purchased for consumption off the premises having steadily increased over the last twenty years,¹⁰ more children are exposed to parental drinking than ever before. This was reflected in the research, with the vast majority of parents reporting drinking alcohol in front of their child at home, and inquiry participants highlighting home drinking as a cause for concern. This raises new challenges for public policy responses; drinking in a less controlled environment has consequences for drinkers themselves, those around them, and the services that deal with the impact of this.

Witnessing parental drinking can cause worry and concern, and disturb normal patterns of care and routine. The inquiry however clearly indicated the unintentional nature of most harm experienced by children as a result of parental drinking: participants stressed that 'parents who drink are not trying to hurt their children.' One

contributing factor is the misperception of parents that their children do not notice their drinking, when in fact, children are quite aware.

As well as the emotional and physical impacts on children, a key theme to emerge from the research was that growing up in an environment in which drinking is normalised can influence children's attitudes and expectations towards drinking, and their future drinking habits. The modelling of drinking behaviour by parents was of particular concern, especially when alcohol is used as a coping strategy. This supports previous research on the key role of family in influencing children's behaviours and beliefs regarding alcohol,¹¹ including how favourable parental attitudes towards alcohol and parental drinking increases negative drinking outcomes in children.^{12,13} The survey highlighted that children were more likely to place weight on their parents' drinking as something that influences their views on alcohol than the parents did. These findings sit well with the fact that although the vast majority of parents are conscious that their drinking sets an example for their children,¹⁴ and many deliberately model moderation, these intentions are not always adhered to. This can lead to situations in which parents are 'implicitly normalising excess consumption'.¹¹

This research has identified a number of barriers to change in reducing the impact of parental drinking on child health and wellbeing. Seeking to address the impact of parental drinking on children will require consideration of how the following challenges can be overcome:

- A lack of understanding amongst parents, universal services and relevant family support staff of the impact that lower-level drinking can have on children's immediate emotional and physical wellbeing.
- Identification tools' focus on level of consumption rather than impact on children or family life potentially limiting identification of some children being harmed.
- The impact of marketing and cultural messages which perpetuate alcohol as a ubiquitous and necessary part of life have on creating social norms around alcohol, and how this can be passed down from parents to children.
- The lack of understanding around the risks from drinking alcohol when pregnant or trying to conceive.
- How such social norms can create an ambivalence or lack of confidence in intervening when children may be impacted by someone else's alcohol use, particularly at lower levels.
- Difficulties in children accessing services due to both a lack of resources and the provision of 'whole family' interventions which provide support to people around the drinker.
- The stigma associated with alcohol problems being a barrier to parents or carers seeking help or being identified as needing help. Stigma also plays a part in personal and cultural denial of the harm that alcohol causes.
- A lack of integration at both policy level and service level that would address the complex issues faced by families struggling with the impact of alcohol as well as other issues such as mental ill-health.
- A lack of resourcing and training making it difficult for universal services or other agencies to pick up and react to early signs of alcohol-related harm, particularly if parents are drinking at lower levels.
- A lack of data on the impact of parental drinking on children's lives, and research on the efficacy of services and successful interventions.

Building a better understanding of the impact of parental drinking on children and young people should help ensure the development of the most effective policy and practice solutions. This would go some way towards achieving the Scottish Government's outcomes of increased knowledge and attitudes to alcohol and drinking, and fewer children affected by parental drinking.¹⁵

Alcohol Focus Scotland intends to facilitate a dialogue across civic society in Scotland to explore how the growing evidence around the harm caused by parental drinking on children may be addressed. This is part of the movement to change Scotland's relationship with alcohol and the harm that can be caused to people other than the drinker.

APPENDIX 1 – INQUIRY PANEL MEMBERS AND PARTICIPANTS

Panel Members:

Mary Cuthbert (Chair), Chair of Alcohol Focus Scotland and former Head of Alcohol, Tobacco and Sexual Health Policy in the CMO and Public Health Directorate, Scottish Government.

Tam Baillie, Children and Young People's Commissioner in Scotland 2009-2017.

Donald Henderson, Head of Care, Protection and Justice in Children and Families Directorate, Scottish Government.

Kay Tisdall, Professor of Childhood Policy, Edinburgh University (and formerly Co-Director for the Centre for Research on Families and Relationships).

Oral evidence participants:

Session one

- John Holleran, Development Officer for Families and Communities, Scottish Families Affected by Alcohol and Drugs.
- Jackie Waugh, Kinship Families, Tayside Council on Alcohol.
- Joyce Nicholson, University Teacher in Drug and Alcohol Studies, University of Glasgow.
- Christine Bowie, Counsellor (Children and Families), Drugs, Alcohol & Psychotherapies Limited (DAPL).
- Jo Grace, Children's Services Practitioner, NSPCC.

Session two

- Childline Supervisor, Childline.
- Joy Roberts, Teacher, Lenzie Meadow Primary School, Glasgow.
- Dr Andrew Dawson, Professional Lead for Child Psychotherapy, Greater Glasgow and Clyde Health Board.

Session three

- Neil Hunter, Chief Executive, Scotland's Children's Reporter.
- Elaine Wilson, Head of Learning and Development, Corra Foundation (formerly Partnership Drugs Initiative Strategic Support Manager, Lloyds TSB Foundation for Scotland).
- Dr Sharon Greenwood, University of Glasgow (Thesis: 'I try hard not to blame my dad': A sociological interpretation of the 'problem' with parental problem substance use).
- Louise Morgan, Young Carers Development Manager, Carers Trust Scotland.

Written evidence participants:

- Wayne Gault, Lead Officer, Aberdeenshire Alcohol and Drug Partnership.
- Jennifer Smith, Midwife, NHS Grampian.

ENDNOTES

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