

# Silent Voices

Supporting children and young people affected by parental alcohol misuse

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Briefing on key themes and findings from the report



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## Foreword

The misuse of alcohol by parents negatively affects the lives and harms the wellbeing of more children than does the misuse of illegal drugs. Yet too often, parental alcohol misuse is not taken as seriously, in spite of alcohol being addictive, easier to obtain, and legal. The effects of parents' alcohol misuse on children may be hidden for years, whilst children try both to cope with the impact on them, and manage the consequences for their families.

We are publishing this review to draw attention to what children say about the problem. It does not concern only child protection professionals, though alcohol abuse can put children's safety at sustained, serious risk. The problem affects large numbers of children who never come to the notice of children's social care. They should not need to do so if there are services to support them and their families at an earlier stage. There are powerful messages from children in this report which must be heard, and acted on. We are grateful to the children and young people who shared their experiences with us.

My recommendations are for policy makers and all those who commission and provide local services. The impact of parental alcohol misuse is a problem which must be addressed by health professionals, those working in social care, treatment services, and others in the child's life. It requires a coordinated, collaborative approach. It is a problem with which parents must seek help, and one we all need to address. The children speaking in this report tell us our casual attitude to the harmful potential of drinking too much must change. If we act on what they say, we might prevent some children from losing their childhoods.

Jenny Clifton, Principal Policy Advisor (Safeguarding) at the Office of the Children's Commissioner (OCC), has steered this review to its conclusion. I am indebted to her, and to the researchers, for this insightful piece of work.



Dr. Maggie Atkinson  
**Children's Commissioner for England**

## **ABOUT THE OFFICE OF THE CHILDREN'S COMMISSIONER**

The Office of the Children's Commissioner is a national organisation led by the Children's Commissioner for England, Dr Maggie Atkinson. The post of Children's Commissioner for England was established by the Children Act 2004. The United Nations Convention on the Rights of the Child (UNCRC) underpins and frames all of our work.

The Children's Commissioner has a duty to promote the views and interests of all children in England, in particular those whose voices are least likely to be heard, to the people who make decisions about their lives. She also has a duty to speak on behalf of all children in the UK on non-devolved issues which include immigration, for the whole of the UK, and youth justice, for England and Wales. One of the Children's Commissioner's key functions is encouraging organisations that provide services for children always to operate from the child's perspective.

Under the Children Act 2004 the Children's Commissioner is required both to publish what she finds from talking and listening to children and young people, and to draw national policymakers' and agencies' attention to the particular circumstances of a child or small group of children which should inform both policy and practice.

As the Office of the Children's Commissioner, it is our statutory duty to highlight where we believe vulnerable children are not being treated appropriately and in line with duties established under international and domestic legislation.

### **OUR VISION**

Children and young people will be actively involved in shaping all decisions that affect their lives, are supported to achieve their full potential through the provision of appropriate services, and will live in homes and communities where their rights are respected and they are loved, safe and enjoy life.

### **OUR MISSION**

We will use our powers and independence to ensure that the views of children and young people are routinely asked for, listened to and that outcomes for children improve over time. We will do this in partnership with others, by bringing children and young people into the heart of the decision-making process to increase understanding of their best interests.

## Introduction

*"My brother who is ten says he wants to end it all, my mom also says she wants to die. She really needs to talk to someone but there is no one? I am not getting any sleep. I am scared what I will find when I wake up or what might happen whilst I am sleeping" (girl aged 10 supported by WAM Project, Nottinghamshire)*

We commissioned this work in the light of the growing evidence concerning the impact upon children of living with parental substance misuse and, in particular, the number of children affected by alcohol misuse in the family. The remit of the Children's Commissioner, in respect of the UN Convention on the Rights of the Child, and specifically Articles 12 and 19, is to hear and to promote children's voices and to promote and protect their rights. Concerns about the vulnerability of these children and the evidence that substance misuse is the context for many child protection concerns but also affects far more children than are known to services, made this a matter relevant for our further investigation. This literature review examines what we know from research and other literature about children's experiences of living with parental alcohol misuse, about services for them and their families and about potential protective factors. In particular, we wished to find out what is known about each topic from children's own experiences and this provides a fresh perspective on the literature.

Although designed as a Rapid Evidence Assessment, this work represents a substantial review of knowledge in the areas we defined. This Briefing is therefore designed to assist dissemination of the findings and recommendations to a wide audience. Reference to the detail in the main report is included at key points. The report is informed by children and young people who have direct experience of living with parental alcohol misuse and by experts in the field. We were fortunate to engage Lorna Templeton, a researcher with nationally recognised expertise in this area, and Jon Adamson and colleagues from Community Research Company (CRC). We are indebted to them, to the young researchers involved, to the expert group members and, in particular, to the young people and their supporters from the What About Me (WAM) group and the National Association for the Children of Alcoholics (Nacoa). The help of all involved is acknowledged at the end of this summary.

We hope that practitioners, commissioners and stakeholders will find this material helpful and thought provoking and that researchers will be interested in pursuing some of the gaps in knowledge that we have identified. Above all, we intend that all those responsible for policy development and service commissioning will take on board the messages and recommendations from this report.

## The research questions

The Rapid Evidence Assessment considered the following six research questions in respect of parental alcohol misuse (PAM):

- (1) What is known about the experiences of children and families where there is parental alcohol misuse and to what extent is this informed by the views of children and young people themselves?
- (2) What are the key wider issues associated with PAM (e.g. unemployment, domestic abuse, mental health) and how do they relate to risk/protective factors for children and families?
- (3) What is known about protective factors and processes in this population and how they can minimise risk/negative outcomes?
- (4) What is known about services, and their delivery, and the impact/benefit of such services for children (and families) where there is PAM and to what extent is this informed by the views of children and young people themselves?
- (5) What is the current policy context for children and families where there is PAM and how might it be improved?
- (6) Thinking about questions 1 to 5 above, what are the gaps in our knowledge about children affected by PAM and services for these children?

The review is primarily led by what is known from children's direct input to research and policy development. The report prioritised work from England but included quite a large amount of relevant literature from elsewhere in the UK and internationally. Similarly, the emphasis is very much on parental *alcohol* misuse, but some studies and information from the wider field of *substance* misuse is also included as there is considerable overlap in respect of research and service provision. A number of key messages emerge for each of the six research questions and these appear at the end of each section of the full report. These are listed on pages 12-14 below. This Briefing will pull out key themes from the young people who were consulted and from the overall findings.

## The size of the problem remains hidden

It is estimated that over 1.5 million people in England and Wales are alcohol dependent but many more misuse alcohol. The box below contains figures from the most recent estimate of the numbers of children living with alcohol misusing parents, estimated from data in several UK household surveys.<sup>1</sup> While these figures can be assumed to be underestimates, they are indicative of the size of the problem:

### Estimates of Children living with Parental Alcohol Misuse (UK, under 16 years)

- 30% live with at least one parent who is a binge drinker (between 3.3 - 3.5 million children) (Binge drinking: 6 or more drinks on a single occasion for women; 8 for men.)
- 8% live with at least two binge drinkers (just over 950,000 children)
- 4% live with a lone parent who is a binge drinker (just under 460,000 children);
- 22% live with a hazardous drinker (over 2.5 million children);(Hazardous drinking: a pattern that increases the risk of harmful consequences to the user or others)
- 2.5% live with a harmful drinker (298,988) (Harmful drinking: results in consequences for physical and mental health.)
- 6% live with a dependent drinker (over 700,000 children)
- 4% live with a problem drinker who has co-existing mental health problems (approximately 500,000 children)
- Around 79,000 babies under 1 in England are living with a parent who is classified as a 'problematic' drinker ('hazardous' or 'harmful'). This is equivalent to 93,500 babies in the UK
- Around 26,000 babies under 1 in England are living with a parent who would be classified as a 'dependent' drinker. This is equivalent to 31,000 across the UK
- In Scotland, 2.5% of children live in households where there was violence between adults when at least one adult had been drinking (over 24,000 children).

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<sup>1</sup> These figures are taken from Manning V, Best D, Faulkner N & Titherington E (2009). 'New estimates of the number of children living with substance misusing parents: results from UK national household surveys'. *BMC Public Health* 9: 377. Other statistics are referenced in the report – see Sections 1 and 4.

## Young people's perspectives from the focus groups (Section 3 of the report)

Young people supported by WAM and Nacoa gave us a 'reality check' on the findings emerging from the review in a series of focus groups and provided different perspectives. The groups from WAM involved younger children who were currently experiencing parental alcohol misuse; the groups from Nacoa were young adults reflecting on their current or past experiences of this. Some of their comments are reproduced below. These emerged from exercises and discussion about support and while exploring themes of importance to the young people.

### Quotes from young people in the focus groups

**Barriers to support:** *"More needs to be done to make children aware that a whole range of support services, including national phone- and on-line help, is available which they can access without anyone else knowing."* (Young person in Nacoa group)

*"I need somewhere safe to go quickly when mum starts drinking and cutting herself but where can I go?"* (Young person in WAM group)

**Silent voices:** *"I won't tell anyone but I write in my notebook and show it to Sharon my social worker. My parents found my book and they were so angry, they said that I had let them down by writing it for everyone to read."* (WAM)

*"Don't patronise us/children of alcoholics. Don't see us as victims. We will just retreat further in to our shells."* (Nacoa group)

**Support needs:** *"Being 'children of alcoholics' does not define who we are: services which can help us should talk to us about the other things which are important in our lives too."* (Nacoa group)

*"Services need to be more human. A child may not tick all the boxes for a service but you can still help them. Services also need to be more flexible in terms of the ages of children they can help."* (Nacoa group)

*"Appreciate the complexity and individuality of children."* (Nacoa group)

*"It's got to be the child's decision to speak, but we need to let them know it's okay to speak."* (Nacoa group)

*"It's good to have someone there to talk to whenever you need it and they're not going to just tell anyone else. If there was one single thing I could change it would be to make (other young) people more aware that groups like this exist."* (WAM group)

*(Peer support would)... "turn a positive into a negative: things you've seen etc you can share with them and say 'look, it's not that bad, you can get through it'. Give them advice that other people have given you and that helped."* (WAM group)

**Coping:** *"We lost our childhoods and we had to grow up quickly." "It doesn't stop when you leave the situation, it doesn't ever stop."* (Nacoa group)

**Public perceptions of parental alcohol use:** *"There needs to be more education for everyone about what it's like for us."* (Nacoa group)

*"Change the public perception towards alcohol, particularly how it's portrayed in the media. Denial is a large part of what we live with."* (Nacoa group)

During the focus group discussions, the following further points emerged.

- Some of the young people in the Nacoa group thought there were benefits for children in seeing 'alcoholism' as a disease: that this could be used to help children understand their parent's problems.



- The strong ties which many children continue to hold to their parents despite the difficult circumstances in which they have lived came across strongly.
- Young people in the Nacoa group expressed their pride in surviving their experiences, which had made them who they are.

It is important not to oversimplify the experience of young people and to respect their complexity and individuality as requested. However, these views echo many of those found in the research literature.

## **Key themes from the review**

### **1. The importance of a focus on parental alcohol misuse and children's needs:**

Parental alcohol misuse is a sizeable problem, far greater than parental drug misuse. Yet greater attention has been given to the latter despite many more children being affected by parental alcohol misuse. In addition, the main focus has been upon those children who are known to be at risk: less progress has been made in reaching those children of all ages who are not known or engaged with services and less is known about the experiences of children defined as 'in need'. Alcohol and substance misuse feature prominently in cases of high risk, often in combination with other major problems, and studies show that parental alcohol misuse features frequently in care proceedings. These studies also confirm the wider picture: that the impact of alcohol misuse is taken less seriously than is drug misuse. This has resulted in delays in identification, in assessment and in intervention; delays which can prolong and worsen the detrimental impact on children. Alcohol's role in everyday life seems to be a barrier to reaching the wide numbers of children who are in need of support.

While there are many similarities in the impact of parental misuse of different substances, there is evidence too of differences in experiences and outcomes for children, making better understanding of these important. (Box 6 in the report) There is still much that is not well understood; including the impact of different levels of consumption by parents who misuse alcohol below the levels likely to bring them to the attention of services, but which still has a harmful impact on children.

### **2. Children's experiences: denial, isolation, loss, conflict:**

Children are affected in many ways by parental alcohol misuse, at all stages and in all areas of their development. Yet it is a problem which children and families can remain silent about for many years. The research literature confirms children's experience of denial and secrecy; of conflicted feelings; separation and loss. (See Box 5 of the report) The potential consequences of a strong association with domestic violence are very serious in terms of immediate risk and long term impact. Children may be protective of their parents and may take on caring responsibilities for parents and siblings. They may not fully understand what is happening in the family, will experience strong emotions, and can be very isolated. Yet it is found that children maintain love and loyalty towards their parents regardless of their behaviour.

### **3. Coping and resilience:**

Children are not passive victims. They find their own strategies to cope or rather, as many reflect, to 'get by'. Many such strategies are not helpful and some can be destructive. One way for children to cope is to become emotionally detached. Some will exhibit aggression and anger which is likely to be interpreted as troublesome rather than troubled behaviour. Understanding coping behaviour and children's agency is fundamental to helping them.

Coping is not the same as being resilient: a concept which concerns overcoming difficulties in life in positive ways, bouncing back in spite of adversity, developing confidence and self-efficacy. Not all children will be adversely affected by parental alcohol use in the long term. Supportive relationships and the absence of conflict in the family have been found to be particularly important as protective factors which can help build resilience. Greater understanding of how protective factors may operate would be helpful to our developing understanding of how best to support children.

### **4. What children and young people say they need:**

It can be very hard for children to talk about their experiences. They have provided some clear messages about the barriers to help and about their support needs. (See Box 8) Children value a trusting relationship with a professional who really understands their concerns and meeting others who are living with similar problems. The needs of some specific groups of children who experience parental alcohol misuse are not well understood; this is the case with children from Black, Asian and Minority Ethnic groups; young carers; bereaved children; children of prisoners;

children in care, including kinship care; children with foetal alcohol spectrum disorder (FASD) and the young homeless.

#### **5. The need for early intervention:**

The research review and consultation with children found striking evidence as to the young age and length of exposure to problems of many of the children living with parental alcohol misuse. It is essential to identify at an earlier stage those who do not come to the attention of services and to address these children's needs. Early intervention approaches need to take into account the evidence that boys are less likely to seek help than girls, which may result in them coming to the attention of services later for other reasons.

#### **6. Whole family focus with the child at the centre:**

Joint working and multi agency partnerships have positive potential but routine co-operation between services is still not common practice. Whole family approaches continue to be rare and require a sound infrastructure of partnership work. The inclusion of domestic violence work is vital but also the overall approach needs to be informed by a gender oriented understanding of parental alcohol misuse, considering risk and protective factors for children in relation to maternal and paternal alcohol misuse.

#### **7. Services:**

Many services are not set up to enable the necessary safe space which children can use and there is a lack of work which examines the benefits of services, particularly from children's perspectives. This review highlights these benefits and what is known about effective ways of working from a range of interventions. (Boxes 10 and 12 of the report) Service evaluation is fundamental to understanding what works and more rigorous approaches are needed to address this. The need for services which are flexible, creative and easily accessed by children came across strongly from the review, as did workforce issues. Training for professionals who will encounter children and young people experiencing these problems is essential and will help in uncovering hidden harm.

## **Key findings from the review**

The Rapid Evidence Review considered six research questions, as outlined at section 2 of this summary and the main findings are recorded here, as they are at the end of each section of the report. The policy implications and gaps in knowledge which need to be addressed are detailed in the main report and are represented in the recommendations from the Children's Commissioner at the conclusion of this summary.

### ***Children's Experiences***

1. The size of the problem, the number of children who are affected by/living with parental alcohol misuse, is largely unknown. However, estimates suggest parental alcohol misuse is far more prevalent than parental drug misuse and there is a need for greater emphasis on parental alcohol misuse as distinct from other substance misuse. There are no England/UK data on how many children are affected by FASD (foetal alcohol spectrum disorder).
2. There is a very broad range of experiences to describe how children are affected by parental alcohol misuse. The children's voice in describing their experiences is quite a strong feature in a lot of the research which has been done.
3. There is a gap in research which has explored the experiences and needs of specific groups of children affected by parental alcohol misuse. This includes: young carers, children from Black, Asian and Minority Ethnic (BAME) groups, children who experience a substance misuse related bereaved, children of prisoners, children who are cared for by others (such as grandparent or other kin carers, foster carers or adoptive families), children with FASD, and the young homeless.
4. Children draw upon a range of personal and other resources to cope and these change over time. However, coping does not equal resilience and a greater understanding of coping in this population would be helpful.
5. Different levels of consumption (not just parents who are dependent drinkers) and particular styles of drinking (such as binge drinking) may affect children and it cannot be assumed that higher levels of consumption equates to greater harm. Similarly, the impact of lower levels than would incur intervention, but which can still be harmful, is not well understood. Linked to this, a large number of parents will naturally reduce or cease problematic drinking but for some children problems may remain. Little research has been carried out in these areas.
6. There is a lot of overlap with research which has considered how children are affected by parental drug misuse. However, some research has suggested that there are some unique features of living with parental alcohol misuse and, given the dearth of alcohol specific research in England; this is an issue which warrants further investigation.
7. Children living with parental alcohol misuse come to the attention of services later than children living with parental drug misuse. Boys are less likely than girls to seek help and are more likely to come to the attention of services with regards to their presenting behaviour, for example through Youth Offending Services, than for the harm they are experiencing.

### ***The wider issues associated with parental alcohol misuse***

8. Parental alcohol/substance misuse is strongly correlated with family conflict, and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences, which is magnified where both issues co-exist. However, there is a need for further research with children in these situations, and for a greater understanding of the role of gender where such issues co-exist.
9. There is clearly a complex inter-relationship with other wider issues where parental alcohol misuse exists. Some evidence suggests that parents felt that substance misuse problems were viewed in isolation and that other problems were inadequately managed.
10. It seems that children recognise the links between parental drinking and the presence of conflict, violence and abuse. However, young people did not necessarily see a link between alcohol (or drug) treatment and improvements in relationships. There is a need for further research to explore children's understanding of these issues and the relationship between them.
11. Parental substance misuse features prominently on the caseloads of social workers, although there is a need to understand why cases involving parental alcohol misuse seem to come to attention later and often follow a different pathway through social care. Moreover, there is a need to understand the experiences and needs of children who come to the attention of social care, but

who are classed as 'in need' rather than 'at risk', as this is an area where much less work has been undertaken.

12. There is a lack of pre- and post-qualification training for social workers around substance misuse issues. The challenges faced by social workers with regards to alcohol and violence may be linked to their understanding about alcohol, associated decision making processes and underestimating the risk to children where alcohol is present.

### ***Protective factors and processes***

13. There is a need to continue research to enhance our understanding of protective factors and processes, and their evidence of resilience, for children living with or affected by parental alcohol misuse.
14. There is a need for more longitudinal research to understand how protective factors and processes operate, and change, over time, and what this means in terms of understanding resilience.
15. Coping is not necessarily equated with healthy or positive outcomes, and therefore with resilience. Furthermore, a protective factor or process may not always be entirely positive as it may mask other harms or be less helpful in the longer-term. There is a need for greater understanding of these issues.
16. There are some interesting findings from the research about the role of gender (both of the parent with the substance misuse problem and of the child) in understanding how children may experience and be affected by parental alcohol misuse; this is a complex issue and one which warrants further investigation.

### ***Services and what we know from children and young people***

17. There is no clear picture of the number and range of services available to children (and families) affected by parental alcohol misuse.
18. The number of services, and evaluations of some of these, is growing. There is evidence of a range of ways in which children, parents and families seem to benefit from services and interventions. However, there is a need for research to consider the potential longer-term benefits of such support, to include comparison with control groups, and to assess cost-effectiveness.
19. It is unclear whether the potential benefits of services are driven by a particular model or intervention, or if it is the characteristics of the support, and the relationships between children, families and workers which guide change.
20. Interventions which operate with strengths based frameworks appear to be beneficial in engaging families and facilitating change. Some research has indicated the potential for the transferability of interventions developed for adults to younger populations (for example, Motivational Interviewing and the 5-Step Method).
21. Some services have demonstrated success in working with both hard to engage families and families who were previously unknown to services. However, families already known to a range of public services tend to dominate caseloads and a greater focus is needed to reach those children and families who are not already known to services.
22. Services need to be flexible in a range of ways – for example, not be time-limited, work in a range of (creative) ways, be prepared to offer support in the longer term, offer a range of things to children and families, and consider how to support children and families separately as well as working with family units.
23. The links between universal/specialist services, adult/children & family services and alcohol/drug treatment services are crucial. There are a number of benefits to partnership working, and some examples where this has been successful are linked to joint commissioning and planning, training, forums to bring practitioners together, jointly developed tools and policies and the lead professional role.
24. Workforce development is a critical issue, with particular emphasis needed on training social workers, schools and universal services (such as primary care, education and generic youth services).
25. Easy routes to accessing services, such as free and confidential helplines, are an important part of the support which this group of children need.
26. It can be very hard for children to talk about parental alcohol misuse; however, children have told us some of what they need in order to get help. Children want a patient, empathetic and sensitive

approach, based on trust, in which someone who is helpful, caring and encouraging recognises their circumstances and takes the time to get to know them.

27. Services for children experiencing parental alcohol misuse need to extend beyond childhood and support young adults, many of whom need additional support with issues after parent(s) are receiving treatment and after they have left the family home.

### ***The policy context***

28. Over the last 10 to 15 years there have been improvements in policy in terms of recognising and attempting to respond to children affected by parental substance misuse in the UK. Despite this, there remain major limitations to the progress made.
29. Addressing the lack of prevalence data in this area may serve to give greater policy recognition to the issue of parental alcohol misuse.
30. The current family-focused agenda does not address parental alcohol misuse at a strategic level. There is a lack of alcohol specific focus. Similarly, there is less recognition, and response, to alcohol misuse, compared to drugs misuse. The need for a campaign similar to *Hidden Harm* for alcohol has been championed before – by agencies including Turning Point, The Children’s Society and Alcohol concern – and may be beneficial.
31. The emphasis within policy on children at risk, and on the most vulnerable or ‘troubled’ families is welcomed. However, the number of children who can be affected by parental alcohol misuse is likely to be a far greater group and policy must achieve a finer balance to also consider the needs of *all* children who can be affected by parental alcohol misuse, many of whom will be ‘in need’.
32. Harms associated with parental alcohol misuse are not necessarily correlated with the level of alcohol consumption. Policy must ensure that it does not take a narrow focus on parents who are dependent drinkers, but that it considers how to best support *all* children who may be affected by a range of patterns of parental alcohol consumption, including dependent drinking but also, for example, binge or harmful drinking.
33. Parental alcohol misuse often co-exists with a range of other problems. For example, children may be more adversely affected by family disharmony, conflict and violence but children make very clear links between this and parental drinking. Greater integration of different areas of policy, to consider the issue of parental alcohol misuse and the development of a more consistent response across policy, is needed.
34. Policy has focused largely on young children; however, for many growing up with parental alcohol misuse problems may continue into their young adult life. Policy development needs to take a broad enough scope to encompass this.
35. In an ever changing climate it is unclear which Government department should take the lead with this issue, how Government departments should work together to develop the best response, or which areas of policy should be targeted in order to give the issue of parental alcohol misuse greater policy attention.

## Recommendations from the Children's Commissioner

This review has highlighted the child's experience in living with parental alcohol misuse. We have attempted to capture the voices of children themselves – the 'silent voices' - throughout, so bringing a fresh perspective and, it is intended, renewed focus on the consequences of this problem for them. Many of the findings are not new but that makes it all the more concerning that there is only gradual development in service provision and that there continues to be insufficient focus on the problem. It is clear that this is a sizeable problem affecting many children, among them some of those most at risk but all of whom are potentially children in need. The difficulties in establishing the exact size of the problem should not prevent those responsible for policy and practice from addressing the needs of children directly and together with their families.

At a time of great changes in health service commissioning, of developments in programmes to address 'troubled families', of changes to statutory guidance on interagency working and of pressure on all services due to funding cuts, it is essential to highlight the significance of this problem.

The high level of 'hidden harm' continues, confirming children's experiences that alcohol use is not taken so seriously as drug use although it is a much greater problem. Children have expressed their frustration at the way that alcohol use is portrayed and there are many in this field who agree that cultural issues with regard to alcohol use lie behind the failure to take this problem seriously. The Office of the Children's Commissioner will ensure the dissemination of the findings from this review and will take forward the issues for the policy agenda over the coming year. Some specific recommendations are made here in respect of research, practice and policy:

### 1. Policy recommendation

That Government and local policy makers give as much attention to alcohol misuse as to drug misuse within policy programmes on parental substance misuse, focus alcohol policies on children and families and not just on health and crime issues, and address the problem of parental alcohol misuse directly through family and related policy programmes.

This will be demonstrated by the following:

- a) Policies and strategies at all levels focus more strongly on the wide group of children in need of support as a result of parental alcohol misuse and not only on those in need of protection.
- b) Policies and strategies take into account the impact on children who may be affected by a range of levels of parental alcohol consumption and not just dependent drinkers.
- c) In the development of policies and strategies at local and national level, the links between parental alcohol misuse and domestic violence are taken into account.
- d) Local Safeguarding Children's Boards and newly developing Health and Wellbeing Boards ensure that the issue of parental alcohol misuse is well understood in their local area and that the needs of children and families are addressed in planning and commissioning services, utilising the Joint Strategic Needs Assessment.

### 2. Practice recommendations

We look to the Government to encourage local service commissioners and providers, including those in health, social care and other related services, to seek to find ways of improving the delivery of services on the basis of the findings of this report. This would include addressing the following:

- a) All those involved in working with children are vigilant about problems related to parental alcohol misuse and try to understand what may lie behind troublesome and apparent coping behaviour so that children may feel more encouraged to seek help and their needs are identified.
- b) All local areas seek to develop and build on existing effective approaches to inter-agency and partnership work and find ways to reach those children and young people not known to services.
- c) Services to children, both directly and together with their families, be increased and include earlier intervention and outreach, drawing on the research into effective approaches. Services

should engage with children from the outset in order to respect their views and respond to their needs and should combine practical and emotional support.

- d) Relevant training for all professionals who engage with children is made available, both as part of basic professional training and of ongoing learning.

### **3. Research recommendations**

That there is follow up of the following areas in particular, together with the greater involvement of children and young people in research, service development and evaluation, would enhance the understanding of how best to respond to children's needs:

- a) Children's experience: the specific impact of parental *alcohol* misuse as distinct from other substance misuse; the impact on groups of children about whom little is known; the impact of different levels and patterns of consumption of alcohol by their families; how children are affected by a combination of parental alcohol misuse and domestic violence.
- b) Protective factors and resilience: longitudinal research which looks into how protective factors and processes operate over time.
- c) Meeting needs: further evaluative research into how services can benefit children and families; studies into how the response of universal services might be improved.



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- Sarah Hargreaves: Head of Division, Youth & Community, De Montfort University.
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