

Parenting, alcohol misuse and treatment service provision



Inside

- Parenting and alcohol misuse: scale and nature of the problem
- Parenting, alcohol and policy
- Issues for alcohol treatment services
- Case studies
- Toolkits and guidance
- Parenting and Alcohol Project, Alcohol Concern
- References

The Parenting & Alcohol Project



Parenting, alcohol misuse and treatment service provision

This briefing paper looks at the complicating role of alcohol misuse on parenting and the need to incorporate parenting support into alcohol treatment services. It outlines recommendations from the research literature and policy initiatives on how offering parenting support to service users who are parents can improve the lives and life opportunities of their children, as well as improving service users' outcomes.

Target audience

This briefing is intended for

- Managers of alcohol treatment services
- Commissioners
- Staff working in alcohol treatment services

The information in this briefing may also be of interest to:

- Researchers
- Policy makers
- Parenting professionals
- Parents / carers

Summary: The briefing at a glance

- Up to 1.3 million children in the UK are affected by parental alcohol problems.
- Children whose parents drink too much can suffer a range of physical, psychological and behavioural problems as a result of living in

such an environment (Velleman, 2002).

- The impact on children can be particularly problematic due to the effect alcohol misuse has on family functioning; the conflict and disharmony that is often associated with problem drinking, rather than the problem drinking itself (Velleman & Orford, 1999).
- There is currently a strong political focus and increase in spending on family support initiatives in the UK.
- Service provision for children and families affected by alcohol misuse is not meeting the needs of this vulnerable group, with a recent project finding only 59 such initiatives (Alcohol Concern, 2004).
- Policy dictates that all agencies that come into contact with children in need or their parents, including the majority of adult drug and alcohol services, must be seen as having a responsibility to support and protect them (Children Act, 2004).
- Links to toolkits and guidance for working with children and families affected by alcohol misuse are enclosed.
- A new Parenting and Alcohol Project has been launched at Alcohol Concern to protect, improve the quality of life and life opportunities of children parented by a problem drinker.

Parenting and alcohol misuse

Scale of the problem

The Alcohol Harm Reduction Strategy for England (AHRSE; Prime Minister's Strategy Unit, 2004) states that there are up to 1.3 million children affected by parental alcohol problems. This is probably a conservative estimate. UK estimates suggest that about six million people drink above the recommended daily guidelines with almost two million more drinking at harmful levels (Prime Minister's Strategy Unit, 2004, 2003), and given that the majority of problem drinking adults will be part of a family, it is clear that the scale of the problem drinking affecting families and children is considerable.

Nature of the problem

Children whose parents drink too much can suffer a range of physical, psychological and behavioural problems (Velleman, 2002). As alcohol problems vary in nature, severity and persistence, how children are affected can also vary. But what is clear is the fact that in almost every study, nationally and internationally, children of problem drinking parents have higher levels of problems than children of non-problem drinkers.

The impact on children of problem drinking parents can be particularly problematic due to the effect alcohol misuse has on family functioning; the conflict and disharmony that is often

associated with problem drinking, rather than the problem drinking itself (Velleman & Orford, 1999). It has been proposed that seven key aspects of family life could be adversely affected: roles, rituals, routines, social life, finances, communication and conflict (Velleman, 1993). Although being a problem drinking parent does not equate to being a bad parent, studies suggest that it most significantly affects the quality of their parenting.

Research into alcohol misuse and parenting suggests the following (taken from an internal working paper that reviewed literature on children and families affected by problematic alcohol use, by Templeton et al, 2004):

- In terms of parenting skills and style, problem drinking can result in a parent being emotionally unavailable, inconsistent and unpredictable (Cleaver et al, 1999). This can lead to parenting that is passive, cruel or neglectful.
- Children learn who they are in relation to others from their parents, but the messages that children get from their parents are often ambiguous and inconsistent (Robinson & Rhoden, 1998). Inconsistency stems mainly from the unpredictable way in which their parents behave (Brisby, Baker & Hedderwick, 1997).



Children take on responsibilities that are beyond their years, affecting their education, peer relationships and family life. They are further at high risk of social exclusion due to keeping parental drinking a secret (Velleman & Orford 1993; Laybourn et al 1996).

- Children can become the carer of the problem drinking parent, protector of one parent against the other, mediator between parents, and ally with or against the drinking parent (Tunnard, 2002).
- Children of problem drinkers can fail to internalise feelings of worth and trust in needs being met (Gray, 1994), and so children often learn "don't talk, don't trust, don't feel" from their parents (Robinson & Rhoden, 1998).
- Children may be worried about the ability of their parents to protect them and so find it hard to trust others (Tunnard, 2002).
- Children can experience or witness¹ physical, verbal and sexual abuse and neglect. Alcohol plays a part in around a third to a quarter of known cases of child abuse (Robinson & Hassell, 2000; Brisby et al, 1997).
- Children will commonly blame themselves for the problems that the family is experiencing in a vain attempt to make their environment better able to support them (Velleman, 1993).

- Children of problem drinkers can also experience long-term effects into adulthood (Orford & Velleman, 2002; 2003).
- An unborn child can develop Foetal Alcohol Syndrome (FAS), involving a range of physical and mental health problems, as a result of alcohol consumption during pregnancy.
- The above problems have a knock on impact on other services, with the costs of one parent's drinking accruing for the next generation.

However, some children do not appear to experience as many problems as others in these circumstances. They seem to be more resilient. Recent research has been able to identify resilience in terms of a number of protective factors and processes that can minimise the negative impact of alcohol problems on children, both in the short and the long-term (Velleman & Templeton, 2003). The protective factors include high self-esteem and confidence, self-efficacy, an ability to deal with change, a good range of problem solving skills, positive family functioning, a close positive bond with at least one adult in a caring role, and a good support network beyond the family. The protective processes involve planning on behalf of the child to make their life less disruptive, including reduction of the impact of the risk either by altering the risk or the

¹ From 31st January 2005 an amendment to the Children Act (1989) came into force, extending the legal definition of harming children to include the harm they suffer by seeing or hearing the ill-treatment of another.

child's exposure to it, development and maintenance of self-esteem and self-

efficacy, and characteristics and care style of parents.

Parenting, alcohol and policy

The parenting agenda

'The bond between children and their parents is the most critical influence on a child's life, and parenting strongly influences educational attainment, behaviour and mental health'.

(Department for Education and Skills, 2004)

There has been a massive increase in interest in, and spending on, family support initiatives in the UK since the Children Act (1989) explicitly set out parental responsibility to ensure their children's well-being. At the service delivery level, a mapping exercise of family support services in the UK by the National Family and Parenting Institute (NFPI) estimated that 40% of all services had been set up in the previous five years (Henricson et al, 2001). In a relatively short timespan, it is clear that family support has come to enjoy a central position in national policy and practice, driven strongly by two Green Papers: 'Supporting Families' (1998), and 'Every Child Matters' (2003), with its follow ups 'Every Child Matters: Next Steps' (2004) and 'Every Child Matters: Change for Children' (2004).

'Every Child Matters' (ECM), which emerged in the wake of the Victoria Climbié inquiry, proposed a wide range

of potentially far-reaching changes and reforms designed to lead to better integration of children's services, and placed supporting parents and carers at the top of a list of four key areas for development. The changes include the formation of multi-agency Children's Trusts, the introduction of better information sharing systems and a number of new posts for both central and local government. 'ECM: Next Steps' detailed how the proposals outlined in 'ECM' were to be implemented and placed statutory duties on key agencies to work in partnership towards common goals. Following these developments, the 'ECM: Change for Children' (2004) programme was devised, setting out a national framework for 150 local programmes of change to the system of children's services to be led by Local Authorities and their partners.

Sure Start, launched in 1998, was one of the first and most expensive in a series of national area-based Government initiatives delivering support services for parents across the country at a cost of around half a billion pounds in its first five years. It provides a wide range of services to families including early education, childcare, advice on benefits and employment opportunities as well as providing health and family



support. The Government also aims to provide further parenting support through new structures such as Children's Centres and Extended Schools, and by encouraging the development of voluntary sector initiatives to extend support, e.g. the Children's Fund and the Parenting Fund. The Parenting Fund was launched in May 2004 to provide a total of £25m over three years for the set up and delivery of interventions aimed specifically at parent support and education in the voluntary and community sector. A recent review of parenting support, in the UK and abroad, was commissioned by the Government to further inform and support their initiatives in this field (Moran et al, 2004).

Parenting support is a core focus in frameworks for services that engage with children and families. The 'Framework for the Assessment of Children in Need and their Families' (2000), is aimed at enabling Social Services to better identify the central needs of children and families, and one of its three domains of assessment is centred on parenting capacity. The 'National Service Framework for Children, Young People and Maternity Services' (2004) sets out a ten-year programme to stimulate long-term and sustained improvement in children's health and well-being through setting standards for the care of children, young people and maternity services. It is integral to the 150 local programmes of change for which 'Every Child

Matters: Change for Children' (2004) is setting out a national framework.

Parenting and alcohol policy

Unfortunately the specific stressful impact of parents with alcohol problems on family members is often overlooked in the development of policies and practices in the health and social care fields. The AHRSE (2004) is individualistic in its focus on the drinker and failed to make any recommendations for action in response to the needs of children and families affected by parental alcohol misuse. This is surprising given that the Interim Analytical Report (Prime Minister's Strategy Unit, 2003), which preceded the AHRSE, highlighted the harm caused to children and families and the need for support and intervention. However, the AHRSE has been successful in pushing alcohol higher up the political agenda, and as a result should put alcohol on the parenting agenda.

Following the publication of the AHRSE, the National Treatment Agency (NTA) was charged to develop Models of Care for Alcohol Misusers (MoCAM), which describes an optimum framework for the commissioning and provision of interventions and treatment for adult alcohol misusers in England. At the time of print this document was in the second phase of a consultation process. The draft MoCAM briefly considers the impact of alcohol misuse on 'significant others', acknowledging that there are a

wide range of possible negative impacts and stating that 'assessment processes should be sensitive enough to cover key areas of risk and impact on others, in particular children'. It further states that it is important to consider the impact of parents' alcohol misuse on the welfare of children in their care, and that if a professional has concerns about the welfare or safety of a child (either from assessment or at any point in treatment), they should follow

local joint working arrangements as agreed by the local Area Child Protection Committees. Alongside MoCAM, the NTA are developing integrated care pathways and a framework for young alcohol misusers under 18 years of age. However with commissioning structures not yet in place, this leaves an opening to influence and increase the emphasis on children and families work in alcohol treatment services.

Issues for alcohol treatment services

Current service provision

A family-focused approach has not been widely adopted in the alcohol misuse field despite a significant proportion of the 100,000+ people approaching alcohol treatment services each year being parents. Treatments focus on addictions as the primary problem facing clients, rarely taking into account the demands and responsibilities of family life on the drinking parent. Even when families have been considered, they have usually been seen as an adjunct to the treatment of the substance misuser rather than being helped in their own right (Brisby, et al, 1997). However there is evidence that this is changing, and has the potential to change further, with recognition of the needs of children and families in recent policy developments.

Service provision for children and families affected by alcohol misuse has vastly increased in the last few years and

some excellent work is being done, although provision is still not meeting the needs of this vulnerable group. A recent AERC funded project undertaken by the Alcohol Concern Children and Families Forum (Alcohol Concern, 2004) mapped 59 projects and initiatives that support children and / or families affected by alcohol misuse. Within these 59 projects and initiatives a diverse range of support is offered, including individual support, group work, play therapy, auricular acupuncture, and parenting support and skills training. This level of service provision, whilst still low, is a positive development from previous similar exercises. Alcohol Concern's research 'Under the Influence: coping with parents who drink too much' in 1997 found only 24 drug and alcohol agencies able to work with children and / or families.

A review of the 59 projects and initiatives



found to provide support to children and / or families suggested six categories of service provision: specific aspect, specific service, open access add on, co-ordinated, and spare capacity (Alcohol Concern, 2004). Staff in agencies that fit into the last four categories are not trained specifically to work with children or families, but in some cases may be able to offer support (not always to children) or referrals onto appropriate agencies. Agencies that fall into the specific service (10%) and specific aspect (27%) categories offer more effective approaches to service provision for this sector. A specific service is one explicitly set up to work with children and / or families affected by a family member's drinking. Whereas a specific aspect service, although primarily providing support to adults who need help with their own problem drinking, has a funded post(s) specifically trained to work with a particular group affected by someone else's drinking. This categorisation of available service provision reveals the complex and varied way in which children and families currently access support, and clearly indicates that clear and defined ways of meeting their needs must be developed.

Treatment barriers

Both concrete and attitudinal barriers to providing services for children and families have been highlighted in a localised study of service provision for children and families of problem drinkers (Zohhadi et

al, 2004). Concrete barriers include:

- A lack of awareness on the part of children and families that their situation constitutes a problem, which precludes them from seeking help;
- The social stigma attached to parental problem drinking often leads children and families to conspire to keep the problem a secret;
- A lack of awareness on the part of children and families of services available;
- Insufficient service provision for this population, outlined above;
- Reliance on self-referral due to a lack of outreach services;
- The need for parental consent to work with children when parents often fail to acknowledge that there is a problem;
- Insufficient resources, including lack of time, money and appropriate training, to meet the needs of this group;
- The many additional demands experienced by parents who have primary responsibility for childcare, that make it difficult for them to engage in and adhere to traditional addiction treatment programmes, such as lack of childcare facilities;
- Inadequate inter-agency communication.

Conceptual barriers include:

- Attitudes to alcohol, where alcohol misuse is perceived as a cultural norm;
- Risk versus need, where children

are often perceived as not 'neglected enough' and so no action is taken by professionals until actual harm is inflicted;

- Philosophy of care, where treatment approaches are commonly individualistic rather than holistic in their focus, with reasons for this being an 'over-emphasis' on confidentiality, a lack of resources, and not wanting to 'scare people off';
- A fear, on the part of professionals who realise the scale of the problem and the resulting needs, of opening up the floodgates and further over-stretching resources.

Rising levels of frustration have been found among professionals who feel they can only provide a minimal service to an ever-increasing demand for help and support, despite the energy and commitment they clearly have for the work (Alcohol Concern, 2004).

However with alcohol so high up the political agenda, following the publication of the AHRSE in March 2004, conditions are ripe for effecting change. By tackling the conceptual barriers to service provision held at the top level, with the commissioners, and raising awareness of the need for services for this group, it should be possible to solve the concrete barriers, such as lack of resources and training (Zohhadi et al, 2004).

Implications for treatment services

If we accept the evidence, summarised

earlier, that many children of problem drinkers are children in need, then policy dictates that all agencies that come into contact with them or their parents, including the majority of adult drug and alcohol services, must be seen as having a responsibility to support and protect them (Children Act, 2004). One comprehensive study of the service needs of children and families of problem drinkers in the UK, stressed that the particular objective should be to provide support to help parents to function better, and to remove from children the fear that the family will definitely be split up (Houston et al, 1997).

The strong policy message from the literature shows that most parents welcome support. This support can come in the form of any intervention aimed at reducing risks and promoting protective factors for their children, in relation to their social, physical and emotional well-being (Moran et al, 2004). It is known that parents present to alcohol treatment services and so a crucial mechanism to reaching the children of problem drinkers has to be through these services.

In addition to providing improved outcomes for the family as a unit, incorporating services for children and families into treatment services can also improve treatment outcomes for the problem drinking parent. In fact if family members are not involved in treatment, as is currently most often the



case, this may enable not only the problem drinker but also the whole unit to remain resistant to change (Flanzer & Delaney, 1992).

The clear recommendations for support services to shift emphasis from the individual and to adopt a holistic, family-focused approach can only be achieved through partnership between various professions and agencies. These

Case studies

Despite concerns that the demands already placed on over-stretched services would be increased and additional training would be required to provide children and families services, small pockets of children and families work do exist. These sporadic examples of good practice point the way to how we might impact on the lives of children of problem drinking parents.

NSPCC/ARP Family Alcohol Service

The Family Alcohol Service is a partnership between the Alcohol Recovery Project, a leading adult alcohol service provider, and the NSPCC.

This service offers an innovative response to the serious issues of alcohol misuse and its impact on families and children within its catchment area of Camden and Islington. The multi-disciplinary team works to alleviate concern and anxiety in family situations and prevent harm to children. The team works to prevent family breakdown by intervening early

partnerships also present an opportunity to transfer skills for tackling alcohol misuse issues to frontline services, such as education, social services, primary care and the police. Frontline services have frequent contact with children and families of alcohol misusers and are often in a good position to offer support, but are not normally well equipped to recognise or respond when there are alcohol problems in the family.

and bridging the gap between adult and children's services. This is achieved by providing a parents and family programme, direct services to children and collaboration with professionals, including consultation and training.

FAS offers an intervention that provides a combination of family sessions, individual sessions and couple sessions, where adults are helped to make changes in their drinking and improve their parenting, and children are helped to express and resolve negative feelings and increase their resilience.

An independent evaluation of the first year of the service (Velleman et al., 2003) concluded that the service had been positively received by families and referrers, with positive outcomes in terms of engaging families, relationships and family dynamics, coping, support, resilience building in children, and drinking behaviour. For more details of this evaluation, see:

<http://www.nspcc.org.uk/inform/downloads/familyalcoholSERVICE.pdf>

Contact details:

88-91 Troutbeck, off Robert Street,
London NW1 4EJ
Phone: 020 7383 3817

Aquarius

Aquarius is a Midlands based alcohol and drugs agency, which traditionally has worked mainly with the drinker but has recently been successful in acquiring funding to develop family based work.

In **Dudley** 2 posts have been funded through mainstream sources - an Alcohol Community Worker and an Alcohol Family Worker.

In **Birmingham** an Alcohol Family Worker post has been funded by Esmée Fairbairn Trust, and 3 posts

have been funded through a range of sources, including NRF and SRB5, to provide community based interventions.

The Alcohol Family Worker posts concentrate not only on the drinker but family members and aim to reduce drinking, improve family functioning, and develop coping mechanisms. The service is provided to individuals, couples or family groups.

The community-based work aims to identify how alcohol misuse impacts on the community and families and to develop locally based interventions.

Contact details:

Aquarius Head Office, 6th Floor, The White House, 111 New Street, Birmingham B2 4EU
Phone: 0121 632 4727
Email: whitehouse@aquarius.org.uk

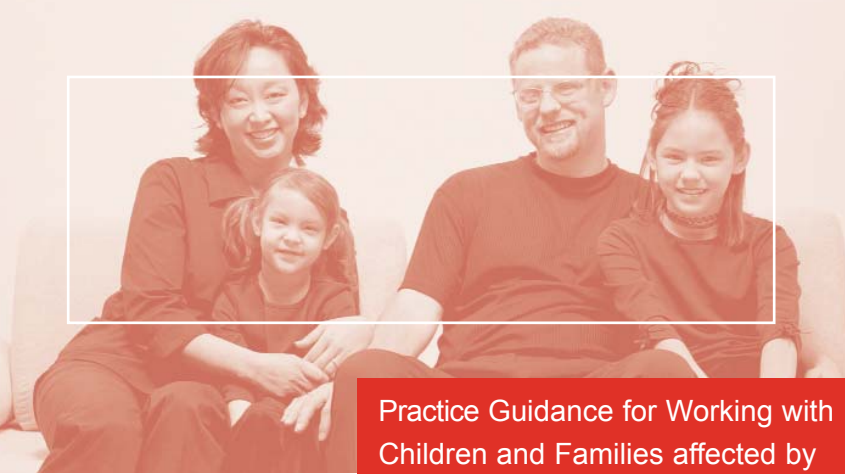
Toolkits and guidance

There is an increased awareness of need for guidance in working with children and families affected by parental alcohol misuse, including joint-working guidance, though little has been completed as yet.

The Department of Health produced general guidance in 1999 on 'Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children' (<http://www.dh.gov.uk/assetRoot/04/07/58/24/04075824.pdf>)

The Social Care Institute for Excellence (SCIE) has produced the following: 'Families that have alcohol and mental health problems: a template for partnership working' (2003) (http://www.scie.org.uk/publications/resource_guides/rg01.pdf) and 'Alcohol, Drugs and Mental Health Problems: working with families' (2000) <http://www.scie.org.uk/publications/reports/report02.pdf>)

In 2003 the Scottish Executive published 'Getting our Priorities Right: Good



Practice Guidance for Working with Children and Families affected by Substance Misuse' (<http://www.scotland.gov.uk/library5/education/gopr.pdf>)

Adfam have produced a good practice guide and quality standards for work with family members affected by someone else's drug use: 'We count too' (2005) (<http://www.drugs.gov.uk/WorkPages/MonthlyUpdates/April2005/1112198581/Adf1.pdf>)

Guidance currently in development includes Alcohol Concern's toolkit on working with children of problem drinking parents. This toolkit aims to provide specific guidance to particular professional groups, including social workers, health visitors and teachers, who work with or come into contact with children affected by problem drinking within the family. Another Toolkit on working with the children and families of problem alcohol and drug users is being developed by the Alcohol, Drugs & the Family Research Programme at the University of Bath in conjunction with Alcohol Concern's Children and Families National Forum.

It aims to collate some of the existing creative and unique work developed by those who have set-up services, or specific posts for children and families, thereby offering support to others who wish to develop services in this area. To be informed when these toolkits become available, join Alcohol Concern's special interest network (*see next section for details*).

A new web-based initiative offering further guidance has emerged via the Encare network. Encare is the European network for children affected by risky environments within the family, with problem drinking the first risky environment under consideration. It is a 13 country collaboration that has developed a website for professionals who come into contact or work with children affected by parental problem drinking (see <http://www.encare.info>). A UK specific version of this website will be available in 2005 (<http://www.encare.co.uk>). It is hoped that the Internet can be actively and creatively used as a forum for sharing advice and information to support those who work with children.

Parenting and Alcohol Project, Alcohol Concern

An exciting new project, funded by a grant from the Parenting Fund, has been launched at Alcohol Concern. It aims to protect and improve the quality of life and opportunities of children parented by someone who misuses alcohol by:

- Strengthening the capacity of alcohol

treatment services to support clients who are parents to develop their parenting skills

- Developing the capacity of parenting professionals to work with parents who have alcohol-related problems

With a lack of training often cited as a major impediment to setting up services for children and families affected by alcohol misuse, this project has been set up to deliver the much needed training throughout England. Training programmes are being designed to enable alcohol specialists and parenting professionals to work more effectively with problem drinking parents.

The project will train professionals from the parenting and alcohol fields in each Government region of England to deliver these one-day training programmes within their regions. This 'Champion Trainer' programme will ensure the impact on each region will be far-reaching and sustainable, as alcohol treatment services and parenting professionals will be equipped to train each other, even after the project's close. In doing so, this programme will encourage partnership working, networking and enable each profession to draw on the expertise and experience of the other.

As well as better equipping frontline professionals to deal with family and alcohol issues, the project will target high level commissioners and policy makers to effect a change in further problems that services are facing, such as a lack of resources and inadequate inter-agency communication. The project will provide a resource base and source of expertise

in order to bring about policy reform in this area. Briefings on various issues within and around parenting and alcohol misuse will be produced for both the alcohol and the parenting fields. In addition good practice guidance will be developed, drawing together child protection issues, alcohol-related issues and social services delivery.

Are you interested in receiving training to increase and develop your capacity to work with client who are parents?

Are you an agency that would like to champion this training regionally?

We are also looking for agencies in the alcohol field and parenting field to identify suitable candidates to receive the training, to advertise the training, and to offer the agency as a location for delivery of this training.

Join our special interest network

This virtual network, operating through email and the Alcohol Concern website, will be kept updated on the project's work and alerted when briefings and good practice guidance become available. In addition to disseminating information and knowledge, we will use this network as a consultation forum and to help shape policy development in children, families and alcohol issues at Alcohol Concern.

If you are interested in receiving or championing the training, or in joining the special interest network contact: parenting@alcoholconcern.org.uk



References

- Alcohol Concern (2004). *Review of projects and initiatives that support children and families affected by alcohol misuse*. London: Alcohol Concern (<http://www.alcoholconcern.org.uk/servlets/doc/894>)
- Brisby, T., Baker, S. & Hedderwick, T. (1997). *Under the Influence: coping with parents who drink too much*. London: Alcohol Concern.
- Cleaver, H., Unell, I. & Aldgate, J. (1997). *Children's Needs - Parenting Capacity: the impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. London: The Stationary Office.
- Department for Education and Skills (2003). *Every Child Matters*. London: The Stationary Office. (http://www.everychildmatters.gov.uk/_content/documents/EveryChildMatters.pdf)
- Department for Education and Skills (2003). *Every Child Matters: Next Steps*. London: The Stationary Office. (http://www.everychildmatters.gov.uk/_content/documents/EveryChildMattersNextSteps.pdf)
- Department for Education and Skills (2003). *Every Child Matters: Change for Children*. London: The Stationary Office. (http://www.everychildmatters.gov.uk/_content/documents/Every%20Child%20Matinserts.pdf)
- Department for Education and Skills (2004). *Parental Separation: Children's Needs and Parents' Responsibilities*. London: The Stationary Office. (<http://www.dfes.gov.uk/childrensneeds/docs/DfesChildrensNeeds.pdf>)
- Department of Health, Department for Education and Employment, Home Office (2000). *Framework for the Assessment of Children in Need and their Families*. London: The Stationary Office. (<http://www.dh.gov.uk/assetRoot/04/01/44/30/04014430.pdf>)
- Department of Health, Department for Education and Skills (2004). *National Service Framework for Children, Young People and Maternity Services*. London: The Stationary Office. (http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPAmpGBrowsableDocument/fs/en?CONTENT_ID=4094444&chk=iko7k4)
- Flanzer, J.P. & Delany, P. (1991). Multiple-Member Substance Abuse: Exploring the Initiative for Change in Addicted Families. In Edith M. Freeman (Editor) *The Addiction Process: Effective Social Work Approaches*. New York: Longman Publishing Group.
- Gray, A. (1994). The Frame. In A. Gray. *An Introduction to the Therapeutic Frame*. London: Routledge.
- Great Britain Home Office (1998). *Supporting Families: A Consultation Document*. London: The Stationary Office. (<http://www.homeoffice.gov.uk/docs/suppfam.html>)
- Henricson, C., Katz, I., Mesie, J., Sandison, M. & Tunstill, J. (2001). *National Mapping of family services in England and Wales - a consultation document*. London: National Family and Parenting Institute.
- HMSO (1989). *Children Act 1989: Elizabeth II. Chapter 41*. London: The Stationary Office. (http://www.hmso.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm)
- HMSO (2004). *Children Act 2004: Elizabeth II. Chapter 31*. London: The Stationary Office. (<http://www.hmso.gov.uk/acts/acts2004/20040031.htm>)

- Houston, A., Kork, S. & MacLeod, M. (1997). *Beyond the limit: children who live with parental alcohol misuse*. London: Childline.
- Laybourn, A., Brown, J. & Hill, M. (1996). *Hurting on the Inside, Children's Experiences of Parental Alcohol Misuse*. Aldershot: Avebury.
- Moran, P., Ghate, D. & van der Merwe, A. (2004). *What Works in Parenting Support? A Review of the International Evidence*. No RR574. London: DfES. (<http://www.dfes.gov.uk/research/data/upload-files/RR574.pdf>)
- National Treatment Agency (2005). *Models of Care for Alcohol Misusers - Consultation Document*. (<http://www.nta.nhs.uk/programme/national/docs/Models%20of%20Care%20Alcohol%20Misuse%20Consultation%20April%2020051.pdf>)
- Orford, J. & Velleman, R. (2002). Families and alcohol problems. In Alcohol Research Forum (Eds.) *100% Proof: Research for action on alcohol*, p.106-110. London: Alcohol Concern.
- Orford, J. & Velleman, R. (2003). *Alcohol and the Family*. Alcohol Concern Website, Published on line at: (<http://www.alcoholconcern.org.uk/servlets/doc/622>)
- Prime Minister's Strategy Unit (2003). *Alcohol Harm Reduction Project: Interim analytical report*. London: Cabinet Office. (http://www.strategy.gov.uk/files/pdf/SU%20interim_report2.pdf)
- Prime Minister's Strategy Unit (2004). *Alcohol Harm Reduction Strategy for England*. London: Cabinet Office. (<http://www.strategy.gov.uk/su/alcohol/pdf/CabOf fce AlcoholHar.pdf>)
- Robinson, W. & Hassell, J. (2000). *Alcohol Problems and the Family: From Stigma to Solution*. London: ARP and NSPCC.
- Robinson, B. E. & Rhoden, J. L. (1998). *Working with Children of Alcoholics: The Practitioners Handbook (2nd Edition)*. Newbury Park, CA: Sage Publications.
- Templeton, L., Galvani, S. & Williams, B.. *Children and families affected by problematic alcohol use: A literature review*. Alcohol Concern internal working paper..
- Tunnard, J. (2002). *Parental problem drinking and its impact on children*. Research in Practice.
- Velleman, R. (1993). *Alcohol and the Family*. London: Institute of Alcohol Studies.
- Velleman, R. (2002). *The Children of Problem Drinking Parents: An Executive Summary*. Executive Summary Series; Centre for Research on Drug and Health Behaviour, Executive Summary 70, 1 - 5.
- Velleman, R. & Orford, J. (1993). The importance of family discord in explaining childhood problems in the children of problem drinkers. *Addiction Research*, 1, 39-57.
- Velleman, R. & Orford, J. (1999). *Risk and Resilience: Adults who were the Children of Problem Drinkers*. London: Harwood.
- Velleman, R. & Templeton, L. (2003). Alcohol, Drugs and the Family: A UK Research Programme. *European Addiction Research*, 9(3), 103-112.
- Zohhadi, S., Templeton, L. & Velleman, R. (2004). *Service provision for the children and families of alcohol misusers*. (http://www.bath.ac.uk/mhrdu/drug-mapping_study_final_report.pdf)

The Parenting and Alcohol Project aims to protect and improve the quality of life and opportunities of children parented by someone who misuses alcohol. It aims to achieve this by:

- developing the capacity of alcohol treatment services to offer parenting support to their clients who are parents
- developing the capacity of parenting professionals to work effectively with parents who have alcohol-related problems

The Parenting and Alcohol Project is funded by the Parenting Fund.

For more details contact:
Parenting and Alcohol Project
020 7928 7377
parenting@alcoholconcern.org.uk

Alcohol Concern
Waterbridge House
32-36 Loman Street
London SE1 0EE
www.alcoholconcern.org.uk

Primary author: Suzanne Murray

Alcohol Concern Is

- The national agency on alcohol misuse
- Working to reduce the level of alcohol misuse, and to develop the range and quality of helping services available to problem drinkers and their families
- England's primary source of information and comment on a wide range of alcohol related matters

Published by Alcohol Concern, 32-36 Loman Street,
London SE1 0EE

Tel: 020 7928 7377, Fax: 020 7928 4644

Email: contact@alcoholconcern.org.uk

Website: www.alcoholconcern.org.uk

Copyright: Alcohol Concern June 2005

ISBN number is 1 869814754

All rights reserved. No part of this publication may be produced, stored in a retrieval system, or transmitted by any means without the permission of the publishers and the copyright holders.

Alcohol Concern is a registered charity no. 291705 and a company limited by guarantee registered in London no. 1908221.

Printed by 4Print