



# UNTOLD DAMAGE

children's accounts of living  
with harmful parental drinking

## Scottish Health Action on Alcohol Problems (SHAAP)

SHAAP was established by the Scottish Medical Royal Colleges and Faculties to raise awareness about alcohol-related harm and to advocate for evidence-based policy measures formulated by public health interests to reduce this harm. A key priority for SHAAP is to highlight the impact of harmful drinking on people other than the drinker and in particular, the impact on children and young people.

## ChildLine in Scotland

ChildLine in Scotland offers a free, 24-hour confidential telephone helpline for any child or young person with any problem. ChildLine provides a counselling service to around 30,000 children and young people every year. The majority of calls are from children between the ages of 11 and 15 years. Volunteer counsellors listen to children and young people and offer support, advice and protection where appropriate. The service aims to give voice to the children and young people who contact ChildLine to talk about the issues that are affecting their lives. In Scotland the service is delivered by Children 1<sup>ST</sup> on behalf of the NSPCC.

## Authors

Alison Wales, Policy Officer, ChildLine in Scotland

Dr Evelyn Gillan\*, Project Director, SHAAP

with Louise Hill and Fiona Robertson

\* associate researcher, Centre for Research on Families and Relationships

## Acknowledgements

Professor Kathryn Backett-Milburn, Co-Director, CRFR, provided detailed comment on the final report as did Dr Bruce Ritson, chair of SHAAP. NSPCC's ChildLine Services and Strategy and Development functions provided support and commented on the final report. Harriet Dugmore, Information Analyst, Children's Services Information Department, provided extensive support with data extraction and Laura Sheffield, Policy Support, ChildLine in Scotland assisted with data analysis. Thanks also to ChildLine in Scotland volunteers and counselling staff for sharing their experience over many years of supporting children and young people affected by harmful parental drinking.

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# 1. Executive Summary



## 1.1 Introduction

This report highlights the findings of a collaborative research study undertaken by Scottish Health Action on Alcohol Problems (SHAAP) and the NSPCC's ChildLine in Scotland service to explore children and young people's experiences of harmful parental drinking and the concerns they express about the impact this is having on their lives. The research follows on from an earlier study by the Centre for Research on Families and Relationships (CRFR) which found that the most frequent concern for children talking to ChildLine in Scotland about the health and well-being of their parents and significant others was parental alcohol problems.<sup>i</sup> Alcohol is by far the most frequently mentioned problem for a 'significant other' that children talk about when calling ChildLine across the full range of problems.<sup>ii</sup> In undertaking this study, SHAAP and ChildLine did not seek to replicate earlier research but instead to explore this key finding further and gain deeper insight into children's concerns and experiences in relation to harmful parental drinking.

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- i. Ogilvie-Whyte, S., Backett-Milburn, K. and Morton, S. (2005) Children's concerns about the health and wellbeing of their parents' and significant others'. Research Briefing No. 22 CRFR, The University of Edinburgh. Available online: <http://www.crfr.ac.uk/Reports/rb22.pdf>
  - ii. The issues children talk to ChildLine about are recorded under problem categories, for example 'bullying', 'physical abuse', 'family relationship problems'. When a child talks about a problem that *another person* is experiencing but which is also affecting them, it is recorded using the same problem categories, but as a problem for a 'significant other'. The 'significant others' that children talk to ChildLine about regarding alcohol use in this and in the above-mentioned CRFR study include friends (including boyfriends and girlfriends), wider family and others – but are most commonly parents. The breakdown of all problems mentioned by children as affecting significant others across all calls between 1st April 2008 and 31 March 2009 shows that alcohol is by far the most frequently mentioned problem for a significant other that children talk about, representing 20% of all 'significant others' problems.



## Descriptive Terms

**Harmful Drinking:** There are specific public health definitions of 'hazardous' and 'harmful' drinking used by World Health Organisation (WHO) and others but these definitions are not invoked in this study. The term 'harmful drinking' is used to reflect the perceptions of the children and young people in this study who talked to ChildLine about parental alcohol use and the impact it has on their lives. Children give accounts of experiences of emotional and physical harm which they associate with parental drinking and it is therefore children's own descriptions of harm that inform the use of the term in this study.

**Parental Harmful Drinking:** References throughout this report to parental harmful drinking should be taken to cover harmful drinking by carers or other adults with parental responsibilities, as well as birth parents.

**Children:** References throughout to children should be taken to refer to children and young people under the age of 18 unless otherwise stated.

## 1.2 Policy Context and Evidence Base

Reducing alcohol-related harm has been identified as a public health priority by the Scottish Government, the Westminster Government, the European Parliament and the World Health Organisation (WHO). A global strategy to reduce the harmful use of alcohol is underway with a special emphasis on an integrated approach to protect at-risk populations, young people and those affected by the harmful drinking of others.<sup>iii</sup> In Scotland, the Government has announced a range of alcohol control measures aimed at reducing alcohol consumption in the whole population and has identified the need to improve identification and assessment of children affected by parental substance misuse.<sup>iv</sup>

### Increasing Consumption and Harm

Over the past 50 years, alcohol consumption in the UK has doubled, rising from 5.7 litres of pure alcohol per person (16+) in 1960 to 11.53 litres in 2007.<sup>1</sup> In addition to consuming more alcohol overall, another significant change in drinking behaviour is



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iii. Global alcohol strategy due to be submitted to World Health Assembly 126th session in January 2010.

iv See *Changing Scotland's Relationship with Alcohol: a framework for action*, Scottish Government, 2009.

the shift away from drinking outside the home to more drinking at home.<sup>2</sup> Just over half of alcohol sold is now consumed at home and the drinks people are drinking at home are stronger with 60% of the pure alcohol consumed drunk at home. The most recent survey data estimates that 44% of men and 36% of women in Scotland exceed the recommended daily drinking limits on their heaviest drinking day in the past week with 27% of men and 18% of women reporting drinking double the recommended limits.<sup>3</sup> The estimates are based on self-reporting survey data which is known to underestimate adult consumption levels<sup>4</sup> thus confirming that the number of people drinking to excess in Scotland represents a significant percentage of the population. Consumption data also confirms that excessive drinking is not limited to a particular social group but is widely embraced across social class and gender.<sup>5</sup>

Concerns about excessive drinking were outlined in the Scottish Executive's *Plan for Action on Alcohol Problems* (2002),<sup>6</sup> the updated Plan (2007)<sup>7</sup> and the Scottish Government's *Alcohol Framework* (2009).<sup>8</sup> Research findings from numerous scientific studies directly link per capita alcohol consumption with the burden of alcohol-related harm in a population.<sup>9</sup> What the evidence demonstrates is that changes in per capita consumption are reflected in changes in harm. In other words, the more alcohol a nation consumes, the greater the burden of harm it will experience, and vice versa.

## Harm to Others

Increasing attention is being paid to the harm alcohol causes to people other than the drinker, sometimes referred to as 'third party damage,' 'collateral damage' or 'passive drinking'. WHO defines health as a "state of complete physical, mental and social well-being" and has recognised that the intangible social costs of alcohol consumption include the pain and suffering brought to a family by a member's drinking which can adversely affect the quality of life of the non-drinking family members.<sup>10</sup> It is estimated that each problematic user of alcohol will, on average, negatively affect the lives of two other close family members.<sup>11</sup> The WHO/Europe Declaration on Young People and Alcohol (2001)<sup>12</sup> states that all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption:-

*The negative effects of excessive drinking on non-drinking family members, and particularly on children, remain a cause for concern and have to be considered a pertinent public health issue.....Children are the most severely affected, since they can do little to protect themselves from the direct or indirect consequences of parental drinking (WHO 2001: 4/6).*

The most recent estimates suggest that approximately 30% of children under 16 years in the UK live with at least one binge-drinking parent.<sup>13</sup>



Reducing overall alcohol consumption in the population is therefore likely to have a direct, beneficial effect on these children's lives. The relationship between overall alcohol policy and improving outcomes for children and families was highlighted in the report *Alcohol Problems in the Family*<sup>14</sup> presented to the European Union in 1998:

*In reality, alcohol problems in families are affected by the same factors as affect alcohol problems in general: at both the individual and the population level, the likelihood of experiencing such problems increases with the amount of alcohol consumed and with the frequency of intoxication. Policies that increase alcohol consumption are thus likely to increase family problems, problems that can impair and destroy families.*

*Equally, family influence and family break-up can increase the likelihood of alcohol and other substance abuse problems in both adults and children. For these reasons, policies that reduce alcohol problems are likely to strengthen and support families, and policies that strengthen and support families are likely to reduce problems. (1998:62)*

Harmful parental drinking can dominate family relationships, affecting children both physically and emotionally and the impact will depend on the severity of the parent's problems and any protective factors being in place.<sup>15</sup> For the majority of children, parental harmful drinking has a negative impact on their lives<sup>16</sup> with an increased risk of developing alcohol problems themselves later in life.<sup>17</sup> Despite this adversity, many children who live with parents who are drinking harmfully will grow up to be successful adults thus it is important to recognise that the impact on every child within every family can be different and there is no simple negative trajectory.<sup>18</sup> Many parents will try to care for their children to the best of their ability. However, for some parents, harmful drinking can seriously affect their ability to care and respond appropriately to a child and this can have negative consequences for children's social, emotional and physical development.<sup>19</sup> There is often a 'loss of childhood' where children's roles change because of a lack of positive parenting or because the child has to look after parents or siblings.<sup>20</sup> Parents' attempts to regain their parenting role can be equally challenging for children in negotiating their identity within the family.<sup>21</sup>

In some families, alcohol can become the centre of family life disrupting routines and relationships hence maintaining children's routines can be an important protective factor.<sup>22</sup> Family celebrations can be disrupted by parents drinking and children have spoken about the stress and anxiety associated with events such as birthdays and Christmas rather





than happy memories.<sup>23</sup> Verbal and physical conflict in families where parents are drinking harmfully is common and there is a heightened risk for children experiencing abuse when living in families with alcohol problems and domestic abuse.<sup>24</sup> Many international studies have highlighted child abuse and neglect in families where there are alcohol problems although this does not reflect a causal relationship. The fear of violence when children are living with parents who are drinking harmfully emerges as a significant concern for children.<sup>25</sup> Living with parents who are drinking harmfully has a negative impact on children's emotional wellbeing and a key finding across the studies is that children feel anxious, upset, worried, fearful, sad and angry about their parents drinking.<sup>26</sup>

## 1.3 Summary of Main Findings

- A disproportionately large number of calls received by ChildLine from children concerned about a significant other<sup>v</sup> person's drinking come from Scotland.
- Children provide accounts of multiple negative impacts associated with harmful parental drinking including severe emotional distress, physical abuse and violence and a general lack of care, support and protection.
- Children generally understand their parents' drinking and the resulting diminished parenting capacity as contributing to their own problems and unhappiness.
- The vast majority of children who talk to ChildLine about harmful parental drinking have called the helpline to talk about physical abuse or family relationship problems.
- Children describe a wide range of physical abuse, ranging from one-off slaps to being punched and kicked. Most children describe on-going assaults and the vast majority of children relate the violence as happening when the parent is drunk or has been drinking.
- Children describe how family relationships are affected by harmful parental drinking as leading to verbal aggression and conflict. They provide accounts of their own isolation within the home and a general lack of parental attention and care.
- Chronic worry emerges as a corrosive presence in the lives of many children and young people living with harmful parental drinking. The emotional toll of constant stress, fear and anxiety appears to impact on their mental health and well-being.

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<sup>v</sup> The 'significant others' that children talk to ChildLine about regarding alcohol use include friends (including boyfriends and girlfriends), wider family and others – but are most commonly parents.



- Family separation and loss emerges as a potentially important contextual factor in parents' drinking with children often identifying these events as triggers for an escalation in drinking behaviour.

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- Children experience a 'double loss' if their relationship with the non-drinking parent is fractured and also if parental separation or bereavement has led to increased parental drinking.

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- Children living with harmful parental drinking can experience isolation outside the home with negative experiences at school and particular concerns about friendships.

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- Stigma and secrecy can prevent children from seeking help, as can fear of splitting up the family. Children may have less access to informal support due to fractured families and the impact of harmful parental drinking on friendships.

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- Children employ a range of strategies for 'getting by' including assuming practical and emotional caring responsibilities and getting out of the way of a drinking parent.

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- The service provided by ChildLine emerges as particularly important for children who have not told anyone and appears to be an integral part of the process of thinking about telling someone.

## 1.4 Implications for Policy and Practice

Given the extensive evidence base linking increased alcohol consumption in the population with an increase in health and social harm, the overall approach a government takes to alcohol policy is of fundamental importance in efforts to improve outcomes for children and young people. Improving outcomes for children is a central tenet in the Scottish Government's National Performance Framework<sup>27</sup> and across a range of policies including the *Early Years Framework*<sup>28</sup> and *Getting it Right for Every Child*<sup>29</sup>. A WHO review of 32 alcohol policy measures found that in terms of the degree of effectiveness, the breadth of research support, the extent to which they have been tested cross-culturally, and the relative expense of implementation, the most effective alcohol policies are controls on price and availability, drink driving laws and brief interventions for hazardous and harmful drinkers. Alcohol policies found to be the least effective include education, public service announcements and voluntary regulation by the alcohol industry. WHO has recommended that if these latter measures are used, they should form only part of a comprehensive strategy to tackle alcohol harm.<sup>30</sup> Thus an alcohol policy formulated by public health interests will seek to reduce risk factors and strengthen protective factors. Policy measures which impose controls on the price and



availability of alcohol are therefore central to improving outcomes for children and young people. And although alcohol may not 'cause' child abuse, harmful parental drinking is associated with an increased risk of abuse and neglect.<sup>31</sup> Consequently, policies that aim to reduce overall alcohol consumption in the population will improve the lives of children and young people who are experiencing abuse.

A key consideration in policy and service development is the difference in public and professional attitudes towards problems associated with alcohol and problems associated with illegal drugs. Since 2003, there has been greater public and political awareness of the needs of children of drug users. The Scottish Executive's response to *Hidden Harm* (2004)<sup>32</sup> was to widen the policy agenda in Scotland to include children of problem alcohol users. The phrase *Hidden Harm* encapsulates two key features of the problem: the children are often not known to statutory services and they suffer from harm through diminished parenting capacity, physical and emotional neglect and exposure to risk. Following on from *Hidden Harm*, there has been a recognition that children and young people are affected by parental harmful drinking and that action to address issues of children and young people affected by alcohol misuse needs to be fully integrated with wider measures to promote the well-being of children and young people e.g. *Early Years Framework and Getting it Right for Every Child*. There is also growing recognition of the extended spectrum of harm to children and young people associated with drinking in pregnancy and the Scottish Government has identified the need to sponsor research which will attempt to identify the prevalence of Foetal Alcohol Spectrum Disorders (FASD) in Scotland.

The Scottish Government's drugs strategy Road to Recovery (2008)<sup>33</sup> aims to ensure that local arrangements are able to adapt to a "whole population" approach for alcohol and to a "recovery" approach for drugs. There is an aspiration to strengthen the role of practitioners in universal and specialist services who see children affected by their parents' substance misuse at first hand and to strengthen the focus of adult substance misuse services on the needs of children and families. Given that consumption data confirms that drinking to excess is no longer a marginal problem but affects a significant percentage of the population across all ages and social classes, it is important that efforts are not focused solely on the most vulnerable families. Professionals working in universal services for parents and children require appropriate training and guidance on the impact of harmful parental drinking on children's lives to enable early identification and intervention. However, given that many children fear that talking about parental drinking will lead to family break-up and this means that they can be reluctant to seek help, intervention should include the provision of informal support. Service-providers should be aware of the potential for particular life events involving loss, separation and bereavement, to act as a trigger for an



escalation in harmful drinking. Greater support for families in transition would go some way to reducing the risk of people drinking more harmfully as a response to stressful life events. Similarly, professionals working in specialist substance misuse services need to be sensitive to the needs of the children and non-drinking family members of the adult service users. A recent review of local substance misuse services found that few had services in place for the children or families of the adult service users.<sup>34</sup> Alcohol treatment services may not be equipped to support children and non-drinking family members. Equally, family support services may not be equipped to deal with harmful parental drinking. The difficulties associated with identification and intervention when the substance is both legal and widely socially embraced was highlighted in the report *A Matter of Substance* (2007)<sup>35</sup> which concluded that whilst parental drug misuse and parental alcohol misuse have a similar impact on a child's physical, emotional and social development and wellbeing, the cultural acceptance and legality of alcohol had led to a more tolerant approach in policy-making and planning of services. It is important to recognise that the ubiquity and normalisation of alcohol can mask the severity of its impact on family life and this can make it difficult both for children to seek help and for services to provide appropriate services. Ultimately, children may be paying the price of the difference in public attitudes towards problems associated with alcohol and problems associated with illegal drugs.

## 1.5 Recommendations

### Alcohol Policy

1. The needs of children and young people affected by harmful parental drinking should always be considered within the overall context of adopting effective, evidence-based alcohol policy formulated by public health interests.
2. The public health approach to measuring harms caused by alcohol should encompass data on harm caused to people other than the drinker; there is a need to improve data collection and monitoring to obtain more complete information about the contribution of alcohol to divorce, family break-up, child neglect and other family problems.
3. Greater emphasis should be placed on gathering information on the prevalence and impact of harmful parental drinking on children and young people through data from children's hearings, the police, local authorities, NHS services and voluntary sector services.
4. Consideration should also be given to how we might gather data on children affected by harmful parental drinking who are "hidden" from statutory services.



5. Alcohol data should be disaggregated from drug data where possible to reflect the fact that unlike illegal drugs, alcohol is a legal substance that is cheap, widely available and broadly socially embraced across social class and gender.

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6. Alcohol policy should seek to reduce overall alcohol consumption in the whole population in order to reduce harm and impact positively on the lives of children and young people living with harmful parental drinking.

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7. Local authorities and Health Boards should be required to specify how they will make best use of universal and specialist alcohol services, including those provided by NGOs, to meet the needs of family members including children and young people.

## Services

8. A mapping exercise should be conducted by local Alcohol and Drug Partnerships to identify existing services (both statutory and voluntary) for children and families affected by another person's drinking to enable a needs assessment to inform local service delivery.

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9. The mapping exercise should seek the views of both service providers and service users to ascertain gaps in existing provision and seek views on developing family support services in non-stigmatising settings.

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10. Alternative models of support for people experiencing loss, bereavement and other major life events should be explored including informal community support structures.

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11. Children and young people should have access to both formal and informal support services including self-referral services to encompass helplines; in-school counselling; therapeutic support and emergency accommodation.

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12. Service responses should be age-appropriate with consideration of child protection thresholds and confidentiality issues. Expanding provision of, and improving access to, informal support services is particularly important in relation to older children.

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13. In relation to nursery and lower-primary aged children, expanding provision of nurture groups is particularly important.

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14. Service development should be linked to training of relevant professionals to ensure they are adequately equipped to intervene and support children and families affected by another person's harmful drinking.



15. Specific guidance should be produced by the Scottish Government on assessment and risk, information-sharing, judging appropriate intervention and, of particular importance, how service providers should address misuse of a substance that is both legal and socially acceptable.

## Education

16. An information campaign<sup>vi</sup> to raise public awareness of the impact of harmful parental drinking on children and the family should be developed and this should be supported by information for parents on accessing support, particularly in relation to major life events such separation, bereavement and job loss.

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17. Alcohol education in schools should be sensitive to the needs of children and young people affected by harmful parental drinking. Alcohol education should not be restricted to alcohol and health but should provide information about alcohol as a potential social problem and the ways in which alcohol can disrupt social, and especially, family relationships.

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18. Schools and other institutions and professionals having contact with children should be provided with the education and training necessary for identifying and supporting children affected by harmful parental drinking.

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19. Peer support schemes involving trained pupils and staff should form a core part of pupil support structures in schools.

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vi. It should be noted that, according to WHO, education campaigns are potentially of limited effectiveness if they are not tied in with other more effective measures such as controls on price and availability.



## 2. Study Description



### 2.1 Methods

This qualitative research explored in detail how children express their concerns about harmful drinking by parents, the impact it has on their lives and how they cope.

The study draws on information from different datasets as follows:

- 230 call records 2008 - 2009 (from ChildLine caller database)
- 78 enhanced case notes February – March 2009
- 4 ChildLine in Scotland volunteer focus groups involving 19 participants and 1 staff focus group involving 9 counselling supervisors – February/March 2009
- Call records 1999 - 2009 (from ChildLine caller database)

#### (i) Call Records 2008 - 2009

ChildLine's caller database comprises call records for every child who receives a counselling service by the helpline. Calls to ChildLine represent direct communication from children about the issues that concern them. For each child who receives a counselling service, ChildLine volunteer counsellors record a handwritten summary of the call, using the child's words where possible and this information is then entered into the caller database. The caller database was interrogated to identify the number of call records across the UK during a twelve month period from 1st April 2008 to 31st March 2009 where the caller talked about alcohol as a problem for a significant other person in their life.

This yielded 4027 calls across the UK. 2221 callers did not give a location.

Of the 1806 calls where location was given, a further search of the dataset identified that 258 of these callers gave Scotland as a



location.<sup>vii</sup> Twenty-eight records were excluded from the dataset as the ‘significant others’ that children talked about in these cases were not parents, carers or other adults with parental responsibilities (see appendix one for further details). The remaining 230 call records constitute the first of four datasets used in this study.

## (ii) Enhanced Case Notes

The primary role of the ChildLine volunteer counsellor is to listen to the child, offering support, advice and protection where appropriate. Whilst volunteers record the significant content of the interaction, including child protection information, call records do not represent a verbatim documentation of the call. This means that although the data contained in these records provides a unique insight into children’s lives, it is limited in detail. Hand written case records often provide more information about the call, most notably in areas such as outcomes of the call and the strategies that children have discussed<sup>viii</sup>. Nevertheless, they too provide only summarised information. In order to supplement the call records dataset and in an attempt to capture richer information about how children’s lives are affected by harmful parental drinking, ChildLine in Scotland volunteer counsellors were asked, for a four week period during February/March 2009, to take more detailed notes following calls from children who had concerns about a parent’s or carer’s alcohol use. The counsellors’ role is to listen to the child and let the child lead the caller process, and this did not change during the period of enhanced recording. However, during the four week data collection process, counsellors were asked to record more detailed case notes in ChildLine including, where possible, verbatim quotes from the caller.

The resulting ‘enhanced case notes’ dataset comprises 78 records that provide hand written call summaries of calls for a one month period where children across the UK expressed concerns about harmful parental drinking.

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**vii.** ChildLine has 14 bases around the UK, which together operate a 24 hour, 365 days a year service. When a child rings ChildLine their call will be routed to the nearest open base in which a counsellor is free. Unless a child specifies where they are contacting us from, ChildLine will not know the geographic location. So in all probability this figure (258) represents a significant underestimate of the numbers of children in Scotland who talked to ChildLine about harmful parental drinking, as it is likely that many of those who did not give a location were calling from within Scotland.

**viii** As from April 2009 and the introduction of the new on-line service at ChildLine across the UK, handwritten case notes are not kept separately from call records entered into the ChildLine database, which now comprise the complete record.





### (iii) CLS Volunteer Focus Groups

To supplement the caller records 2008/09 and enhanced case notes datasets, five focus groups involving volunteer counsellors and paid helpline supervisors took place at bases across Scotland. All volunteer counsellors at ChildLine in Scotland were invited to take part. The nineteen volunteers who participated comprised of eighteen women and one man, who had between six months and eight years experience of working with children on the ChildLine in Scotland helpline. The staff focus group took place in Glasgow and involved nine counselling supervisors from the ChildLine in Scotland base in Glasgow.

The above three datasets were analysed (see appendix for further details) to identify the main themes emerging from the accounts that children and ChildLine counselling volunteers provided of the impacts of harmful parental drinking on children's lives. The findings from the analysis of the three datasets constitutes the main body of this report.

### (iv) Call Records 1999 - 2009

Comparisons between call numbers from locations across the UK in the call records 2008/09 dataset, suggested that children calling from Scotland are over-represented in calls to the helpline about harmful parental drinking. To explore this further, a fourth data set comprising of 39,590 call records was extracted for analysis. This dataset represents all calls taken at ChildLine bases across the UK in the ten year period 1999-2009 where the caller mentioned harmful drinking by a significant other and where location was given.

## 2.2 Advantages and Limitations of Data

The previous study undertaken by CRFR noted that one of the main advantages of ChildLine's database was that it offered the potential to overcome communication difficulties that may arise during interaction between researchers and children. Calls to ChildLine reflect children's own agendas,<sup>ix</sup> and as many children who call the helpline will not have talked to anyone else about their problems, the ChildLine

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ix. No follow up calls were identified. However ChildLine cannot be certain that there are no repeat calls in the sample and in a very small number of cases, individual case records may represent calls from the same children.



database offers the opportunity to access previously 'hidden' children. The database therefore offers a unique insight into children's lives that would not necessarily be accessible using more traditional research methods. ChildLine respects the confidence of children and carefully considers the ways in which to represent the anonymised calls from children to ensure their voices are heard at national level. However, as the caller reports are recorded by different volunteer counsellors, the data are variable in detail and open to interpretation. The data are also limited to the extent that it does not contain a verbatim record of the call, providing only a summary of the significance of the call.

It should also be noted that as less than half the children who telephone ChildLine provide a location, the call records dataset does not represent a complete record of the number of children in Scotland who talked to ChildLine about harmful parental drinking between 1st April 2008 and 31st March 2009. There are potentially many more children with concerns about harmful parental drinking 'hidden' in the ChildLine caller database.

Although the enhanced case notes are in some cases more detailed than the call records, the same limitations apply in that there is variability of detail and it is possible that being asked to undertake enhanced recording in itself had an effect - the volunteer counsellors may have been more likely to pick up on harmful parental drinking.

With regard to the focus group data, the volunteer counsellors who participated represent a relatively small percentage of the overall number of volunteer counsellors working in ChildLine, albeit that some have many years experience of volunteering on the helpline. Despite these limitations, the analysis of the datasets, taken together, provides a valuable insight into children's experiences of harmful parental drinking and the impact this has on their lives.



## 3. Findings



### 3.1 Who Talked to ChildLine?

#### Background - Call Records 1999 – 2009

In the ten year period between 1999 and 2009, 39,590 children across the UK talked to ChildLine about harmful drinking by a significant other person in their lives. Of these children, 14,172 gave a location. The table below shows a breakdown of these calls by location and in relation to the child populations of the country. As shown, the calls where Scotland was given as a location over the 10 year period as a proportion of the child population is double that of other parts of the UK.

**Table 1.**

**Four country breakdown of calls to ChildLine 1999 - 2009 where alcohol is a problem for a significant other (SO) in the child's life**

UK country/ region	Total calls where alcohol is a problem for a SO and where location given	Child population (based on 2007 popn estimates for people aged 18 and under)	Calls to CL as a % of child population
England	10,687	11,664,688	0.1
Scotland	2,052	1,047,407	0.2
Wales	828	677,659	0.1
NI	605	456,377	0.1



## Description of the Sample - Call Records 2008 – 2009

Between 1st April 2008 and 31st March 2009, 4027 children talked to volunteer counsellors about a significant other's harmful drinking.<sup>x</sup> Of the 4027 callers, 1806 (45%) gave their location as follows:-

**Table 2.**

**Four country breakdown of calls to ChildLine 2008/09 where alcohol is a problem for a significant other**

England	1383
Scotland	258
Wales	107
Northern Ireland	58
Country unknown	2221

Again the number of calls where Scotland is given as a location would seem to be disproportionately high. For example, given that the child population of England is more than 11 times that of the child population of Scotland, it would be reasonable to expect that the number of calls from children where alcohol is a problem for a significant other would be in a similar ratio. However, the number of calls from children in Scotland in 2008/09 was over a fifth of the number of calls from children in England, whereas the calls from Northern Ireland and from Wales, as against calls from England, are roughly in direct proportion to child population figures.

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- x. When a child talks to ChildLine about another person's problem that is impacting on their life, this is recorded as a problem for a 'significant other'. The vast majority of children who talk about harmful drinking by a 'significant other' are talking about their parents or carers. Smaller numbers of children also talk to ChildLine about other people's harmful drinking, including partners, other relatives and friends.



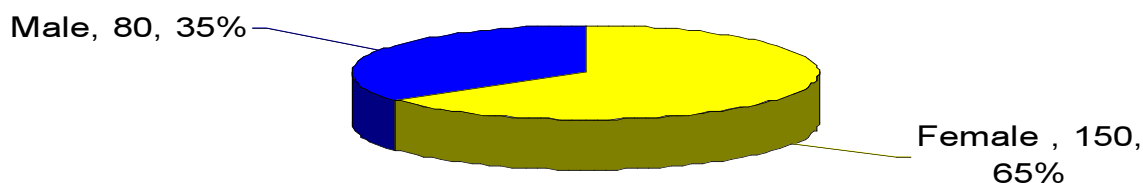
## Gender and Age of Callers

As described in the methods section, of the 258 children in Scotland who spoke to ChildLine about harmful drinking by a significant other, 230 talked about parental harmful drinking. Just over a third of these 230 callers were male (35%) and around two thirds female (65%) reflecting the gender breakdown of all calls from children answered by ChildLine across the UK.<sup>xi</sup>

**Table 3.**

### **Calls to CL from children in Scotland about harmful parental drinking**

#### **Number of children calling ChildLine from a Scottish location to talk about another person's alcohol use between April 2008 - March 2009**



Around two thirds of callers (65%) were aged between 12 and 15 years old. The average age for males calling ChildLine is 14 years old with females on average calling earlier at 13 years old. The number of callers increases by age and begins to decline after children are fifteen years old. More females phoned ChildLine at younger ages whereas males called at older ages. The youngest caller was five years old (and had been given the phone by a cousin) and the oldest caller, where known, was 18 years old. Eight children did not provide an age.

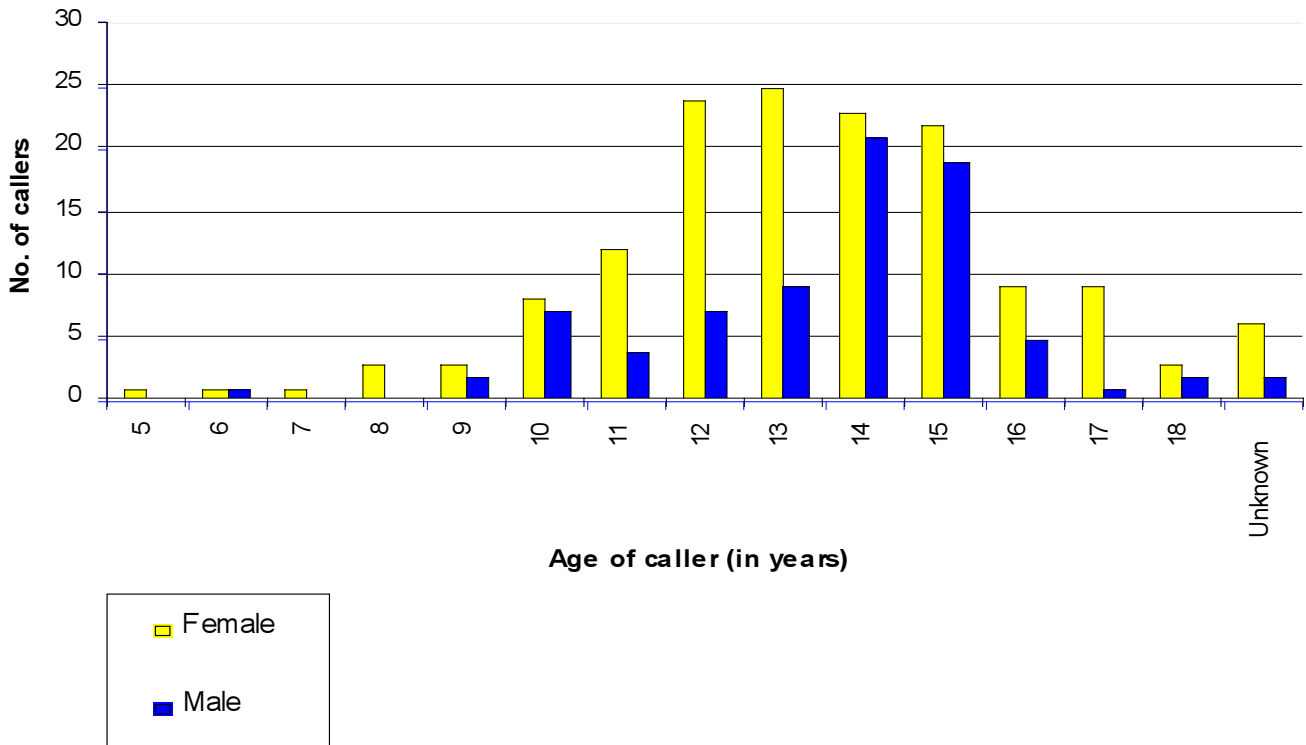
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<sup>xi</sup>. In the year 2008 – 2009 the ratio of calls answered at ChildLine across the UK was two female callers to every one male caller



**Table 4.**  
**Gender and age of callers**

**Gender and age of children calling ChildLine from a Scottish location to talk about another person's alcohol use between April 2008 -March 2009**

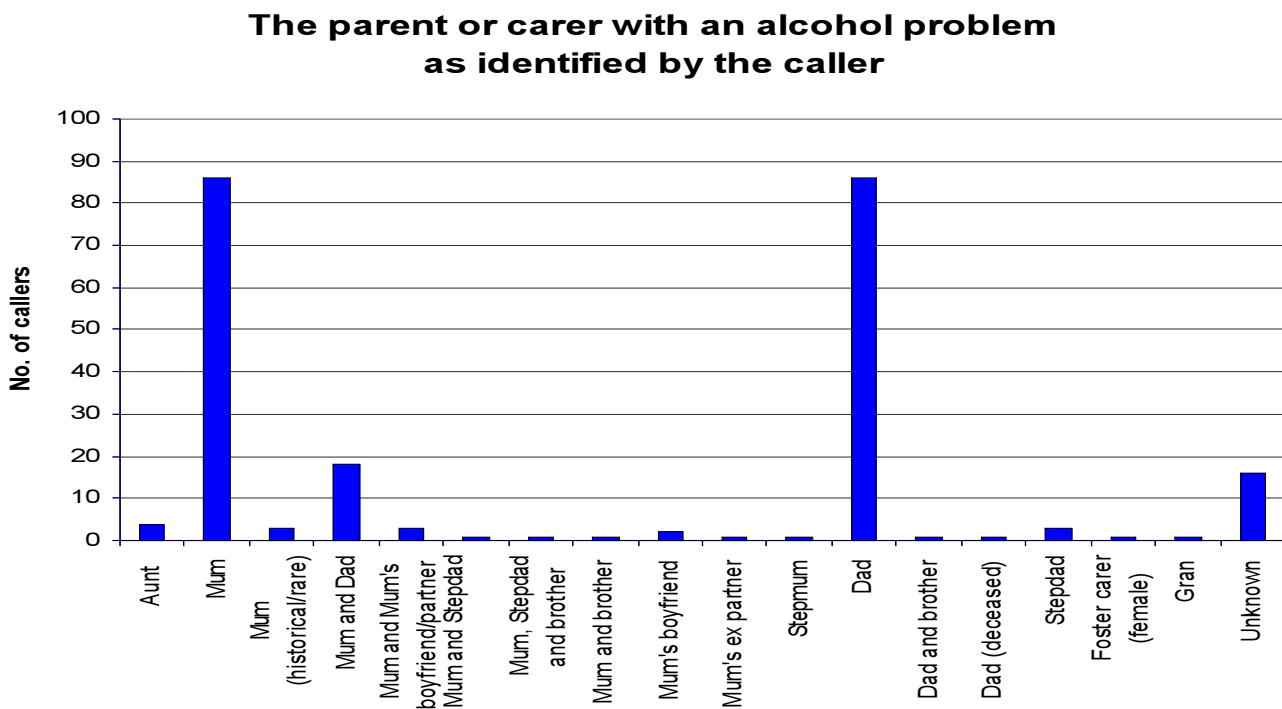


**The people callers identified as drinking harmfully**

Over four fifths of callers identified birth parents as drinking harmfully (84%). Children's terms for describing parents have been used to presume 'Mum' is a birth mother and 'Dad' is a birth father. Children used 'stepdad', 'Mum's boyfriend' to indicate other relationships. There were an equal number of birth mothers (38%) and birth fathers (38%). Furthermore, 18 children identified both a birth mother and birth father with an alcohol problem (8%).



**Table 5.**  
**Named person drinking harmfully**



This pattern was repeated in the enhanced case notes dataset (ii) with roughly equal numbers of calls about mothers and fathers drinking and a small number of calls (eight) where both parents were drinking. Volunteer counsellors also confirmed the pattern, estimating that they generally received similar numbers of calls about mothers and fathers. This is perhaps surprising given the greater numbers of men in the population who are drinking harmfully in comparison to women. However, it may simply reflect the fact that as often women assume the bulk of caring responsibilities in the family, children experience a more direct impact of any reduction in their mother's parenting capacity in comparison to fathers.

Children identified a range of other adults who were drinking harmfully, most commonly the birth mother's partner. There were no phone calls in the dataset from children worried about a birth father's partner. Other adults included Aunts, a foster carer and a Gran who were all primary carers for the child. One child was upset about her Dad dying from an alcohol-related medical condition and another about a Mother's ex-partner's alcohol use.



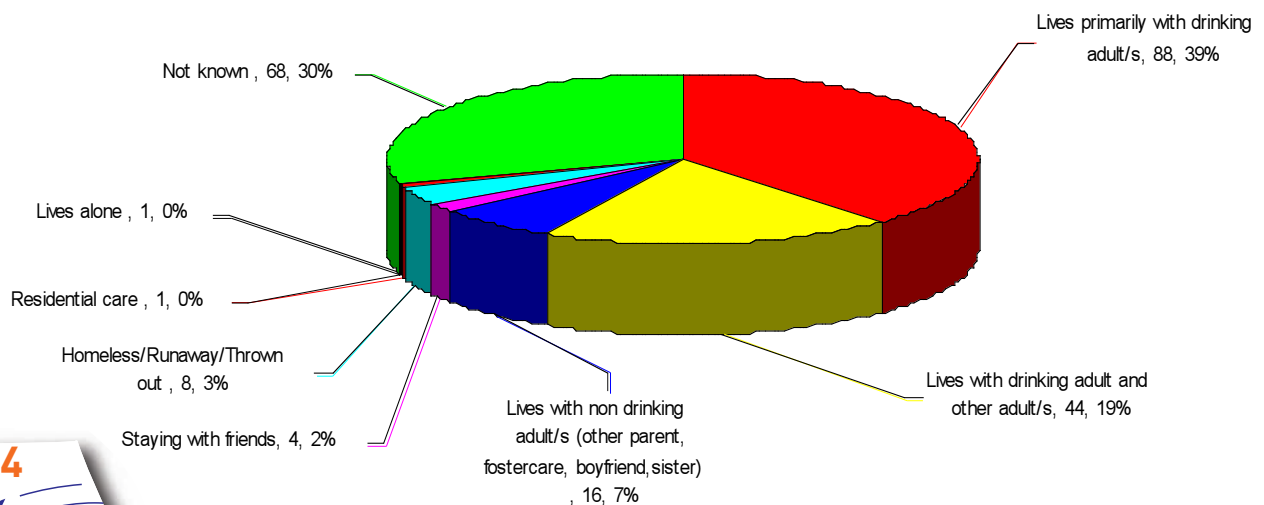
## The living circumstances of the callers

Over half of the children calling (57%) were currently living in the same household as a parent who was drinking harmfully. However, just under a third of callers did not share any information about their current living circumstances. This is not unusual as many children who talk to ChildLine do not share details of who they live with. It is likely that a significant proportion of these children would be living in the same household as at least one parent drinking harmfully.

Twelve children (5%) were in temporary living circumstances having left home, 'been thrown out', staying with friends or identified as 'homeless'. The narratives suggest a strong connection between the impact of parents' drinking and this situation. It appeared that some children lived partly with other relatives, especially grandparents. Some children spoke about 'going to Gran's house' when the situation felt unsafe at home. Seventeen children (9%) were affected and concerned about parents' harmful drinking even when they no longer lived with the adult. A proportion of these children were 'looked after' and accommodated by the local authority and spoke about their upset about their parents' harmful drinking. One boy phoned because he was being bullied in a residential school and was sad that he couldn't return home to his parents who were drinking heavily.

**Table 6.**  
**Current living circumstances of callers**

**Current living circumstances of children phoning with a concern about another person's alcohol problem**





## 3.2 What Did Children Talk About?

The research sought to explore how children and young people express their concerns about harmful drinking by parents; the impact it has on their lives and how they cope with their parents' drinking. This section of the report discusses the main themes to emerge from the analysis of the three main datasets ( i, ii and iii).

### Multiple Problems and the Role of Harmful Parental Drinking in Children's

Children rarely call ChildLine about a single issue and are likely to talk about several, often inter-connected issues (or 'layered concerns') during the course of a call. This presentation is confirmed in this study with parental alcohol use almost never being the sole reason for children calling ChildLine, but rather forming part of the child's narrative alongside a number of problems talked about in the course of the call. The most common problems children talked about alongside harmful parental drinking were difficulties in family relationships and physical abuse.

Enhanced case notes provide more detailed information about the range of problems children describe during calls where harmful parental drinking is a factor. For example, one girl describes a chaotic life with burgeoning problems in ChildLine including suicide attempts and self harm, and talks about having been taken into care because of parental alcohol misuse, physical abuse and neglect. Another caller contacted the helpline because she was 'not feeling that happy' since her parents split up. She is missing her dad and worrying about his drinking. A boy phoned because he had witnessed a crime and wanted to talk to someone about it. He had tried to talk to his mum but they argued and he ran out of the house. He wanted to go home but said his mum and her boyfriend had been drinking, as they often did, and would 'just shout at him'.

Children generally do not present parental drinking harmful as their main reason for calling the helpline. Whilst in a few cases it seems clear that children have called primarily to talk about their parent's drinking, the vast majority of children have called to talk about another problem and go on to talk about harmful parental drinking during the call. For example, volunteer counsellors and helpline supervisors in all focus groups were clear that alcohol was rarely the child's presenting problem, but often emerged during the course of a call. In many of their recollections, children were likely to be calling about the impact alcohol was having on their lives.



*I had a caller, a girl 14 or 15....living on her own with her mum, just the two of them. She phoned to say that she couldn't cope with looking after her mum. It was only towards the end of the call that she said that her mum was drinking at night and sleeping all day. She started the call saying that her mum was sleeping all day.....we thought that maybe her mum was ill but then it came out about the drinking and that she [mum] couldn't function during the day.*

#### **Focus Group (1)**

Although children rarely present harmful parental drinking as their main problem, the relationship between the problems they had called about and parental drinking was clearly apparent in the enhanced records. Parental harmful drinking was often described in direct relation to the issues children had called about and the juxtaposition between children's description of their problem(s) and their references to parental harmful drinking indicated that in many cases, children viewed their parents' drinking as an integral part of their problems. It was similarly apparent in the larger call record dataset that harmful parental drinking was seen by children as having a negative impact on their lives, with many children describing being upset, worried, angry or fearful about a parent or carer's behaviour.

*I don't really feel that happy. The problem is with dad and a little bit with mum. Split up last May, don't really get on that well. Fight quite a lot. Dad has a problem with drinking.*

*Worried about dad drinking too much. Thinks he might die.*

However, volunteers in focus groups also described a common presentation whereby children appear reluctant to talk about a parent's drinking but rather focus on the practical problems it is causing them (such as physical abuse or caring for their siblings) and want help with how they can 'fix' things. Volunteers and staff offered a range of explanations for this, notably children's fear that talking about a parent's drinking might 'get their parent into trouble' or lead to the family being broken up or them being taken into care. Another explanation given by both volunteers and staff was that for the child, the parent's drinking was 'normalised' and that for some children, they had become so used to the parent drinking that it was just how life was for them. It's perhaps unsurprising, given that ChildLine is a helpline, that some children are more interested in talking about the attendant problems and how to solve these, than about the drinking itself. If this is the case, however, it is likely that there are many more children affected by harmful parental drinking 'hidden' in the CL caller database.



Volunteers and staff also commented on the 'pro-alcohol' social environment and general 'normalisation' of alcohol in society which, they suggested, might at times affect their own response to children talking about parent's drinking.

*If they mentioned 'mum and dad were stoned' I would definitely pick that up. . . does it happen a lot? how often are they doing it? what else are they using?' But with alcohol it's got such a sense of normalisation that perhaps I would be less likely to pick up on it. If they mentioned that mum or dad were drunk I might not go so far with the exploration of it. The normalisation of alcohol is such that perhaps we don't realise our own attitudes will influence how we respond.*

Focus group (2)

## Violence, Abuse and Neglect

### Physical Abuse and Domestic Violence

The literature clearly identifies harmful parental drinking as a significant risk factor for child abuse and the relationship between physical abuse and a parent's drinking in calls to ChildLine has been previously documented.<sup>36</sup> This study strongly supports the evidence linking harmful parental drinking with physical abuse as in the majority of cases in datasets (i) and (ii), young people describe the abuse they experience as happening when their parents are drinking. Some children also give accounts of domestic violence and this again would support the evidence which identifies alcohol as a contributory and risk factor in domestic abuse.

*Dad had just hit him – it hurt a lot. Dad is downstairs drinking vodka. Says it happens a lot – nearly every day*

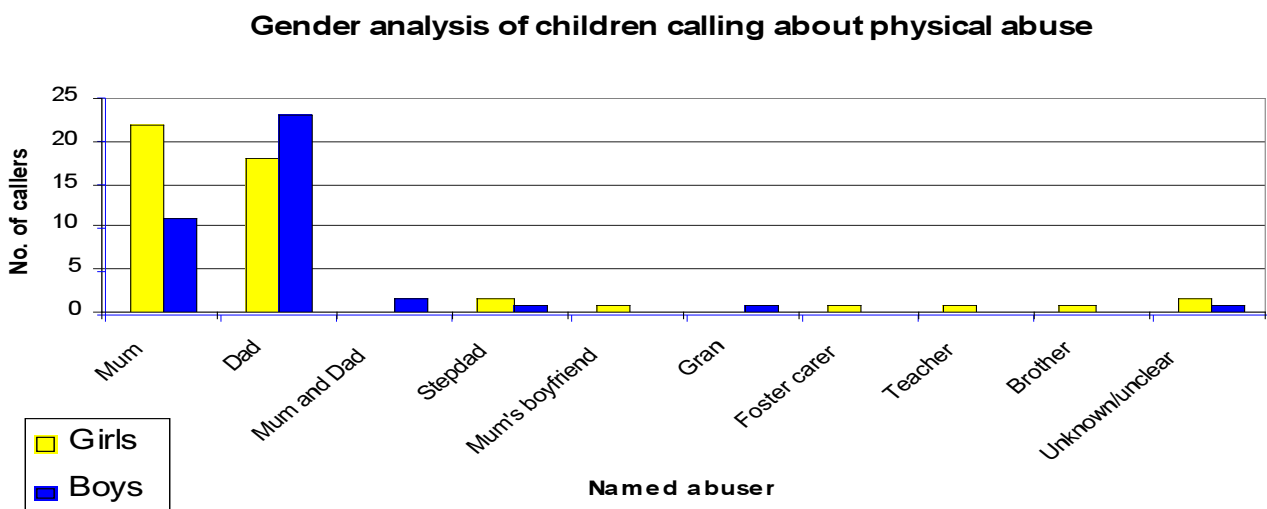
*Dad batters her and hits mum about. Dad took mobile and raided bedroom. Mum wears lots of makeup to cover bruises and she has started doing likewise. Police don't do anything about it; mum denied abuse when police were involved. Shouts at sister and is abusive towards her but has never hit her before. Dad smokes weed and comes home from work drunk.*

The analysis of the 230 call records showed that the most common problem that children called the helpline about was physical abuse, representing almost two fifths of all calls (87 children). A few children talked to volunteer counsellors about having been hit for the first time. However, for most children, the abuse they described was on-going.



The majority of children reported being abused by a person in the same household and most commonly a birth parent. Almost half of children reported being physically abused by a father (48%), just under two fifths by a mother (39%) and two children talked about being physically abused by both parents. Slightly more females (55%) than males (45%) reported physical abuse and girls were more likely to call about being physically abused by mothers (25%) than fathers (21%). Similarly, boys were more likely to call about being physically abused by fathers (26%) rather than mothers (13%).

**Table 7.**  
**Gender analysis of children calling about physical abuse.**



The majority of children spoke about physical abuse occurring after the parent had been drinking or having 'come home from the pub'. Although not all the children gave details of the abuse, the severity was apparent with some children describing being hit with sticks, belts, being punched, dragged across the floor and held by the throat. For a minority of children, physical abuse was occurring regardless of whether a parent was drinking or not.

The analysis of the enhanced case notes highlighted the extent to which young people understand the violence against themselves (and at times siblings and also the other parent), as being the result of their parent's drinking. These children may call ChildLine primarily because they are being physically abused – however they often clearly describe the abuse in terms of harmful parental drinking.



*When caller gets home from school, her mum will be drunk and will swear at her and hit her.*

*Dad was drinking last night. Came home and started an argument and tried to strangle him. Has happened before.*

## Sexual Abuse

Sexual abuse is amongst the top 5 problems that children and young people call ChildLine about. Previous research has documented the frequency with which children calling the helpline about sexual abuse also mentioned a significant other's alcohol problems<sup>37</sup> and this is again notable in the current study. The findings suggest that the ability of a parent to protect their children from another person may be reduced by their drinking behaviour, with this being especially prevalent where children were being sexually abused by another adult in the household and a parent was either unaware or unable to respond whilst drinking.

Thirteen children in dataset (i) gave accounts of sexual abuse happening when their abuser was drunk, or had been drinking, and related alcohol to the abuse. In other cases, it was not clear if alcohol was an on-going problem. For example, one caller made reference to her stepfather 'trying it on', and told the counsellor that she 'thought he might have been drunk'. Other children describe scenarios where they are being abused by someone, and the parent who is drinking harmfully is failing to protect them.

*Feel like ending my own life. My dad's sexually abusing me. Scared to tell anyone – he'd kill me. He doesn't live in the house but visits everyday. Mum's drunk most of the time and takes drugs.*

*Dad has been touching her. 3 times in the last month. Usually when he is drunk.*

Harmful drinking by both parents seems to add up to a particularly high risk home environment for young people and in particular, for young girls. Several girls who called ChildLine about sexual abuse talked about both parents drinking – and in one case also taking drugs. A few callers described high risk home environments where parents, friends and others were in the house drinking. In one case, a friend of the caller's parents had carried out the abuse whilst her parents drank downstairs.

*I ran away an hour ago. Mum and dad had been drinking all night. Had friends over drinking as well. Was sleeping in my room. Dad's friend took off my PJs. Not sure what happened. My body is hurting – down below is hurting.*



## Neglect

Twelve children in dataset (i) gave accounts of not having their basic needs met although it should be noted that only a minority may actually choose to mention this aspect of their problems. In this study, physical neglect most commonly involved children talking about not having any food in the house or no money for food (including money for school dinners) with children at times talking about being hungry. In some cases, children describe household money having been spent on alcohol, and one child describes stealing to pay for food. Children also talked about a lack of other basic needs in relation to harmful parental drinking including no money for school uniforms and a house with very little furniture. Being left alone in the house was of great concern to a number of children, who in most cases, related this directly to one or both parents being out drinking. In some cases, children described being afraid or scared of being alone and a few children talked of parents being away for long periods: a day or overnight.

*Mummy and daddy have gone to the pub – left me by myself. This happens a lot – caller gets scared in the house, sometimes can't sleep. Mum and dad come home and fling things about.*

Alongside children's clear descriptions of neglect, some children also talked about taking on a range of practical caring duties to meet their own or their wider families' basic needs. There was evidence in this study of children taking on a range of practical duties including shopping for food, housework, cooking and caring for younger siblings or at times a parent.

*I had a long call....2 hours...a young girl who was exhausted..... she was exclusively looking after her baby brother. The mother sleeps all day, goes out every night and she is left to look after the baby. She has to come home at lunchtime because the baby hasn't been moved, changed, anything. This child was quite angry, she said 'she doesn't care as long as she is drunk'.*

**Focus Group (1)**

## Emotional Impact of Harmful Parental Drinking on Children

As well as taking responsibility for practical duties, there is evidence in datasets (i) and (ii) of a few children having to deal with the emotional impact of harmful parental drinking within their families. There were a number of cases in the enhanced case notes and recalled in focus groups of girls, in particular, having to cope with what one volunteer described as the 'emotional fall out of their mothers lives'. Two girls talked about suicide attempts by their mothers. One of them, having had to deal with the immediate aftermath was now



chronically worried that her mother might overdose again. Another girl talked about her on-going attempts to calm her mother's emotional outbursts. Another talked about worrying about almost every aspect of her mother's life in a way that suggested she was often trying to 'manage' it. These cases and many more suggest that in some families, emotional support for a troubled parent can be very much the role of the child. Whether the child is shouldering practical responsibility, emotional responsibility or both, volunteers noted the particular toll on children of having to bear high levels of responsibility within families:

*These children have taken on this huge responsibility . . .if one things goes wrong then that can be very frightening. . .they are devastated. . .we do get calls from children who have been taking responsibility for a long time. . .and they are just exhausted.*

Focus Group (2)

## Worry

Tangible in some of these cases, and scattered throughout the datasets, is the extent to which children worry about their parent and potential problems associated with their parent's drinking. Worries expressed by children include concern about parent's health and wellbeing (including worry that their drinking parent might die), worry that parents will split up, concern about their own relationships with their parent(s) and concern about their parent's job. Volunteer counsellors also noted that some children worry a great deal about their parent getting into trouble for their drinking, or that the problem will lead to family break up - one of the key reasons children can be reluctant to seek help or support. As well as worry about parents, some children expressed concern about other issues, notably the health and safety of siblings who were not being taken care of, or who were at risk of being harmed by a drinking parent. A couple of callers also felt worried that they might 'turn out' like their drinking parent. It was very apparent from datasets (i) and (ii) that worry is a corrosive presence in the lives of many children who are living with harmful parental drinking.

*Caller worried about deteriorating mental health of her mother. Mother won't seek help and other family members seem unable to do anything. Mum also alcoholic. She and her brothers see father at weekend and he's aware of situation but doesn't offer help.*

## Fear

As well as concerns for their parents, there are many accounts of children expressing fear of parents and this is often described in relation to physical attacks and living in fear of these. Children describe a fear of the drinking parent which is associated with volatile and unpredictable



behaviour, although fear can also be related to other aspects of parental behaviour such as being left in the house alone whilst a parent is out drinking.

*A boy of 15 phoned one night...his parents had come in from the pub and his dad had punched him and he was outraged...he had books on the floor 'dad said what a mess and I'm tidying it up and he punched me'...and it went from him getting upset and crying to getting very angry and then being frightened...it was as if his dad was changing into something else.*

### Focus Group (3)

Some children also describe anger or in a few cases rage towards their parents, again most commonly in relation to physical abuse or the way they are being treated but also in relation to other things including anger at a parent for spending the household money on drink, anger at being left with caring responsibilities or simply anger about the drinking. More apparent in many cases than anger, however, is a general feeling of frustration – children being 'fed up', 'tired', 'sick of' the situation – and feeling helpless or powerless to do anything about it. Volunteer counsellors in particular note that children sometimes feel that they should be able to 'fix things' and experience a sense of failure when they cannot.

## Unhappiness

Unhappiness associated with living with harmful parental drinking is also highly apparent in this study. Children's descriptions of their feelings include feeling 'upset', 'unhappy', 'sad', 'down', with a few children using terms like 'depressed' and one child saying she 'did not like her life'.

*Caller had been kicked out of the house – in the park, going to sleep in woods – better than going home. Said he had just moved, had no friends. Said dad drinks a lot verbally abuses him and has done for years. Makes him depressed.*

A number of children indicated an impact on their self esteem, describing themselves as 'feeling like crap' and 'feeling like nothing'. Some children describe their unhappiness in an urgent way with one child feeling that she 'could no longer cope' and another feeling like she 'could not go on like this'.

A pent up, on-going sense of unhappiness or frustration due to harmful parental drinking or the consequences thereof, is also apparent in the relief that a few children express when they have spoken to someone. One caller describes feeling calmer and more relaxed after talking to ChildLine. Another describes feeling better having 'offloaded' and 'talked about things tonight'.





## Suicide and Self Harm

Emotional distress and anxiety are associated with self-harm. It is notable in this study that there were over 30 cases of children talking to ChildLine about self harming, feeling suicidal or both, in the call records and enhanced case notes datasets. A small number of children described self harming in the form of eating behaviour. Many children who talked about feeling suicidal, self harming or both described their feelings alongside traumatic events and gave accounts of what could be described as chaotic lives with little support. These calls included children who talked about being looked after and accommodated; being sexually and/or physically abused; having suffered bereavement; their own or a parent's mental health problems; family breakdown; expulsion from school and a court injunction against a parent. In some cases, the range of presenting problems and the limited recording made it impossible to untangle from the narrative what was going on in the caller's life and the relationship of parental harmful drinking to their problems. However parental drinking did seem to be a factor contributing to the chaos and misery. It was also notable in the enhanced case notes and call records that a number of children talked about a particular combination of problems: sexual abuse, feeling suicidal and parental harmful drinking.

*Because of abuse feels like ending her own life – felt like this for two weeks, was thinking about an overdose. Abuse was by her dad happened every day. Lives with mum and dad – mum rarely there and always drunk.*

Whilst the 'role' of harmful parental drinking was unclear in some calls about suicide and self harm, in other cases children talked about their self harming behaviour in response to their parents' drinking and its consequences.

*She self harms. Has been doing it for 1 year. She cuts her arms. She wears long sleeves to cover it up. She does this when she's angry. She is angry when her mother gets drunk. Her mother hits her when she gets drunk. She feels crap and her mother blames her.*

## Impact on Family Relationships

In the call records dataset (i), one in four of the 230 children who talked to ChildLine about harmful parental drinking had called the service to talk about family relationship problems as their main concern. Analysis of the data reveals a range of impacts on family life and relationships.

## Arguments and Family Conflict

Evidence from the enhanced case notes and call records (i and ii) reveal that, in the cases found above, there are many accounts of on-going conflict and arguments primarily between callers and their parents but



also between parents and partners and parents and siblings. Some young people also talk about conflict with the non-drinking parent which at times, seems to be related to the drinking parent.

*Mum doesn't let her see her dad that much... caller went to see him without telling mum. Dad was drunk and she was annoyed as he is not meant to be drunk when he sees me. Caller upset. Caller told mum who was angry with dad and angry with caller for going. Caller said her dad texted to say sorry. [She is] probably not going to see him for a while. Wants to be able to see him more.*

Children's accounts of conflict include references to 'shouting and swearing'; 'fighting'; parents 'saying upsetting things'; parents being 'verbally abusive' and 'aggressive'; parent's 'picking on' children and 'stress and arguments at home'. A number of children describe being thrown out of the house when their parent has been drinking. As with physical abuse, much of the arguing and verbal conflict appears to happen whilst the parent is drunk or after they have been drinking, with many children experiencing this as a regular aspect of their life. Whilst some children describe fighting or arguing with their parents it would also appear that a lot of the conflict relates to verbal abuse from the parent to the child, and quite a number of children describe it as abusive.

*I have trouble with my parents – dad drinks and mum works nights. He gets drunk and gets abusive, loses his temper and it's scary.*

In other cases, children describe parents arguing and fighting with each other – at times when one or both parents are drunk – but also arguments between parents about the drinking parent's behaviour for example, spending household money on alcohol. Several callers talk about the home being 'wrecked', 'smashed up' or parents throwing things when drunk.

## **Lack of Parental Attention and Emotional Care**

Just as apparent as relationships riven by conflict was a sense of children being 'isolated' from parental interest and care. This was especially talked about by the volunteers in the focus groups.

*There was low level persistent drinking by the mum and it became a problem...the children were fed, clothed...they weren't neglected but the children themselves...the gist of what [the caller] said was that the mum had withdrawn...it was an emotional loss. Although she was there functioning, she wasn't giving them the emotional support, the child felt that the mum is there...but she's not really there anymore.*

**Focus Group (4)**



There were a few children's accounts of family life in datasets (i) and (ii) which suggested little or poor communication between them and their parents; with some children describing not being listened to by their parent; their parent not talking to them or taking an interest in them. This was also identified in the volunteer focus groups.

*I had[ a call] last night – a 15 year old boy. He initially presented saying that he had no relationship with his dad. He said ' my dad doesn't talk to me, I have to do everything on my own'. There was only the two of them in the house and he felt constantly isolated. His mum had died a year ago.... . Half way through the call he started talking about his dad's drinking saying his dad only talked to him when he had been drinking and it was 'to shout at me and blame me for something I haven't done'.*

#### Focus Group (4)

Other children in the caller dataset expressed feeling un-loved, un-cared for or unsupported by their parent, with a few children talking about parents having told them they didn't care about them or want them and in some cases that they were 'to blame' for their problems.

### Family Separation and Loss

As detailed earlier in the report, information about family living circumstances is incomplete in the ChildLine caller database as this information is not routinely collected. However, family separation and loss is a clear strand running through this study. In both the call records and enhanced case notes datasets, children regularly talked about family breakup referring to their parents having split up, separated or divorced. Some children mentioned living with one parent, living with a step-parent or living with a parent's partner. Some children talked about living with other family members or partners and in a few cases children were living in care or with foster parents. It was noted in the call records that some children had particular anxieties about who to live with.

Bereavement also emerged as a significant issue for children who talked to ChildLine about harmful parental drinking with over 30 children in the call records and enhanced case notes datasets mentioning bereavement and several volunteers re-calling counselling calls where children had lost a parent. Most bereavement calls related to the loss of a parent but a small number of children talked about the death of a sibling or another relative. Children also spoke about other kinds of loss, including a parent losing their job or losing their health. Although 'layered' concerns are common across calls to ChildLine, it's important to highlight that many children are living with harmful parental drinking and the multiple impacts on their lives against a backdrop of family separation and loss.



It was not clear from children's accounts what role (if any) alcohol had played in family separation, although a small number of callers in the enhanced case notes related family breakdown to harmful parental drinking. What was clearer in both the call records and the enhanced case notes was that many children understand events such as separation, bereavement and other kinds of loss as acting as triggers to parental drinking or escalating alcohol use. Some children clearly saw an association between what had happened and how a parent was dealing with this event.

*Male caller worried about his mum and dad. Parent's have recently split up and now living apart. Mum is now drinking heavily in the evening.*

Volunteers also gave accounts in most focus groups of having worked with children who saw their parent's drinking as a response to separation or loss and a couple of volunteers stressed the extent to which some children 'understood' their parent's drinking as such. Whilst there were cases spoken about by volunteers of children feeling angry, disappointed or let down by their parent's drinking in these circumstances, there were also cases of children showing understanding and empathy – seeing their parent's behaviour in the light of their loss.

*One call I took from a 12 year old girl who said her dad was great in the morning when he got up but by the time she got home he had been sitting drinking all day. She kept saying what a great dad he was when he wasn't drinking and what a terrible time he'd had since her mum died.*

**Focus Group (1)**

## Double Loss

Volunteer counsellors in the focus groups described children who are dealing with both family separation or loss and harmful parental drinking as experiencing a 'double loss'. Volunteers also talked about 'double loss' where a child's relationship with their non-drinking parent is affected or damaged by the other parent's drinking. A small number of children in the enhanced case records talked about feeling that their non-drinking parent was not providing them with help or support, despite knowledge of the problem with the drinking parent. There were also a small number of cases where children felt their non-drinking parent was 'siding' with the drinking parent against them or where children felt their non-drinking parent was not sticking up for them. In

one case a boy talked of his mother simply telling him he had to defend himself when his father had been drinking.



*I can think of a couple of calls where they are phoning about their relationship with their mum and almost as a sideline you get the dad's drinking has broken the relationship with both parents...there's a double loss. They can be more hurt about the mum not doing something than about the dad's drinking .*

### Focus Group (3)

There were a small number of cases of 'tension' between children and the non-drinking parent over contact with the drinking parent or the drinking parent's family. In one case, a young girl describes her dad as being very hard on her, not trusting her and wanting her to have no contact with her [alcoholic] mother's family. There were also a small number of calls where children describe difficult or deteriorating relationships with their mothers since a new boyfriend or significant other (drinking) male has moved in to the house.

*Very upset at deteriorating relationship with mum. Mum gets on at her all the time. Slaps her and grounds her for trivial things. Does not trust her. Dad died two years ago and mum now has live in boyfriend. Caller gets on OK with him but when he drinks he swears at her and is verbally aggressive.*

## Patterns of Harmful Parental Drinking

Although no firm conclusions can be drawn from the data, it appears from the caller datasets (i and ii) that drinking mothers may be more 'present' within the home (physically at least) than drinking fathers. Whilst there are cases of children talking about both fathers and mothers drinking in the pub or at home, the impression is of dads coming home drunk, with 'the pub' clearly more of a feature when callers are talking about fathers drinking.

The picture in relation to the drinking patterns of mothers is less clear. Some callers do talk about their mother going out to the pub, however the callers' emphasis seems to be more on the mother going out, than coming home. The enhanced case notes however suggest a picture of mothers drinking at home (which doesn't seem apparent when children are talking about their father's drinking). A few young people talk about coming home from school to their mother being drunk – with one being scared to go to their mother's house after school in case she has been drinking. Other children describe their mother's drinking most of the day, or all day, or becoming aware that their mother is drinking a lot at night – in a way that suggests that the mother is drinking in the house, and that the drinking behaviour is observed by the caller.



## Impact on Children's Lives Outside the Home

Outwith the home children describe a range of problems, including problems with friendships, bullying and difficulties at school. In the focus groups, volunteer counsellors spoke about how isolated and lonely children living with harmful parental drinking can become, noting the extent to which caring responsibilities can stop children getting out with friends and doing 'normal' childhood things. Some volunteers also commented on how tired children could become by the levels of responsibilities they are shouldering, leaving them too tired or with no time to do other things.

*Mum and dad drink and fight; caller helps look after her gran sometimes but worries that if she's not at home things will get out of hand; gets headaches at school and has problems concentrating.*

Whilst going out can be difficult, inviting friends home can also be a problem for some children, who are striving to keep harmful parental drinking a secret or are too embarrassed about their parent's behaviour to invite people home. At times, it can be a combination of all of the above that will prevent children socialising with friends. The impact of harmful parental drinking on children's friendships is a particularly important issue. Friends are a crucial source of support for children with problems, emerging in the ChildLine caller database as the people children are most likely to have confided in across the range of calls about different problems. Children whose friendships or ability to make friends is compromised may be particularly vulnerable.

*If her dad was drunk when she came home from school she wouldn't invite her friends because she was ashamed. And she couldn't go out because she didn't want to leave her dad with her wee sister because he 'sometimes gets in bad moods when he's been drinking'.*

### Focus Group (5)

The stigma of harmful parental drinking can clearly impact on children's peer relationships in other ways, and a number of children talked about being bullied or made fun of. In some calls in datasets i and ii, bullying was clearly related to the stigma of a parent drinking harmfully whilst in others it emerged as another problem children were struggling to deal with against a backdrop of harmful parental drinking.

As well as bullying, a few children in the study mentioned a range of other issues impacting or with clear potential to impact on their schooling. A small number of children talked about being kept off school because of bruises or marks due to physical abuse. Some children talked about people noticing the bruises at school: a school teacher asking a caller about her marks had resulted in the girl talking to the school about her mother's alcohol



problem but not about the deeper problem of sexual abuse. A small number of callers talked about being kept off school for no reason, or to look after younger siblings when parent/s were not able to do so. A small number of children reported not having been to school for long periods of time – months and in one case a year. Disrupted sleep was a problem for a number of children with obvious implications for energy levels and ability to concentrate during school hours. Reasons for disrupted sleep included late night noise levels in the house (arguing, parents making noise after the pub, playing loud music etc). A small number of children spoke about not being able to sleep because they were scared of being in the house alone.

## How Children Get By

The range of physical, social and emotional problems that children living with harmful drinking parental can have to negotiate is clearly illustrated in this study. Throughout the datasets, children also describe the many different ways that they ‘get by’ on a day to day basis. In this there are many parallels with previously conducted research.<sup>36</sup> One of the most common ways that children ‘get by’ is by staying out of the way of the drinking parent. Children talked about leaving the house; staying away when they know things will be bad; staying in bedrooms; hiding in the house and in some cases locking themselves away when scared. One volunteer noted that *‘if [parents] are physically abusive or aggressive then (the children) are staying out of the way’*.

Some children take this ‘strategy’ further and stay with friends (including boyfriends and girlfriends), relatives and even neighbours, either temporarily or semi-permanently. In a few cases, young people have run away or are thinking about running away and in one case a young girl said she had gone into care and was glad she was in care because of her parent’s drinking and its impact on her life. However, interestingly, one or two young people also talk about wanting to get their drinking parent removed from the home and two children had called ChildLine to ask for help in going about this.

Staying away may not, though, always be an option for some children for a number of reasons. Volunteers pointed out that the tensions and fractures that harmful drinking can cause in families may mean children have more limited networks from whom to seek support, with some children identifying a lack of support or ‘estrangement’ from wider family. Caring responsibilities may also mean that children who are looking after siblings are less able to get away from the home situation. It is important to emphasise that the children in this study have called the ChildLine helpline about a wide range of issues and the strategies they describe are not limited to how they ‘get by’ in relation to harmful parental drinking but also relate to how they try to mitigate the effects of other problems that are often caused by the drinking. Children’s understanding of the relationship between specific problems and harmful parental drinking can itself be understood as a way



of getting by and can provide a rationale which helps a child to 'explain' why a parent is hitting them, or why a parent is not available to them when they need them.

Talking to someone they trust is a vital way for children to 'get by' and ChildLine counsellors often try to identify if children have spoken to anyone about their concerns and if so, to whom. Whilst this information is incomplete and is more likely to pertain to the main problem on a range of issues mentioned in the call, it is nevertheless of interest in understanding who children talk to about their problem(s). One hundred and twenty-five children in the call record dataset gave information about whether they had told someone about their problem(s). Forty-four children (35%) had told no-one. Of the 81 children (65%) who had told someone (or more than one person) friends were cited most often. This is a similar finding to the CRFR research. Friends as confidants is common across calls to ChildLine, underlining the extent to which children's problems can be shared amongst other children but hidden to the adult world. In terms of adult confidants, close female relatives were the only adults to emerge as confidants in this dataset, with 13 children having told their mothers and 12 their grandmothers. Grandparents, especially grandmothers, are noted as a particular source of refuge and support for children living with harmful parental drinking although this support can be fragile. One child spoke about no longer having somewhere to go when her parents were drinking because her Gran was now in hospital.

In the call record dataset, 25 children also reported that they had talked to statutory services (school staff in two thirds of these cases) about their problem. Whilst some children talked about teachers not believing them or not helping, school did emerge from the enhanced case notes as a potential source of support with several children making reference to staff trying to help in some way. Several children in datasets i and ii talked about the importance of their schooling/ studies/ 'getting on well in the future' - as a way of countering some of the negative aspects of their lives.

Talking to people is one way of getting by – but keeping problems hidden from public view also featured strongly as a way of children 'coping'. Volunteers noted during focus groups that guarding secrets about harmful parental drinking is important to children because of the stigma associated with it, evident also in children's calls about bullying and peer relationships. A number of counsellors identified social stigma and secrecy as a specific concern where children were from professional, middle class families.



*I remember one call.....a girl whose mum was a professional person....a lawyer or a doctor. They seemed quite a well-off family and there was this real embarrassment about her mum. And she was very clear that no-one should know.*

**Focus Group (4)**



Secrecy about harmful parental drinking was also related in volunteers and children's accounts to children's fear of 'getting their parent into trouble', breaking up the family or being taken into care. For this reason, ChildLine itself emerges as a particularly important service for children in talking things over. There is a strong sense from the focus groups and both caller datasets of children needing to talk to someone about what is happening to them. Some children directly expressed the sense of relief of having spoken to someone about their problems. Sadly, some children find relief in destructive ways with both datasets i and ii suggesting that children use self harm as a way of relieving stress and unhappiness associated with harmful parental drinking. In some cases, children have told volunteer counsellors that they are considering suicide as a 'solution' to their problems.

Whilst many children feel hopeless about the prospect of things changing, others retain hope that things might get better, that their parent might stop drinking and things will go back to how they were before. Volunteers in particular noted that some children feel they should be able to 'fix things' and use ChildLine in this way, hoping to find solutions. Whilst it is important to acknowledge that many children 'get by' by taking this kind of responsibility, it is equally important to stress ChildLine's role in relieving these feelings, reminding children at times that they are not responsible for their parents problems and helping them to explore other ways of coping and finding support.

### 3.3 Conclusion

This study confirms that harmful parental drinking impacts negatively on children's lives in a number of ways. Children provide accounts of severe emotional distress, physical abuse and violence combined with a general lack of care, support and protection as a result of harmful parental drinking. Children phoning ChildLine frequently have 'layered' concerns. Nevertheless, the findings indicate that many children understand their parents' drinking and the resulting diminished parenting capacity as contributing to their own problems and unhappiness. The findings support the evidence showing that harmful parental drinking is a significant risk factor for child abuse and also supports the evidence which identifies alcohol as a contributory and risk factor in domestic abuse. The ability of a parent to protect their children from another person may be reduced by their drinking behaviour. Harmful drinking by both parents seems to add up to a high risk home environment for young people and in particular, for young girls.

The qualitative insights from this study suggest that the emotional toll of constant stress, fear and anxiety associated with harmful parental drinking can have an impact on the mental health and well-being of children and young people. Of particular concern is the effect on children of living in a state of 'chronic worry' about the health and well-being of the drinking parent amongst other things.



Family separation and loss emerges as a potentially important contextual factor in parents' drinking with some children identifying events such as divorce, separation and bereavement as triggers for an escalation in harmful drinking. Consequently, many children are coping with the increased anxiety and stress associated with harmful parental drinking against a backdrop of parental separation and loss. Children experience the impact of harmful parental drinking even when the drinking parent is not the resident parent. Impacts include feeling worried about the parent and difficulties in contact arrangements. Some children describe difficulties in relationships with the non-drinking parent and these fractured relationships alongside the backdrop of family separation can result in children experiencing a 'double loss'. Children 'get by' in different ways including taking on caring responsibilities, trying to talk to parents about their drinking and, more commonly, getting 'out of the way' of the drinking parent.

The majority of children who talk to ChildLine about harmful parental drinking (and indeed across all problems) are aged 11 – 15 years old. They are often 'hidden' children, unknown to statutory services and in many cases having shared the difficulties they are experiencing only with friends or close family members, if anyone. The age range of these children indicates that they may be considered less of a priority for statutory services, from whom they are reluctant to seek support in any case. This suggests that there needs to be a range of support services, including self-referral services to enable children and young people to access support. Of particular importance is the need for informal support services in non-stigmatised settings. Understanding the coping strategies that children employ and what does and does not help, is important to enable service-providers to deliver age-appropriate support for children who are living in families where one or both parents are drinking harmfully.

The importance of the school setting in providing opportunities for self-referral to counselling and access to other sources of help cannot be overstated. For some children, school can provide respite from the problems at home. Education providers, careers advice services and training agencies have an important role to play in improving the life chances of children affected by harmful parental drinking. Children's fears about people finding out about their problems and breaking up the family also points to the importance of the helpline in the process of children beginning to open up about their problems and seeking support and practical advice on their situation.

There is a need to extend provision of safe spaces where children can talk about their problems as an integral part of improving outcomes for children and young people affected by harmful parental drinking.





## 4. Main Findings and Recommendations

### 4.1 Main Findings

- A disproportionately large number of calls received by ChildLine from children concerned about a significant other person's drinking come from Scotland.

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- Children provide accounts of multiple negative impacts associated with harmful parental drinking including severe emotional distress, physical abuse and violence and a general lack of care, support and protection.

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- Children generally understand their parents' drinking and the resulting diminished parenting capacity as contributing to their own problems and unhappiness.

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- The vast majority of children who talk to ChildLine about harmful parental drinking have called the helpline to talk about physical abuse or family relationship problems.

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- Children describe a wide range of physical abuse, ranging from one-off slaps to being punched and kicked. Most children describe on-going assaults and the vast majority of children relate the violence as happening when the parent is drunk or has been drinking.

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- Children describe how family relationships are affected by harmful parental drinking as leading to verbal aggression and conflict. They provide accounts of their own isolation within the home and a general lack of parental attention and care.

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- Chronic worry emerges as a corrosive presence in the lives of many children and young people living with harmful parental drinking. The emotional toll of constant stress, fear and anxiety appears to impact on their mental health and well-being.



- Family separation and loss emerges as a potentially important contextual factor in parents' drinking with children often identifying these events as triggers for an escalation in drinking behaviour.

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- Children experience a 'double loss' if their relationship with the non-drinking parent is fractured and also if parental separation or bereavement has led to increased parental drinking.

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- Children living with harmful parental drinking can experience isolation outside the home with negative experiences at school and particular concerns about friendships.

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- Stigma and secrecy can prevent children from seeking help, as can fear of splitting up the family. Children may have less access to informal support due to fractured families and the impact of harmful parental drinking on friendships.

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- Children employ a range of strategies for 'getting by' including assuming practical and emotional caring responsibilities and getting out of the way of a drinking parent.

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- The service provided by ChildLine emerges as particularly important for children who have not told anyone and appears to be an integral part of the process of thinking about telling someone.

## 4.2 Recommendations

### Alcohol Policy

1. The needs of children and young people affected by harmful parental drinking should always be considered within the overall context of adopting effective, evidence-based alcohol policy formulated by public health interests.

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2. The public health approach to measuring harms caused by alcohol should encompass data on harm caused to people other than the drinker; there is a need to improve data collection and monitoring to obtain more complete information about the contribution of alcohol to divorce, family break-up, child neglect and other family problems.

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3. Greater emphasis should be placed on gathering information on the prevalence and impact of harmful parental drinking on children and young people through data from children's hearings, the police, local authorities, NHS services and voluntary sector services.



4. Consideration should also be given to how we might gather data on children affected by harmful parental drinking who are “hidden” from statutory services.
5. Alcohol data should be disaggregated from drug data where possible to reflect the fact unlike illegal drugs, alcohol is a legal substance that is cheap, widely available and broadly socially embraced across social class and gender.
6. Alcohol policy should seek to reduce overall alcohol consumption in the whole population in order to reduce harm and impact positively on the lives of children and young people living with harmful parental drinking.
7. Local authorities and Health Boards should be required to specify how they will make best use of universal and specialist alcohol services, including those provided by NGOs, to meet the needs of family members including children and young people.

## Services

8. A mapping exercise should be conducted by local Alcohol and Drug Partnerships to identify existing services (both statutory and voluntary) for children and families affected by another person’s drinking to enable a needs assessment to inform local service delivery.
9. The mapping exercise should seek the views of both service providers and service users to ascertain gaps in existing provision and seek views on developing family support services in non-stigmatising settings.
10. Alternative models of support for people experiencing loss, bereavement and other major life events should be explored including informal community support structures.
11. Children and young people should have access to both formal and informal support services including self-referral services to encompass helplines; in-school counselling; therapeutic support and emergency accommodation.
12. Service responses should be age-appropriate with consideration of child protection thresholds and confidentiality issues. Expanding provision of, and improving access to, informal support services is particularly important in relation to older children.
13. In relation to nursery and lower-primary aged children, expanding provision of nurture groups is particularly important.



14. Service development should be linked to training of relevant professionals to ensure they are adequately equipped to intervene and support children and families affected by another person's harmful drinking.

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15. Specific guidance should be produced by the Scottish Government on assessment and risk, information-sharing, judging appropriate intervention and, of particular importance, how service providers should address misuse of a substance that is both legal and socially acceptable.

## Education

16. An information campaign<sup>vi</sup> to raise public awareness of the impact of harmful parental drinking on children and the family should be developed and this should be supported by information for parents on accessing support, particularly in relation to major life events such separation, bereavement and job loss.

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17. Alcohol education in schools should be sensitive to the needs of children and young people affected by harmful parental drinking. Alcohol education should not be restricted to alcohol and health but should provide information about alcohol as a potential social problem and the ways in which alcohol can disrupt social, and especially, family relationships.

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18. Schools and other institutions and professionals having contact with children should be provided with the education and training necessary for identifying and supporting children affected by harmful parental drinking.

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19. Peer support schemes involving trained pupils and staff should form a core part of pupil support structures in schools.

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vi. It should be noted that, according to WHO, education campaigns are potentially of limited effectiveness if they are not tied in with other more effective measures such as controls on price and availability.



# Appendix One

## Data Collection

The ChildLine dataset was searched for records over a twelve-month period (1 April 2008 – 31st March 2009) where the caller gave a Scottish location and alcohol was identified as a concern of a significant other. The initial search resulted in 258 records from individual callers. This study was about impact of harmful parental drinking on children. However it is important to note the number of calls where young people were talking about partner relationship problems being caused by alcohol – notably girls talking about their boyfriends drinking and in quite a few cases, becoming violent as a result. Twenty-eight records were excluded from the dataset. Calls about a boyfriend, sibling or friend's drinking were excluded. Although these calls provide a valuable insight to the diversity of impacts of other people's alcohol use on children's lives, there was a concern that the volunteer counsellors may have interpreted 'significant other' in different ways. For example, it is highly likely there have been more calls made by children concerned about a friend's drinking that have not been recorded as 'significant other'. A small number of calls where the parent was using drugs were excluded from the final sample. Therefore, this data has been miscoded and hence was excluded from the main sample. There were two calls that may have been 'testing' calls that have remained in the dataset. This is in common with ChildLine and NSPCC policy to include all calls, recognising that calls can be part of a process of seeking help and exploring possible avenues of support. The final dataset comprised 230 call records.

## Calls removed from the dataset

- Young women calling concerned about a boyfriend's drinking. A number of these callers had young children or were pregnant (11 calls)
- Children calling concerned about a friend's drinking (7 calls)
- Children calling concerned about own drinking (3 calls)
- Children calling about concern about a brother or sisters drinking (3 calls)
- Children calling where a main carer was using drugs primarily (2 calls)
- A call about money being stolen from a young person and used to buy alcohol (1 call)
- A call where there was no information in the details (1 call)

## Data Analysis

ChildLine's own coding system was used to identify calls where alcohol featured. The data were doubly anonymised – by ChildLine and then by the data extraction process. An initial coding system based on the key themes to emerge from the literature review and earlier CRFR study was developed. Following a process of manual analysis of individual datasets i, ii, and iii, the research team discussed emergent themes from across the three datasets. Further analysis and discussion informed the final thematic framework used to identify the key themes to emerge from across the datasets.



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**Scottish Health Action on  
Alcohol Problems (SHAAP)**  
12 Queen Street  
Edinburgh  
EH2 1JQ  
Tel: 0131 247 3667  
Email: [shaap@rcpe.ac.uk](mailto:shaap@rcpe.ac.uk)  
[www.shaap.org.uk](http://www.shaap.org.uk)

SHAAP is hosted by the Royal College of Physicians Edinburgh, a charity registered in Scotland, no. SC009465.



**NSPCC**  
Tara House  
46 Bath Street  
Glasgow  
G2 1HG  
Tel: 0844 892 021  
[www.nspcc.org.uk](http://www.nspcc.org.uk)

ChildLine is a service provided and funded by the National Society for the Prevention of Cruelty to Children (NSPCC). CHILDREN 1<sup>ST</sup> (RSSPCC) delivers the ChildLine service in Scotland on behalf of the NSPCC. NSPCC registered charity numbers 216401 and SC037717.

**Report published November 09**