

“Like sugar for adults”

THE EFFECT OF NON-DEPENDENT PARENTAL DRINKING ON CHILDREN & FAMILIES

October 2017



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EXECUTIVE SUMMARY

This study set out to explore the effect of non-dependent parental drinking on children, making a direct link between parental drinking habits and the attitudes, behaviours and impacts reported by their children.

Background

This chapter explores the effect of non-dependent parental drinking on a variety of child outcomes, including a child’s attitudes and expectations around alcohol, their consumption habits as they grow up,^{3,4,5,24} and adverse consequences like educational delay, neglect, abuse or violence.² **Key areas yet to be explored were identified.**

A large body of literature has found parental drinking to be significantly linked with harm to children.^{1,2,3,4,5,8,11,16,19,22,23,24} However, **there is limited research into how different levels of non-dependent parental drinking affects children.**²

- ▶ **Family seems to influence a child’s behaviours and beliefs regarding alcohol**⁴ through parents’ own drinking and attitudes towards alcohol, parental support and monitoring, and parent-child relationship quality.²⁴
- ▶ Evidence suggests **authoritative parenting** (high warmth and clear behavioural expectations) can be protective against underage alcohol use.³
- ▶ **Two-way communication** around alcohol appears to be most effective, with children fully participating in the conversation, without being talked down to by their parents, and where the risks and harms of alcohol are discussed.²⁶
- ▶ **Factors like peer influence, the media, alcohol marketing, and wider cultural features lower parental influence** on a child’s attitudes and expectations,¹⁰ **as does the price of alcohol.**⁹
- ▶ The vast majority of parents are conscious that their drinking sets an example for their children; **many deliberately model moderation.**⁴
- ▶ Research suggests parents discussing their own negative experiences of alcohol **may normalise excessive drinking behaviours for their children.**²⁴

Mixed methods study

This mixed methods study analysed data generated from a public inquiry, four focus groups, and an online survey representative of the UK population. The survey included linked answers from 997 parents, and their children. These methods were employed to explore the gap identified in the literature, and examine the effect of lower end parental drinking on children. **Dependent drinkers were excluded from the survey.**

Public inquiry findings

- ▶ **Too much attention is paid to the amount and pattern of parental drinking**, frequently neglecting the actual *impact* of parental drinking on children, and mitigating factors such as family context.
- ▶ Parental drinking can have **a range of emotional and other impacts** on children, many of which are highly personalised but with common themes.
- ▶ **Many parents assume their children do not notice their drinking**, so the negative impacts caused are often unintentional, and there is a need to explore the contribution alcohol makes to child emotional and/or physical neglect.
- ▶ A permissive pro-alcohol environment has led to **normalisation of drinking in a range of settings and ‘culture blindness’ to alcohol harm**, masking issues which may affect children.

Online survey and focus group findings

For analysis, the online survey sample was split based on their reported consumption, creating lower, middle and upper tiers (each equating to approximately a third) within the sample. However, the sample was predominantly made up of relatively light drinkers. None within the lower and middle tiers reported consumption which exceeded the Chief Medical Officer’s low risk drinking guidelines; this was also true for the majority of the upper tier.

Parental influence

- ▶ **Parental drinking practices appear to be reflected in children’s attitudes towards alcohol and drinking.** Children demonstrate awareness of parental motivations for drinking.
- ▶ A highly accessible and aware parental style was found to have a protective effect against negative impacts for children resulting from their parent’s drinking. Having parents in a less affluent social group was also found to have a protective effect.

Parental consumption

- ▶ While relatively small numbers of children reported the most worrying impacts, **there is a clear gradient with increasing proportions of children reporting problems in line with increasing parental consumption.** This included a parent being more unpredictable than usual, arguing with a parent more than normal, or a disrupted bedtime routine.

- ▶ **Parents in the upper consumption tier within this sample were around 3 times more likely than others to have been asked by their children to drink less;** both a highly accessible and aware parental style and having parents in a less affluent social group, were protective factors for this, limiting negative impacts for children resulting from their parent’s drinking.
- ▶ **Children of these upper consumption tier parents were more likely** than children of lower consumption tier parents **to report feeling worried and embarrassed** as a result of their parents drinking.
- ▶ However, **children of all parents regardless of drinking levels were more likely to report both of these emotions if they had seen their parent tipsy or drunk** – the strength of this effect appeared to be similar for both states.

Seeing a parent tipsy or drunk

- ▶ **If a child had seen their parent tipsy or drunk, they were less likely to consider the way their parent drinks alcohol as providing a positive role model for them.** This effect held across all levels of parents’ alcohol consumption in this sample. While this effect was stronger in children who had seen their parent drunk rather than tipsy, the difference was not substantial – seeing a parent tipsy or drunk appeared to have a similar effect on children.
- ▶ **Children of parents in all consumption tiers in this sample were more likely to report experiencing at least one of a range of negative impacts from their parent’s drinking** (including arguing with a parent more than normal, feeling worried or embarrassed, or a disrupted bedtime routine) **if they had seen their parent tipsy or drunk.** The strength of this effect appeared to be similar for both states.
- ▶ **There were clear differences between those children who had seen their parent either tipsy or drunk, and those who had not. However, the effect on children appear to be broadly comparable between these two states.**

Conclusion

- ▶ While relatively small numbers of children in our study reported the most worrying impacts, **we identified a clear gradient with more children reporting problems in line with increasing parental consumption.**
- ▶ As these findings are drawn from a sample overwhelmingly drinking below the CMO’s low risk drinking guidelines, this **suggests that such impacts can begin from relatively low levels of parental alcohol consumption.**
- ▶ That comparable effects are noted for children seeing their parents tipsy or drunk suggest the way in which parents and their children view episodes of ‘tipsy’ drinking is quite different from one another. **Children do not seem to differentiate between seeing their parents tipsy and drunk.**
- ▶ Echoing previous research, **this shows it may be wrong to assume that negative impacts of parental drinking are only associated with higher levels of consumption.**

Recommendations for practitioners and policy makers

- ▶ That the **Government produce up to date information and advice for parents about parental drinking.**
- ▶ That service providers **incorporate the issue of parental drinking within existing parenting programmes.**
- ▶ That universal services, particularly those which work with children, promote **greater awareness of the negative impact that alcohol can have on children and families.**
- ▶ That schools reaffirm their key role in educating children about alcohol, and better include parents in this.

Guidance for parents

- ▶ Parents can, and often do, act as good role models for their children regarding alcohol. What many parents may not realise is that children understand a great deal about the amount parents drink and that being tipsy or drunk in front of their children, and telling stories that glamorise alcohol, can easily undermine other good examples.
- ▶ That parents **follow the English Chief Medical Officers’ recommendation that an alcohol-free childhood is the healthiest and best option.** This also states that if a child does drink it is not before age 15, and that between the ages of 15 and 18 drinking is supervised by an adult.
- ▶ That **parents are aware that their children seeing them either tipsy, drunk or hungover can have negative impacts.**
- ▶ That parents **consider the amount they drink around their children, as well as the way in which they talk about alcohol, and avoid glamorising alcohol within the family.**
- ▶ That where possible parents develop clear and consistent rules around alcohol with their child, and have **open discussions around why these rules are in place.**

A full list of guidance for parents and recommendations for Government can be found at the end of the report.

AN INSTITUTE OF ALCOHOL STUDIES, ALCOHOL AND FAMILIES ALLIANCE, AND ALCOHOL FOCUS SCOTLAND REPORT

Written by Jon Foster, Lucy Bryant and Katherine Brown.

This report was subject to peer review by at least two academic researchers that are experts in the field.

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CHAPTER 1: BACKGROUND

1. Summary

This chapter aims to summarise the available literature on non-dependent parental drinking and its effect on children. However, most research in this area has focused on dependent drinkers and **there is limited research into how different levels of parental drinking affect children.**² While non-dependent parental alcohol use is the key issue of interest, the lack of current research means that this literature review contains limited information on that topic. We hope that this study will help to address this gap.

This literature review draws upon the 2010 report from the Children’s Commissioner, Silent Voices,² and the work commissioned by the Joseph Rowntree Foundation^{3, 4, 5, 9} into the transmission of drinking practices (2010-11), and supplements them with more recent literature released since their publication. Systematic reviews, using international evidence, and additional UK research, from 2010 to the time of writing in August 2017, were also included. Building upon other work in this area, the impacts of parental drinking have been interpreted in a relatively wide manner, including a child’s attitudes and expectations around alcohol, their consumption habits as they grow up,^{3,4,5,24} and adverse consequences like educational delay, neglect, abuse or violence.² This review identifies some key areas yet to be explored in such research.

Alcohol is a leading cause of death and injury in young people,¹⁵ and a large body of literature has found parental drinking to be significantly linked with harm to children.^{1,2,3,4,5,8,11,16,19,22,23,24} Silent Voices found that children living with parents dependent on alcohol experience many short and long term negative impacts, which are often compounded by issues such as domestic violence and mental health problems. As stated, the way in which non-dependent parental drinking may affect children is unclear.

Children begin to learn about alcohol from a young age,³ with the **family seeming to influence a child’s behaviours and beliefs regarding alcohol**⁴ through their own drinking and attitudes towards alcohol, parental support and monitoring, and the parent-child relationship quality.²⁴ Parents tend to be less concerned about alcohol use than other issues facing their children, such as drugs.³ However, **the vast majority are conscious that their drinking sets an example for their children, with many deliberately modelling moderation.**⁴ Holidays and special occasions seem to represent exceptions to this, and are more likely to involve heavier drinking episodes.⁴ Parental introductions to alcohol are seen as attempts to control children’s drinking, with a child’s **first tasting of alcohol usually initiated by parents.**⁵ When asked, parental attitudes tend to be fairly aligned to the Chief Medical Officer’s (CMO) recommendation that children under 15 have no alcohol, but in practice many introduce their children to alcohol earlier.⁴

There is mixed evidence as to whether delaying the age of first drink,⁶ and whether ensuring this first drink is supplied by a parent,^{7,8} can successfully prevent future alcohol problems. However, **there is strong evidence to indicate that parents should not allow their children to drink underage, or provide alcohol at home or for parties, especially in cultures where tolerance of binge drinking is the norm.**²⁴ Allowing children to drink at family parties has been found to increase their risk of binge drinking and alcohol-related problems over time, despite many parents considering this a more controlled environment.⁸

Research suggests that most parents do not talk to their children about alcohol’s health risks.⁴ Children seem to be most receptive to parental influence between seven and 12 years,⁵ while parents commonly state that other influences become more important in teenage years.⁵ Despite this, there is evidence to suggest that **authoritative parenting, which combines high warmth with clear behavioural expectations, can be a protective factor against underage alcohol use.**³

Two-way communication around alcohol appears to be most effective, with children fully participating in the conversation, without being talked down to by their parents, and where the risks and harms of alcohol are discussed. Where children feel that they are being lectured, they often reject their parent’s messages.²⁶

Research suggests that parents should be careful when discussing their own negative experiences of alcohol, as this may normalise excessive drinking behaviours for their children.²⁴ **While many parents may feel ineffective, their actions are very influential for younger children, and this can be sustained as children grow, although it does weaken with age.**^{24,26}

It seems likely that parenting skills training programmes which help parents to be **aware of and involved in their child’s day to day activities**, and which encourage a trusting and supportive parent-child relationship, are most likely to be effective in reducing underage drinking.²⁴

Many more children live with parents who are dependent on alcohol than parents who are dependent on drugs, and although this receives much less attention from child protection services, its effects can be just as profound.² Many negative impacts of parental alcohol dependence have been identified but **the level of parental drinking at which these issues start to affect children is less well understood.**²

Intoxication and drunkenness were found to be unifying themes in children’s understanding of alcohol, with alcohol viewed negatively in many contexts.⁵ Studies show children have a good understanding of drunken behaviour, and could often distinguish between moderate drinking and ‘overdoing it’.⁴ Parents typically report that children first show an interest in alcohol around age eight, taking a more active interest around 12 years, with illicit experimentation from around age 14.⁵

While the influence of parents and family are very important, ‘imitation of parents is not a sufficient explanation of how young people learn to drink’.⁹ Factors like peer influence, the media, alcohol marketing, and wider cultural features lower parental influence on a child’s attitudes and expectations,¹⁰ as well as the price of alcohol.⁹ Some research has indicated that genetics may play a role in influencing drinking behaviour, although this appears to have less of an effect than childhood environment.¹⁹

2. Introduction

Children begin to learn about alcohol from a young age. At age two and a half many can identify it by smell, and by primary school many demonstrate a ‘sophisticated understanding of the contextual, motivational and normative aspects of alcohol usage.’¹³ This knowledge seems to be influenced by their exposure to alcohol via their parents, with some researchers using the concept of a ‘proximity effect.’²² This subtle understanding can include drinking’s emotional context: three to six year olds in households where one or both parents drank to ‘escape’ were found to be more likely to dislike alcohol’s smell than those in households whose parents did not.³

Many more children live with parents who misuse alcohol than parents who abuse drugs, and although this receives much less attention its effects can be just as profound, including issues such as developmental delay.²

A child’s belief about how alcohol will affect them is a strong predictor of their intention to later use alcohol and future consumption.³ These beliefs change with age, tending to start negative and becoming more positive over time, from around age 12 or so. As children learn through imitation, it is unsurprising that parents seem to have the biggest initial influence on these beliefs, with other family members playing a key role in creating a ‘family subculture’ - particularly true for children aged five to 12.⁴ Factors like peer influence, the media, alcohol marketing, and wider cultural features also have a role to play, especially as children age,¹⁰ as well as the price of alcohol.⁹

The Children’s Commissioner’s 2012 *Silent Voices* report found that there is limited research into how different levels of parental drinking affect children, as most research here has focused on dependent drinkers. It concluded it may be wrong to assume greater levels of harm are related to higher levels of consumption, or that less harm is always associated with lower levels. It is also known that the effects of parental drinking differ in relation to the pattern of consumption (e.g. binge drinking vs more frequent drinking), whether the mother or father drinks, and also by socio-economic background.²

2.1 Childhood drinking: Prevalence data

In 2014, the *Smoking, Drinking and Drug use among Young People in England* survey²⁹ found that 38% of 11-15 year olds had ever drunk alcohol, continuing a downward trend since 2003. Scotland has also seen a similar long term decline, although a slight increase has been found in 13 year olds reporting having been drunk in the last week.³⁰ In England it was found that low wellbeing and truancy were associated with pupils being more likely to have drunk alcohol in the last week. Family influences were also a factor, with pupils who lived with parents who drank more likely to have drunk alcohol in the last week. Boys and girls were found to be equally likely to drink alcohol, and 8% of pupils had been drunk in the last four weeks. In 2017 Public Health England found that those with parental responsibility for children in their household were less likely to be drinking at increasing and higher risk levels.²⁹

3. Children and alcohol: Policy context and legislative framework

Aside from minimum purchase age, evidence suggests that children have ‘a relatively limited grasp of the legal and cultural frameworks which shape its consumption.’⁴ For example, very few know of the law regarding the age when children may drink or enter a pub (perhaps unsurprisingly due to its complexity). Many parents are also unclear as to the laws regarding children and alcohol.⁵ As the law stands in the UK, it is legal:

- ▶ For a child aged five to 16 to drink alcohol at home or on other private premises.
- ▶ For someone over 18 to buy a child over 16 beer, wine or cider if they are eating a table meal together in licensed premises.

For children under 18 it is illegal:

- ▶ For someone to sell them alcohol
- ▶ For them to buy or try to buy alcohol
- ▶ For an adult to buy or try to buy alcohol for them to drink in licensed premises (e.g. a pub or restaurant)

However, Chief Medical Officer guidance states that children should not drink alcohol until they are 15.

4. Parental practices and attitudes

Parental drinking practices tend to be shaped by parents’ own recollections of their childhood introduction to alcohol, which often matters more than what parents say they believe is appropriate. Some have found that parents from more deprived communities more proactively educate their children about alcohol, and that those who took the child’s lead on when to offer a taste of alcohol allowed their children to drink at an earlier age (although supervised).⁵

Reported parental attitudes are fairly aligned to the Chief Medical Officer’s (CMO) recommendation that children under 15 have no alcohol at all, but in reality, many end up introducing their children to alcohol earlier.⁴ Detailed case studies found that the majority of children aged five to 12 had been offered or had tried alcohol at home, or at a family event or meal, and that parents who drank above recommended levels were more likely to think it appropriate to introduce children to alcohol earlier than those who drank at lower levels.⁴ Valentine et al suggest the CMO’s advice ‘problematizes’ reasonable parental approaches to alcohol, and may be unhelpful.⁴

Parents of children aged around 12 and under tend to see issues like television watching or computer games as more directly problematic for their children than alcohol. Even parents of slightly older children are more concerned with smoking and drug experimentation than experimentation with alcohol.⁴ But parents have reported that parental efforts to address these concerns can also be used to address alcohol. Parental attitudes have been found to differ across backgrounds; those from more deprived communities tended to associate alcohol with aggression, as opposed to health concerns in more affluent areas. Mothers from more affluent backgrounds report alcohol as a problematic ‘grey area’ and more difficult

to raise as an issue with their children than smoking or drugs, where the message is more clear cut.⁵

One UK study found that alcoholic drinks, and drinking itself, tend to be less visible in more affluent families, despite overall consumption tending to be higher; here children were less likely to be involved in family parties involving alcohol, or to see drunkenness in the community or at home, but were more likely to see alcohol consumed with a meal.⁵ In more deprived communities, alcohol and drinking was more apparent, with higher levels of consumption acceptable on a single occasion.

4.1 How do parents influence their children regarding alcohol?

In an international review of 99 peer reviewed studies, Rossow et al found that in almost two thirds, parental drinking was significantly associated with some child harm measure. The likelihood of finding this association increased when drinking was measured for both parents separately, follow up time exceeded three years, or sample size was greater than 2000.¹

A 2017 systematic review and meta-analysis of longitudinal studies by Yap et al identified 12 parenting factors associated with adolescent alcohol misuse. They assessed the evidence for the effect of these factors on adolescent drinking, and here their typology will be used to explore the findings of this review.

Table 1.1 Parenting factors and their influence on adolescent drinking, adapted from Yap et al 2017

Parental risk factors	1. Parental provision of alcohol
	1.1 Age of first drink
	1.2 Special occasions and holidays
	2. Favourable parental attitudes towards alcohol
	3. Parental drinking
Protective parental factors	4. Parental monitoring
	5. Parent-child relationship quality
	6. Parental support
	7. Parental involvement
	8. Rules about alcohol use
	9. Family conflict
	10. Parental discipline
Factors with a weak evidence base:	11. Alcohol-specific communication
	12. General communication

Parental risk factors:

1. Parental provision of alcohol

Parents often introduce their children to alcohol as an attempt to control their child’s drinking, discourage experimentation, and limit it to ‘suitable’ contexts. Parents often seek to avoid alcohol becoming a taboo against which their children may rebel,²³ and tend to see the home as a ‘safe’ environment for learning appropriate behaviour.⁴

However, Yap et al found that children whose parents provide them with alcohol and allow them to drink at home are more likely to start drinking earlier, to have alcohol-related problems earlier, to drink more frequently, at higher quantities and to have more alcohol-related problems later in life. This factor was found to account for 4% of the variance in the age at which children started drinking, and 7% in the levels of later use/misuse.²⁴ A systematic review and meta-analysis by Sharmin et al also suggested that parental supply of alcohol in childhood increases the odds of later adolescent risky drinking.²⁷

A child’s first tasting of alcohol is usually initiated by parents, typically fathers, after children have asked questions about alcohol or asked for a taste.⁵ Many parents introduce children, from age 8 or so, to drinking rituals such as alcohol free cocktails or drinking water out of shot glasses. Eadie et al found that some parents deliberately introduced their child to alcohol expecting that they would dislike it, to prevent unsupervised experimentation.⁵ Informal observed learning like this seems to be preferred by parents of younger children (around 12 or less); amongst this group there seems to be more sipping than drinking full drinks, mostly with parental consent.¹⁰

A 2010 review found no conclusive evidence that sipping alcoholic drinks in childhood has either long term risks, or is protective against later alcohol-related problems, noting a lack of longitudinal studies.¹⁰ However, a recent longitudinal study did find that early sipping predicted increased alcohol-related problems in late adolescence.³³

One survey found that when parents felt it was acceptable for young people to drink before 15 years, 10% of their children had done so and had felt encouraged to do this by their parents. In contrast, amongst children whose parents thought that children should not drink before 16 or 17, only 2% had done so.¹⁴

Yap and colleagues point out that their results support findings from Kaynak et al,⁸ that parents should not allow their children to drink underage, or provide alcohol for their children at home or for parties. They do acknowledge that socialisation differs between countries, and letting children sip from parents’ drink is accepted in some, but nonetheless point towards the strong evidence ‘against parental provision in cultures where tolerance of binge drinking is the norm.’²⁴ The specific effect of the age of first drink will be discussed separately below.

1.1 Age of first drink

Evidence for this as a predictor of later regular alcohol use, and that parental supervision can delay first use, is mixed. However, the most recent findings from Yap et al suggest that parents should not allow their children to drink underage, or provide alcohol for their children at home or for parties.

There are a number of epidemiological studies indicating that earlier initiation is associated with negative outcomes, such as lower educational outcomes and an increased likelihood of becoming dependent on alcohol in later life.³ However, a systematic review found there is an overall lack of research, and generally poor evidence, as to whether delaying the age of first drink can successfully reduce the likelihood of future alcohol problems.⁶

The difficulty here is determining whether the association between earlier drinking and these outcomes is causal or not. As such it is not clear whether delaying onset of first drink would make a difference, or whether more vulnerable children would still have the same negative outcomes. Perhaps more significant than their age is whether the child felt drunk when they first tried alcohol, or how rapidly they progressed to their first drunken experience.⁶ However, alcohol is a leading cause of death and injury in young people,¹⁵ and delaying first drink seems likely to reduce these more proximal risks.

1.2 Special occasions and holidays

Parents are usually keen to control children’s exposure to alcohol, but holidays are an exception; parents have been found to model very different behaviour here, often staying up late and drinking greater amounts. Many do not seem to view this as affecting their children’s view of alcohol. Children see it differently, and often report holidays as times when they had seen parents or siblings drunk.⁴

Special occasions seem to be similar, and are a common time for children to be given their first supervised sip of alcohol.⁵ A study found that while most younger children (aged 7-12) were quite critical of drinking, they were more tolerant of it in celebrations, highlighting such events as key in learning about drinking behaviour.⁵

Kaynak et al⁸ found that ‘social hosting’ (allowing children to drink at family parties) led to more instances of binge drinking and alcohol-related problems over time, despite many parents considering this a more controlled environment.

2. Favourable parental attitudes towards alcohol,

3. Parental drinking

While parents are typically conscious that their drinking sets an example for their children, Yap et al found sound evidence that favourable parental attitudes towards alcohol, and parental drinking itself, increased negative drinking outcomes in children. They point out that these two factors probably interact in complicated ways and ‘may have compounding effects on adolescent alcohol misuse.’²⁴ A review of the literature on parental communication and substance misuse also found that parental drinking can undermine communication about the dangers of alcohol, even where parents and children communicate well.²⁶

A survey of parents found 90% felt it was their responsibility to set a good example with their drinking.¹³ In practice however, this intention is not always adhered to, particularly on holidays and special occasions,^{4,5} and some studies have found parents to be ‘implicitly normalising excess consumption’.²² In a UK study, Valentine et al⁴ found modern parenting to be generally successful in conveying to children the social pleasures and risks of drinking at home, and the importance of drinking in moderation, but to downplay health risks and risks outside the home. While other research suggests children can at times learn positive

messages about moderation from seeing parents misuse alcohol on occasion,⁴ the weight of evidence suggests these two factors as more likely to lead to childhood drinking.

Protective parental factors:

4. Parental monitoring

This includes being more aware of a child’s activities, whereabouts and friends, and was found to be a strong protective factor, accounting for almost 3% of variance in age of first drink, and 5% of later use/misuse. A UK study found that children whose parents provide greater supervision over their free time activities tend to drink less frequently, with early parental control having a lasting influence on alcohol use.³¹ The authors point out that most studies measure monitoring without exploring how that knowledge was obtained, and so are unable to inform the debate as to how monitoring should balance proactive activities with reactive ones, which might reflect distrust and obtrusiveness.²⁴

5. Parent-child relationship quality,

6. Parental support,

7. Parental involvement

Robust evidence was found for the effectiveness of these three parental factors, although their effect size was small.²⁴ Looking specifically at factor 5, Carver et al found parental child relationship quality to be a key factor in enabling effective communication around alcohol.²⁶

Factors 4 – 7 could also be seen to contribute to an overall ‘parenting style’ rather than specific parenting practices relating to alcohol, with parenting style related to the ‘emotional climate’ in which children are raised.²⁵ Other research has found parenting style to play a role in the parental transmission of drinking behaviours. Responsive (or ‘authoritative’) parenting which combines a high level of warmth with clear behavioural expectations has been found to have a positive impact on child well-being and achievement generally. That is, parents who combine acceptance and care with consistent, clear, enforced rules and high supervision strengthen secure emotional bonds in children and provide structure which has been found to be a protective factor regarding alcohol use. Excessively authoritarian (high structure without warmth) and overly permissive (high warmth without structure) parenting have been associated with early alcohol use.³

Factors with an emerging evidence base:

8. Rules about alcohol use,

9. Family conflict,

10. Parental discipline

While factors 1 – 10 were found to affect both adolescent alcohol use and later levels of alcohol use, factors 8 – 10 were found to only affect adolescent, but not later, alcohol use. Of these, the evidence suggests that establishing clear rules about adolescent alcohol use is the most effective in preventing problems. In contrast, inconsistent rules, and inconsistent implementation, may be confusing and increase alcohol use in children.²⁴

Factors with a weak evidence base:

11. Alcohol-specific communication,

12. General communication

Yap and colleagues found insufficient evidence that either of these factors were longitudinally associated with adolescent alcohol misuse. However, they state that their finding regarding general communication between parents and children was unexpected, as other reviews have found a positive relationship here, and they suggest this discrepancy may be due to methodological issues related to the way in which such communication is measured.²⁴ Indeed, the review of literature on communication around substance use and parent-child connectedness by Carver et al found that open communication within the context of high connectedness between parents and their children can reduce alcohol-related problems.²⁶

Carver et al describe parent child connectedness (PCC) as feelings of closeness, warmth, love and satisfaction a child has with their parent, and the quality of the emotional bond between them.²⁶ Communication appears to be most effective within the context of high levels of PCC, when it is open, and two-way, with children fully participating in the conversation. In this context, children seem more likely to accept and adhere to advice and information from their parents about alcohol use, and where parents model appropriate drinking behaviour, to mirror this. This does not seem to be the case where PCC is low, and when parents are seen to be lecturing them, children often reject their messages.²⁶

Parental alcohol use can influence the credibility of their communication with their child, even where PCC is high. Parental disclosures about their own undesirable drinking experiences also have a negative effect, an issue Yap et al identified. In addition to this, more frequent conversations,^a permissive messages and lenient consequences related to alcohol used were associated with higher levels of drinking. ‘Harder’ conversations covering the negative consequences of alcohol, including health risks, and with specific rules against using alcohol were found to be associated with lower levels of alcohol use.²⁶

Influences over time

The paper by Yap et al included studies with long follow up intervals, the longest being 26 years, enabling the authors to assess the way in which parenting factors were moderated over time. They found five parenting factors to have smaller effect sizes in studies with longer intervals. There were: favourable attitudes towards alcohol and family conflict on initiation; parental support and parental involvement on later use/misuse; and parent-child relationship.²⁴ The authors conclude that while the influence of parenting may fade over time, parents are in a position to influence their children’s alcohol use outcomes over the longer term, and that:

“The sound evidence base regarding protective parenting factors indicates that parent skills training programs that provide strategies for parents to be aware of and involved in their adolescent’s life within the context of a trusting and supportive parent-child relationship are more likely to be effective.”²⁴

a Frequency of communication being associated with negative outcomes may be because of the fact that parents communicate more frequently when they think that their child has already started using alcohol or other substances.

5. The limitations of parental influence

Few parents appear to talk to their children about alcohol's health risks.²² Shorter term risks such as accidents, fights and injuries tend to be better understood, but with very low awareness among children of longer term risks such as cancer or high blood pressure, probably because parents do not fully understand these.⁴ The exception to this is addiction and liver disease, which are widely recognised as being alcohol-related. One study found that children's knowledge of alcohol-related harms tended to come from television and seeing drunken strangers in the street, and that the familial pattern of 'moderation that many children intend to replicate in adulthood is, in medical terms, a pattern of excess with long term health risks.'²²

Education in schools, when it occurs, does cover health issues, but it is less emotive and out of step with familial experiences; children are in danger of receiving mixed messages around alcohol and its potential impacts. Parents have been found to miss opportunities to teach children about drinking places and behaviour outside the home, which may have more short-term risks related to violence and injury. It has also been found that parents tend to stress individual choice, but this does not inform children about the way in which drinking can have wider consequences for others.⁴

Children seem to be more receptive to parental influence between seven and 12 years; evidence suggests that this may be a good time to provide parents with information on alcohol and stress their importance as role models.⁵ Parents commonly express the view that other influences become more important in teenage years, and report feeling helpless, believing that while they could act as role models, they had a limited ability to teach their children about responsible drinking. Most expect their children to experiment with, at times heavy, alcohol use because of influences such as peers and the media.⁵

Valentine et al suggest that parenting style has changed over time,²³ shifting from disciplining young people to equipping them with self-respect and confidence to make good decisions, not just around alcohol but life in general. Many also seemed to take quite an individualised approach with their children. This however had diminished their 'natural' authority, and "not all children have positive family support and as a consequence some children are much less well equipped to make 'sensible choices' than others."⁴ This parental approach also means that children are likely to know more about their parents at an earlier age, making it more difficult for parents to insist that children 'do as they say' rather than 'do as they do.'²³

6. Influences from outside the family

6.1 The influence of peers and wider social networks

While it is clear that peers are influential, the research is less clear about the nature of this influence. A key consideration is whether young people are genuinely influenced by their peers, or whether they choose their peers on the basis of existing shared attitudes. There is evidence for both: ‘many researchers agree that estimates of peer influences on adolescent drug use may be grossly exaggerated if the effects of selection of friends are not adjusted for.’³ Family’s role in influencing children’s peer choice is also large, and it may be more useful to consider their interaction, than which is most influential. Peer influences seem to become more significant from the mid-teen years onwards. It has been suggested that for older children, environment, intentions and motivations influence alongside peers, and decisions are directed by ‘the momentum of the occasion, as much as by individual will’.⁹

Seaman and Ikegwonu looked at drinking behaviour in young adults over 18, placing parental influence within a wider social context. They highlight how varied the transition to drinking as an adult can be.⁹ While all participants learnt of alcohol in their family home as children, they did not see a causal relationship between their parents’ drinking and their own, but rather a very complex picture:

“A norm of heavy peer drinking in young adulthood was sustained, despite a variety of reported parental drinking styles and educative approaches ... there was no clear pathway of cause and effect identified between parental standards and alcohol behaviours within young adulthood by respondents.”⁹

6.2 Advertising and the media

Alcohol advertising, promotion, and media coverage, such as sports sponsorship or product placement, has been shown to have a significant impact on children’s drinking and their knowledge and attitudes towards alcohol - much of this is subtle, aiming to create brand loyalty.²⁸ Many studies show that children with more exposure to alcohol advertising tend to drink more later in life.³ One study found that many products that children recognised had received regular media coverage, with some children in the 10-12-year-old group independently referring to advertising images they found engaging - particularly from television adverts. For example,

“Famous Grouse, I love the adverts, it’s just like a little grouse that’s got music to it and it’s bobbing its head, it looks like it’s dancing.”⁵

The authors found that ‘the number and range of participant’s references to alcohol products was striking,’ with gender differences in drink type and brand. Some made humorous references, such as the Simpson’s Duff Beer, and shared supermarket experiences, such as 3-for-1 promotions and ID schemes. Valentine et al found a strong connection between alcohol and supermarkets in participants (more than for bars and pubs) and children identifying with their parents’ favoured alcohol brands.⁴

Alcohol advertising’s frequent linking of alcohol and group identity, using strap-lines such as ‘belong’ and ‘you know who your mates are’, has been highlighted as a key promotional tactic.⁹ Advertising self-regulation guidelines in the UK should prevent this, however self-regulation is known to be ineffective and poorly enforced.²⁰ Strong emphases on group membership

and sociability over taste could be seen as a form of peer pressure by suggesting that alcohol is needed for sociability.

6.3 Other influences on children’s drinking behaviour

Social capital and socio-economic status: A systematic review found mixed protective effects of family social capital (FSC) and community social capital (CSC). FSC appears to be more consistent, with positive relationships between young people and their parents being protective. The evidence for CSC was inconsistent.¹⁷ A major systematic review found little consistent evidence for an association between lower childhood socio-economic status and later alcohol misuse.²¹

Family make up: Adolescents from single parent families are at greater risk of alcohol-related problems than those where parents remain together, possibly because of lower resources. However, some research shows that children in reconstituted families have the highest alcohol use and tend to report lower levels of parental control and emotional support. Those from single parent families report similar levels of control to intact families, but emotional support equivalent to reconstituted families.¹²

Culture: This can help set drinking norms, and children’s ease of access to alcohol varies between countries. But cultural norms are fluid; there have been significant changes in how most young people drink alcohol in the UK, with a general fall in underage drinking, perhaps due to better levels of parenting, with warmer relationships and closer monitoring of children.¹⁸ It is interesting that parenting might play a role in this trend, and there is a need for more research into this area.

7. Negotiating different influences

Research is limited into the respective weight of family, peer, marketing or media influence on children, but it is agreed that presenting alcohol positively through direct and indirect marketing has ‘a major impact on children’s developing knowledge, attitudes, intentions and then subsequent behaviour.’³ Some evidence suggests that family influence can negate marketing’s influence,³ but as Velleman states:

“It can be concluded that the influence of these media and other global socialisations are massive, and have impacted on the influence that these parental and family relationships have, especially with children/young people where family controls are less apparent.”³

8. Children’s own understanding of alcohol and drinking

Eadie et al identified five key themes in how children understand alcohol and drinking: psychosocial and physiological effects; health consequences and addiction; violence and physical harm consequences; family celebration; and alcohol products. They found the concept of drunkenness to be a unifying theme, which is interesting given that participants generally had limited exposure to drunken behaviour.

Children can often distinguish between moderate drinking and ‘overdoing it’, with a good understanding of drunken behaviour. One study found that around half of children had seen a parent or sibling drunk, most commonly on holiday.²³ Many knew the after effects, such as

‘hangovers’ and vomiting, as well as alcohol’s effect on mood, with one stating that ‘some people can be angry and some happy’.⁵ Eadie et al found that most references related to drunkenness (such as falling over, walking into things), and violence and vandalism were usually outside of the home, often involving strangers. Incidents at home were usually accidental and relatively minor.

Most children seem to be aware that alcohol affects children faster, and understood addiction as a reason that children should not drink.⁴ Significantly, Eadie et al found that spending time with those showing signs of dependency negatively affected a child’s understanding of alcohol and drinking. One such child interpreted ‘being drunk’ or ‘getting drunk’ similarly to how others understood ‘being an alcoholic.’⁵

Children do not often show very detailed understanding of alcohol’s potential health risks,^{4,22} but have been found to link it with heart attacks, brain and liver damage - learning found to come mainly from outside the home, including school activities and public health advertising.⁵

9. Children’s own attitudes to drinking and drinking behaviour

Most children within studies seem to model their future drinking intentions on accepted adult drinking behaviours and their parents’ moderate patterns, with a view of drinking as a pleasurable social activity, some understanding of the social risks, but poor understanding of the potential health harms.²² Controlled drinking is a common theme found when younger children talk about future drinking expectations, such as ideas around managing the amount, context, and frequency of drinking. Moderation at times also includes intoxication and occasional drunkenness, ‘particularly at lower levels of intoxication and in the context of special occasions.’⁵ Younger children tend to view alcohol negatively, which typically changes as they age. Children often report embarrassment and amusement when they have seen a parent drunk. Some use these occasions to negotiate extra pocket money or favours as recompense, particularly from fathers in more deprived communities.⁵

Parents typically report that children first show an interest in alcohol around age eight, due to general interest in adult behaviour; sampling before this was usually discouraged. Parents report that children from around 12 years take a more active interest, asking for a drink rather than just a sip, with illicit experimentation from around age 14.⁵ In 2014 it was found that 38% of 11-15 year olds in England had drunk alcohol, and that 8% had been drunk in the last four weeks.²⁹ Research with 18-25 year olds found that many had drunk alcohol specifically to get drunk in their late teens, and reported seeking more sophisticated drinking experiences when entering young adulthood that reflected this new status. Cheap alcohol was found to be a key feature of more excessive drinking occasions, changing the frame of reference in which alcohol was considered; when drinking cheap alcohol participants said that alcohol’s intoxicating qualities were their main focus. It was also found that drinking more expensive alcohol was associated with moderation, and many reported feeling manipulated to drink excessively by promotions.⁹

10. Conclusion

There is a large body of literature which has found heavy parental drinking to be significantly linked with child harm measures,^{1,2,3,4,5,8,11,16,19,22,23,24} but more research is needed to understand the interplay between harms and parental drinking at lower levels, an issue which this research project aims to address.

Most children within studies seem to model their future drinking intentions on accepted adult drinking behaviours and their parents' moderate patterns.^{4,5,11} Research suggests that parents should be careful when discussing their own negative experiences of alcohol, as this may normalise excessive drinking behaviours for their children.²⁴ Children have been found to have a good understanding of drunken behaviour, and could often distinguish between moderate drinking and 'overdoing it'. Their understanding of the health risks related to alcohol is typically low, however.⁴

While many parents may feel ineffective, their actions are influential for younger children, and this can be sustained as children grow, albeit to a lesser degree.^{24,26}

The evidence suggests that authoritative parenting, which combines high warmth with clear behavioural expectations, is a protective factor regarding alcohol use.³ Communication around alcohol appears to be most effective when it is two-way, with children fully participating in the conversation, without being talked down to by their parents, and where information about the risks and harms of alcohol is discussed. Where children feel that they are being lectured they often reject their parent's messages.²⁶

Yet while the influence of parents and family are very important, 'imitation of parents is not a sufficient explanation of how young people learn to drink'.⁹ Factors like peer influence, the media, alcohol marketing, and wider cultural features lower parental influence on a child's attitudes and expectations,¹⁰ as well as the price of alcohol.⁹

CHAPTER 2: STUDY DESIGN

This project is a mixed methods collaboration between the Institute of Alcohol Studies (IAS), Adfam (on behalf of the Alcohol and Families Alliance) and Alcohol Focus Scotland (AFS). IAS took responsibility for the majority of the project management, while other parties took on specific tasks. All parties were represented in the project management group, with additional input from academics Dr James Nicholls (Alcohol Research UK), Professor Linda Bauld and Anne Marie MacKintosh (University of Stirling).

This study aims to address the following research questions:

1. What are the levels of consumption and circumstances in which parental drinking negatively affects children?
2. What is the impact of parental drinking and attitudes towards drinking within the family on other familial relationships?
3. How do parents and children view wider influences on drinking attitudes and behaviour?
4. What is the qualitative nature and impact of parental/carer drinking and attitudes toward drinking on children? And on other familiar relationships?

Methods

The study used a mixed methods design comprising: literature review; public inquiry with oral and written evidence; qualitative research (focus groups) and public opinion polling (online survey). A mixed method approach was chosen as it allowed exploration of the detail and nuance of the parent / child relationship at a person to person level, while also offering insight into the prevalence of the impacts explored at a broader level.

Background

A rapid literature review was conducted by IAS to inform this study. This built upon the 2010 report from the Children’s Commissioner, *Silent Voices*,² and the work commissioned by the Joseph Rowntree Foundation^{3, 4, 5, 9} into the transmission of drinking practices (2010-11), including new literature since their publication. Systematic reviews, using international evidence, and additional UK research, from 2010 to March 2017 were also included. Building upon other work in this area, the impacts of parental drinking were interpreted in a relatively wide manner, including a child’s attitudes and expectations around alcohol, their consumption habits as they grow up,^{3,4,5,24} and adverse consequences like educational delay, neglect, abuse or violence.² Comments and suggestions were received from members of the project management group, as well as from Dr Jennifer Maggs, Professor of Human Development, Pennsylvania State University.

Public inquiry

Two public inquiry events were held in order to gather oral evidence from a range of practitioners and experts:

11th November. London, organised by Adfam:

Panel

- ▶ Caroline Flint MP, Labour, Don Valley
- ▶ Kathy Evans, CEO of Children England
- ▶ Eric Appleby, ex-CEO of Alcohol Concern

Evidence Session 1 (Practitioners/Service Managers)

- ▶ Micky Richards, Director of Change Grow Live
- ▶ Jo-Anne Welsh, Director of Brighton Oasis
- ▶ John Taylor, Families and Carers Lead, Tri-Borough Turning Point

Evidence Session 2 (Social Work/Universal Services)

- ▶ Sue Bandcroft, safeguarding expert and retired substance use commissioner
- ▶ Judith Harwin, social work researcher
- ▶ Brian Walton, primary school Head Teacher, Brookside Academy, Somerset

Evidence Session 3 (Wider Perspectives)

- ▶ Jo Manning, Substance Use Lead at The Children’s Society
- ▶ Mike Shaw, Co-Director of Family Drug and Alcohol Court

17th November. Edinburgh, organised by AFS:

Panel

- ▶ Mary Cuthbert, Chair of Alcohol Focus Scotland
- ▶ Tam Baillie, Children & Young People’s Commissioner Scotland
- ▶ Donald Henderson, Deputy Directory, Children’s Rights and Wellbeing Directorate, Scottish Government
- ▶ Kay Tidsall, Centre for Research on Families and Relationships and Professor of Childhood Policy at Edinburgh University

Evidence Session 1 (Practitioners/Service Managers)

- ▶ John Holleran, Development Officer for Families & Communities, Scottish Families Affected by Alcohol and Drugs
- ▶ Jackie Waugh, Runs Kinship Families, Tayside Council on Alcohol
- ▶ Joyce Nicholson, University Teacher, Alcohol & Drug Programmes, Glasgow University
- ▶ Christine Bowie, Counsellor, Children & Families, Drug and Alcohol Project Limited
- ▶ Jo Grace, Parents Under Pressure, NSPCC

Evidence Session 2 (Social Work/Universal Services)

- ▶ June Gribben, Practice Development Nurse, North East Sector Children & Families
- ▶ Leanne Sommerville, Supervisor Childline
- ▶ Joy Roberts, Teacher, Lenzie Meadow Primary School
- ▶ Dr Andrew Dawson, Professional Lead for Child Psychotherapy, Greater Glasgow and Clyde Health Board

Evidence Session 3 (Wider Perspectives)

- ▶ Sharon Greenwood, PhD Researcher, Glasgow University
- ▶ Elaine Wilson, PDI & Strategic Support Manager, Lloyds TSB Foundation for Scotland
- ▶ Neil Hunter, Chief Executive, Scotland’s Children’s Reporter
- ▶ Louise Morgan, Young Carers Development Manager, Carers Scotland

Participants were given a briefing sheet beforehand which included information about the research questions, and questions they were likely to be asked by the panel. This can be found at appendix 1. Adfam and AFS also published a call for written evidence, publicizing this with a range of likely interested parties, and receiving a small number of additional representations.

Adfam and AFS transcribed each oral evidence session and organised data into agreed key themes for analysis. Relevant quotes were extracted and approval was gained by participants for their use before information was shared with IAS, who combined information from both sessions into one summary. Written evidence was also included within the final summary.

Focus groups

Focus groups were defined in line with Powell and Single’s³⁵ definition; a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research. We distinguish between focus groups and group interviewing as we anticipated that the groups would focus not just on questions and answers between the facilitator and participants (as in group interviewing) but that group interaction would also inform the discussion during the focus group.

Focus group participants were recruited by market and social research firm ORB International, using experienced, specialist recruiters with a database of potential participants who have previously expressed a willingness to be invited to take part in focus groups. Potential participants were then contacted either online or via telephone to ask their availability, and to ascertain their eligibility via a short screener questionnaire. Upon parental consent to take part, the screener also included questions about their child’s eligibility.

ORB conducted four focus groups comprised of eight participants per group, two in Wimbledon, south London in February 2017, and two in Glasgow in August 2017 (see table 3.1 for details). In each instance one group was made up of parents while the other was made up of their children. The first set of focus groups were made up of participants from a higher socio-economic background with children aged 11 - 13, while the second pair were made up of participants from a lower socio-economic background with children aged 14 – 16. All groups were mixed sex.

Unfortunately, the second children’s focus group resulted in suboptimal reporting due to poor rapport between participants and the facilitator, and the results were not useable. As a result, an additional children’s focus group was carried out as a replacement, with participants aged 16 – 17 recruited in friendship pairs in order to better encourage dialogue. Repeating this focus groups does mean that there is no link between the answers given in the second parental group and those from the children’s group, as there is for the first set of focus groups. However, as the focus groups were intended to supplement the online survey, providing additional qualitative depth but not as a stand-alone item, this was not seen to be detrimental, with the second focus group generating adequate data for analysis.

Table 3.1: Focus group participants, by group

Focus Group	Participants	Location	Age of children/ age of parent’s children	Socio-economic Group
Children’s group one	Children	South London	11 - 13	AB
Parent’s group one	Parents	South London	11 - 13	AB
Children’s group two	Children	Glasgow	14 - 16	C1C2D
Parent’s group two	Parents	Glasgow	14 - 16	C1C2D
Children’s replacement group (to replace children’s group two)	Children	Edinburgh	16 - 17	C1C2D

At the beginning of the recruitment process the subject of the research (investigating parental drinking and what children understand about this) was outlined in a message to potential participants and once responses had been received, further information about the group was provided so that the parent could provide consent, and participants were free to cancel their participation at any time. Participants were recruited a number of days before the agreed date of the focus groups.

Participants were given a contact number to ask any further questions they may have had prior to the group. Upon arrival, they were asked to sign a final consent form, for both themselves and their child. The focus groups were moderated by experienced ORB researchers, and

all participants were informed that they were free to leave at any point. All ORB employees working on the project had a DBS check conducted prior to the work. A modest incentive for time taken to participate and to cover any travel costs was provided in the form of a shopping voucher.

ORB provided anonymised audio recordings and transcripts of the focus groups to IAS. In addition, some members of the project management group attended the focus groups in person.

Focus group analysis

All focus groups were transcribed and supplementary audio files were provided to IAS to aid familiarisation with the data. Transcripts were thematically coded using The Framework approach to analysis.³⁶ Microsoft word processing software was used to analyse and code the data.

As the online survey was the primary method for gathering data for this project, the focus groups were analysed with a view to identifying and exploring themes emerging from the polling results. As such focus group typologies were not created. The first two groups were conducted before the polling, in order to test some of the questions and wording. The final two focus groups, and replacement group, were conducted once a significant amount of the polling analysis had been carried out, and used to explore issues of interest from the polling data.

Online survey – Data collection

ORB was commissioned to conduct an online survey comprising 1000 family interviews across the UK. Each interview consisted of an interview with a parent and one of their children. In cases in which parents had more than one child, the child was randomly selected, with the random selection process in-built into the survey script. ORB collected the raw data and passed these data in an anonymised form to the project management group for analysis.

Each online survey lasted about 25 minutes for both a parent and their child in total. Survey participants were recruited from an existing online panel. As part of their membership to this online panel, respondents are given an incentive per survey they complete, using a ‘points system’ whereby members earn points for each survey they complete.

The questionnaire was designed by IAS and the wider project management group, with ORB providing feedback on design, question wording and structure. The questionnaire was informed by the initial two focus groups which were also used to test some of the questions and their wording. The survey questions can be found in appendix 2. Ethical approval for the survey was obtained from the University of Stirling ethics committee.

Survey fieldwork took place from 10th – 30th March 2017. A soft launch of 100 interviews took place from 10th – 12th March, with a full launch taking place on 13th March. During fieldwork, quotas were applied to the geographical region variable to ensure that the final regional split of the sample is representative of the geographical distribution of the total population of UK adults (i.e. the total number of individuals in the UK aged 18+, not the total number of households/parents in the UK). Minimum quotas were also applied to children’s ages to ensure that the sample contained a minimum of 200 children within the age groups 10-11, 12-15 and 16-17.

Weights were applied post-fieldwork to parents’ gender and social class to ensure that the sample was representative of the total 18+ UK population. Note that region has also had weights applied to ensure that the regional profile remains representative when weights are applied to gender and social class. Weighting targets were based on data drawn from the National Readership Survey.³⁸

ORB did not recommend applying a weight to parents’ age as the age profile of the total 18+ UK population breakdown is likely to be significantly different to the age distribution of UK parents. The natural fallout of parents’ age within the sample is likely to be closer to the true age profile of UK parents and as such no weighting has been applied.

As part of the fieldwork process, a number of quality control processes were implemented, including:

- ▶ Testing for ‘flatliners’ (respondents who answer the same answer code/answer position on a large proportion of questions).
- ▶ Monitoring of interview lengths. If interviews were completed in an unrealistically short amount of time, they were removed.
- ▶ Respondents were asked quality check questions, unrelated to the rest of the survey questions, to assess whether or not the respondent was taking care to understand the questions they were being asked.

A total of 29 respondents were removed as part of the quality control procedures. Otherwise, no further respondents were removed. After data cleansing 997 participants remained which was weighted to 1000.^a

It is important to note that usually open-ended questions are also checked to ensure that responses were genuine, however in this survey there were no fully open questions, except child name, on which to do any checks. It was assumed that some respondents might not want to divulge their child’s name so ORB did not disqualify anyone if the name(s) entered were nonsensical.

Online survey – Data analysis

The data provided by ORB to IAS was fully anonymised. Staff at IAS conducted the analysis of data with support from academic advisors.

The responses of parents and their children were linked to form a single consolidated row of data for each family. Initial exploratory frequency and descriptive analysis was performed on all question responses. Following this, bivariate analysis was employed to examine associations between parental consumption, parenting style, socio-economic status, whether a child had seen their parent tipsy or drunk, and responses to questions across the survey. Further, associations between parents’ answers and their child’s responses on matched questions were examined. From this, strong associations were identified that were explored further through multivariate analysis, combining many of these possible predictive factors.

^a An additional 110 ‘boost’ sample for Scotland was requested and paid for by AFS, but was not included within the present study. The Scottish booster sample was not included in this analysis, but all Scottish data was provided to AFS for their own separate analysis.

A key part of this multivariate investigation examined whether factors such as socio-economic status and parenting style were associated with outcomes for children, based on research highlighted in the literature review. Full details are available in the results section, and methodological details relating to each segment of the analysis are detailed below.

Measures of parental consumption, parenting style, socio-economic status, whether a child had seen their parent tipsy or drunk

Parental report measures:

Parental consumption

A quantity frequency drinking assessment tool was employed within the online survey (questions 1a, 1b, 2a, 2b, see appendix 2) to assess parental consumption levels, but discrepancies between responses across consumption questions, as well as some unfeasible responses, suggested that many participants found this difficult to answer.

Inconsistencies included high levels of contradictory answers between Q1a and Q2b, regarding consumption in the last four weeks. There were also contradictory answers for Q2a and Q2b. As a result, the decision was taken to use Q2b as the consumption measure. This was chosen as it was judged to be the most straightforward and comprehensive of the consumption questions asked.

In order to maximise the reliability of this question as a consumption measure, an estimated total unit consumption figure for the last four weeks was calculated for each respondent, based on the information they had provided in Q2b.^b Respondents were then grouped, using tertiles, into three categories based on this - lower, middle and upper consumption tiers within the sample.^c While the consumption data obtained may not give an exact measure of the number of units of alcohol consumed, it provides a relative comparison of those who are likely to be in lower, middle and upper consumption tiers within the sample.

Socio-economic status

Parents were assigned to socio-economic status groups (SEG) based on their reported occupation (see table 3.2 for detail). For the purposes of the analysis, social grade was further grouped into a binary variable, ABC1 or C2DE.

b This estimated unit consumption total for the last four weeks was calculated by summing all daily unit consumptions a respondent reported for Q2b. Where a respondent indicated a daily consumption range, e.g. 6-10 units, the central point of this range was used in this calculation.

c These groups were created by splitting participants into lower, middle and upper tertiles based on the estimated total unit consumption figure for the last four weeks figure calculated. In order to ensure any given reported consumption total only appeared in one group, the boundaries between groups were adjusted to accommodate this. This process was completed automatically with the conversion to tertiles process via SPSS. As such, the group totals do not represent perfect thirds (lower consumption tier: n=308, range of 0-7.5 estimated unit consumption total for the last four weeks; middle consumption tier: n=361, range of 8-26 units estimated unit consumption total for the last four weeks; upper consumption tier: n=328, range of 26 and above estimated unit consumption total for the last four weeks).

Table 3.2: SEG by occupation

Main Income Earner Occupation	SEG
Higher managerial, administrative or professional	A
Intermediate managerial, administrative or professional	B
Supervisory, clerical, junior managerial, administrative or professional	C1
Skilled manual workers	C2
Semi or unskilled manual worker	D
Unemployed / currently not working	E
Housewife / husband	E
State pensioner or Retired	E
Student	C1

Child report measures:

Parenting style

A parenting style variable was created using children’s responses to two survey items:

When your parents make rules, or say that you cannot do something, do they:

- ▶ Always explain why this is, so that you understand their decision
- ▶ Sometimes explain why this is, so that you understand their decision
- ▶ Do not try to explain their decision

Outside of school, how often do your parents know where you are, or who you are with?

- ▶ Always
- ▶ Most of the time
- ▶ Rarely
- ▶ Never

This variable presented a scale of parenting style, from highly accessible and aware to inaccessible and unaware. Parents were categorised within this variable based on their children’s responses to these survey items is outlined in table 3.3.

Table 3.3: Parenting style variable categorisation by survey item response

		Outside of school, how often do your parents know where you are, or who you are with?			
		Always	Most of the time	Rarely	Never
When your parents make rules, or say that you cannot do something, do they:	Always explain why this is, so that you understand their decision	Highly accessible and aware	Fairly accessible and aware	Fairly inaccessible and unaware	Inaccessible and unaware
	Sometimes explain why this is, so that you understand their decision	Fairly accessible and aware	Fairly inaccessible and unaware	Inaccessible and unaware	Inaccessible and unaware
	Do not try to explain their decision	Fairly inaccessible and unaware	Inaccessible and unaware	Inaccessible and unaware	Inaccessible and unaware

Whether a child had seen their parent tipsy or drunk:

This was measured based on responses children gave to two questions:

When someone is tipsy it means that they have drunk enough to be slightly wobbly, feel slightly less in control and might sound a little bit funny. They might be described as being ‘a little bit drunk.’ Do you think you have ever seen your [INSERT RESPONSE FROM S4] tipsy?

When someone is drunk it means they have drunk enough alcohol to feel less in control, are wobbly or perhaps saying things or doing things that they wouldn’t normally do or say without a drink (good or bad things). Do you think you have ever seen your [GUARDIAN] drunk?

Bivariate analysis

Parental consumption, parenting style, socio-economic status, whether a child had seen their parent tipsy or drunk

The weighting previously discussed was applied to the data. Chi-squared tests were applied to examine association between measures detailed above of parental consumption, parenting style, socio-economic status, whether a child had seen their parent tipsy or drunk and responses on questions across the survey. Correlation coefficients - Spearman’s where data suited assumptions - were also examined.

Parent vs child questions

Chi-squared tests were applied to examine association between parents’ and children’s responses on matched questions. Paired t-tests were used to further explore this. This test was chosen as although answers were from different individuals, the individuals were not independent of each other.^d As these data were in many cases ordinal and unlikely to be normally distributed, Wilcoxon matched pairs signed rank tests, a non-parametric equivalent, were also used alongside this to verify the results.

Multivariate analysis

Multivariate analysis, using logistic regression analysis, was conducted to examine the associations between key outcome variables and multiple independent variables such as parental consumption, socio-economic status and parental style (see table 3.4 for details).

^d These were analysed unweighted, which means the sample size here was 997.

Table 3.4: Independent and dependent variables employed during multivariate analysis

Independent variable	Dependent variable
A parent reporting their child has ever asked them to drink less	Parental consumption tier within the sample Socio-economic status Parental style
Children reporting that the way their parent drinks alcohol provides a positive role model for them	Analysis 1: Parental consumption tier within the sample Socio-economic status Whether child reports having ever seen their parent tipsy Analysis 2: Parental consumption tier within the sample Socio-economic status Whether child reports having ever seen their parent drunk
Emotional responses to seeing a parent drinking alcohol: a) embarrassed or b) worried	Analysis 1: Parental consumption tier within the sample Socio-economic status Parental style Analysis 2: Parental consumption tier within the sample Socio-economic status Whether child reports having ever seen their parent tipsy Analysis 3: Parental consumption tier within the sample Socio-economic status Whether child reports having ever seen their parent drunk
Reporting at least one of the below responses to the question: Has your [PARENT]’s behaviour when they are drinking, or the morning after drinking, ever caused your parent to: ▶ Be more unpredictable than normal with you. [By ‘unpredictable’ we mean that they act differently in many ways than normal] ▶ Give you less attention than usual ▶ Miss a family meal or gathering ▶ Argue with you more than normal ▶ Put you to bed earlier than usual ▶ Been less comforting and sensitive with you than normal ▶ Put you to bed later than usual ▶ Made you late for school	Analysis 1: Parental consumption tier within the sample Socio-economic status Parental style Analysis 2: Parental consumption tier within the sample Socio-economic status Whether child reports having ever seen their parent tipsy Analysis 3: Parental consumption tier within the sample Socio-economic status Whether child reports having ever seen their parent drunk
Reporting at least one of the below responses to the question: Has your [PARENT]’s behaviour when they are drinking, or the morning after drinking, ever caused you to: ▶ Spend less time doing your homework ▶ Pay less attention at school ▶ Miss an event/occasion you were supposed to go to (like a family dinner) ▶ Play less than normal ▶ Think that your parents argue more than normal	Analysis 1: Parental consumption tier within the sample Socio-economic status Parental style Analysis 2: Parental consumption tier within the sample Socio-economic status Whether child reports having ever seen their parent tipsy Analysis 3: Parental consumption tier within the sample Socio-economic status Whether child reports having ever seen their parent drunk

Overall mixed methods data analysis

Once all of the focus groups and polling data had been analysed, key themes from both of these were brought together. Because of its relative weight and the fact that it is representative of parents in the UK, the polling data was given primacy, and the focus groups used to support and illustrate key issues. However, at times interesting issues from the focus groups lead to further interrogation of the survey data. Similarities and differences between the primary survey data findings and the literature review were then assessed.

STUDY STRENGTHS AND LIMITATIONS

There are a number of strengths and limitations to this research design:

- ▶ **Parents may influence the answers that their children give** if they stay near the computer to observe their child answering the online survey. This is a risk with any survey using this approach. By conducting separate focus groups with parents and children following the survey, we were able to explore the themes raised in responses to the survey in more detail while reducing this risk of bias.
- ▶ **Sample size and linked parental and child samples:** the sample of online survey consisted of 997 parents and 997 children (1000 when weighted), and was nationally representative, as outlined above. Such a large linked sample provides significant statistical power and adds weight to the findings.
- ▶ **Participants who regard their drinking behaviour as potentially problematic will not take part in the survey.** While this is an issue which is always present when carrying out any research in which participants self-select, steps can be taken to minimise the issue. By carefully wording all survey materials – including invitations and the survey questions – it is possible to try to put respondents at ease. This includes such things as avoiding questions about the potentially more sensitive aspects of the topic, providing respondents with information about how the survey’s results will be used, and assurances of anonymity and their ability to stop participation in the survey at any time. However, we did not set out to sample dependent drinkers, and screened these out from the sample, which reduces the effect of this.
- ▶ **The study benefited from a broad range of stakeholders, both from academia and relevant charities,** and the public inquiries also received evidence from a broad range of experts. This provided for a holistic view receiving inputs which cut across relevant professions.

- ▶ **The problems mentioned above regarding participants misunderstanding the quantity frequency drinking question.** As discussed, some participants' responses suggested they had misunderstood the questions relating to consumption (Q1a, Q1b, Q2a; see appendix 2 for detail). As such, Q2b was employed as the sole measure of consumption, to limit in the influence of erroneous responses from these other survey items. A total unit consumption figure for the last four weeks was estimated for each respondent from this. While Q2b was chosen for this measure as it was felt it was the most straightforward question for respondents to answer, there remained some clear outliers in responses to this. As such, instead of proceeding with analysis using raw consumption totals, respondents were instead grouped into lower, middle and upper consumption tiers within the sample. This allowed for potential outliers to remain, as their distortion effects would be limited, and while their reported consumption will likely be inaccurate as a total, they are unlikely to be housed within the incorrect tier within the sample.

CHAPTER 3: PUBLIC INQUIRY

Summary of main findings

This chapter brings together key themes from the oral and written evidence gathered as part of this report, under the following headings:

Amounts and patterns of parental consumption

Too much attention is paid to the amount and pattern of parental drinking, frequently neglecting the actual *impact* of parental drinking on children. The family context is probably key to mediating such impacts, and this was seen to be a classless issue, with a need for a bigger discussion around parental wellbeing and work-life balance.

Impact on children

Parental drinking can have a range of emotional and other impacts on children, many of which are highly personalised but with common themes. Many parents assume their children don't notice their drinking, so the harm caused is often unintentional, and there is a need to explore the contribution alcohol makes to child emotional and/or physical neglect.

The normalisation and stigma continuum

A permissive pro-alcohol environment has led to normalisation of drinking in a range of settings and 'culture blindness' to alcohol harm. Unlike other drugs, there are many 'grey areas' surrounding alcohol, and other adult observers often feel they do not have the 'right' to intervene, with services often viewed by families as intrusive.

Identification of children affected

Early intervention is key to improving outcomes for children. Universal services are vital for this, but identification of children at the less severe end of the spectrum is challenging, with levels of awareness, lack of training, and confidence to raise issues key barriers.

Support and service provision

Current treatment services focus on adults who are dependent on alcohol, but support services for children in their own right are critical, as is better coordination between adult and children's services. Many services are overwhelmed by demand and waiting lists are increasing, while budget cuts mean that there is decreasing availability.

Policy development and data collection

There is a need to 'join up' policies to respond to the complexity of issues affecting some children and families, and to raise awareness of this issue. A range of data already exists, but systems should be reviewed to ensure better, more consistent collection.

1. Introduction and background

This section summarises evidence, both written and gathered during inquiry sessions in London and Edinburgh. There were three sessions in each inquiry: first, with specialist alcohol practitioners and service managers; second, with universal services practitioners and professionals; and third, with those working more broadly in the field, such as researchers, funding providers and those involved in policy and practice development. The feedback gathered is discussed under key themes.

2. Amounts and patterns of parental consumption

There is a significant body of research on chronic parental drinking’s effects on children; far less is known about the effects of moderate or low-risk drinking. Participants at both inquiry events stressed that current focus is more centred on adult consumption levels, often neglecting consumption’s effect on the child.

“Part of the danger is to focus too much on the alcohol... what we should be doing is focusing on the behaviours of the parent when they are drinking... or hungover.”

Micky Richards, Director of CGL

Evidence provided at the Edinburgh inquiry noted that current alcohol screening tools primarily focus on unit consumption, with limited capacity to consider the impact on drinker’s lives and lives of those around them; this suggests a need for assessments and referrals designed to account for this, which can assess if drinking affects the parent/child relationship. Evidence given at both inquiry events noted the importance of the context of parental drinking; factors like family social capital, vulnerability, poverty, mental health issues and self-harm, domestic violence, child resilience and age, times and patterns of parental drinking (such as low-level, sustained drinking or sporadic binges, and binge months around holidays), the triggers precipitating drinking, and a family history of care were all noted as mediating factors. The Edinburgh inquiry noted that any level of intoxication can impair ability to ‘give’ to a child. Both events considered increased normalisation of drinking at home important; while not necessarily affecting all children, it was said that this can make it more difficult to identify those who are.

The London inquiry noted challenges including a need for a bigger conversation around parental wellbeing and work-life balance, confusion surrounding units and new guidance, changes to women’s drinking patterns, pregnancy advice and intervention, and variation between cultures. The Edinburgh inquiry stressed that this is a cross-class issue, with many middle-class parents drinking at problematic levels without perhaps realising this.

“I think there’s a whole swathe of young people that are being missed who are within middle class families...where it’s very normal for a parent to drink maybe a bottle of wine each night.”

Jo Grace, NSPCC

3. Impact on children

Both inquiry events reported a range of emotional and other impacts on children affected by parental drinking; the London inquiry highlighted child impacts such as embarrassment, anxiety, confusion, fear, low self-esteem, low confidence, loneliness, problems at school and with friends, and poor emotional health and wellbeing. However, it was noted that despite common themes, impacts are very personalised, depending on familial and social circumstances.

“Fundamentally our experience from the child’s perspective is that whatever the parental problem is, that becomes the child’s problem and that’s how they experience it and then they make sense of that in their own world based on what their emotional intelligence levels are, or the context, or even down to the sibling group...”

Joanna Manning, Children’s Society

For children, the impact of parental drinking can be significant, with them often feeling responsible for an intoxicated parent and experiencing chronic stress and anxiety. Both inquiry events noted that children often keep issues hidden due to loyalty, fear, or communicative limitations, and can frequently take on caring for parent/s and siblings.

“Children are anxious and worried. They will often say things like ‘I made sure there was some water and headache tablets next to the bed before I left for school’. So they know - and they take that anxiety and worry into school.”

Elaine Wilson, Lloyds TSB Foundation

The London inquiry highlighted further problems that can arise (e.g. children unable to afford clothes they want or to bring friends home) and noted that alcohol can have a variety of impacts at different stages and settings of child development, including in utero, the family, schools, neighbourhoods, work and relationships. They also noted that while children come to services because alcohol has affected them, some of the effects of low-level drinking may be overlooked by services:

“Children and adult services are much less likely to focus on prevention and early identification of drinking problems. The focus of their work tends to be on heavy end problematic drinking that is causing obvious damage to children”.

Judith Harwin, social work researcher

At both inquiry events children’s awareness was discussed, highlighting that many parents have the perception that their children do not notice their drinking, and so do not realise it affects them:

“So many parents think that their children don’t notice. They think that their two or three-year-old doesn’t see what’s going on. They think ‘I’m only drinking when they’re in bed so they don’t notice’. But they do notice - the child is absorbing everything that is happening around them from very early on.”

Jo Grace, NSPCC

As such, the Edinburgh inquiry noted that harm caused is often unintentional. The London inquiry suggested children may feel confused; feeling responsible for difficulties or for resolving them. The London inquiry also raised the sideways and later life effects of parental drinking, including learned behaviours, deep-rooted trauma, alcohol use, developmental and long-term health impacts, and addiction, suggesting there should be messaging around healthy ways to drink in order to counter this.

Evidence given at both inquiry events saw a need to explore alcohol’s contribution to child emotional and/or physical neglect. The Edinburgh inquiry felt that more needed to be done to raise awareness of this (noting emotional neglect was much more likely to go unnoticed), and to get better at talking to parents about the effect on their child when alcohol makes them emotionally unavailable. Further to this, they noted a need to improve conversations with practitioners and policy makers about alcohol’s effect on the parenting relationship. This inquiry also noted that emotional unavailability is often unrecognised, and stressed that discussions around emotional neglect need to be located in the parenting relationship not in the child. The involvement of other family members was identified by the Edinburgh inquiry as having the potential to offer some protection and stability.

4. The normalisation and stigma continuum

Participants that gave evidence to this inquiry strongly felt that normalisation of alcohol and heavy drinking culture was a key driver in the emergence of problematic drinking. The ubiquity of alcohol – availability, price and marketing - and the prevalence and acceptability of drinking was seen not only driving excess consumption, but also as a barrier to problems being dealt with; a ‘cultural blindness’ to the harm it can cause. Its self-medication function was emphasised at both inquiry events, particularly for parents.

“If you are able to look and think ‘oh, everybody else on Mumsnet is talking about wine-o-clock as being 5 o’clock when you’ve got the kids home and you’ve got tea and bath time and that’s going to help you get through’, that is a bit of an indicator really of things being quite problematic but we’re not addressing that as a cultural issue.”

Jo-Anne Welsh (chief executive, Brighton Oasis) [‘we’ refers to our society/a collective of providers, not specifically her service]

Participants at the London inquiry noted alcohol’s position as a social lubricant, a coping mechanism, and as a reward, the ubiquity of alcohol marketing messages highlighting that a cultural change may be required, including perhaps encouraging a more draconian attitude to drinking around children; rather than only updating guidelines, considering their tone (including suggestions for simplified guidelines incorporating fun, educational messaging). All inquiry participants, however, noted alcohol’s pervasion into all areas of society, including holidays, socialising, commuting, and schools; the conflicting and perhaps distressing message this sends children was noted by the London inquiry, who highlighted the rise in alcohol-free events during university freshers’ weeks as an encouraging departure from this.

“It’s so accepted, it’s in society everywhere. We drink to celebrate, to commiserate, because it’s a sunny day. Billboards, radio stations, TV – it’s all around us...”

Christine Bowie, Drugs Alcohol and Psychotherapies Limited (DAPL)

Conversely, where alcohol is causing harm in a family it often goes undiscussed. There is a powerful sense of stigma and avoidance around alcohol problems; this was identified by participants at both inquiry events as a key barrier to children and families seeking and receiving support. Participants at the London inquiry noted that this stigma, alcoholism’s unique status as a self-diagnosis, lack of discussion around drinking, and acceptance of alcohol as a social norm might mean many do not realise they have a problem; denial or lack of awareness may cause issues for services, as it is very hard for professionals to intervene if the parent denies that they have a problem. Participants at the Edinburgh inquiry noted children struggle ‘opening up’ about issues, fearing they will make things worse or out of loyalty.

Similarly, other adult observers who have concerns - family members, friends or practitioners - often feel they don’t have the ‘right’ to intervene; the acceptability of and ambivalence to alcohol, combined with the stigma of being a ‘problem drinker’, creates a ‘grey area’ where others are unsure when and how to intervene. Alongside this, if a parent is concerned about their drinking, there can be apprehension about asking for help; stigma was seen as a big barrier to asking for help, as was fear of ‘what will happen’, worrying children will be taken away. Services, particularly statutory services, are often viewed by families as intrusive rather than helpful. It was recognised as a big challenge, with more consideration required on how better to have conversations to communicate that services across the statutory and voluntary sectors are there to support and not ‘punish’ them.

“Third sector organisations are really important – we [professionals/practitioners] know social services are there to help but there is still a perception that ‘they’ll take my kids away’.”

Elaine Wilson, Lloyds TSB Foundation

The London inquiry emphasised the ideas of stigma, noting a need to challenge the culture of guilt, blame and shame, for adults and children. For adults, shame around parental failings may make them less likely to seek or accept help, and can make conversations around parental drinking tricky to initiate (in person and online, such as Mumsnet), which can lead to practitioners having to ‘catch people out’, and to parents feeling they lack a support network. They also highlighted unique issues shame brings when discussing pregnancy and child abuse. For children, shame may be linked to not wishing to expose flaws in their family life; the inquiry noted this may be amplified by the additional tensions of shared parenting.

The inquiry suggested paths to address this; letting children know they are not alone; working with children to increase their confidence; help build emotional intelligence; increase education and public dialogue around these issues; and build children’s understanding that parents have flaws (they note this could particularly help where parents aren’t symptomatic). They noted a need to seek a sense of hope and positive messaging around this subject and highlight the success Finland had in this vein by hosting chatrooms to discuss parental drinking.

“We do need to find hope, we need to find a sense of hope. It is difficult to sort out these families, it is difficult to help, it is jolly difficult to break patterns of addiction. But it’s not impossible... We need to make this something that is OK to talk about.”

Mike Shaw, Co-Director of the Family Drug and Alcohol Court

It was agreed at both inquiry events that, unlike other drugs, there are many ‘grey areas’ surrounding alcohol. The London inquiry highlighted differences between normalisation of alcohol and the view of illegal drugs, including legality, superior screening practices for drug use, drug use’s position as a subcultural phenomenon, and more concern about drugs than alcohol in interventions. They noted that these differences can lead to difficulties discussing alcohol problems with parents, swifter and more likely service response to drug problems, and less interest from government.

5. Identification of children affected

The Edinburgh inquiry saw early intervention as key to improving outcomes for children. They felt Getting It Right For Every Child (GIRFEC)³⁷ had gone some way to doing this, but more was needed to improve early intervention, to better support children’s emotional and physical well-being. It was agreed at both inquiry events that ‘grey’ areas surrounding alcohol affected identification of children – by family, friends and practitioners – affected by parental drinking; the acceptability of alcohol use and the stigma associated with alcohol problems both contribute to apprehension of raising the issue.

“There’s cultural denial about the harm alcohol causes because alcohol is about most of us and not about those drug users over there.”

Joyce Nicolson, University of Glasgow

When considering ways to improve early intervention, the London inquiry suggest approaching parental drinking from parents’ sense of wellbeing, to help avoid judgmental practice, and help people engage with the issue without directly asking if they have a problem. This may bring focus on early warning signs and those moving in and out of problematic drinking, and may address the issue of impact vs consumption levels previously raised. The Edinburgh inquiry agreed identification at the less severe end of the spectrum was challenging. Practitioners such as teachers, GPs, social workers and health visitors were seen as vital to identification, as they often have a holistic view of family life; e.g. job loss or divorce can be triggers to problems with alcohol developing.

“Identifying children impacted by moderate drinking is really difficult. But what we can do is identify overloaded or over-stressed parents. You identify a stressed parent, you’ll probably identify a stressed child at home too.”

Dr Andrew Dawson, Professional Lead for Child Psychotherapy, NHS Greater Glasgow & Clyde

However, here concerns were raised about levels of awareness of the effect of parental drinking amongst universal practitioners. Moreover, challenges were noted in ensuring those practitioners felt equipped and confident raising the issue. The London inquiry also noted that practitioners may have unhealthy attitudes to alcohol themselves. There were concerns

raised in Edinburgh about issues being improperly identified – for example, children’s behaviour being mislabelled as mental health issues. There is very little training on this, which inquiry participants felt should be addressed.

The London inquiry noted some key intervention strategies for these services, including stressing the positives and non-judgemental practice, and highlighted the key role teachers may be able to play. However, the Edinburgh enquiry also noted the capacity of universal staff who already have very busy workloads as something which required further consideration, as well as the challenges such practitioners sometimes face finding effective referral pathways to appropriate services. Family and friends were also seen as key to early identification by the Edinburgh inquiry, as they were often the first to notice the signs of problematic drinking. However, as noted earlier, fear of ‘rocking the boat’ often stopped them intervening at an early stage.

The London inquiry noted alcohol’s use as a support mechanism, which they suggest may make identifying and addressing the problem more difficult. They highlighted trigger points which can lead to problematic drinking including bereavement, relationship-breakdown, domestic violence, self-medication of mental or physical illness, or loss of job, and note how support networks and coping strategies learned in childhood can affect this practice. This behaviour was noted as a red flag, and that the problems generated may not emerge until later life.

The London inquiry identified school as a key point for identification, because they see children regularly en masse and can notice problems early on, are trained to pick up signs of neglect, and there are already many social services referrals that come from schools. However, they note that there are limits to a school’s role; school staff need to be careful to notice the ‘quiet child’, behaviour taking place outside school is outside their purview, some intervention will require parental consent, there may be concern from staff of over-reporting, the difficulty of addressing large numbers of students, regional service variation, and school anxiety around inquests. The London inquiry also identified issues specific to school and social service interaction, including over-zealous reporting, the barrier of paperwork, teacher capacity, and Ofsted pressure on safeguarding procedure. The need for training was emphasised. The important role of mentors, school nurses, Parent Family Support Workers, and PSHE was also mentioned. The FAST intervention was also proposed as a method to address identification issues.

Pregnancy was recognised as a key stage for intervention by participants of both inquiry events. The Edinburgh inquiry noted that with foetal alcohol spectrum disorder (FASD) being the leading cause of preventable learning disability, it is critical that practitioners working in ante-natal services have the knowledge and skills to intervene; the London inquiry noted more training may be needed for workers here.

Alongside this, it was felt to be imperative that messages and procedures surrounding alcohol and pregnancy and breast-feeding are clear and consistent. In the Edinburgh inquiry, stakeholders were strongly supportive of the recent alignment of CMO guidelines across the UK with the advice in Scotland. It was further suggested that more work needed to be done to prepare young people and adults for parenthood. Suggestions from the London inquiry included Sure Start in children’s centres, wellbeing advice distribution, and early intervention from the maternity system.

To increase opportunities to improve the likelihood of early intervention, across all areas of children and family life, the Edinburgh inquiry felt that it was vital to create environments which make it easier for children and parents to talk about alcohol and what is happening at home, without stigma and judgement. To support the creation of such environments, training for those working with children and families was seen as key to building their understanding of the place of alcohol in wider society and family life, and increasing confidence to raise the issue and help honest and supportive discussions to take place. Moreover, it is crucial that the appropriate support services were in place and had capacity to help those children and families identified.

6. Support and service provision

The Edinburgh inquiry noted that existing alcohol treatment and recovery services focus on support for adults, but support services for children in their own right were seen as critical. A whole family approach, centred on the child, may ensure all the family receive the support needed. Better joining up of services, and better communication and coordination between adult and children’s services, were noted as further key issues. It was also highlighted that alcohol problems rarely exist in isolation, but with other issues such as mental ill-health, and services need to be better joined up to respond to complex needs of some families. Services creating space to listen to children were seen as key by the Edinburgh inquiry. It was also noted here that school-based counselling services can have a positive impact, providing a safe space to talk about issues affecting them.

It was further suggested that services which focused on well-being outcomes, rather than solely on alcohol, could reduce stigma of accessing support, particularly at the less severe end of the spectrum. Inquiry participants noted that the threshold for accessing services was getting higher every year, seeing families not accessing support until a crisis point. Support at the less severe end of the spectrum was highlighted as limited at best, which meant problems that could be addressed through earlier intervention are being missed.

“Social work thresholds are climbing higher every year. That is not a criticism of social work colleagues at all. The reality is that they just don’t have the capacity or resources to work with lower levels of need.”

Jo Grace, NSPCC

Inquiry participants noted that ‘softer’ support services were increasingly being reduced due to cuts in public funding, with priority placed on the severe end of the spectrum; as a result, existing services were being overwhelmed by demand and waiting lists to access support were growing. The Edinburgh inquiry highlighted that this strain on services meant that there was a whole cohort of children identified that could not access the support they needed. The London inquiry noted further issues around service delivery, including lack of priority for alcohol, a need for closer working between different services, difficulty in getting discrete funding to work with children affected by parental drinking, social worker difficulty engaging with older children, time limitations, and training limitations for social workers.

The inquiry also noted a need for more consideration on the effect on the child, not just when social services need to intervene, limited knowledge of instances where there is problematic

drinking in a family but other family members are managing the issue, limitations of treatment data to measure the scale of the problem, and that parents might want to hide problems and ignore them. Further issues raised by the London inquiry included cuts to early intervention, difficulties balancing evidence-gathering and support, uneven service distribution, increasing referrals, difficulties defining and promoting the services people require, and lack of follow up to A&E visits. Issues were raised specifically with mental health services, domestic violence services, Sure Start, Drug and Alcohol Action Teams, Children Social Care Programme, and Troubled Families.

7. Policy development and data collection

Recent years have seen a range of policy and legislative responses that aim to improve children and families’ lives. A whole population approach, acting on price, availability and marketing of alcohol, is recognised as the most effective way to reduce alcohol harm across society, including harm to children, improving effectiveness of support interventions, and addressing the pro-alcohol environment. Alongside this, a range of research studies have sought to increase understanding of the effect of parental drinking on children. The plurality of issues faced by families was highlighted at both inquiry events, including alcohol harm, mental health, witnessing and experiencing domestic abuse, and poverty, and that policy solutions need to better respond to this, possibly through an increasingly joined up approach. The London inquiry highlighted the need for a multi-agency response to such plurality, and the issue of localism: with targets and funding devolved, with no national sense of what is delivered locally. Local responses and strategies vary; LAs often don’t have a sense of the scale of the problem.

Participants at both inquiry events agreed more consideration of systems and processes was needed to ensure better, more consistent data collection. Both events highlighted unexploited avenues for data collection, including Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), A&E admissions, the census, UNICEF child well-being surveys, and self-administered surveys at service contact points. The London inquiry also suggested some existing banks of data could be used, including FitBit data, industry data, and existing research studies, and noted the need to identify more existing data of this kind. The Edinburgh inquiry highlighted tensions between gathering data and providing services; better processes and systems to gather data in existing work may address this. The London inquiry raised issues, including out-dated and absent data on key topics, and limitations of some methods such as self-report surveys and anonymised data. But both inquiries stressed that data for data’s sake is not enough. The analysis and joining up of data needed to be improved so it may better identify gaps in service provision to improve outcomes. Specific suggestions included asset-based research and joined up analysis of child and adult data.

The Edinburgh inquiry suggested tension between ‘private’ and ‘public’ issues was seen as a barrier to collecting data that gave a true reflection of alcohol’s impact on children, particularly at the less severe end of the spectrum, and that data is required not only on prevalence, but on the efficacy of services; there should also be consideration of what key indicators would tell us more about child well-being. Furthermore, they noted if prevalence data is collected, there must be a clear rationale and plan of how this is to be used to improve support for children and their families.

Some historical successful policy applications were discussed by the London inquiry which could be reintroduced, modified and improved, including the Common Assessment

Framework, the Every Child Matters Agenda, the Children and Families Act, as well as the role of PHE. They suggested some new strategy ideas, including magazine style quizzes to raise awareness, social media campaigns such as Dry January, and advertising strategies that have proved effective in regard to other areas of alcohol-related harm, apps, and more sensitive medical tests.

CHAPTER 4: SURVEY RESULTS

Summary of main findings:

- ▶ **Parental drinking practices appear to be reflected in children’s attitudes towards alcohol and drinking.** Children also demonstrate awareness of parental motivations for drinking.
- ▶ **Parents in the upper consumption tier of this sample were around three times more likely than others to have been asked by their children to drink less**, but both a highly accessible and aware parental style and being within the socio-economic group C2DE, act as protective factors for this – these children were less likely to have asked this, however much their parent drunk.
- ▶ **Children whose parents were in the upper consumption tier of this sample were more likely to report a range of issues, including their parent arguing with them more than usual when drinking.**
- ▶ **If a child had seen their parent tipsy or drunk, they were less likely to consider the way their parent drinks alcohol as providing a positive role model for them.** This effect held across all levels of parents’ alcohol consumption. While this effect was stronger in children who had seen their parent drunk rather than tipsy, the difference was not substantial – seeing a parent tipsy or drunk appeared to have a similar effect on children.
- ▶ **Children of parents in the upper consumption tier within this sample were more likely than children of parents in the lower consumption tier to report feeling worried and embarrassed as a result of their parents’ drinking.** However, **children of parents in all drinking tiers of this sample were more likely to report both of these emotions if they had seen their parent tipsy or drunk** – the strength of this effect appeared to be similar for both states.
- ▶ When asked about a range of potential impacts, such as their parent being more unpredictable than usual, or arguing with them more than usual, **a gradient of responses could be seen related to parental consumption in some cases.** Children of parents in the middle and upper consumption tiers of this sample were more likely than children of lower drinking parents to report experiencing at least one of these negative impacts (with children of parents within the upper consumption tier of this sample being most likely to). **At times both a highly accessible and aware parental style and being within the socio-economic group, C2DE, were found to act as protective factors.**

Parental drinking: attitudes and awareness

How children feel about their parents’ drinking, and how parents think they feel

Both parents and children were asked how they thought parental drinking was viewed by children. Just over half of parents (50.5%) reported that their child was very comfortable with their drinking, while 35.1% said their child was somewhat comfortable, and 8.1% said that their child was very or somewhat uncomfortable with their drinking.

When this was examined alongside a parent’s consumption, 67.6% of parents in the lower consumption tier of this sample reported that they felt their child was very comfortable with their drinking, compared with 33.9% parents in the upper consumption tier of this sample and 55.6% parents in the middle consumption tier of this sample. Examined using a Pearson’s chi-squared test, this association between a parent’s consumption tier and their responses to this item was found to be statistically significant ($p < 0.001$).

B: “My parents work quite hard, so I don’t really have a grudge against them for having a good time, to be honest...As long as they’re not doing anything stupid.”

Child, children’s focus group 2, aged 16-17.

S: “Well, Lxxx is turning 14 in xxx. She’s quite anti it. I’ve got a little bit of an Absolutely Fabulous, ‘I’m the-,’ I’ve forgotten their names... Then she’s the daughter. I get the whole, ‘Mummy, are you drunk again?’. She’ll just be like, ‘Have you had too many? Are you drunk yet, Mum?’”

Parent, first parental focus group, with children aged 11-13.

P: “I think the friends might make them question what they see, but I do think it’s what happens at home, because that’s ingrained in your head, whether you agree with it or disagree with it. That is what you have seen, as you’ve been growing up.”

Parent, first parental focus group, with children aged 11-13.

Drinking occasions

Parents were asked to report whether they had drunk alcohol in front of their children at a range of social occasions (see table 5.1). Children were asked whether they considered it OK for parents to drink in front of children at these same social occasions. The most common occasion parents reported drinking at was a family celebration (88.8%); this was also the occasion that most children reported they felt OK for their parents to drink in front of them at (92.2%). The least common occasion parents reported drinking at was a school event (5.5%); this was also the occasion that fewest children reported they felt OK for their parents to drink in front of them at (10.2%). Across all occasions, children were more likely to say it is acceptable for a parent to drink at that occasion if the parent had in fact done so.

Table 5.1: Child opinions of, and adult behaviour at, various drinking occasions

Drinking occasion	% of parents who drink on this occasion	% of children who think it's OK to drink on this occasion	% of children answering yes by parental responses	Pearson's chi-squared test significance ^{1,2}
At home with a meal	68.5%	85%	If parent responding yes: 96.2% If parent responding no: 68.4%	p<0.001
In a pub or restaurant while eating	80.4%	90.7%	If parent responding yes: 96.5% If parent responding no: 71.4%	p<0.001
In a pub but not while eating	47.5%	76.6%	If parent responding yes: 93.8% If parent responding no: 68.3%	p<0.001
At home without a meal	60.7%	69.9%	If parent responding yes: 89.1% If parent responding no: 51.3%	p<0.001
At a family celebration	88.8%	92.2%	If parent responding yes: 96.7% If parent responding no: 71.4%	p<0.001
At a children's birthday party	12%	14.8%	If parent responding yes: 53.2% If parent responding no: 10.9%	p<0.001
At other social occasions (BBQs, friend's party)	86.5%	88.1%	If parent responding yes: 94% If parent responding no: 68.6%	p<0.001
While on holiday	86.9%	89.9%	If parent responding yes: 96.3% If parent responding no: 58.2%	p<0.001
At a school event	5.5%	10.2%	If parent responding yes: 70.6% If parent responding no: 7.3%	p<0.001
While watching TV with my children/with you	43.1%	51.9%	If parent responding yes: 81.4% If parent responding no: 35.6%	p<0.001
While reading with my children/with you	5.7%	14.3%	If parent responding yes: 53.7% If parent responding no: 13.1%	p<0.001
While playing with my child/with you at home	9.5%	15.8%	If parent responding yes: 65.1% If parent responding no: 12%	p<0.001

1 Examining association between parents and their respective child's answers
 2 All significant results indicated in green.

R: *“I think the fact that kids are, kind of, used to seeing people drinking now. So, it’s, kind of, like, you’re regularly seeing it, like if you’re walking past the pub, if you’re at home celebrating, so kids are, kind of, used to it now.”*

Child, children’s focus group one, aged 11-13.

D: *“My daughter’s completely aware of it, she tells me.”*

Parent, second parental focus group, with children aged 14-16.

R: *“I sometimes do it as a test. I sometimes make it a conscious choice to not have wine, when we all sit down and have our dinner. Then, we can look at the table, and go, ‘There’s no wine on this dinner table.’ So, they notice there’s no wine. I won’t say, ‘What’s different about this table?’ but just so that I know that they have meals where there’s no wine on the table. That’s only because of my perception that we drink too much alcohol during the week, therefore, ‘There’s no need tonight. I wonder if they notice or don’t notice.’”*

Parent, first parental focus group, with children aged 11-13.

Not only did children’s attitudes towards acceptable drinking settings align with their parent’s drinking practices, but children displayed strong awareness of why their parents drank (see table 5.2).^a For all six reasons for drinking presented, children were more likely to cite a reason as explaining their parent’s drinking if their parent also cited it.

Further understanding of parents’ reasons for drinking was demonstrated in the focus groups:

Children’s first focus group, aged 11-13, when asked why their parents drink:

T: *“It’s their happy place.”*

V: *“Alcohol is like sugar for adults, I guess.”*

A: *“To solve their problems.”*

M: *“I think they like the taste of it, as well. I don’t understand, because when I tried a tiny bit once and it was gross.”*

^a Please note, the answer format of this question for parents and children were different; children were asked to select their top three responses, parents could select unlimited responses. Parents’ answers were transformed from almost always/always, some of the time, rarely and never, to yes (almost always/always, some of the time, rarely) or no (never).

Table 5.2: Reported reasons for a parent’s drinking, parent and child responses

Reason why a parent may drink	% of parents reporting this reason	% of children reporting this reason	% of children answering yes by parental responses	Pearson’s chi-squared test significance ^{1, 2}
Because it makes social gatherings more fun/improves parties, celebrations	89.1%	42%	If parent responding yes: 45.5% If parent responding no: 15.3%	p<0.001
Because it helps you when you feel depressed or nervous	59.7%	10.7%	If parent responding yes: 15.7% If parent responding no: 3.3%	p<0.001
Because you like the feeling / get a buzz	81%	24.9%	If parent responding yes: 28.9% If parent responding no: 8.4%	p<0.001
To escape your problems	58.7%	12.9%	If parent responding yes: 19.1% If parent responding no: 4.2%	p<0.001
Because it is fun	86.3%	37.4%	If parent responding yes: 41.7% If parent responding no: 11.8%	p<0.001
So as not to feel left out	55.7%	7.4%	If parent responding yes: 11.7% If parent responding no: 2.1%	p<0.001

1 Examining association between parents and their respective child’s answers

2 All significant results indicated in green.

Talking and learning about alcohol

Overall, fewer children reported that it was very easy to discuss alcohol than parents did; these figures were 51.7% and 66.7% respectively. Examined using a Wilcoxon Matched Pairs Signed Ranks Test, this difference was found to be statistically significant (p<0.001).

Children whose parents felt alcohol was very easy to discuss were more likely to say the same; 71.3% of these children felt this way. Conversely, children of parents who felt otherwise were much less likely to report feeling alcohol was very easy to discuss (if parents felt alcohol was fairly easy, fairly tricky, or very tricky to discuss, these figures were 14.8%, 4.8% and 0% respectively). Examined using a Pearson’s chi-squared test, this association was found to be statistically significant (p<0.001).

Moderator: “Do you think you get enough information from your parents about how to drink sensibly?”

B: “They’ll just say, ‘Drink sensibly.’”

S: “It’s one of the things you have to figure out yourself, because you won’t exactly be the exact same as your parents and everything.”

Second children’s focus group, children aged 16-17.

Overall 56.2% of parents thought that their drinking had a strong or very strong influence on their child’s view towards alcohol, while 33.8% thought it had a weak or very weak influence.

Key finding: Parental drinking practices appear to be reflected in children’s attitudes towards alcohol and drinking. Children also demonstrate awareness of parental motivations for drinking.

Parental style

Parents were categorised into one of four groups based on the answers their child gave to questions about their parenting style, as detailed in the methods section. This involved combining the answers to two questions examining parental communication and parental monitoring. These groups were: highly accessible and aware parental style, fairly accessible and aware parental style, fairly inaccessible and unaware parental style, and inaccessible and unaware parental style.^b

Parental style and parents’ relationship with alcohol

Parents identified by their child as having a highly accessible and aware parental style were more likely than others to report:

- ▶ That they were a light drinker (59.4% as opposed to 49.8% of the whole sample, $p=0.003$)^c
- ▶ That they were very aware of the risks associated with alcohol (71.2% as opposed to 58.4% of the whole sample, $p<0.001$)^d
- ▶ That their child feels comfortable^e about their drinking (88.6% as opposed to 85.6% of the whole sample, $p<0.001$)^f

These parents were also less likely than others to report that they had drunk in front of their child at a range of social occasions, including a school event (2.8% as opposed to 5.5% of the whole sample, $p<0.001$)^g and while watching TV (37.6% as opposed to 43.1% of the whole sample, $p=0.002$)^h.

Parents identified by their child as having an inaccessible and unaware parental style were more likely than others to report that they were a heavy drinker (7.8% as opposed to 2.7%

b In limited cases, these groups were condensed to highly accessible and aware and inaccessible and unaware only. This is noted in footnotes where it has occurred.

c Examined using a Pearson’s chi-squared test

d Examined using a Pearson’s chi-squared test

e Here, very comfortable and somewhat comfortable are condensed to produce one figure for comfortable

f Examined using a Pearson’s chi-squared test

g Examined using a Pearson’s chi-squared test

h Examined using a Pearson’s chi-squared test

of the whole sample, $p=0.003$)ⁱ and that they drink to escape their problems (79.2% as opposed to 58.7% of the whole sample, $p=0.001$).^j They were also less likely than others to report that their child was comfortable^k with their drinking (67.9% as opposed to 85.6% of the whole sample, $p<0.001$).^l

Parental style and impacts on the child

Children of parents with a highly accessible and aware parental style were less likely than other children to report experiencing a variety of negative impacts when their parents had been drinking. See table 5.3 for details.

Table 5.3: Parental and child behaviours, by parental style

Behaviour	% of children reporting this	% of children of parents with highly accessible and aware parental style reporting behaviour	Pearson’s chi-squared test significance ^{1, 2}
Child pays less attention in school	3.2%	0.6%	$p<0.001$
Child spends less time doing their homework	5.6%	2.9%	$p<0.001$
Child feels that they have more freedom than usual	11.7%	5.3%	$p=0.002$
Child argues with their parent more than usual	6.8%	3.3%	$p=0.006$
Child feels embarrassed as a result of their parent’s drinking	18.4%	11.4%	$p<0.001$
Child feels that their parent hides their drinking from them	6.1%	5.4%	$p<0.001$
Child had missed a family meal or gathering because of their parent’s drinking	5.2%	3.5%	$p=0.004$

1 Examining association between parents and their respective child’s answers

2 All significant results indicated in green.

i Examined using a Pearson’s chi-squared test

j Examined using a Pearson’s chi-squared test

k Here, very comfortable and somewhat comfortable are condensed to produce one figure for comfortable

l Examined using a Pearson’s chi-squared test

Similarly, children of parents with a highly accessible and aware parental style were more likely than other children to report that they feel normal when their parent was drinking.^m These findings were echoed in the focus groups:

J: “If maybe one parent was drinking, comes back and then maybe wasn’t telling where they were... that could start an argument like, ‘Why didn’t you tell me?’ Again, if one was out, maybe I become more responsible and I have to do more. Maybe I had homework and I have other things to do and my parent has something to do and it’s a transfer of responsibility.”

Moderator: “Do you feel that you’re in the middle of it?”

J: “Yes.”

Moderator: “How does that make you feel?”

J: “I guess... (pause) I can deal with the responsibility, it’s fine, but if I weren’t to, I think it would be quite a bad situation.”

Second children’s focus group, children aged 16-17.

When asked whether they had ever felt guilty or ashamed of their parenting as a result of their drinking, 16% reported they strongly or slightly agreed, while 20.6% slightly disagreed, and 60.4% strongly disagreed. However, parents identified by their child as having a highly accessible and aware parental style were more likely to strongly disagree (with 68.3% reporting this). Examined using a Pearson’s chi-squared test, this association was found to be statistically significant ($p < 0.001$).

There was found to be no significant association between parental style and whether children reported having tried to get deliberately drunk in the last for weeks, when examined using Pearson’s chi-squared test ($p = 0.388$).ⁿ

Associations between parental style and other variables are outlined below.

^m ($\chi(3) = 35.48$, Cramer’s $V = 0.19$, $p < 0.001$)

ⁿ These groups were condensed to highly accessible and aware and inaccessible and unaware only.

Socio-economic Group (SEG)

Parents from SEG category ABC1 and their children were more likely than others to report a variety of behaviours, see details in table 5.4.

Table 5.4: Parental and child behaviours, by SEG

Behaviour	% of parents reporting this	% of children reporting this	% of respondents reporting behaviour by SEG	Pearson's chi-squared test significance ^{1, 2}
Child has ever asked parent to drink less	14.9%	N/A	ABC1: 18.2% CD2E: 11.1%	p<0.001
Parent drinks in front of their child in a pub or restaurant while eating	80.4%	N/A	ABC1: 84.4% CD2E: 76.4%	p=0.001
Parent drinks in front of their child at home with a meal	68.5%	N/A	ABC1: 73.6% CD2E: 62.8%	p<0.001
Child thinks their parent hides their drinking	N/A	6.1%	ABC1: 8.8% CD2E: 3.1%	p<0.001
Parent had argued with child more than usual when drinking	N/A	6.8%	ABC1: 9.4% CD2E: 3.8%	p<0.001

1 Examining association between SEG and responses on these behavioural items

2 All significant results indicated in green.

Associations between SEG and other variables are outlined below.

The effect of different parental drinking levels

As detailed in the methods section, parents were grouped into lower, middle and upper consumption tiers within the sample based upon their responses regarding their alcohol consumption. The majority of children correctly assessed their parent’s drinking level with 78.8% of children of parents in the lower consumption tier of this sample categorising their parents as drinking ‘a small amount’, and 20.1% categorising their parents as drinking ‘a normal amount’. Children of parents in the middle consumption tier of this sample broadly categorised their parents as drinking ‘a small amount’ (52%) or ‘a normal amount’ (45.6%), and 59.4% children of parents in the upper consumption tier of this sample categorised their parents as drinking ‘a normal amount’ and 17.6% categorised their parents as drinking ‘a lot’.

Parents in the sample’s upper consumption tier and their children were more likely than others to report a variety of behaviours, see details in table 5.5.

Table 5.5: Parental and child behaviours, by parental consumption level

Behaviour	% of parents reporting this	% of children reporting this	% of respondents reporting behaviour by parental drinking tier	Pearson’s chi-squared test significance ^{1, 2}
Child has seen parent tipsy	N/A	51.4%	Upper: 66.4% Middle: 51.8% Lower: 33.8%	p<0.001
Parent drinks while watching TV with their child at home	43.1%	N/A	Upper: 57.1% Middle: 43% Lower: 27.6%	p<0.001
Parent drinks while playing with their child at home	9.5%	N/A	Upper: 15.9% Middle: 6.9% Lower: 5.7%	p<0.001
Child thinks their parent hides their drinking	N/A	6.1%	Upper: 11.5% Middle: 5% Lower: 1.3%	p<0.001
Parent had argued with child more than usual when drinking	N/A	6.8%	Upper: 13.3% Middle: 4.1% Lower: 2.7%	p<0.001

1 Examining association between parental consumption tier and responses on these behavioural items
 2 All significant results indicated in green.

These findings were echoed in the focus groups.

D: *“Sxxx will take the mickey out of me about it sometimes, doing the old, ‘Oh, you back out again tonight?’ I think it is just a bit of banter, I would hate to think that I do influence her by, ‘Oh, mum goes out Friday night with the girls and then out with dad on a Saturday night and sometimes has a drink on a Sunday night while she’s watching Netflix or whatever.’”*

Parent, second parental focus group, with children aged 14-16.

C: *“When my parents go out to a party or something, and I’m in bed, and my dad’s downstairs and my mum’s gone up to see if me and my brother are in bed, she comes in my room and she’s goes, like, ‘Oh, I’ve got a headache.’ She’s not drunk, but she’s just got a headache because she’s been at the party.”*

Child, first children’s focus group, aged 11-13.

D: *“I wouldn’t say I’m a heavy drinker, I don’t think two bottles (of wine) in one night out is a lot.”*

Parent, second parental focus group, with children aged 14-16.

Associations with parental style and socio-economic status^o

Parents in the upper consumption tier of this sample were more likely (Adj OR = 3.008, $p < 0.001$) than those with parents from the lower and middle consumption tiers of this sample to have been asked to stop drinking by their child. If there was a highly accessible and aware parental style, children were less likely to ask this (Adj OR = 0.476, $p < 0.001$). Further, if parents were in the C2DE category, children were less likely to ask this (Adj OR = 0.592, $p = 0.014$).^p

Key finding: Parents in the upper consumption tier of this sample were around 3 times more likely than others to have been asked by their children to drink less but both a highly accessible and aware parental style and being within the socio-economic group, C2DE, act as protective factors for this – these children were less likely to have asked this, however much their parent drunk.

Children whose parents were in the upper consumption tier of this sample were more likely than other children to report a range of issues, including their parent having argued with them more than usual when drinking.

The effect of seeing a parent tipsy or drunk

28.9% of parents reported having been drunk in front of their child, while 51% reported having been tipsy in front of their child. 28.6% of parents thought it was ok to get drunk in front their child as long as it did not happen regularly.

In the online survey both children and adults were given definitions describing the states tipsy and drunk (see methodology). Children’s responses when asked how often they had seen their parent drunk and tipsy within the last four weeks tended to follow their parents’. For both of these categories, parents who reported having been drunk or tipsy around their child once in the last four weeks were more likely than expected to have a child reporting the same, and those reporting having never been drunk or tipsy around their child in the last four weeks also tended to have children that reported similarly (found to be significant when examined using Pearson’s chi-squared test, $p < 0.001$ in both cases). When parents’ and children’s responses when asked how often they had seen their parent drunk in the last four weeks are compared, no significant difference is found ($p = 0.389$)^q between the groups, suggesting children can accurately recognise when their parents are drunk.

^o From here on out, parental style was condensed to highly accessible and aware and inaccessible and unaware only.

^p In this analysis, response categories of question 20 were collapsed from Often, Some of the time, Rarely, and Never, to Ever and Never.

^q Examined using Wilcoxon Matched Pairs Signed Ranks Test.

There were clear differences between the answers given by children who had seen their parent either tipsy or drunk and those who had not. Children who had seen their parent tipsy were more likely than those who had not seen their parent tipsy to report that:

- ▶ They had been embarrassed as a result of their parent’s drinking (28.6% as opposed to 18.4% of the whole sample, $p < 0.001$)^r
- ▶ Their parent had given them less attention as a result of their drinking (19.3% as opposed to 12.2% of the whole sample, $p < 0.001$)^s
- ▶ Their parent had been more unpredictable than usual as a result of their drinking (14% as opposed to 8.1% of the whole sample, $p < 0.001$)^t

In addition to the above, children who had seen their parent drunk were more likely than those who had not seen their parent drunk to report that:

- ▶ They had been more worried than normal as a result of their parent’s drinking (21.6% as opposed to 10.6% of the whole sample, $p < 0.001$)^u
- ▶ Their parent had argued with them more as a result of their drinking (15% as opposed to 6.8% of the whole sample, $p < 0.001$)^v
- ▶ Their parent had been less comforting and sensitive as a result of their drinking (13.4% as opposed to 5.8% of the whole sample, $p < 0.001$)^w

These children were also more likely than expected to report that:

- ▶ Their parent had been more fun than usual as a result of their drinking (32% as opposed to 18.1% of the whole sample, $p < 0.001$)^x
- ▶ They had had more freedom than usual because of their parent’s drinking (24.2% as opposed to 11.7% of the whole sample, $p < 0.001$)^y

R: “My friend’s mum got a bit drunk one time and I was staying at her house and it was my friend’s birthday, so she had a bit too much to drink. Me and my friend were playing and she crashed into the telly. Luckily, me and my friend were there, so we were able to get it back up, but it could have broken and it could have been really serious.”

Child, first children’s focus group, aged 11-13.

G: “After a few drinks, your own boundaries are sort of, they’re a bit down... You’re maybe not as aware of getting played by your children, at that particular point.”

Parent, second parental focus group, with children aged 14-16.

r Examined using a Pearson’s chi-squared test
 s Examined using a Pearson’s chi-squared test
 t Examined using a Pearson’s chi-squared test
 u Examined using a Pearson’s chi-squared test
 v Examined using a Pearson’s chi-squared test
 w Examined using a Pearson’s chi-squared test
 x Examined using a Pearson’s chi-squared test
 y Examined using a Pearson’s chi-squared test

K: “She’s not seeing us drunk all the time, but she sees us occasionally, maybe at the weekend. ‘It’s Saturday night, shall we have a glass of wine?’”

Parent, first parental focus group, with children aged 11-13.

Parents as role models regarding alcohol

Children were asked whether the way their parent drinks alcohol provides a positive or negative role model for them.^z 52% considered the way their parent drinks alcohol as providing a positive role model, while 13.2% thought this provided a negative one.

Association with parental drinking, having seen parent tipsy, and SEG

Children of parents in the upper consumption tier of this sample were less likely than those with parents from the lower and middle consumption tiers to consider the way their parent drinks alcohol as providing a positive role model (Adj OR = 0.436, $p < 0.001$); further than this, if children had seen their parents tipsy, they were less likely to view the way their parent drinks alcohol as providing a positive role model (Adj OR = 0.416, $p < 0.001$). SEG offered no effect here.

Association with parental drinking, having seen parent drunk, and SEG

Children of parents in the upper consumption tier of this sample were less likely than those with parents from the lower and middle consumption tiers to consider the way their parent drinks alcohol as providing a positive role model (Adj OR = 0.460, $p < 0.001$); further than this, if children had seen their parents drunk, they were less likely to view the way their parent drinks alcohol as providing a positive role model (Adj OR = 0.389, $p < 0.001$). SEG offered no effect here.

Key finding: If a child had seen their parent tipsy or drunk, they were less likely to consider the way their parent drinks alcohol as providing a positive role model for them. This effect held across all levels of parents’ alcohol consumption. While this effect was stronger in children who had seen their parent drunk rather than tipsy, but the difference was not substantial – seeing a parent tipsy or drunk appeared to have a similar effect on children.

Y: “I think my mum and dad drink most without, like, me and my brother around, because if we-, at a young age, if we saw them drink all the time we’d think that when we grow up, it would be okay, because people we look up to are doing it, so we think it’s okay.”

Child, first children’s focus group, aged 11-13.

Moderator: “Do you see a lot of parents or whatever and just know they drink too much? ...How are those kids different from you? Are they different?”

^z In these analyses, response categories for this question were condensed from Very positive, Somewhat positive, Somewhat negative, and Very negative, to Positive and Negative.

P: “They’re more uptight, like, because they don’t want to be like their parents. They don’t want to let loose like their parents do when they drink.”

S: “Or they might let loose more because of their parents, like it can work either way.”

P: “It’s quite sad.”

Second children’s focus group, children aged 16-17.

T: “If your child is, like, younger than ten or, like, younger than eight or something, not to drink in front of them, otherwise when you’re older, it’s okay.”

Child, first children’s focus group, aged 11-13.

Emotional responses to seeing a parent drinking alcohol

Children were asked whether they had felt embarrassed as a result of their parents drinking; 18.4% reported they had.

Association with parental drinking, parental style and SEG

Children of parents in the upper consumption tier of this sample were more likely (Adj OR = 2.419, $p < 0.001$) than those with parents from the lower and middle consumption tiers to report having experienced embarrassment on seeing their parent drink alcohol; when the level of drinking was controlled for, this saw children of those with a highly accessible and aware parental style less likely to report this (Adj OR = 0.385, $p < 0.001$). There was no significant SEG effect observed.

Association with parental drinking, having seen parent tipsy, and SEG

Children of parents in the upper consumption tier of this sample were more likely (Adj OR = 1.822, $p = 0.001$) than those with parents from the lower and middle consumption tiers to report having experienced embarrassment on seeing their parent drink alcohol; when drinking level was controlled for, this saw children who had seen their parent tipsy more likely (Adj OR = 5.285, $p < 0.001$) to report this. There was no significant SEG effect observed.

Association with parental drinking, having seen parent drunk, and SEG

Children of parents in the upper consumption tier of this sample were more likely (Adj OR = 1.628, $p = 0.009$) than those with parents from the lowest and middle consumption tiers to report having experienced embarrassment on seeing their parent drink alcohol; when drinking level was controlled for, this saw children who had seen their parent drunk were more likely (Adj OR = 5.499, $p < 0.001$) to report this. There was no significant SEG effect observed.

Children were asked whether they had felt worried as a result of their parents drinking; 10.6% reported they had.

Association with parental drinking, parental style and SEG

Children of parents in the upper consumption tier of this sample were more likely (Adj OR = 2.795, $p < 0.001$) than those with parents from the lower and middle consumption tiers to report having experienced worry on seeing their parent drink alcohol. There was no significant SEG or parental style effect observed.

Association with parental drinking, having seen parent tipsy, and SEG

Children of parents in the upper consumption tier of this sample were more likely (Adj OR = 2.034, $p = 0.001$) than those with parents from the lower and middle consumption tiers to report having experienced worry on seeing their parent drink alcohol; when the level of drinking was controlled for, this saw children who had seen their parent tipsy were more likely (Adj OR = 3.907, $p < 0.001$) to report this. There was no significant SEG effect observed.

Association with parental drinking, having seen parent drunk, and SEG

Children of parents in the upper consumption tier of this sample were more likely (Adj OR = 1.920, $p = 0.004$) than those with parents from the lower and middle consumption tiers to report having experienced worry on seeing their parent drink alcohol; when drinking level was controlled for, this saw children who had seen their parent drunk were more likely (Adj OR = 3.733, $p < 0.001$) to report this. There was no significant SEG effect observed.

Key finding: Children of parents in the upper consumption tier of this sample were more likely than children of lower drinking parents to report feeling worried and embarrassed as a result of their parents drinking. However, children of parents in all drinking groups were more likely to report both of these emotions if they had seen their parent tipsy or drunk – the strength of this effect appeared to be similar for both states.

Alcohol's effect on parenting

6.8% of children reported that their parents had argued with them more than usual as a result of their drinking (3.5% of parents reported this), while 7.5% reported that their parents had argued more between themselves for the same reason (9.7% of parents reported this).

8.1% of children reported that their parents had been more unpredictable as a result of their drinking (identified by 6% of parents), while 12.2% of children said that their parents had paid them less attention (identified by 9% of parents).

14.7% of parents reported that they had put their child to bed later than usual as a result of their drinking, while 11.4% of children also reported this. 14.7% of children reported that their bedtime routine had been disrupted; either through being put to bed earlier or later than usual.

This is alluded to in the focus groups:

T: “I got sent to bed later because they’re, like, sitting on the sofa and sometimes, like, Dad was asleep while watching TV on the sofa.”

Moderator: “He’d forgotten about you?”

T: “I guess, and my mum, she watches, like, her favourite programme, just something like Death in Paradise, and then she’ll look at the time and be like, ‘Oh, it’s 11:00, school tomorrow, you’ve got to get to sleep.’”

Children’s focus group 1, children aged 11-13.

5.2% of parents reported that their drinking had made their parenting more difficult than normal, while 5% said that it had made them less sensitive and comforting with their child (5.8% of children reported this).

18.1% of children said that their parents had been more fun than usual as a result of their drinking, while 11.7% said that they had had more freedom than usual.

In question 44 children were asked: Has your [PARENT]’s behaviour when they are drinking, or the morning after drinking, ever caused your parent to:

- ▶ Be more unpredictable than normal with you. [By ‘unpredictable’ we mean that they act differently in many ways than normal]
- ▶ Give you less attention than usual
- ▶ Miss a family meal or gathering
- ▶ Argue with you more than normal
- ▶ Put you to bed earlier than usual
- ▶ Been less comforting and sensitive with you than normal
- ▶ Put you to bed later than usual
- ▶ Made you late for school

In this analysis, responses across all of these items were grouped to create a ‘Have experienced any of these’ vs ‘Haven’t experienced any of these’ variable.

Association with parental drinking, parental style and SEG

Children with parents in the middle consumption tier of this sample were more likely (Adj OR = 2.407, $p < 0.001$) than those from the lower consumption tier to report any of these outcomes for their parent’s drinking. Children with parents in the upper consumption tier of this sample were more likely than those with parents from the lower and middle consumption tiers (Adj OR = 3.244, $p < 0.001$) to report any of these outcome for their parents’ drinking. When parental drinking level was controlled for, this saw children of those with a highly accessible and aware parental style less likely to report this (Adj OR = 0.512, $p < 0.001$). There was no significant association with SEG.

Association with parental drinking, having seen parent tipsy, and SEG

Children with parents in the middle consumption tier of this sample were more likely (Adj OR = 2.059, $p < 0.001$) than those from the lower consumption tier to report any of these outcomes for their parent’s drinking. Children with parents in the upper consumption tier of this sample were more likely than those with parents from the lower and middle consumption tiers (Adj OR = 2.604, $p < 0.001$) to report any of these outcome for their parents’ drinking. When parental drinking level was controlled for, this saw children who had seen their parent tipsy more likely to report this (Adj OR = 4.045, $p < 0.001$). There was no significant association with SEG.

Association with parental drinking, having seen parent drunk, and SEG

Children with parents in the middle consumption tier of this sample were more likely (Adj OR = 2.140, $p < 0.001$) than those from the lower consumption tier to report any of these outcomes for their parent’s drinking. Children with parents in the upper consumption tier of this sample were more likely than those with parents from the lower and middle consumption tiers (Adj OR = 2.304, $p < 0.001$) to report any of these outcome for their parents’ drinking. When parental drinking level was controlled for, this saw children who had seen their parent drunk more likely to report this (Adj OR = 4.949, $p < 0.001$). Children from C2DE households were also less likely to report these outcomes for their parent’s drinking (Adj OR=0.702, $p=0.031$).

D: “Apparently, I was quite cheery, and sang Beyoncé the whole way home. Now, still, they’re like, ‘I’m going to tell that story.’”

Parent, first parental focus group, with children aged 11-13.

Moderator: “How would you describe your parents when you see them when they’re tipsy?”

J: “Less responsible.”

Children’s focus group two, children aged 16-17.

Key finding: Children of parents in the middle and upper consumption tiers of this sample were more likely than children of lower drinking parents to report experiencing at least one of these impacts (with children of the upper consumption tier being most likely to). These impacts included a parent being more unpredictable than usual, arguing with them more than usual, or being less comforting and sensitive than usual.

However, children of parents in all drinking groups were more likely to report this if they had seen their parent tipsy or drunk. The strength of this effect appeared to be similar for both states; around 4 times more likely if a child had seen a parent tipsy, and almost 5 times as likely if a child had seen a parent drunk.

Where this was examined, a highly accessible and aware parental style acted as protective factors for this, as did being within the socio-economic group, C2DE, in one case.

In question 45 children were asked: Has your [PARENT]’s behaviour when they are drinking, or the morning after drinking, ever caused you to:

- ▶ Think that your parents are more fun than usual
- ▶ Feel that you have more freedom than usual
- ▶ Spend less time doing your homework
- ▶ Pay less attention at school
- ▶ Miss an event/occasion you were supposed to go to (like a family dinner)
- ▶ Play less than normal
- ▶ Think that your parents argue more than normal

In this analysis, responses across all of these items were grouped to create a ‘Have experienced any negative outcome’ vs ‘Haven’t experienced any negative outcome’ variable.^{aa}

17.3% of children reported at least one of these negative outcomes as a result of their parent’s drinking.

Association with parental drinking, parental style and SEG

Children with parents in the middle consumption tier of this sample were more likely (Adj OR = 2.041, p=0.005) than those from the lower consumption tier to report any of these negative outcomes for their parent’s drinking. Children with parents in the upper consumption tier of this sample were more likely than those with parents from the lower and middle consumption tiers (Adj OR = 2.775, p<0.001) to report any of these negative outcomes for their parents’ drinking.

When parental drinking level was controlled for, this saw children of those with a highly accessible and aware parental style less likely to report at least one of these negative outcomes (Adj OR = 0.432, p<0.001). Children from C2DE households were also less likely to report these (Adj OR=0.673, p=0.042).

Association with parental consumption, having seen parent tipsy, and SEG

Children with parents in the middle consumption tier of this sample were more likely (Adj OR = 1.733, p=0.039) than those from the lower consumption tier to report any of these negative outcomes for their parent’s drinking. Children with parents in the upper consumption tier of this sample were more likely than those with parents from the lower and middle consumption tiers (Adj OR = 2.561, p<0.001) to report any of these negative outcomes for their parents’ drinking.

When parental drinking level was controlled for, this saw children who had seen their parent tipsy more likely to report at least one of these negative outcomes (Adj OR = 2.188, p<0.001). Children from C2DE households were also less likely to report this (Adj OR=0.636, p=0.023).

aa Responses “Think that your parents are more fun than usual” and “Feel that you have more freedom than usual” were considered ambiguous, rather than purely negative response categories.

Association with parental consumption, having seen parent drunk, and SEG

Children with parents in the middle consumption tier of this sample were more likely (Adj OR = 1.741, $p=0.031$) than those from the lower consumption tier to report any of these negative outcomes for their parent’s drinking. Children with parents in the upper consumption tier of this sample were more likely than those with parents from the lower and middle consumption tiers (Adj OR = 2.245, $p<0.001$) to report any of these negative outcomes for their parents’ drinking.

When parental drinking level was controlled for, this saw children who had seen their parent drunk more likely to report at least one of these negative outcomes (Adj OR = 2.353, $p<0.001$). Children from C2DE households were also less likely to report this (Adj OR=0.640, $p=0.023$).

Key finding: Children of parents in the middle and upper consumption tiers of this sample were more likely than children of lower drinking parents to report experiencing at least one of these negative impacts (with children of the upper consumption tier being most likely to). These impacts included their parents arguing with each other more than usual and spending less time on their homework than usual.

However, children of parents in all drinking groups were more likely to report this if they had seen their parent tipsy or drunk. The strength of this effect appeared to be similar for both states; around 2 times more likely if a child had seen a parent tipsy, and almost 2.5 times as likely if a child had seen a parent drunk.

Both a highly accessible and aware parental style (where examined) and being within the socio-economic group, C2DE, act as protective factors for this.

D: “I think more for me it’s the hangover in the morning, it wouldn’t be so much, I maybe come back merry, as Sxxx would put it, not stoating about, falling about, I don’t know where I am. It’s more the morning, and I’ve seen me get up on a Saturday morning if it’s been a girly night out, and sometimes I do get a bit heavy, and she’ll go, ‘Well, hell mend you!’ and I’ll get a lecture and I’ll go, ‘That’s why you shouldn’t drink two bottles of rose wine, one after the other.’”

Parent, second parental focus group, with children aged 14 – 16.

CHAPTER 5: DISCUSSION

- ▶ While relatively small numbers of children reported the most worrying impacts, **there is a clear gradient with children reporting increasing problems in line with increasing parental drinking.** These impacts can begin from relatively low levels of parental alcohol consumption.
- ▶ This does not mean that all parents who drink are doing so in a way which causes problems for their children. It does however clearly show that **parental drinking across a range of levels can affect children, and that the likelihood of this increases as parents drink more.** Children are clearly aware of these issues.
- ▶ **Echoing previous research, this shows it may be wrong to assume that lower levels of consumption are associated with no negative impacts for children.**
- ▶ **Whether a child sees their parent tipsy or drunk can have a detrimental effect** regardless of care taken by parents to set good examples elsewhere. This, and the fact that **children do not seem to differentiate between seeing their parents tipsy and drunk,** is perhaps something that most parents either do not realise, or perhaps quite easily dismiss.
- ▶ A highly accessible and aware parental style reduced the likelihood of a child having asked their parent not to drink, regardless of parental consumption level. The same was found for children whose parents were in the lower socio-economic groups, C2DE. This suggests that these factors can have some protective effect for children.

The impact of parental drinking on children

These results show that children are remarkably aware of how much their parents drink, and parental motivations for drinking, and point towards the family as an important source of information for children about alcohol. Previous research has highlighted this relationship in detail, but these results add new information about how non-dependent parental drinking affects children, both practically and emotionally.

It is reassuring to find that negative impacts tended to be confined to a relatively small percentage of the children’s sample. For example, 7.5% of children reported more arguments between their parents, and 6.8% between them and their parent, as a result of parental drinking, while 8.1% of children reported that their parents had been more unpredictable. A higher proportion (12.2%) of children said that their parents had paid less attention to them while drinking.

Moderator: “Do you ever feel like you get less attention from your parents because they’re drinking?”

P: “Sometimes... It’s a bit weird sometimes. Usually my mum would always make sure I’m okay, but if she has been drinking with my family round or something, she just wouldn’t ask...It was a bit upsetting when I was younger.”

Children’s focus group 2, children aged 16-17.

These impacts are known to be common in families where a parent is dependent on alcohol, and unsurprisingly these results found them to be more common for children whose parents fell into the upper consumption tier of this sample.

Parents in the upper consumption tier

While the consumption measure used for this study was imperfect, (see methods), our estimates indicate that just over half of the parents in the upper consumption tier were drinking within the Chief Medical Officer low risk drinking guidelines of 14 units per week, while just under half were drinking above this. This means that parents in our sample were relatively light drinkers, and it should be remembered that parents drinking at an alcohol dependent level were screened out of the sample before taking part.

Parents in the upper consumption tier within the sample were around three times more likely to have been asked by their child to drink less. Their children were more likely to have seen their parent both drunk and tipsy, to have felt embarrassed and worried as a result of their parent’s drinking, and to have reported that their parents argue more when drinking.

S: *“It’s not in front of my kids. That’s why I go out to drink. When I do my heavy drinking, I go out. I come back before they wake up, so they don’t see.”*

Parent, parental focus group 1, children aged 11-13.

A: *“When my parents got drunk at a wedding I was a little bit embarrassed, because I knew I was going to see everyone again... It’s funny when they bring it up, but then, at the time, I found it embarrassing.”*

Children’s focus group 2, aged 16-17.

P: *“My mum gets, kind of, invasive and emotional...getting in my personal space.”*

Moderator: *“How does that make you feel?”*

P: *“Uncomfortable.”*

Children’s focus group 2, aged 16-17.

Different levels of parental drinking

Our findings showed however that negative impacts are not confined to children whose parents fall into the upper consumption tier. A gradient of impacts was found for a range of issues: relatively fewer children with parents in the lower consumption tier reported at least one of these impacts, more children in the middle consumption tier did, and more still in the upper consumption tier. These issues included parents:

- ▶ Being more unpredictable than normal
- ▶ Giving less attention than usual
- ▶ Missing a family meal or gathering
- ▶ Arguing with the child more than normal

- ▶ Arguing with their partner more than normal
- ▶ Being less comforting and sensitive with the child than normal
- ▶ Playing with the child less than normal
- ▶ Disrupting the bedtime routine

H: *“One time they went out on a, kind of, night out and they were just with friends and stuff. They came back and they just had an argument about stupid stuff...that they wouldn’t normally argue about.”*

Children’s focus group 2, aged 16-17.

S: *“If they’ve been out the night before or something, say for a Sunday morning, like football or anything, I just have to get a lift from someone else, make your own way there.”*

Children’s focus group 2, aged 16-17.

The distribution of this gradient of impacts within a sample made up of relatively light drinkers - most of whom reported consumption which did not exceed the Chief Medical Officer’s low risk drinking guidelines - is perhaps surprising. While the consumption measure was not perfect, as outlined in the methods section, underreporting of consumption is a common issue, but findings still indicate a gradient of impacts across consumption levels. These results need interpreting with care though, and certainly do not mean that all parents who drink are doing so in a way which causes problems for their children. It does however clearly show that light parental drinking can have some effect on the child, that the likelihood of this increases as parents drink more. In parallel with this, results show that a child seeing their parent tipsy or drunk increases the likelihood of negative impacts, regardless of the parent’s usual consumption. This is perhaps something that most parents either do not realise, or perhaps quite easily dismiss.

Some children reported positive responses to their parents’ drinking. Almost a fifth (18.1%) of children said their parents had been more fun than usual as a result of their drinking, while 11.7% said that they had had more freedom than usual. However, these responses should be seen within the context of findings from the focus groups which suggested there can be a fine line between fun and more negative impacts:

Moderator: *“How would you describe your parents when you see them when they’re tipsy?”*

J: *“Less responsible... It’s like a stream of consciousness, so there’s not any filter, if that makes any sense? They can make a fool of themselves.”*

Moderator: *“How does that make you feel?”*

J: *“To a certain extent it can be embarrassing or funny.”*

Children’s focus group two, aged 16-17.

Findings from the focus groups indicate that, for some children, their parents being ‘more fun’ equated to ‘less responsible’, and more freedom equated to being ‘less strict’ so that children were able to take advantage of their parents, something parents seemed aware of:

T: *“My son, he does know when, like, if I’m having a couple of bottles of beer, sorry. Then maybe I’m, it’s something now four or five bottles into it, he knows how to play it. ‘Mum, can I have this, can I have that.’ He knows that, like, my boundaries.”*

Parent, parental focus group 2, children aged 14-16.

N: *“Sometimes when my parents have had a little bit to drink, they’ll be a bit more like, they’ll really care about you still, but sometimes when you ask them if you can do something, they’ll usually say ‘yes’ instead of ‘no’.”*

Children’s focus group 1, aged 11-13.

The effect of children seeing a parent tipsy or drunk

The results found clear differences between those children who had seen their parent either tipsy or drunk, and those who had not, making them less likely to consider the way their parent drinks alcohol as providing a positive role model for them, regardless of the parents’ level of alcohol consumption. Conversely, there was little difference in the outcomes for children whether they had seen their parent either tipsy or drunk. For example, 28% of those who had seen their parent tipsy, and 34.6% of those who had seen them drunk, considered their parent’s drinking to provide a negative role model, as opposed with only 13.2% of the whole sample.

T: *“It’s so weird because they do things that they usually wouldn’t. It’s like the alcohol has put them in a trance.”*

Child, aged 11-13, children’s focus group 1.

G: *“Yes, well I don’t think Axxx like, I think Axxx obviously sees me having a couple of drinks, merry, having a good laugh with him and his mum, and there’s no, so I’m hoping he sees it as, like, that’s a good way to be.”*

Parent, parental focus group 2, with children aged 14-16.

This finding is important given that more than half (51%) of parents reported they had been tipsy in front of their child, with almost one-in-three (28.9%) reporting they had been drunk in front of their child.

In the focus groups, the way in which the children described their parents when tipsy and when drunk, were very similar, mirroring the findings from the online survey:

Moderator: *“What sorts of words would you use to describe it when your parents maybe have gone from tipsy to being drunk?”*

P: *“Irresponsible... laughing too much... More likely to get angry or emotional.”*

Moderator: *“How do you feel when parents get drunk like this?”*

A: *“Quite annoyed... because if you’re out with them and then you’ve got to try and get them home again.”*

Children’s focus group 2, aged 16-17.

Interestingly, results from the online survey show that this difference between children who have and have not seen their parent either tipsy or drunk holds across all drinking levels, making this issue independent of a parent’s usual consumption level. So, children of parents in all drinking groups were more likely to report:

- ▶ That they had been worried as a result of their parents drinking;
- ▶ That they had been embarrassed as a result of their parents drinking, and
- ▶ That their parents provided them with a negative role model regarding alcohol
- ▶ If they had seen their parent either tipsy or drunk. The strength of this effect appeared to be similar for both states.

Other questions in the survey found similar results, with children of parents in all consumption tiers more likely to report the negative impacts described in question 44 if they had seen their parent tipsy or drunk. In question 44 children were asked: Has your [insert PARENT]’s behaviour when they are drinking, or the morning after drinking, ever caused your parent to:

- ▶ Be more unpredictable than normal with you. [By ‘unpredictable’ we mean that they act differently in many ways than normal]
- ▶ Give you less attention than usual
- ▶ Miss a family meal or gathering
- ▶ Argue with you more than normal
- ▶ Put you to bed earlier than usual
- ▶ Been less comforting and sensitive with you than normal
- ▶ Put you to bed later than usual
- ▶ Made you late for school

The strength of this effect also appeared to be similar for both states; around four times more likely if a child had seen a parent tipsy, and almost five times as likely if a child had seen a parent drunk. For question 45, the strength of this effect was around two times more likely if a child had seen a parent tipsy, and almost 2.5 times as likely if a child had seen a parent drunk. In question 45 children were asked: Has your [PARENT]’s behaviour when they are drinking, or the morning after drinking, ever caused you to:

- ▶ Think that your parents are more fun than usual
- ▶ Feel that you have more freedom than usual
- ▶ Spend less time doing your homework
- ▶ Pay less attention at school
- ▶ Miss an event/occasion you were supposed to go to (like a family dinner)
- ▶ Play less than normal
- ▶ Think that your parents argue more than normal

L: *“Last October we were in Majorca, and we were all out, and someone gave me red wine. Anything that’s got pink in it I cannot drink anything else, makes me sick, and I was vomiting in the balcony. My daughter still talks about it.”*

Parent, parental focus group 2, with children aged 14-16.

T: *“When I went to a sleepover at my friend’s house and my mum, even my dad, but some of the mums stayed and there were two of the mums who got drunk.. and because we weren’t asleep yet, and it was midnight or something, they came into our room and jumped on us.”*

Child, aged 11-13, children’s focus group 1.

Overall, all children who had seen their parent tipsy or drunk were more likely to report having been embarrassed or worried as a result of their parent’s drinking.

Moderator: *“When your parents have been out and they come back in, do you feel that they’re not as able to carry out their normal parenting duties?”*

B: *“Yes. Well, it depends if they’re tipsy or drunk. If they’re drunk it’s more of a, like, just, kind of, forget about it.”*

Children’s focus group 2, children aged 16-17.

R: *“I think, like I say, on the odd occasion, Christmas times and parties, and all that sort of thing, they’re going notice our behaviour changes. I think certain things are going to stick in their heads more, more than we’d remember. Even if it’s like once a year, they’re going to remember, ‘Mum, the last time you had that, you were tripping over your own legs, and stuff. Don’t do that again.’ I think they’re going to remember more than we do.”*

Parent, parental focus group 1, with children aged 11-14.

Parental style

Children of highly accessible and aware parents^a were more likely to report that they were comfortable with their parents’ drinking, and that they felt normal when their parents were drinking. Parental style was also found to be positively related to whether a child reported that their parent’s drinking provided a good role model, with strong parental style increasing the likelihood of reporting this.

^a In this analysis, parental style was categorised as: highly accessible and aware parents, fairly accessible and aware parents, fairly inaccessible and unaware parents, inaccessible and unaware parents. In some other sections of analysis this was grouped to highly accessible and aware parents and inaccessible and unaware parents; this is indicated where such analysis is discussed.

Interestingly, a more accessible and aware^b parental style was also found to be a protective factor against parental drinking in certain circumstances. Parents in the upper consumption tier were around three times more likely than others to have been asked by their children to drink less; but even for these parents, this risk was lessened by a more accessible and aware parental.

C: “Like if they never ask where you are and what time you’ll be home, you’ll be like, ‘Oh, they don’t really care if I’m home or not.’”

Children’s focus group 2, children aged 16-17.

A more accessible and aware^c parental style was also found to be a protective factor for the issues asked about in questions 44 and 45 (as above). So, while having a parent in the upper consumption tier made a child more likely to report at least one of the negative outcomes presented in these questions (including that their parent had given them less attention, been more unpredictable than usual, or had been less sensitive than normal as a result of their drinking), a more accessible and aware parenting style reduced the chances of a child reporting this, by a similar degree in both cases. For example, regarding question 45, of children of parents in the upper consumption tier, 21.7% of those with a more accessible and aware parental style reported experiencing any one of the negative impacts, while 37.1% of those with a less accessible and aware parental style did.

These findings chime with research outlined in the background chapter, where responsive, or ‘authoritative’, parenting, combining consistent, clear, enforced rules and high supervision, was found to have a positive effect on child well-being and achievement generally. The parenting relationship measure used in the online survey was designed to mimic this, taking into account parental rules and explanations for these, along with parental monitoring. While this measure was a relatively crude estimate of parental relationship strength, the findings seem to lend support to the idea that authoritative parenting can in some cases be beneficial, reducing the effect of parental consumption on children.

T: “He’ll show me pictures of boys in his year drinking, you know, like, smoking and things. And I’ll go ‘That’s terrible.’ I said, ‘Sxxx, you’d never do anything like that?’ And he went, ‘No,’ he said, ‘You’d kill me.’ You know, not that he has any fear of drinking the alcohol, it’s my reaction to it. He would take it if he knew he wouldn’t get a reaction from me. I know he would, but it’s because, it’s the fear of me finding out... he’d be dead meat. -”

Parent, parental focus group 2, with children aged 14-16.

b Here, parental style was grouped to more accessible and aware parents and less accessible and aware parents only.

c Here, parental style was grouped to more accessible and aware parents and less accessible and aware parents only.

B: “Usually they tend to not set concrete rules and stuff. So they leave stuff down to me. They leave it quite free, but if I don’t really, if I do stupid things, then they’ll make it a lot stricter.”

Children’s focus group 2, children aged 16-17.

As noted in the results section, parental style^d did not seem to affect whether children reported having tried to get deliberately drunk in the last four weeks.^e

Socio-economic Group

The parent’s socio-economic background, defined as socio-economic group (SEG) in this study, was also found to act as a protective factor for some parental drinking impacts. Just as a more accessible and aware parental style^f reduced the likelihood of a child having asked their parent not to drink, regardless of parental consumption level, the same was found for children whose parents were in the lower SEG C2DE category. SEG C2DE was also found to be a protective factor against a child experiencing at least one of the impacts outlined in question 45 (see above); of children of parents in the upper consumption tier, 23.6% of those in SEG C2DE reported experiencing any one of the negative impacts, while 30.3% of those in SEG ABC1 did.

Studies included in the background chapter found that alcoholic drinks, and drinking itself, tend to be less visible in more affluent families, despite greater overall consumption. Previous studies found that children were less likely to be involved in family parties involving alcohol, or to see drunkenness in the community or at home, but were more likely to see alcohol consumed with a meal.⁵ In more deprived communities, alcohol and drinking was more apparent, with higher accepted consumption on a single occasion.

Our study findings seem to corroborate elements of this, with children of parents in the more affluent ABC1 SEG more likely to report that their parent hides their drinking from them, and parents in higher SEGs more likely to report that they drink in front of their child at meal times. It could be however that children from higher socio-economic groups are better at articulating these issues, or that as drinking is more hidden within these families, they are more likely notice when their parents do drink and to comment on it.

R: “My husband came back very, very drunk from his work Christmas party, and I just, actually I was furious. I mean, he sort of stumbled in at 6:00am, having decided to walk home from North London, and I don’t really care, but I just thought, ‘Actually, your children are seeing you like this, and this is not,’ I’m totally fine to have wine in the house, and to drink, but that was, it was like, that’s really not okay. In front of the kids, because they’re so aware. They are, they’re ten.”

Parent, parental focus group 1, with children aged 11-13.

^d Here, parental style was grouped to more accessible and aware parents and less accessible and aware parents only.

^e This question was only presented to children aged 14 and over.

^f Here, parental style was grouped to more accessible and aware parents and less accessible and aware parents only.

Previous research does not, however, explain why children with parents in SEG ABC1 were more likely than expected to report that their parent has argued with them more than normal as a result of their drinking, or why parents in higher SEGs are more likely than expected to report that their child has asked them to drink less. These differences may be down to relative consumption levels.³⁹

Parental awareness

The online survey found that more than half (51%) of parents reported having been tipsy in front of their child, and that 28.6% of parents thought it was OK to get drunk in front their child as long as it did not happen regularly. This suggest that parents are unaware of the negative example that this sets for their children, as well as the way in which it affects them. Quite a large number of comments in the focus groups related to this issue:

R: *“My kids have probably seen me drunk. It depends what you classify as being drunk. Falling about, lying in your own pool of vomit, no, they’ve never seen me anything like that at all, and I wouldn’t allow that. Yes, they’ve seen me if I’ve had a dozen beers, half a bottle of Jack Daniel’s or whatever.”*

Parent, parental focus group 2, with children aged 14-16.

S: *“My daughter brings me hangover breakfast. She’s like, ‘Mummy, have you got a hangover again?’ I’m telling you, it’s like Absolutely Fabulous, she’s giving me tea and scrambled eggs on toast. I do say, ‘This is awful. Don’t do this, ever.’”*

Parent, parental focus group 1, with children aged 11-13.

A number of parents reported thinking that their children seeing them hungover or feeling bad as a result of drinking too much would teach their child a useful lesson, and put them off drinking to excess, however research into this suggests that it has the opposite effect, legitimising drunkenness and encouraging children to drink more.²⁴

D: *“On a Saturday morning, if it’s been a girly night out, and sometimes I do get a bit heavy, and she’ll go, ‘Well, hell mend you!’ and I’ll get a lecture and I’ll go, ‘That’s why you shouldn’t drink two bottles of rose wine, one after the other.’”*

Parent, parental focus group 2, with children aged 14-16.

Similarly, a number of children brought up adult drinking humour within the focus groups, such as:

M: *“I know my parents always say, ‘Well, once you have some children, you will need to drink.’”*

Child, children’s focus group 1, aged 11-13.

Given that children are extremely aware of parental drinking behaviours, and attitudes towards alcohol, comments such as this seem unlikely to foster healthy attitudes towards alcohol amongst children themselves.

Conclusion

While relatively small numbers of children in our study reported the most worrying impacts, we identified a clear gradient with more children reporting problems in line with increasing parental consumption. This gradient starts at a relatively low level of drinking. While our consumption measures were by no means perfect, parents in the middle consumption tier were estimated to have drunk between 8 – 26 units in the last four weeks, and their children returned results which were significantly different from those whose parents drank less than this. Of course, the impacts reported at this level were confined to a small number of children, but this is an interesting finding and not identified in previous studies, as far as we are aware.

These findings suggest that parents who drink, or are hungover, around their children may influence their child’s views regarding alcohol or effect their child in more direct way. Unsurprisingly, the more parents drink, the greater the likelihood of that this may have some negative impacts.

The effect of a child seeing their parent tipsy also emerges from the findings of this study, regardless of general parental consumption. This can significantly increase the chances of a child reporting that they may regard their parent as a negative role model when it comes to alcohol. That this effect starts at the stage when parents are tipsy, rather than being drunk, is possibly a surprising finding. However, it suggests that the way in which parents and their children view episodes of ‘tipsy’ drinking is quite different.

It is to be expected that parents who drink the most (within the non-dependent sample in our study) have children who report the greatest effect on them, but the fact that seeing a parent tipsy or drunk has an effect independent of general parental alcohol consumption shows that even isolated incidents where children witness their parents drinking in this way have a lasting effect. Experiences recounted by children in the focus groups seem to support this view, although none of the children in the focus groups stated that they wanted their parents to stop drinking, only to drink less at times:

A: “I don’t mind if they don’t get too drunk and they don’t go absolutely ham and cheese on everything in front of us.”

Child, children’s focus group 1, aged 11-13.

T: “It’s almost like-, oh, I can’t explain it, like, it’s okay if they don’t drink too much, because then that’s, like, it’s too easy to buy, because if anyone could just go, like, oh, I’m going to buy this, and just buy it, and they have it, then they could easily just buy another one. So, I guess it would be better if it was rationed or something.”

Child, children’s focus group 1, aged 11-13.

These findings add some detail to the issues raised in the 2010 report from the Children’s Commissioner, Silent Voices. This focused on dependent drinkers but identified very limited research into how different levels of parental drinking affect children, and concluded it may be wrong to assume greater impacts are related to higher levels of consumption, or that lesser impacts are always associated with lower levels of consumption.

There is significant scope for more research into this area, especially studies exploring any links between the issues explored and adolescent alcohol consumption. The way in which parental style and socio-economic status acted as a possible protective factor in some instances, albeit to only a small degree, also merits further research.

The strength of this study comes from capturing the views of both children and their parents, enabling a clear link to be drawn between their responses. The effects of non-dependent parental drinking are poorly understood. When starting this study, it was suspected that few impacts on children would be identified at lower levels of parental drinking. The fact that children can be affected even by low levels of parental alcohol consumption, and that such effects increase when parents drink more, is an interesting finding. We suspect that many parents may be unaware of this. We hope that our results highlight this complex issue, and that they could help parents make informed choices about drinking around their children.

CHAPTER 6: FULL RECOMMENDATIONS AND GUIDANCE FOR PARENTS

Recommendations for policy makers and practitioners: Assisting parents

1. Recommendation:

That the Government produce up to date information and advice for parents about parental drinking. This should play an important role in enabling parents to make more informed choices about their alcohol consumption around children.

2. Recommendation:

That service providers incorporate the issue of parental drinking within existing parenting programmes.

Where parenting skills training programmes exist, evidence suggests that those which help parents to be aware of and involved in their child’s day to day activities, and which encourage a trusting and supportive parent-child relationship, are most likely to be effective in reducing underage drinking.

Assisting services and schools

3. Recommendation:

That universal services, particularly those which work with children, promote greater awareness of the negative impact that alcohol can have on children and families.

A permissive pro-alcohol environment has led to normalisation of drinking in an increasing range of settings and ‘culture blindness’ to the impact of alcohol. A greater awareness of alcohol’s potential effect on the family – through the provision of training and advice to staff – would help to prevent issues from developing in a problematic way.

4. Recommendation:

That the Government develop resources to help practitioners better identify the impact of parental drinking on children and the wider family.

Too much attention is paid to the amount and pattern of parental drinking, frequently neglecting the actual *impact* of parental drinking on children. The effect on children is linked to a range of factors beyond the amount that parents drink, and services need better tools which take a holistic view.

5. Recommendation:

That schools reaffirm their key role in educating children about alcohol, and better include parents in this.

Schools have a key role to play in educating children about alcohol. This requires ensuring that any education programmes reflect the evidence on what works, follow the NICE Guidelines, and are free from alcohol industry influence. Schools could also play a role in better informing parents on this issue.

However, it is important that schools are consistent regarding what they say, and what they do. For example, schools should seriously consider what message is sent by involving alcohol in events attended by parents and their children, or using alcohol to raise funds.

Addressing and understanding the problem, and promoting a better environment for children

6. Policy development and data collection.

The government, local authorities and health services need to ‘join up’ policies to respond to the complexity of issues affecting some children and families, to raise awareness of this issue, and ensure that policy is based on the best available evidence. A range of data already exists, but systems should be reviewed to ensure better, more consistent collection and sharing.

7. That the Government improve statutory regulation of alcohol advertising and promotion.

Our findings also need to be considered within the wider alcohol policy context. Parental efforts to set a good example for their children are undermined by alcohol advertising, promotion, social media marketing and other forms of marketing such as sports sponsorship or product placement. These issues have been shown to have a significant and negative effect on children’s drinking and their knowledge and attitudes towards alcohol. Many studies show that children with more exposure to alcohol advertising and sponsorship tend to drink more later in life.³ Current regulation is failing to protect children from exposure to highly appealing and widespread alcohol marketing and needs to be strengthened.

Guidance for parents

The guidance below is intended to help parents reduce the unintended effect that their drinking may have on their children and families. This should inform the information and advice which Government provides under Recommendation one.

Parents can, and often do, act as good role models for their children regarding alcohol. They have more influence than many realise, even when their child reaches the later teenage years. What many parents may not realise is that children understand a great deal about the amount that parents drink and their various motivations for drinking, and that being tipsy or drunk in front of their children and telling stories glamorising alcohol can easily undermine their positive actions and behaviours.

As this research suggests, impacts of parental drinking can also include: increased arguments with their children, increased arguments with their partner, and disruption to their child’s bedtime routine.

8. That parents follow the English Chief Medical Officers’ recommendation that an alcohol-free childhood is the healthiest and best option. This also states that if a child does drink it is not before age 15, and that between the ages of 15 and 18 drinking is supervised by an adult.

Research shows that parents who introduce their children to alcohol in order to discourage experimentation may inadvertently be increasing the chances that their child begins drinking earlier, and that regular supply and early intoxication are both associated with future increased risk. Providing alcohol and allowing children to drink at family parties is associated with increased binge drinking and alcohol-related problems over time.⁸

9. That parents delay the age at which children first try alcohol.

There is no evidence that allowing children small amounts of alcohol with a family meal encourages a better relationship with alcohol when they are older. Whilst ‘continental drinking’ is seen by many parents as something to aspire to, there is no evidence to support this, and in the UK children are more commonly exposed to a ‘binge drinking’ focused culture which sets a very different and unhelpful example.

10. That parents are aware that their children seeing them either tipsy, drunk or hungover can have negative impacts.

Children who have seen their parents either tipsy or drunk are more likely to think that they provide them with a negative role model regarding their drinking. Those who had not seen their parent either tipsy or drunk were more likely to label their parent as being a positive role model in relation to alcohol.

11. That parents consider the amount they drink around their children, as well as the way in which they talk about alcohol, and avoid glamorising alcohol within the family.

Our research suggests that negative impacts for children, as a result of their parents’ drinking, can begin even at low levels and increase as consumption does. This includes issues such as feeling worried and arguing with their parents more.

Parents may be under the impression that stories of their own drunkenness or hangovers may put their children off drinking by highlighting problems, but these stories may have the opposite effect, encouraging and legitimising the idea of excessive drinking.

12. That parents understand the long-term risks associated with drinking, and take time to talk about these with their children.

Many parents do not appear to talk to their children about alcohol’s health risks, particularly longer term health risks and risks outside the home. This may be because parents themselves are unaware of these risks, for example only 1 in 10 adults in the UK are aware that alcohol can increase the risk of some cancers,³⁴ including of the mouth, throat, bowel and breast.

That, where possible, parents develop clear and consistent rules around alcohol with their child, and have open discussions around why these rules are in place.

Parents who combine warm, two-way conversations and consistent, clear, enforced rules and high supervision, seem best placed to develop secure emotional bonds with their children in a way which could be protective against problematic alcohol use.^{31, 3} Permissive messages and lenient consequences related to alcohol use are associated with higher levels of childhood drinking.

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