

Understanding Alcohol Issues for Professionals working with Parents



Also in the series

- Understanding parenting issues for alcohol professionals
- Parenting, alcohol misuse and treatment service provision
- Child protection
- Hidden harm
- Common Assessment Framework

Examples of forthcoming titles

- Promoting protective factors and resilience
- Domestic violence
- Fathering

The Parenting and Alcohol Project



Understanding Alcohol Issues for Professionals working with Parents

This paper examines the issues surrounding parental alcohol misuse, the health effects of drinking, how to identify problem alcohol use, how children might be affected, what interventions can aid parents and help build resilience to longer term harm in children and when and where to refer for specialist help, information or informal support.

Target audience

This briefing is intended for:

- All professionals who work with parents, including children & families social workers, Sure Start and Home Start workers, family link workers, nursery education officers, community development workers and health visitors
- Managers of services that work with parents

Summary: The briefing at a glance

- Research suggests that assessment of families affected by alcohol misuse needs to be holistic in evaluating the complexity of alcohol misuse within the family and its impact on family members
- With little information available about assessment and specialist backup, parenting professionals can lose confidence in their skills and abilities to offer appropriate interventions
- Parental alcohol problems often co-exist with other parental difficulties
- Statistics suggest that alcohol plays a part in around a third to a quarter of known cases of child abuse
- Misuse of alcohol does not necessarily lead to "bad" parenting, but research suggests it can significantly affect the quality of parenting
- It is how alcohol affects a particular set of relationships that determines the extent of the problem in the family
- Research has begun to highlight factors that help minimise the impact of parental alcohol misuse. It seems that some children are more resilient and less likely to develop problems, either when they are young or when they reach adulthood
- Information is provided on how parenting professionals can recognise problem alcohol use, and guidance is given on what interventions can aid parents and help build resilience to longer term harm in children
- The *Further resources* section provides links to toolkits and guidance for working with children and families affected by alcohol misuse

Introduction

Problem drinking by parents can be disruptive to children and families. The problem is widespread, with up to 1.3 million children estimated to be living in a family with a problem drinking parent (Cabinet Office Strategy Unit, 2004).

Research in this area shows that parental problem drinking can be a source of social and emotional turmoil in families, which can result in both short-term distress during childhood and long-term distress across a wide range of areas.

Parenting professionals come across a wide range of people with drink problems on their caseloads. Problem drinkers can sometimes appear unwilling to cut down their drinking and may be ambivalent about or disinclined to address their alcohol misuse. This can lead to professional anxiety that people who experience problems with alcohol might be difficult to work with, leading to uncertainty about potential outcomes for the children.

A professional dilemma

Parenting professionals, especially childcare social workers, already have expertise in the area of assessing protective parenting. This can be the foundation for starting to explore the impact of parental alcohol misuse. Research suggests that assessment of families affected by alcohol misuse needs to be holistic in evaluating the

complexity of alcohol misuse within the family and its impact on family members, especially children (Forrester & Harwin, 2002; Jones, 2002).

With little information available about assessment and specialist backup, parenting professionals can sometimes lose confidence in their skills and abilities to offer appropriate interventions. Work with families where there is alcohol misuse can produce increased professional concern and uncertainty and is often associated with perceived client resistance. Without adequate information on how to intervene appropriately with parental alcohol misuse, parenting professionals can find it difficult to explore issues about drinking with clients at all.

In addition to this, despite a significant number of children living in households where at least one parent has an alcohol-related problem, most professionals working with parents do not see dealing directly with parental alcohol misuse as falling within their remit. Case management in these cases can sometimes be characterised by passivity towards the alcohol misuse issues, resulting in a worsening situation despite increased support to the parents (Jones, 2002).



Scale and nature of the problem

- Between 780,000 and 1.3 million children are affected by parental alcohol problems (Cabinet Office Strategy Unit, 2004)
- Over a quarter of the adult population drink above recommended guidelines, causing health, social and personal problems (Department of Health, 2005)
- Parental alcohol problems often co-exist with other parental difficulties, for example parental illness, bereavement, marital break-up/divorce, unemployment
- The British Crime Survey of victims of domestic violence suggests that 44% of perpetrators were under the influence of alcohol at the time of the incident (British Crime Survey, 2000)
- Statistics suggest that alcohol plays a part in around a third to a quarter of known cases of child abuse (Robinson & Hassell, 2000; Brisby et al., 1997)

Reluctance to follow up concerns that an adult might have difficulties with alcohol means that professionals also miss an opportunity to check how the children of those adults are coping. Misuse of alcohol does not necessarily lead to “bad” parenting, but research suggests it can significantly affect the quality of parenting (Cleaver et al., 1999; Robinson & Rhoden, 1998; Tunnard, 2002).

Any professional working with parents will automatically consider the overall

welfare of the children and take appropriate steps if they have cause for concern. Faced with a problem drinker most professionals will consider parenting issues. But there are a range of problems associated with alcohol misuse from mild to severe and these should be addressed to ascertain the impact on the family and children in particular (see *How can you tell if someone has an alcohol problem* section below).

Many of the children affected by parental drinking are not obviously ‘in need’, which means that the opportunity for helping build resilience in the child to protect against long term harm might be missed if the issue of parental drinking is ignored. It is important to be proactive and to pursue early intervention rather than wait for problems to worsen or crises to occur.

There is no evidence that alcohol plays a direct causal role in domestic violence, but evidence suggests a strong association between alcohol misuse and violence in the home (Carter, 2003). Like parental alcohol misuse, the impact of domestic violence is often manifest in damage to family attachment, aggression or withdrawal, sleep problems, fear and a wish for safety. By implication, the combination of a parent who has alcohol problems and who also suffers or perpetrates violence will exacerbate the harm and risk children face.

Mental Health problems can frequently be significant co-issues alongside

alcohol misuse, where alcohol can sometimes be used as “self-medication”. One impact of this is that even if the alcohol use is addressed, life in the family may not feel

significantly improved for the children. This highlights the importance of assessing change from the child-focused perspective when addressing other presenting issues.

Health effects of drinking

Alcohol is a drug. The immediate effect is to alter mood. Drinking makes people feel relaxed, happy and even euphoric, so people can be surprised to learn that alcohol is actually a depressant. Alcohol negatively impacts on judgement and decision-making, and leads to a loss of inhibition, hence the feeling of relaxation and euphoria.

The more consumed the greater the effect - speech becomes slurred, vision blurred, balance is lost and movements are clumsy. Heavy drinking will depress all bodily functions, so drinking very large quantities can result in unconsciousness, coma, or even death. Some people are more vulnerable to the immediate effects of alcohol depending on body size, gender, age and genetics.

Longer term effects can include damage to organs and body systems including the liver, stomach, brain, blood and heart and nervous system. Heavy drinking is also implicated in the development of cancers, including gullet, throat and breast.

Heavy drinking during pregnancy can lead to low birth weight and danger of miscarriage (Royal College of

Obstetricians and Gynaecologists, 1999). It can also affect the unborn child and lead to a number of physical and developmental symptoms known as foetal alcohol spectrum disorder (Plant, 1985). These symptoms include growth deficiencies, central nervous system defects, lowered IQ and facial malformations. New research links drinking in pregnancy with behavioural problems like attention deficit hyperactivity disorder (ADHD) in children and adolescents (Mukherjee et al., 2005).

Mental health problems associated with heavy drinking include aggressive or irrational behaviour, depression and mood swings, anxiety, nervousness, low self esteem and, in extreme cases, hallucinations and dementia.

Stopping drinking suddenly if someone has been drinking heavily for a period of time (going ‘cold turkey’) can be dangerous, sometimes resulting in fits that can prove fatal.

For further information on health effects of alcohol see Alcohol Concern’s *Health impacts of alcohol* and *Mental health and alcohol* factsheets.



How can you tell if someone has an alcohol problem and what should be done?

The amount drunk

The most obvious way of identifying a person with an alcohol problem might be by the amount they drink. This is measured in units, a unit being the equivalent of 8g or 10ml of pure alcohol:

One 175ml glass of 12% wine = 2 units

One pint of normal strength lager (3 – 3.5%) = 2 units

One 275ml bottle of alcopop (5.5%) = 1.5 units

One single measure (25ml) of spirits (40%) = 1 unit

(For more information on units and the health effects of alcohol see Alcohol Concern's *Health impacts of alcohol* factsheet).

For someone drinking less than the recommended levels (3-4 units a day for men and 2-3 units a day for women), who does not regularly become intoxicated and whose presenting problems are not associated with alcohol misuse, no alcohol problem is indicated.

For someone either regularly drinking significantly more than the recommended levels or becoming intoxicated sometimes, but not frequently with presenting problems that have no strong association with alcohol misuse (eg. employment, housing or family relationships), no alcohol problem is indicated, but they are at risk of damaging their health.

Regular drinking sessions by parents, which lead to intoxication may also impact on children. In such cases general advice about the health effects of alcohol, impact on others and sensible drinking (brief intervention) would be indicated (for more information on brief interventions see Alcohol Concern's *Brief Interventions* factsheet).

For someone regularly drinking significantly more than the recommended levels and up to 50 units per week for a man and 35 units for a woman, or who becomes regularly intoxicated with this contributing to the presenting problem (eg. family troubles, loss of work, financial difficulties, etc.), an alcohol problem requiring intervention is indicated. The intervention here needs to aim towards reducing consumption and controlled drinking, as well as considering the underlying reasons for misusing alcohol. Referral to an alcohol advice and counselling service should be considered (see *What specialist help is available* section below).

For people who regularly drink at or above dangerous levels (50 units per week for men and 35 for women) or whose health is affected by their alcohol consumption, or who are alcohol dependent irrespective of the nature of the presenting problem, a serious alcohol problem is indicated. Specialist help will be required and detoxification may be needed prior to

referral to weekly counselling, a day programme or residential rehabilitation (see *What specialist help is available* section below). In this case, as in the cases above, the impact of the parent's time to receive treatment away from home may need to be considered in relation to childcare, especially if they are the sole carer for the children.

Other indicators

Problems cannot necessarily be measured in terms of levels or patterns of individual alcohol use. Assessment of the amount drunk is not always reliable as people tend to under-report how much they drink, units can be difficult to calculate given the varying strengths of drinks (and sizes if poured at home) and it requires the client to remember, and be prepared to reveal, a lot of information in detail.

There are a number of screening tools available that look at more than just the amount drunk. Screening tools are basically questionnaires that research evidence has shown to be effective in detecting both hazardous drinking and alcohol dependence.

The AUDIT (Alcohol Use Disorders Identification Test; see Babor et al., 2001) is a 10 question screening tool developed in 1982 by the World Health Organisation to identify people who are at risk of developing alcohol problems. In practice some people find the AUDIT too long to be used in a health or social care setting and the shorter FAST tool was developed from

the AUDIT. There are 4 questions and the respondent is asked to circle a response:

- How often do you have eight or more drinks on one occasion?
- How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- How often during the last year have you failed to do what was normally expected of you because of your drinking?
- Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

The questionnaire is very quick to administer (about 12 seconds) because most people only have to answer the first question. (For more information on the FAST and other screening tools see Alcohol Concern's *Screening tools for healthcare settings* factsheet).

However, regardless of how much a person drinks, they have a problem with alcohol if their drinking is negatively affecting their overall well being, their work, their personal finances, their relationships with family and friends and/or their parenting. Family problems because of alcohol are relational: it is about how alcohol affects a particular set of relationships that determines the extent of the problem in the family.



Effects on parenting capacity

Parents with alcohol problems may become increasingly focused on their drinking, and therefore may become less loving, caring, nurturing or less consistent (Cleaver et al, 1999). They may become unable to care adequately for their children and less able to carry out parental responsibilities. There is an increased risk of parental violence and an increased risk of child neglect and child abuse.

The spouse without the drinking problem often copes by becoming increasingly focused on their alcohol misusing spouse, and therefore not on the child. They may take on all roles, meaning that the stress and strain they are under increases, affecting their relationship with their child. Further, by taking on all roles, including the 'negative' ones children sometimes identify the non-drinking parent as the problem.

What can parenting professionals do to help?

It is important that workers feel comfortable talking about alcohol-related problems and they are not side-lined through lack of confidence or belief that they can only be dealt with elsewhere. Parenting professionals possess the expertise to assess factors impacting on parenting and can use these assessment and intervention skills to deal with alcohol misuse issues. Practical interventions can include:

- Providing information to parents about reducing/eliminating immediate risks and providing ongoing support and encouragement
- Providing information to parents about reducing risk of long term harm to their children and building resilience
- Providing information to parents about how to make their parenting more protective, such as time and positive attention, maintaining routines and family rituals, ensuring school attendance and cohesive parental relationships in front of the children
- Bringing in support of other professionals if needed, such as the Health Visitor
- Supporting the development of parenting capacity or referring on to other services that would be able to do this
- Providing brief interventions to those for whom it is appropriate
- Referring on to specialist alcohol services

Effects on children

Children are often negatively affected when a parent has an alcohol problem. They may be rather quiet, and seem preoccupied. They may 'act out' and seem to seek attention. They may not seem to be able to concentrate on their schoolwork, fail to produce homework or produce work of a poor quality. They may lose interest in social activities.

Considering the effects of alcohol misuse on family life it should not be surprising that parental alcohol misuse often has a big impact on children. Key impacts can include parental and family arguments becoming more aggressive and violent in expression and nature, children experiencing a loss of parental availability and feeling lonely and isolated, children often tending to see parental problems as in some way their fault and feeling guilty and children responding by developing problems of their own (Velleman, 1993).

Work with families affected by parental problem drinking is clearly an area within which outcomes for children are varied and can be improved by child-focused interventions that take family dynamics into account.

It is important, once the issue has been identified, to attempt to assess the risk factors and establish where the parent stands in relation to 'Good Enough' parenting.

Good Enough Parenting

The concept of 'Good Enough' parenting was first coined by Winnicott

and is now in common use as a concept (Winnicott, 1964). In brief, this concept can be defined as:

- Parents who provide love, care and commitment
- Parents who are consistent and are unconditional
- Parents who are active and positive
- Parents who offer
 - ▶▶ Low level criticism
 - ▶▶ High level of warmth and praise
 - ▶▶ Time spent with children
 - ▶▶ Child focussed activities
 - ▶▶ Communication
 - ▶▶ Enjoy each other
 - ▶▶ Reasonable limits

A child is at immediate risk if they are in the sole care of a parent who is intoxicated; left unsupervised in the presence of drinking friends in the home; the parent, especially one with sole care, experiences blackouts or if they are in a car with a driver who has been drinking. In cases where risk factors exist it is useful to identify family strengths and factors known to protect against long term harm and where intervention, additional support and services might be most effective in keeping a family together.



Resilience

Research has begun to highlight factors that help minimise the impact of parental alcohol misuse. It seems that some children are more resilient and less likely to develop problems, either when they are young or when they reach adulthood (Velleman & Orford, 1999).

Resilience factors include:

- The presence of a stable adult figure
- Family cohesion and harmony
- Deliberate planning by the child that their adult life will be different
- Good social networks (particularly with adults)
- High self-esteem and confidence and a sense of self-efficacy
- An ability to deal with change
- A good range of problem solving skills
- Secure and stable relationships
- Experience of success and achievement (Velleman & Orford, 1999)

Other factors include being raised in a smaller family, having larger age gaps between siblings, a low level of prolonged separation from the primary carer in the first year of life and being from families that are able to stay together. There appear to be gender differences in that individual disposition can be a more important resilience factor for females and external support for males. Clearly the age of the child will also be a factor.

How to help the child

Workers may be able to help and support children affected by a problem drinking parent in a number of ways. These include:

- Recognising that the child is distressed (even if they are showing it by acting out or being very quiet and withdrawn) and providing appropriate time, space and privacy for the child to talk
- Listening in confidence and offering reassurance
- Helping the child look at what options are available to them (how they are coping, are there other ways of coping, who else have they told, should they tell others, who else is providing support, do they want you to tell others, if so who, etc.)
- Helping the child decide what to do and continuing to offer support as they attempt to cope
- Identifying a stable adult figure in the child's family and friends
- Encouraging outside interests (eg. school work, after school activities, sport and cultural activities)
- Giving clear information to the child about the effects of alcohol and answering their questions and fears about what may happen to their parents and to them

It is important to recognise that a simple intervention can have an immensely positive impact on a child and on their ability to become or remain resilient to longer term harm.

Effects on other adults

Friends and family of a problem drinker may consult generic or specialist professionals about someone with a drink problem and might also be concerned about their parenting ability.

Advice and counselling agencies exist throughout the country. They offer a free and confidential service and are

happy to help people affected by another's drinking. They can offer guidance on ways to talk to the drinker that are most likely to have a positive effect. Talking to others in the same situation can also help. Details of local agencies and self-help organisations can be obtained from Drinkline or Alcohol Concern (see *Resources* section below).

What help is available?

Specialist alcohol services are provided by the statutory, non-statutory (or voluntary) and private sectors. Many alcohol services, especially residential services also offer help for people with drug problems. Details of these services can be obtained from Drinkline or Alcohol Concern (see *Resources* section below).

Advice, information and counselling services are often the first point of contact for anyone concerned about their own or someone else's drinking. Members of the public can ring or sometimes just drop in for information or advice. As well as seeing clients with alcohol problems whose goal is either abstinence or controlled drinking, these services also encourage people to seek advice and help at an earlier point. Staff in these agencies will work together with the client to assess what kind of service is right for them and refer on as necessary. Most services will also work with the families of problems drinkers. Alcohol services will often obtain permission from clients to liaise

with other professionals, enabling parenting and alcohol teams to work in partnership.

Support for families and carers Al-Anon provides self-help groups and support for families of problem drinkers (see *Resources* section below). Information about other self-help groups around the country can be obtained from Alcohol Concern. Information and access to specialist help can also be obtained from Adfam (see *Resources* section below) and family members might also be able to access help via their GP. Many alcohol counselling services also have specific services for carers and/or family members. These are separate from services for problem drinkers.

Community Alcohol Teams and hospital-based alcohol teams provide a wide range of support services including home-based and community detoxification programmes, access to in-patient detoxification, counselling and group work. Most teams are managed by the health service and often have a multi-disciplinary staff team including health-care workers



and social workers. Some take self-referrals although others only deal with clients referred by GPs or other professionals. These are especially useful where referral to a residential rehabilitation unit is required, as funding is provided by this team.

Residential rehabilitation is the term commonly used to describe residential services for people with alcohol dependency problems. Residential rehabilitation services may be provided in hospitals, within nursing homes, registered care homes or in hostel accommodation, but the term is most commonly used for non-NHS based facilities. People most often use residential rehabilitation after detoxification from alcohol. Access to these facilities, except for those who are fee paying, will require a Community Care Assessment undertaken by social services (see below). The National Treatment Agency for Substance Misuse has a

directory of residential services at <http://www.nta.nhs.uk/residentialdirectory/index.html>

Community Care Assessments Social services have a responsibility to assess people needing help with alcohol problems (a Community Care Assessment). Clients will need a Community Care Assessment in order to obtain funding from the local authority for detoxification or a rehabilitation programme. Many social services departments have specialist alcohol (and drug) care managers and multi-disciplinary assessment is often required for detoxification from alcohol, especially in cases of dual diagnosis (co-occurring mental health and alcohol problems). Some Community Care Assessments are undertaken by the Community Alcohol Team and some social services departments have contracted out the assessment function to independent alcohol agencies.

Conclusion

Parenting is a complex task with many influences including the characteristics of the parent, the child and the environment. Many families struggle for a long time, especially in the case of alcohol problems, before seeking help (Social Care Institute for Excellence, 2003).

Children are often negatively affected when a parent has an alcohol problem. It is not always possible to pinpoint exactly when parents need help or things start to go wrong except

with hindsight, however proactive intervention using existing skills and expertise can help to make family life safer for children in problem drinking families, even when the problem drinker is not amenable to immediate change. The concept of 'Good Enough' parenting is a guide to assess the risk factors and professionals should be aware of the resilience factors. A simple intervention can make a very big difference in helping a child and the family.

Resources

Adfam aims to raise awareness about and take action to alleviate the problems faced by families coping with alcohol and drug misuse. Contact: 020 7928 8898; admin@adfam.org.uk; www.adfam.org.uk.

Al-Anon Family Groups provides self-help sessions for people whose lives are affected by someone else's drinking. Contact: 020 7403 0888; <http://www.al-anonuk.org.uk>

Alcohol Concern provides general information about alcohol and details of alcohol advisory services are available on their online services directory at:

<http://www.alcoholconcern.org.uk/> under the 'Help and Information' menu. Contact: Waterbridge House, 32-36 Loman Street, London SE1 0EE; 020 7928 7377; contact@alcoholconcern.org.uk; www.alcoholconcern.org.uk

Alcohol Concern's Parenting and Alcohol Project offers training to alcohol as well as parenting professionals on working with problem drinking parents, to protect and improve the quality of life and opportunities of their children.

Contact:
parenting@alcoholconcern.org.uk;
www.alcoholconcern.org.uk

Alcohol Concern Toolkit for Professionals working with Children Affected by Parental Alcohol Misuse (available from Summer 2006) offers information and guidance for professionals on supporting children who live with parents who drink too

much. Contact:
parenting@alcoholconcern.org.uk

Alcohol Concern (2000) *Alcohol and mental health*, London, Alcohol Concern.

Alcohol Concern (2001) *Brief Interventions*, London, Alcohol Concern.

Alcohol Concern (2001) *Screening tools for healthcare settings*, London, Alcohol Concern.

Alcohol Concern (2003) *Health impacts of alcohol*, London, Alcohol Concern.

Alcohol Concern & Department of Health (2000) *Say when... How much is too much?*, London, Alcohol Concern. This leaflet helps you work out how much you are drinking and whether it is a problem, with tips for cutting down and advice if it is a struggle. Available from Alcohol Concern, see above.

Alcohol Concern (2003) *Concerned about someone's drinking*, London, Alcohol Concern. This covers some common problems families experience around drinking, looking after yourself and where to get help. Available from Alcohol Concern, see above.

Alcoholics Anonymous (AA) runs self-help groups for people who are giving up alcohol because they have a drink problem. The Head Office can put people in touch with their local group. Contact: 01904 644026.



Drinkline is the national alcohol helpline, providing information and advice to anyone concerned about their own or others' drinking, and information on where callers can go for further help. Calls are free. Contact: 0800 917 8282.

Encare is a European project founded to help professionals tackle the problems faced by children who live in risky family environments:
www.encare.info

The National Association for Children of Alcoholics (NACOA) provides information, advice and support to children of alcoholics and people concerned with their welfare through its free, confidential helpline. Contact: 0800 358 3456.

References

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B. & Monteiro, M.G. (2001) *AUDIT: The Alcohol Use Disorders Identification Test (2nd edition)*, Geneva, World Health Organisation. Can be downloaded at: (http://whqlibdoc.who.int/hq/2001/WHO_MS_D_MS_B_01.6a.pdf)

Brisby, T., Baker, S. and Hedderwick, T. (1997) *Under the influence: coping with parents who drink too much. A report on the needs of the children of problem drinking parents*, London, Alcohol Concern.

Cabinet Office Strategy Unit (2004) *Alcohol Harm Reduction Strategy for England*, London, Cabinet Office.

Carter, R. (2003) *The Stella project report: separate issues, shared solution*, Greater London Domestic Violence Project 3rd Floor, City Hall, The Queen's Walk, London SE1 2AA.

Cleaver, H., Unell, I. and Aldgate, J. (1999) *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 Stationery Office.

Copello, A., Velleman, R. and Templeton, L. (2005) *Family interventions in the treatment of alcohol and drug problems*, *Drug and Alcohol Review*, no. 24(4), pp369-385.

Department of Health (1999) *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children*, London, The Stationery Office.
(<http://www.dh.gov.uk/assetRoot/04/07/58/24/04075824.pdf>)

Department of Health (2005) Alcohol Needs Assessment Research Project (ANARP): *The 2004 national alcohol needs assessment for England*.
(<http://www.dh.gov.uk/assetRoot/04/12/22/39/04122239.pdf>)

Forrester, D. and Harwin, J. (2002) *Parental Substance Misuse and Child Welfare: a study of social work with families in which parents misuse drugs and alcohol*, Unpublished Stage 1 report.

Gorin, S. (2004) *Understanding what children say: Children's experiences of domestic violence, parental substance misuse and parental health problems*, London, The National Children's Bureau.

- Greater London Domestic Violence Project (2003) *The Stella Project Report: Separate Issues, Shared Solution*, London, GLDVP.
- Home Office (2000) *The 2000 British Crime Survey England and Wales*, London, The Stationery Office.
- Jones, A. (2002) *Child neglect and serious parental drugs misuse*, Draft internal social services department document.
- Kroll, B. & Taylor, A. (2003) *Parental substance misuse and child welfare*, London, Jessica Kingsley Publishers.
- Mukherjee, R.A.S., Hollins, S., Abou-Saleh, M.T. & Turk, J. (2005) *Low level alcohol consumption and the fetus*, BMJ, no. 330, pp375-376.
- Phillips, R. (ed). (2004) *Children Exposed to Parental Substance Misuse: Implications for family placement*, London, BAAF.
- Plant, M. (1985) *Drinking and Pregnancy*, London, Tavistock Publications.
- Robinson, W. and Dunne, M. (1999) *Alcohol, Child Care and Parenting – A Handbook for Practitioners*, London, NSPCC.
- Robinson, W. and Hassle, J. (2001) *Alcohol Problems and the Family – From Stigma to Solution*, London, ARP/NSPCC.
- Robinson, B.E. & Rhoden, J. L. (1998) *Working with Children of Alcoholics: The Practitioners Handbook (2nd Edition)*, Newbury Park, CA, Sage Publications.
- Royal College of Obstetricians and Gynaecologists (1999) *Clinical green top guidelines: Alcohol consumption in pregnancy (9)*. (<http://www.rcog.org.uk/index.asp?PageID=509>)
- Social Care Institute for Excellence (2000) *Alcohol, Drugs and Mental Health Problems: working with families*, London, SCIE. (<http://www.scie.org.uk/publications/reports/report02.pdf>)
- Social Care Institute for Excellence (2003) *Families that have alcohol and mental health problems: a template for partnership working*, London, SCIE. (<http://www.scie.org.uk/publications/resourceguides/rg01.pdf>)
- 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. and Orford, J. (1999) *Risk & Resilience: Adults who were the Children of Problem Drinkers*, London, Harwood.
- Velleman, R. and Templeton, L. (2003) *Alcohol, Drugs and the Family: A UK Research Programme*, European Addiction Research, no. 9(3), pp103-112.
- Velleman, R., Templeton, L. and Copello, A. (2005) *The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people*, Drug and Alcohol Review, no. 24(2), pp93-109.
- Winnicott, D.W. (1964) *The child, the family and the outside world*, Harmondsworth, Penguin.

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

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 March 2006

ISBN number is 1 869814 69 X

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