

## Parental alcohol misuse and the common assessment framework



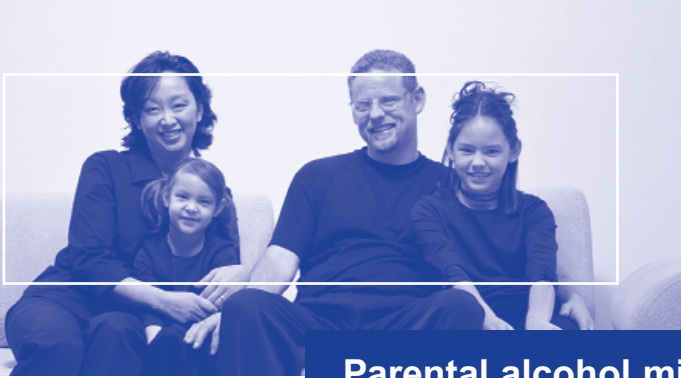
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## Parental alcohol misuse and the common assessment framework

This briefing paper looks at how practitioners working with children, young people and/or families can use the common assessment framework to identify the potential impacts of parental alcohol misuse. Guidance is offered on setting the context for an assessment with families, so that questions can be asked more openly and family members feel comfortable responding.

### Target audience

This briefing is intended for:

- Practitioners working with children, young people and/or families

### Summary: The briefing at a glance

- Guidance is offered on how to set the scene for an assessment in order to create an open and honest environment
- A breakdown is given of how parental alcohol misuse can negatively impact on the ability of parents and carers to care for a child, and the family and environment a child is exposed to
- A breakdown is given of the potential risks of parental alcohol misuse on child development at six different stages:
  - The unborn child
  - Children aged 0-2 years
  - Children aged 3-4 years
  - Children aged 5-9 years
  - Children aged 10-14 years
  - Children aged 15 years and over
- Strengths available to children of problem drinkers at the six developmental stages listed above are provided
- Links to guidance for working with children and families affected by alcohol misuse are provided

## What is assessment?

Assessment is the initial step in helping vulnerable children and their families. Its aim is to gather information to enable appropriate care planning and action. Assessment has several phases (Department of Health, 2000):

- Clarification of source of referral and reason
- Acquisition of information
- Exploring facts and feelings
- Giving meaning to the situation which distinguishes the child and family's understanding and feelings from those of the professionals
- Reaching an understanding of what is happening, problems, strengths and difficulties, and the impact on the child (with the family wherever possible)
- Drawing up an analysis of the needs of the child and parenting capacity within their family and community context as a basis for formulating a care plan

## The common assessment framework

The common assessment framework (CAF) is a crucial component in the Every Child Matters: Change for Children (DfES, 2004) strategy to achieve a greater focus on preventing things from going wrong in children's lives rather than on dealing with the consequences once difficulties have occurred. In addition to supporting

earlier intervention the CAF aims to improve multi-agency working, helping practitioners to undertake assessments in a more consistent way and ensuring more appropriate referrals, and to reduce bureaucracy for families by decreasing the amount and length of any further assessments.

The CAF is a nationally standardised, holistic approach to assessing children's needs and deciding how they can be met (a sample form can be found at <http://www.dfes.gov.uk/commoncore/docs/CAFForm.doc>). It has been developed for use by practitioners in all agencies working with children, young people and families, and can be used for any unborn baby, new baby, child or young person with additional or unmet needs, i.e. those at risk of poor outcomes. Guidance for service managers and practitioners on completing the CAF can be found at <http://www.dfes.gov.uk/commoncore/docs/CAFGuide.doc>

The CAF was piloted during 2005-6 and all Local Authority areas are expected to be working towards implementing the CAF between April 2006 and the end of 2008.



## Parental alcohol misuse and the CAF

A common assessment may be needed if parents have problems, such as alcohol misuse, that might impact on the child. The CAF provides a holistic, child-centred approach that ensures it is not parental drinking alone that is assessed, but rather assessment of children's needs and their family's ability to meet them. It is important to note that the presence of parental problem drinking does not in itself mean that a child has additional needs, as a significant proportion of children of problem drinkers show no long-term behavioural or emotional disturbance. However a considerable number of children living in these circumstances can suffer a range of physical, psychological and behavioural problems (Velleman, 2002), and risks to children are considerably higher when there are co-occurring parental problems, such as depression (Sheppard & Woodcock, 2002).

Many factors have been shown to make children more or less vulnerable to the behaviours that result from their parents' problem drinking, but the impact on children varies depending on their age and stage of development. This paper provides details of the potential impact of parental alcohol misuse on, and the strengths available to children at different stages of childhood (see section *The evidence base: potential impacts of parental alcohol misuse*).

Parental alcohol misuse can impact on all areas covered in the framework:

**Table 1. Areas of the CAF**

<b>Development of Child</b>
<ul style="list-style-type: none"> <li>● Health:               <ul style="list-style-type: none"> <li>● General health</li> <li>● Physical development</li> <li>● Speech, language and communications development</li> </ul> </li> </ul>
● Emotional and social development
● Behavioural development
● Identity, including self-esteem, self-image and social presentation
● Family and social relationships
● Self-care skills and independence
<ul style="list-style-type: none"> <li>● Learning:               <ul style="list-style-type: none"> <li>● Understanding, reasoning and problem solving</li> <li>● Progress and achievement in learning</li> <li>● Participation in learning, education and employment</li> <li>● Aspirations</li> </ul> </li> </ul>
<b>Parents and Carers</b>
● Basic care, ensuring safety and protection
● Emotional warmth and stability
● Guidance, boundaries and stimulation
<b>Family and Environmental</b>
● Family history, functioning and well-being
● Wider family
● Housing, employment and financial considerations
● Social & community factors and resources, including education

*(Taken from the DfES CAF factsheet, June 2005)*

## Guidance on setting the context for an assessment

Assessments in cases where parental alcohol misuse is an issue need to “establish the impact of... alcohol misuse on parenting capacity, and any risks to children, and to guide the most appropriate intervention” (Department of Health, 2002, p144). The key task for professionals is to understand the links between alcohol misuse and parenting in the context of the parent’s life and any other difficulties they are experiencing.

Different approaches to the CAF are needed for situations where an alcohol misuse issue has been identified and those where alcohol misuse is only suspected. In the former scenario, it is possible to start examining the impact of alcohol misuse on the aspects of the assessment framework that are discussed. However in cases where alcohol misuse is not the presenting issue, careful exploration will be needed to help alcohol-related issues surface. The possibility of parental alcohol misuse should always be considered where there are issues of concern, particularly since there are no fixed signs to alert practitioners that a child has a parent with an alcohol misuse problem.

### Engagement

In order to engage effectively with both parents and children it is essential for professionals to gain and maintain their trust. Understanding the family’s fears of assessment is key to this process. Common fears for problem drinking parents are of stigmatisation and that their children will be taken

away from them, which can lead to denial or minimisation of their alcohol use. Children also fear that information they disclose will lead to their removal from home or may make their current situation worse (Kroll & Taylor, 2003). Engaging with children of problem drinkers can also be difficult as they often learn “don’t talk, don’t trust, don’t feel” from their parents (Robinson & Rhoden, 1998).

With these issues in mind, professionals should explain to the family what an assessment is, why it is being carried out, what will be expected of them and what the family can expect of the assessor. Parents will need to be assured that the focus of the assessment is not their drinking, but rather if and how their alcohol misuse is affecting their parenting capacity (Swadi, 1994). Children and young people will need to be in a safe environment where they feel they can discuss any issues, they know they are being listened to and they are also told what will be done with the information they have disclosed (Bannister, 2001).

Domestic violence, mental health problems and child abuse are also issues in many problem drinking families (Galvani, 2005; Carter, 2003; Robinson & Hassell, 2000).

Professionals need to be sensitive to cases where multiple issues exist and ensure that a safe environment is created for their disclosure as risks to children are greatly increased under these circumstances (Cleverly et al, 1999).



## **Establishing a common cause**

In order to make broaching the subject of parental alcohol misuse in an assessment easier, it is important to set the assessment process within context for families so that questions can be asked more openly and families feel able to give more helpful and informative answers. It should be established from the outset that there is no assumption of blame in relation to parental alcohol misuse, and that alcohol misuse does not necessitate poor parenting. Professionals may need to examine their own attitudes in relation to this. Assessors need to establish a common cause with the family: wanting the best for the children. Setting a primary focus on children's needs and strengths can help parents start talking before discussion is turned to the more difficult issue of how their drinking may affect these needs and strengths (Kroll & Taylor, 2003). This can make it easier to deal with issues such as blame, secrecy, guilt and shame that can so easily exist.

## **Confidentiality**

Confidentiality needs to be dealt with early in the assessment process to ensure that all parties know what will happen to what they say and under what circumstances. Professionals must find a balance between the family member's right to confidentiality and the importance of information sharing across agencies, with any issues being discussed with family members as they arise except where this compromises child safety. See Alcohol Concern's forthcoming good

practice guidance on confidentiality for more details.

## **Multi-agency working**

The needs of children must be paramount for all agencies working with parents and/or families. This will help both alcohol specialists and professionals working with children and families to develop a common approach to multi-agency working. Often these professional groups approach assessment using different tools and alcohol specialists frequently build in a longer timeframe for changes to occur, viewing alcohol misuse as a chronic condition. However effective multi-agency working can be achieved when professionals gain an understanding of how and why other agencies involved with the family work in the way that they do. Moreover shared timeframes can be set if it is understood that risks to children can be reduced even when alcohol consumption is not immediately amenable to change. If possible joint assessments should be undertaken. See Alcohol Concern's forthcoming good practice guidance on multi-agency working for more details.

## **Assessment**

Murphy and Harbin (2000) developed a joined-up approach to assessment of parental alcohol misuse to ensure that the two elements involved in assessment, namely assessment of alcohol use and assessment of parenting, occur together. Alcohol use should be assessed separately, followed by assessment of how the alcohol problem impacts on parenting

capacity, children's needs and the environment they live in (see section *Assessing parental alcohol misuse*).

With this approach professionals are able to explore children and families' daily lives, investigating how parental alcohol misuse affects all areas detailed in the CAF. Some assessment questions are provided in the following sections as pointers to professionals. The list is not exhaustive and it is important for assessors to ask questions about whether alcohol has an impact on every aspect of the framework so that they can arrive at a holistic understanding of what life is like for children in their particular family situations. Professionals should also be familiar with the potential impacts of parental alcohol misuse on children (see section *The evidence base*).

### **Ensuring children's views are heard**

Assessments should have a focus on the child, with particular concentration on their feelings, behaviour and appearance (Cleaver et al, 1998). Using tools such as play, drawing and enactment, professionals can make children feel more comfortable with the assessment process and make it easier for them to discuss any difficulties they are experiencing (Bannister, 2001).

In addition to exploring children's and parents' daily activities, children's feelings of safety and where they turn for help, comfort and protection, Kroll and Taylor (2003, p260) suggest the following questions:

- What is it like when their parent is under the influence of alcohol? What is it like when they are not?
- Do they have fears, anxieties, hopes about their parents' behaviour?
- What would they most like to be different or stay the same?
- Whom do they think is most affected by the alcohol misuse and how can they tell?
- To what extent do children have caring responsibilities?

Using examples of how parental alcohol misuse can impact on children (see section *The evidence base*) or how other children have felt (see for example Houston et al, 1997) can help children to talk about their own situations.

### **Incorporating information from a wide range of sources**

Assessments need to gather information not just from children and their parents but also from others who know the child, such as wider family members, friends, schools, playgroups or other agencies working with the family. An unbiased attitude and the ability to draw together information from a wide range of sources are essential tools for professionals (Kroll & Taylor, 2003).

### **Family and environmental factors**

Professionals should ask about the wider family and social networks, exploring their attitudes towards the drinking, any involvement in the



drinking and any support they provide to the family. When assessing whether housing is appropriate and income is sufficient for the family's needs, if either is found to be lacking professionals should investigate whether this is due to alcohol-related problems. Importantly, parental alcohol misuse has been found to be strongly associated with violence in the home (Harwin & Forrester, 2005) and assessors should ask about possible domestic violence and abuse, bearing in mind children can both witness and be a victim of this.

Kroll and Taylor (2003, p261-2) suggest some possible questions:

- Are there a number of people coming and going and are the children adequately protected from the possible consequences of any adverse behaviour they might exhibit?
- Do children get left either with unsuitable carers or totally unsupervised while parents are elsewhere either physically or as a result of the effects of alcohol use?
- Are supplies of alcohol kept out of reach?

### **Parents and carers: meeting children's developmental needs**

Professionals need to explore whether parents are meeting children's emotional and developmental needs and, if needs are being met then parents should be asked if they can provide examples to show this (Aldridge, 1999). It is important to

assess whether parental drinking gets in the way of meeting their children's needs. This can be done by asking how things are made better/worse or easier/more difficult when discussing general aspects of family life and exploring whether alcohol plays a part in making things more difficult, such as maintaining routines, preparing meals, taking children to school and helping with homework. Although assessment should focus on the child, it is crucial for professionals not to forget to provide support to parents where needed.

### **Assessing parental alcohol misuse**

When parental drinking is an identified issue assessments need to include a detailed investigation into the effects of the alcohol misuse, taking both quantity and pattern of use into account. Assessing parental drinking is especially important as alcohol misuse can become ingrained in the family culture and it is crucial for professionals to understand these links, asking questions such as how, when and why they learnt to drink, to help in planning appropriate interventions. A screening tool such as the AUDIT<sup>1</sup> (Babor et al, 2001) could be used to see whether the parent is misusing alcohol or whether there is a risk of problems developing, and then this could be incorporated into the CAF by looking in depth at the impact of the problem drinking on all areas of the framework. Another option is for professionals to use specific assessment tools, such as the Maudsley Addiction Profile<sup>2</sup>, which assess alcohol use in connection to

1 See [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf)

2 See <http://eib.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=3667&sLanguageISO=EN>

physical, psychological and social factors (Marsden et al, 1998).

Kroll and Taylor (2003, p264-5) suggest that professionals ask questions such as:

- Are both parents misusing alcohol or is one parent/carer a non-problem drinker?
- How discreet is the alcohol misuse – do the children witness the behaviour or have they stumbled upon it by accident?
- How is the behaviour hidden or contained so that the children are not affected?
- Have there ever been accidents as a result of alcohol misuse and are the parents able to acknowledge risks and accept responsibility?
- Have there been attempts at giving up alcohol or managing its use? Has any treatment been undertaken and, if so, what were the results?
- How much time, energy, money and organisation is directed towards the alcohol-related activity and what are the consequences for children?
- Who looks after the children when alcohol is being sought or consumed?
- Are children ever taken to inappropriate places connected with alcohol where they may be placed at risk?
- Is the home used as a base for

the alcohol misusing group to which the parent(s) may be attached?

- Does the alcohol misuse lead to financial problems that mean the children have to go without basics?
- Does the alcohol come first, so that other financial obligations are not met?

Parents' attitudes towards their own drinking will shape further questions. If they believe that their drinking is not impacting on their parenting capacity questions should be asked around why any professional concerns are unjustified. Whereas if parents recognise that their parenting capacity has been affected, professionals should ask what parents feel they should be doing differently, what they feel would help them to do this and whose help they would accept. Motivational Interviewing techniques can help clients to reduce ambivalence to change and work at their own pace to make positive changes<sup>3</sup>.

### Concluding the assessment

For professionals to come to appropriate conclusions about families where there is parental alcohol misuse they will need to decide whether the alcohol misuse is impacting negatively on the children, and if this is the case they will then need to weigh up the parent's capacity to change with both the strengths of and risks to the child. The level of need, strengths, risk or harm to the child will need to be investigated (Kroll and Taylor, 2003, p266):

<sup>3</sup> See [www.motivationalinterview.org](http://www.motivationalinterview.org)



- Who else is worried and why?
- What are the family's strengths and weaknesses in relation to parenting capacity?
- What kind of support might work best and where might it be found both in the community and within statutory and voluntary services?
- How might all the professionals involved work together most effectively and who should do what?

## The evidence base: potential impacts of parental alcohol misuse

### How to use the following diagrams

The information contained in Tables 2-9 has primarily been drawn from Cleaver et al (1999), which provides an in depth review of the effects of parental problem alcohol use on children's needs and parenting capacity.

Tables 2 and 3 illustrate the potential risks of parental alcohol misuse on the 'family and environmental' and 'parents and carers' domains of assessment. In the case of the 'parents and carers' domain this paper uses a set of headings previously used in considering the impact of parental alcohol misuse on parenting, taken from Cleaver et al (1999): parenting skills, parents' perceptions, neglect of physical needs, control of emotions, attachment and separation.

Tables 4-8 illustrate how parental alcohol misuse may impact on child development at five different stages of childhood. To identify the potential risks on child development, refer to the diagram appropriate to the age of the

child being assessed:

- Children aged 0-2 years (table 4)
- Children aged 3-4 years (table 5)
- Children aged 5-9 years (table 6)
- Children aged 10-14 years (table 7)
- Children aged 15 years and older (table 8)

N.B. It is not appropriate to use this format when assessing the effects of parental alcohol misuse on an unborn child, and so information on the unborn child is detailed below.

The strengths available to children of problem drinkers in each of the above age groups, including unborn children, are illustrated in table 9. For more details on how professionals can increase these strengths see Alcohol Concern's forthcoming briefing on *promoting protective parenting and resilience*.

The following information will also be of interest to professionals working in the mental health and drug fields as the effects of parental alcohol misuse on parents and their child-rearing capacity have similarities to those resulting from parental mental health problems and problem drug use. However recent findings indicate that children of problem drinkers have poorer outcomes, suffering more significant harm, than children whose parents misuse drugs (Harwin & Forrester, 2005).

### **The unborn child**

Excessive parental drinking can negatively affect the unborn child (Juliana & Goodman, 1997). Research suggests that excessive drinking by either parent is associated with miscarriage and neonatal deaths (Royal College of Physicians, 1995; Abel, 1997). Maternal alcohol use that is both prolonged and heavy can lead to a range of serious developmental problems for the child including delayed neurological development, growth impairment, a variety of physical abnormalities and problems in forming attachments. There is greater uncertainty about the impact of smaller or less frequent alcohol exposure, although research suggests that no level of drinking is risk-free in pregnancy (ACMD, 2003). At severe levels the above developmental problems are termed Foetal Alcohol Syndrome (FAS), but since not all symptoms are present in all cases and they can vary in their severity the term Foetal Alcohol Spectrum Disorder (FASD) has recently been introduced

to better describe the disorder, which can range from relatively minor to very severe (FAS) (Plant, 2004). The pattern of maternal drinking is thought to be an important factor, with high dose drinking (more commonly known as binge drinking) linked to greater severity of harm to the unborn child (Plant, 2004). The Department of Health (1995) advises women who are trying to become pregnant or are at any stage of pregnancy, that they should not drink more than 1 or 2 units of alcohol once or twice a week, and should avoid episodes of intoxication.



**Table 2. Family and Environmental**

CAF area	Potential impact of parental alcohol misuse on family and environment
Family history, functioning and well-being	<ul style="list-style-type: none"> <li>● Parental alcohol misuse alone poses little risk of significant harm to children when family relationships are cohesive and harmonious. However co-existing family discord and problem drinking often has a detrimental impact on children (Velleman, 1993). This is a complex issue as problem drinking may strain family relationships, drinking may be a result of family stress, or alternatively there may be a separate common cause such as childhood hardship. Parental alcohol misuse has been found to be strongly associated with violence in the home (Harwin &amp; Forrester, 2005), with children potentially experiencing or witnessing abuse. The impact of parental problem drinking is likely to be much greater for children from lower socio-economic groups (Acheson, 1998).</li> </ul>
Wider family	<ul style="list-style-type: none"> <li>● <b>Wider Family and Social Network</b> - Families can become isolated from both wider family and friends because of their wish to keep the drinking secret or because they have alienated their friends and family with their drinking behaviour (Brisby et al, 1997; Houston et al, 1997). Alcohol misuse can become ingrained in the family culture and friends and social activities can become based around parents' drinking.</li> </ul>
Social and community factors and resources, including education	<ul style="list-style-type: none"> <li>● <b>Community and Resource Issues</b> - Isolation caused by fear of having drinking problems uncovered and lack of motivation and interest can account for under use of family services and other resources that would benefit children, e.g. parks and libraries.</li> </ul>
Housing, employment and financial considerations	<ul style="list-style-type: none"> <li>● <b>Housing</b> - The effects of alcohol misuse on parents' consciousness and energy can cause homes to lack warmth, protection and basic standards of hygiene (Thoburn et al, 2000).</li> <li>● <b>Employment</b> - Jobs may be difficult to keep because of the uncontrolled or erratic behaviour associated with problem drinking, leading to a fall in income (Velleman, 1993).</li> <li>● <b>Finances</b> - Family income may be directed towards parental drinking at the expense of buying food, clothes or paying essential household bills (Velleman, 1996).</li> </ul>

**Table 3. Parents and Carers**

CAF area	Potential impact of parental alcohol misuse on parents and carers
Basic care, ensuring safety and protection	<ul style="list-style-type: none"> <li>● <b>Neglect of Physical Needs</b> - Parental alcohol misuse may lead parents to neglect their own needs and those of their children.</li> <li>● <b>Parents' Perceptions</b> - Drinking may lead parents to lack awareness of their surroundings and even lose consciousness, increasing the risk to children's health and safety, especially when no other responsible adult is present.</li> <li>● <b>Control of Emotions</b> - Problem drinking can result in a parent being emotionally unavailable, inconsistent and unpredictable: swinging from 'caring, loving and entertaining to violent, argumentative and withdrawn' (Cleaver et al, 1999, p33). This may cause parents to behave in a way that frightens their children (Childline, 1997).</li> </ul>
Emotional warmth and stability	<ul style="list-style-type: none"> <li>● <b>Attachment</b> - Children's attachments to their parents may be disrupted as parents' problem drinking can lead them to be impassive, angry and critical of their children. Also, if a parent's attachment is primarily to alcohol this can result in children feeling loss and abandonment.</li> </ul>
Guidance, boundaries and stimulation	<ul style="list-style-type: none"> <li>● <b>Parenting Skills</b> - Parental alcohol misuse can make it harder for parents to manage their lives, which can lead to inconsistent and ineffective parenting (Velleman, 1993).</li> <li>● <b>Separation</b> - In extreme cases, children may need to be removed from the problem drinking parent's care, although the presence of another caring, responsible adult such as a non-problem drinking parent or family member can reduce this risk.</li> </ul>



**Table 4. Development of Child Aged 0-2 Years**

CAF area	Risks to child of parental alcohol misuse
Health	When a parent is intoxicated, health risks to children include direct physical harm, parents failing to ensure that the environment is safe for children, and harm caused by impaired parental concentration, which can lead to problems completing breast feeding or nappy changing (Rutter, 1989). Problem drinking's effects on motivation and energy may cause medical check ups to be missed or inadequate responses to situations where a child is ill.
Emotional and social development	At this age, both the infant's emotions and behaviours are largely linked to those of their parents, meaning infants may emulate parents' emotional unavailability, inconsistency and depressed mood (Hester & Radford, 1995). Infants can experience emotional insecurity as a result and may in turn display unsettled behaviours that can further exacerbate the parent/child relationship.
Behavioural development	
Identity, including self-esteem, self-image and social presentation	If parents' lives revolve around alcohol they may be less able to look after themselves or their children, and as a result infants may have unsuitable clothing and very poor hygiene. The indifference and despair that can accompany problem drinking can mean that parents do not respond to or reassure their children in an appropriate and positive manner and this may lead children to believe they are unloved and unlovable (Fahlberg, 1991).
Family and social relationships	Children's attachments to parents may be problematic or insecure because of the inconsistent and chaotic behaviour and emotional withdrawal that can accompany parental problem drinking. Also if a parent's attachment is primarily to alcohol, they may place their drinking behaviour above their child's needs and this can result in children feeling loss and abandonment (Fahlberg, 1991).
Self-care skills and independence	Infants less than a year old have little self-awareness and are highly reliant on parents (Fahlberg, 1991).
Learning	Problem drinking can cause inconsistent or neglectful parental behaviour, resulting in a lack of appropriate and consistent stimulation and a possible delay in cognitive development (Hill et al, 1996; Juliana & Goodman, 1997)

**Table 5. Development of Child Aged 3-4 Years**

CAF area	Risks to child of parental alcohol misuse
Health	When a parent is intoxicated the ability to care for children can decline, and children can be at risk from both direct physical harm and neglect (Kandal et al, 1991). Parents may place their drinking behaviour above their child's needs and risk leaving them home alone or with unsuitable carers (Swadi, 1994). Also medical and dental check ups may be missed.
Emotional and social development	Children may be more at risk of emotional disturbance as they cannot easily articulate their emotions (Brandon and Lewis, 1996), and adults may fail to notice the level of this disturbance because children's behaviour may not always reflect their mental state (McGee, 1996). Children may show separation anxieties, which are associated with poor or insecure attachment relationships, from seeing their parents as powerless or untrustworthy. They may react by becoming either withdrawn or trying to make everyone happy (Fahlberg, 1991).
Behavioural development	The unpredictable or frightening behaviour that can accompany alcohol misuse can cause children to have problems sleeping and to wet the bed (Juliana & Goodman, 1997).
Identity, including self-esteem, self-image and social presentation	Children will commonly blame themselves for the problems that the family is experiencing and attempt to put things right in a vain attempt to make their environment better able to support them (Velleman, 1993). Basic hygiene may be neglected.
Family and social relationships	Children's attachments to parents may be problematic or insecure because of the inconsistent and chaotic behaviour and emotional withdrawal that can accompany parental problem drinking. This parental behaviour may frighten children or make them hyper vigilant. If parents place their drinking behaviour above their children's needs, children may be left in the care of unsuitable adults.
Self-care skills and independence	Children are mostly unable to care for themselves, but some children are expected to take on responsibilities beyond their years.
Learning	Children of problem drinkers have been found to have cognitive deficits (Royal College of Physicians, 1995). Parents may not provide sufficient emotional stimulation and interaction when their primary focus is on their drinking and any concomitant problems. Nursery or pre-school attendance may be irregular since problem drinking often results in parents being disorganised or inactive.



**Table 6. Development of Child Aged 5-9 Years**

CAF area	Risks to child of parental alcohol misuse
Health	Many children living with problem drinking parents have been found to experience head and stomach aches, allergies, sleeping problems and bed-wetting, which may be a result of anxiety (Lewis & Bucholz, 1991). Professionals may not pick up on these issues if parental alcohol misuse leads to children missing school, especially when this coincides with school medicals and dental checkups.
Emotional and social development	Children, and girls in particular, may internalise the depression, fear, anxiety and stress caused by their problem drinking parents' inconsistent and chaotic behaviour by withdrawing into make-believe (Brisby et al, 1997).
Behavioural development	Children, and boys in particular, may externalise the distress caused by parental drinking problems, resulting in conduct problems, hyperactivity and lack of concentration (West & Prinz, 1987; Velleman, 1993).
Identity, including self-esteem, self-image and social presentation	Children of problem drinkers may have low self-esteem and feel that they are not in control of events in their life, and thus may find it harder to see themselves as an individual separate to the family problems. Children will commonly blame themselves for parents' drinking (Brisby et al, 1997), but the amount of guilt they experience relates to whether children are able to view alcohol misuse as an illness and whether parents are able to convince children that it is the adults, and not their, problem (Hill et al, 1996).
Family and social relationships	Inconsistent and chaotic behaviour caused by problem drinking can be difficult for children to understand and may cause anxiety and faulty attachments. Children may fear hostility, unplanned separation including fear of illness and death associated with problem drinking, and some may take on responsibilities beyond their years, taking on caring roles for younger siblings in particular (Brisby et al, 1997). The shame and embarrassment parental problem drinking can cause children can result in restricted or problematic friendships and social interaction through a desire to keep it secret. Not being able to bring friends home or engage in activities with friends can lead to isolation or bullying.
Self-care skills and independence	Children may be expected to take on responsibilities beyond their years, and some may have to take on parental responsibilities because of their parents' inconsistent, chaotic and emotionally withdrawn behaviour (Houston et al, 1997). Children may become watchful and hyper vigilant as they learn to quickly read situations and their parents' moods or behaviours, meaning they may be less able to develop an appropriate sense of self as separate.
Learning	Academic performance may be negatively affected due to parental problem drinking (West & Prinz, 1987), with school attendance, punctuality, preparation and concentration also potentially affected. In contrast, some children may immerse themselves in study and attain well.

**Table 7. Development of Child Aged 10-14 Years**

CAF area	Risks to child of parental alcohol misuse
Health	Children may experience physical abuse or neglect, and their basic needs such as food and clothing may not be met if income is directed at parents' drinking (Houston et al, 1997). Children may receive no support through puberty because of parental emotional withdrawal. Children may have difficulty in developing healthy and balanced attitudes towards alcohol as a result of parental alcohol misuse, and early experimentation with alcohol and other drugs may be more likely (Velleman & Orford, 1993). Also medical and dental check ups may be missed if parents are focussed on their drinking.
Emotional and social development	Parental alcohol misuse may have a greater impact on this age group because of their emotional swings. Some children may take on parental emotional responsibilities, taking on caring roles for younger siblings in particular (Houston et al, 1997), and this can mean that they lose their childhood. The need to meet their own needs as well as caring for their parents and/or siblings can make children feel guilty and cause them to ignore their own needs and feelings, which can lead them to resent their family (Barnett & Parker, 1998). These feelings and feelings of anger, confusion, isolation and depression can make it hard for children to relate to their peer group and feel connected to the usual and age appropriate concerns of their peers, leading children to withdraw.
Behavioural development	Children may externalise the distress caused by parental drinking problems, resulting in conduct problems, hyperactivity and lack of concentration (West & Prinz, 1987; Velleman, 1993). These ways of externalising/internalising (see Emotional and social development) difficult feelings can lead to children being labelled or identified as 'the problem' by their families and others.
Identity, including self-esteem, self-image and social presentation	If parents' lives revolve around drinking, children may develop low self-esteem and blame themselves for the drinking (Rubio-Stipec et al, 1991). If income is directed primarily at parents' drinking, children may find it hard to maintain an acceptable appearance, causing them to be highly self-conscious, and may lose friendships as a result (Houston et al, 1997). Young carers can feel that they get little recognition or reward for their actions (Aldridge & Becker, 1993).
Family and social relationships	Family relationships may be very poor and children may not learn to interact in an acceptable way with those outside of the family. There may be heightened tension at home, making it hard for children to relax and develop their playfulness and imagination freely. This can make it difficult for them to develop an age appropriate image of themselves and their imagination and creative abilities may be restricted. Parental problem drinking can produce feelings of shame, embarrassment and fear for children (Rubio-Stipec et al, 1991), which can result in restricted or problematic friendships through a desire to keep it secret, and worries about rejection and being removed from their family (Brisby et al, 1997). Children can experience bullying and isolation, and this has a greater impact on young carers as they often feel unsupported and that professionals only work with the adults (Edwards & Smith, 1997).



**Table 7. Development of Child Aged 10-14 Years (CONTD)**

CAF area	Risks to child of parental alcohol misuse
Self-care skills and independence	Children may be highly capable of caring for themselves and carrying out tasks in the home, especially if they are young carers. Children may neglect their own needs if they feel obliged to stay at home to care for family, fearing what would happen without their help.
Learning	Academic performance may be negatively affected due to children's concern about parental problem drinking, which can lead to children staying at home to care for family (Houston et al, 1997). Many young carers feel their futures have been restricted because of this lost learning (Edwards & Smith, 1997).

**Table 8. Development of Child Aged 15 Years and Over**

CAF area	Risks to child of parental alcohol misuse
Health	Parental alcohol misuse can lead teenagers to drinking extremes, either mirroring their parents' problem drinking or abstaining (Velleman, 1993). Those who start drinking at an early age are more likely to have accidents (Walker, 1995). Risk of pregnancy, sexually transmitted diseases and failed relationships are higher if parents, who may be emotionally withdrawn as a result of drinking, do not discuss these issues with teenagers.
Emotional and social development	Teenagers may continue to blame themselves for their parents' drinking and feel they are unloved and unlovable (Houston et al, 1997). They may have feelings of anger, guilt, confusion and depression that feel overwhelming if their attachment relationships have not given them the internal resources to manage these feelings. For some teenagers, this can lead to suicidal or destructive aggressive feelings.
Behavioural development	Teenagers may show extremes of behaviour that are beyond parental control. Adolescents may resort to stealing when income is spent on parental drinking, and this criminal and anti-social behaviour may bring them into contact with the criminal justice sector.
Identity, including self-esteem, self-image and social presentation	If parents' lives revolve around drinking and their behaviour is inconsistent and chaotic, children of problem drinkers may have low self-esteem, feel rejected, isolated, unable to control events in their life, and fear becoming like their parents. (Houston et al, 1997). Teenagers may wear extreme fashions as a response and this is often beyond parental control. If income is directed primarily at parents' drinking, children may find it hard to maintain an acceptable appearance and may resort to stealing (Brisby et al, 1997).
Family and social relationships	Young people may lack suitable role models because of parental problem drinking and so may not learn to interact in an acceptable way with those outside of the family. Teenagers can experience isolation through a desire to keep problem drinking secret (Brisby et al, 1997; Houston et al, 1997), and this isolation can cause adolescents to cope with family disharmony by emotionally withdrawing, turning to drugs or alcohol or running away from home (Wade et al, 1998). Teenagers with difficult family relationships can be distrustful of adults (Department of Health, 2006), often learning "don't talk, don't trust, don't feel" from their problem drinking parents (Robinson & Rhoden, 1998).
Self-care skills and independence	Young carers may be highly capable of caring for themselves, their family and the home. Teenagers may feel obliged to continue caring for family when they become adults and may neglect their own needs and limit their opportunities as a result (NSPCC, 1997).
Learning	The stress and time-consuming nature of being a younger carer can impact negatively on teenagers' education (Brisby et al, 1997), which can negatively affect their future employability (Banks et al, 1992). If teenagers are excluded from school, problem drinking parents may be incapable of getting children back into school or supporting their continued learning.



**Table 9. Strengths available at different developmental stages**

Strengths	Developmental Stage					
	Unborn Child	0-2	3-4	5-9	10-14	15+
Regular antenatal care	✓					
Adequate diet, finances and housing for the pregnant mother	✓					
Support from one or more reliable, caring adults	✓	✓	✓	✓		
Regular support from primary healthcare and social services, including reliable day care, respite care, housing and family support		✓	✓	✓		
Adequate finances and housing		✓	✓	✓	✓	✓
Regular attendance at nursery, school, a further education facility, or a job for those no longer in education			✓	✓	✓	✓
The ability to think of alcohol problems in terms of an illness, which can help them to accept and cope better with parents behaviour				✓	✓	✓
A caring older sibling				✓	✓	✓
Social networks outside the family, especially with a caring adult of the same sex				✓	✓	✓
Out-of-school activities, including homework clubs				✓	✓	✓
Compassionate and attentive teachers				✓	✓	✓
Regular medical and dental check ups				✓	✓	✓
A mutual friend				✓	✓	✓
An ability to separate, either psychologically or physically from the stressful situation (Velleman, 1993)				✓	✓	✓
A range of coping strategies and the confidence to know what to do when parents are incapacitated				✓	✓	✓
Practical and domestic help					✓	✓
Factual information about puberty, sex and contraception					✓	✓
An adult who the child is able to trust enough to discuss sensitive issues					✓	✓
An adult who <i>'acts vigorously, persistently and painstakingly on their behalf'</i> (Department of Health, 1996, p24)					✓	✓
Information on how to contact appropriate professionals and emergency contacts if a crisis occurs regarding the parent					✓	✓
Unstigmatised support from appropriate professionals. Although some children derive satisfaction from the caring role, many feel that their role is not adequately acknowledged					✓	✓

## Guidance on working with parental alcohol misuse

For information and guidance on how professionals can go beyond assessment to support and work with children affected by parental alcohol misuse, look out for toolkits currently being produced by Alcohol Concern. Additionally the Parenting and Alcohol Project has developed training on how

professionals can support and work with parents who misuse alcohol. To be informed when the toolkits become available, or to find out more about the training on working with problem drinking parents, join the special interest network by emailing [parenting@alcoholconcern.org.uk](mailto:parenting@alcoholconcern.org.uk)

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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

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#### **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

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