

Problem drinking and fatherhood



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Problem drinking and fatherhood

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This briefing looks at how men's status as fathers tends to be ignored across alcohol and child and family services alike. The paper identifies the importance of fathers and the fathering role in parenting and the specific support needs that problem drinking fathers may have (and also non-problem drinking fathers where the children's mother is the drinker). Suggestions for practitioners wishing to offer services to fathers are provided.

Target Audience

This briefing is intended for:

- Managers of alcohol services
- Front-line alcohol service staff
- Child and family service staff

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

- Policy makers
- Researchers

Summary

- The status of problem drinking men as fathers is often overlooked. Addiction services tend to view male clients as individuals first and foremost, and often fail to identify and respond to their parenting support needs.
- There is evidence that the development of a good father-child

relationship is beneficial to both parties. For children of problem drinking fathers a good relationship can have a protective effect. For problem drinking fathers a sense of parenting responsibility can act as a motivator for change. These benefits exist whether the father is resident or non resident.

- Non-problem drinking male partners of problem drinking mothers also need support. They can have a vital role in building on protective and resilience factors in their children's environments.
- There is a need for workers to discard stereotypes and actively engage men in tailored support to meet their specific parenting needs.
- It is of vital importance that workers are aware of the links between problem drinking and domestic abuse. Workers need to be able to identify domestic abuse and be ready to intervene where necessary.
- It is important to note that there may be specific issues to address in relation to various sub groups, such as non-resident problem drinking/non-problem drinking fathers, and fathers (both problem drinking and non-problem drinking) with sole responsibility for their children.

Introduction

Does 'parent' really mean 'mother'?

In discussions about parenting the term 'parent' is often used as synonymous with 'mother'. Ideas about fatherhood have historically been centred around a very *instrumental* or *breadwinning* role in the family (Connell & Goodman, 2002). Ideas about motherhood are where concepts such as care giving and 'parenting' seem to have had more relevance. The legacy of the way in which gendered parental roles have developed is that we as a society (service providers, policy makers, and the general public) have tended to foster an implicit assumption that mothers have an intrinsic ability and skill for raising children - for 'parenting', and that fathers have little impact, other than in material terms, on children's development.

To a certain extent social changes, such as high divorce rates and more women going to work have forced adjustments in ideas about fatherhood (Cabrera et al., 2000). As a result, we have new expectations of what fathers can and should do: men are increasingly expected to be accessible and nurturing as well as economically supportive to their children (O'Brien, 2004). Despite this, a 'deficit' view of fathering persists, where fathers are compared unfavourably to mothers in terms of their capacity to meet the needs of their children. Fatherhood remains an under-researched area. Family-focused

services are overwhelmingly targeted at mothers, and men often see themselves as 'mother substitutes', failing to meet the perceived 'maternal benchmark' (JRF, 2000).

What about fathers?

Where work has been done across the fields of child development, mental health and well-being, parenting and to a lesser extent addiction, there is consensus that the existence of an *involved father* is good both for children in terms of normative development (McMahon & Rounsaville, 2002), and for fathers themselves (Dunn, 2004). There is growing evidence that mothers and fathers bring different things to child development but the contribution of *both parents* is vital to health and well-being. As a result, there are calls for a model of fatherhood that acknowledges the distinctive function of fathers for the development of children rather than the common deficit perspective (Seiffge-Krenke, 2001).

Research evidence suggests fathers have a particularly important role to play in:

- Play and activity - important for emotional and behavioural regulation, educational achievement
- Individuation - encouraging independence and confidence outside the home, impact on peer relationships, success at school, work and beyond



- Gender role development

It is important to make the point here that involving fathers in their children's lives is something to be strived for, there is an implicit understanding that this cannot and should not be the case in every situation. This is particularly important to consider in relation to what is known about the links between problem drinking and the perpetration of domestic abuse towards partners and children. It is vital that in any discussion of the impact of problem drinking on fathering, the links between problem drinking and domestic abuse are highlighted. [For more details on this see 'Safeguarding children: working with parental alcohol problems & domestic abuse', Alcohol Concern 2006].

What do we know about fatherhood and problem drinking?

Much of the focus of alcohol research, policy and service provision that is concerned with *parenting* is focused on mothers (McMahon & Rounsaville, 2002). A recent scoping study of the literature on parental substance misuse (Templeton et al, 2006) found that literature about *fathers* falls into three main categories, with the majority of work falling into the first category, and very few examples of work in the third category:

1. Impact on children
2. Relationship between problem drinking and negative outcomes
3. Impact on the fathering role

Hence, little attention has been paid to the impact the drinking has on the *relational components* of being a father, or on fathers' parenting capacity (SCIE, 2005).

1. Impact on children

Research tells us that there are several impacts on children of having a problem drinking parent, including high risk of children's (and adult children's) own drug and alcohol misuse, issues with adult attachment and intimate relationships and physical ill health. Impact on children is broadly the same whether it is their mother, father or both parents who drink problematically. However there is evidence of some differential effects, for example Hibbard (1993) suggests paternal problem drinking impacts more on children's identity formation, whilst maternal problem drinking impacts more on development of relationships.

Children speaking about their drug and alcohol misusing parents show gendered expectations of parenting - they talk about being more disappointed by their mother's use but feel less let down by their fathers as they have fewer expectations of them (Bancroft et al., 2004).

2. Relationship between problem drinking and negative outcomes

Whilst much of the literature about the impact of paternal problem drinking seems to imply a direct, causal link between paternal problem drinking and negative outcomes for children, there are examples of work where this relationship has

been 'unpicked'. These studies focus on the impact of problem drinking on various aspects of behaviour - looking at *why* a father's problem drinking might negatively impact on his children. There is evidence to suggest problem drinking impacts on fathers' level of sensitivity towards, aggravation with and supervision of their children (e.g. Das Eiden & Leonard, 2000).

Another stream of studies looks at the way in which certain behaviours or characteristics, such as paternal warmth, may mediate the impact of paternal problem drinking on children. These findings support the view that negative outcomes for the children of problem drinkers should not be assumed, they also have implications in terms of intervention and service provision. Brook et al. (2002) suggest that a focus for intervention with drug and alcohol misusing fathers should be to help them develop strong bonds with their children in order to reduce the risk of the children going on to misuse substances themselves.

3. Impact on the fathering role

The limited literature available that explores the impact of problem drinking on fatherhood reveals that these fathers are overwhelmingly placed, by themselves and by society, in a peripheral position where the care of their children is concerned. In a study of problem drug users, Arenas & Greif (2000) describe how fathers often believe their

children are better off without them.

The authors found these men have a number of concerns about fatherhood, including:

- Having no concept of what a father should be
- Confusing the roles of manhood and fatherhood
- Feeling inadequate as a provider
- Not knowing how to reconnect with children they have not seen (particularly daughters)
- Dealing with the guilt they feel due to the abandonment of their children.

A more positive perspective is found in another study of drug-using parents. Klee (1998) set out to challenge the stereotypes associated with parenting. She found fathers were concerned for their children's well-being, keen to contribute to their care and competent at care giving. Fathers took their parenting responsibility seriously; they were emotionally attached to their children, and derived comfort from them.

What do we know about service provision for problem drinking fathers?

A lot has been written about the specific treatment needs of women, taking into account the need to accommodate their maternal responsibilities (see for example Marsh et al., 2002). This is largely due to the fact that drug and alcohol services have traditionally been developed by and for men. However, whilst services are typically targeted at



men, few of these services acknowledge or respond to the paternal responsibilities these men may have. Whilst some professionals may downplay these responsibilities, it is important to note the size of the fathering population among men seeking treatment. Although looking at men seeking treatment for *drug* problems, the findings from a McMahon et al. (unpublished) study shed some light on the 'hidden' population within treatment services. They found men with children defined the largest group of individuals seeking treatment.

Why do we need to know and do more?

There are three important and *inter-related* reasons for finding out, and doing more, about fatherhood and alcohol misuse. We need to:

- Challenge assumptions
- Explore impact
- Develop interventions

Challenging assumptions

Stereotyped perspectives on parenting need to be challenged. Assumptions made about the 'biological naturalness' of the mothering role and the 'non-essentialness' of the fathering role are unhelpful, particularly in the alcohol field. For women, the flipside to the notion that they are 'natural born parents' is the guilt and vilification they experience as problem drinkers - a very 'unnatural', 'un-motherly' activity. The minimisation of *paternal* responsibility can reinforce

the idea to men that their role as fathers is unimportant, and it can mean opportunities to embed a sense of responsibility and purpose, and to harness this as a motivator for change, are missed.

Farmer and Owen (1995, in Kroll & Taylor, 2003) point out that current perspectives on the (lack of) importance of fathers allow men to 'opt out' of responsibility and intervention. For example, problem drinking by fathers can go unreported in neglect cases due to the fact that fathers are not seen to have familial responsibility (Lewis, 1997, in Kroll & Taylor, 2003). The exclusion of fathers in this way is detrimental: it may undermine efforts made, including harm reduction strategies, both in relation to problem drinking, but also to safer childcare practices and increased family support (Kroll & Taylor, 2003). On the other hand, as highlighted earlier, it is important to note that in some families, particularly where domestic abuse is an issue, contact with the father would not be a safe option.

Exploring impact

Problem drinking fathers are viewed by some professionals as 'entirely negative influences that need to be actively excluded from the lives of their children' (McMahon & Giannini, 2003; p337). The volume of literature reporting the negative impact of paternal problem

drinking seems to support this view. However, we know that problem drinking does not affect everyone in the same way and, therefore, does not impact on parenting capacity in the same way (Cleaver et al., 1999). Furthermore there is evidence to suggest the quality of family relationships and family environment is a critical influence in the extent to which children will experience negative outcomes.

Affectionate father-child relationships have been found to have a protective effect on children from the risks associated with parental problem drinking (Brook et al., 2003).

Bearing these issues in mind, it seems vital that we do more:

- On a general level, to develop a better understanding of this '*poorly understood [and] negatively stereotyped*' population of fathers (McMahon & Giannini, 2003).

Further work is needed both to explore the ways in which fathers increase risk to their children (directly through their relationships, attitudes and behaviours, but also indirectly through their relationship with their children's mothers, and lack of acceptance of responsibility towards their children) but also to explore the more positive and resilience building role they can have (Templeton et al., 2006).

- On a more individual level, to find out more about the problem-drinking

fathers we come into contact with. We need to ask questions about their fathering responsibilities, their views on parenting, their need for support with parenting, how they think their problem drinking impacts their children, and also how it impacts on themselves and their ability to be the type of father they want to be.

Developing interventions

A key benefit to knowing more about the impact of problem drinking on fatherhood is that it would allow service providers better opportunities to work with problem drinking fathers to reduce the risks to their children associated with their drinking, and increase their capacity to protect their children against these risks (see protective factors below). There might also be benefits in terms of the men's own treatment success.

It is important that increased recognition in drug and alcohol services of the need to support problem drinking parents in their parenting role is addressed not only with female clients but with male clients also. There are signs that men's adherence to gender role stereotypes contribute to their behaviour towards their children (Scott and Crooks, 2004) but also to how they think about their parenting needs and the type of support they would like to access. In addition to differential needs, the observed differences in terms of the impact of



problem drinking on male and female parenting practices need to be taken into account when developing interventions specifically targeted at problem drinking fathers.

Non-problem drinking fathers (the partners of problem drinking mothers)

This group is also largely under-represented in research, policy and service provision. In the experience of the current authors, provision for the family members of problem drinkers is rarely targeted at this group. Equally men in this group rarely come forward for help. Again assumptions made on the part of both service providers and the men themselves are important factors to consider.

Non-problem drinking fathers (both resident and non-resident) are particularly important to consider in relation to what is known about resilience. Connell and Goodman (2002) point out that we need more evidence on how the 'healthy' parent - be it the mother or father - can buffer children from the adverse effects of parental problem drinking and other problems. Known protective factors¹ include (Velleman and Orford, 1999):

- A non-drinking parent - the non-drinking parent can often be focused on and caught up in the drinker's problem but with support

can shift their attentions to meeting the needs of their children.

- Cohesive parental relationship - conflict is common in families where there are alcohol problems, however with support, parents can work to keep this away from their children.
- Cohesive family - there is evidence that parents can maintain child-focused routines and activities despite coping with drug and alcohol misuse problems - providing security and consistency to the children and keeping the family together as a whole. Again parents can be supported to do this.
- Family rituals maintained - drug and alcohol misuse problems tend to take precedence over even the most special occasions. Parents can be encouraged and supported to remember and celebrate special occasions, follow through with promised outings that everyone can enjoy together.

Work with non-problem drinking mothers has demonstrated the protective benefits of positive relationships between mothers and children.

Recommendations for intervention work include the suggestion that the nurturing relationship between non-problem drinking mothers and their children in families with problem

¹ These pointers also apply to work with problem drinking parents themselves.

drinking fathers should be reinforced through interventions. Looking at what is known about resilience and non-misusing mothers, it is evident that the influence of non-problem drinking fathers may be as significant in terms of reducing

harm to children. Again both resident and non-resident fathers need to be considered. Dunn (2004) suggests that the non-resident father-child relationship is even more important for children from high risk families.

Practice response

There is evidence to suggest that alcohol/drug workers find it difficult to ask their adult clients about parenting responsibility (Zohhadi et al., 2004) in much the same way that non-alcohol specialist workers find it difficult to talk to parents about their problem drinking. It might be reasonable to assume that the disinclination to ask clients about their parenting responsibilities might seem even more 'justified' to workers where male clients are concerned. Men are typically seen as individuals first and foremost and their status as a father even more likely to be over-looked (McMahon & Rounsaville, 2002). Men's fathering responsibilities are even more likely to be missed if they are non-resident (Kroll & Taylor, 2003) - workers are thought to be even more unlikely to pursue the issue - perhaps seeing the non-resident status as a reprieve from having to consider any impact on children.

The publication of the *Hidden Harm* Report (ACMD, 2003) has acted as a catalyst in terms of thinking about parenting and child protection issues within the drug and alcohol field. As a

result, much has been written about how and why to address parenting issues with drug and alcohol misusers [see, for example, 'Understanding parenting for alcohol professionals briefing', Alcohol Concern 2006]. The principles are generally the same when considering fathers specifically; however there may be differences in terms of how men are identified as fathers, how they are engaged with, and the type of intervention that may be offered.

A very brief intervention for alcohol and drug workers includes:

- Provide the client information about reducing immediate risk to the child
- Provide the client with information about reducing risk of long-term harm to the child
- Discuss how the client can make their parenting more protective (e.g. maintaining roles, rituals, routines, ensuing school attendance, maintaining cohesive parental relationships)
- Refer the client to more specialist support services.



Again it is important here to highlight the link between problem drinking and domestic abuse. It is vital for workers in alcohol services to acknowledge and address this link in any work they do around parenting, family life and child protection.

Responding to the unique parenting needs of men

Guidance for workers in non-alcohol specialist family services suggests there are two key tasks to consider when addressing fathering with male clients. The first is to dispel the myths associated with fathers and service provision.

In order to work effectively with men who are fathers, it is important to challenge assumptions and understand personal biases. Workers are likely to be influenced by clinical experience, commonly held

assumptions about men and parenting - maybe using a narrow definition of 'good parenting', and perhaps by their experience with their own fathers. For any professional working with men, especially professionals working with difficult and emotionally charged child protection issues, it is important to recognize and understand these influences in order to ensure they do not affect their view of the clients they work with.

The preconceptions associated with *problem drinking*, fatherhood and specialist alcohol service provision can act as barriers to adequately identifying and responding to the parenting needs of problem drinking fathers. These preconceptions may exist on both sides, and on a number of levels, for example:

Male clients	Services/Professionals
<ul style="list-style-type: none"> ● May not acknowledge or embrace their role and responsibility as fathers ● May not know how to access support for parenting skills ● May be wary of getting involved with agencies for fear of adverse repercussions (from being judged, to children being removed) 	<ul style="list-style-type: none"> ● May be wary of broaching the subject with male clients for fear of losing them ● May hold the view that fathers are not important in their children's lives ● May hold the view that fathers will be unreceptive to support with their parenting skills.

The second task is to identify, and be mindful of, the unique needs that men may have. It is important for services -

particularly parenting and family services - to assess whether they offer a father-friendly environment. Important

components include (Rosenberg & Wilcox, 2006):

- The attitudes of staff
- The inclusiveness of language and environment
- The types of activities available for fathers
- The scheduling of activities for non-work hours
- Media and communications
- The presence of male staff and volunteers (fathers may find it difficult to talk with female staff).

Traditional models of support focus on talking therapies, such as counselling and support groups. Whilst men do benefit from these activities it has been found that some prefer models which emphasise the 'tangibles': resources, information, education (Rosenberg & Wilcox, 2006). It is important not to assume 'one size fits all', nor to attempt merely to use with fathers parenting support models that have been developed for mothers. Agencies need to explore ways of making support with parenting attractive to men, and need to ensure this support is targeted and effective in

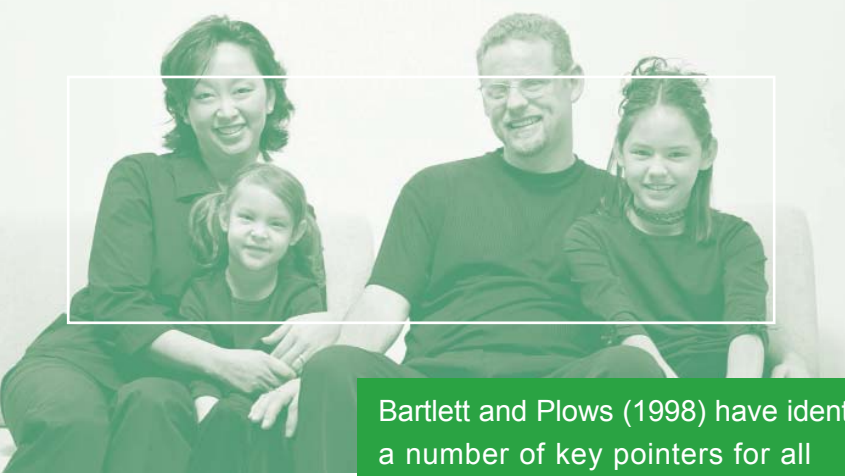
meeting the discrete needs of fathers.

A number of techniques that are thought to be helpful when thinking about engaging and working with men on their parenting have been identified. From the outset it is important to emphasise to men the important role they play in the development and lives of their children. Focusing on this fact combats some of the myths associated with fatherhood (highlighted above), and, where it is lacking, can encourage men to make a greater commitment to their children and families. The next steps will be to encourage them to talk about their own parenting experiences, their attitudes towards fatherhood and to teach them about positive fathering (Arenas & Greif, 2000).

Although there are many ideas about positive fathering, research suggests seven key dimensions of effective fathering (Rosenberg & Wilcox, 2006). Some of the dimensions are generic indicators of good parenting; others apply specifically to men in their role as fathers:

Seven Dimensions of Effective Fathering

Disciplining children appropriately	Protecting and providing
Serving as a guide to the outside world	Nurturing children
Spending time with children	Serving as a positive role model
Fostering a positive relationship with the children's mother	



Bartlett and Plows (1998) have identified a number of key pointers for all professionals working with men on their parenting:

- **Do not focus on shortcomings** - this validates what fathers already do well and allows the exploration of barriers that prevent men from achieving what they desire
- Men are more likely to access and engage with services when they feel **safe and valued** - men might resist being 'fixed', but will often welcome opportunities to work alongside professionals to enhance their skills
- Build on the father's motivation to develop a close **relationship** with his child
- Practice **active outreach** on an individual level - fathers may be suspicious of fliers and therefore are unlikely to engage with a service in this way, however they do respond to personal recommendations
- **Listen** to the father's stories, strengths and needs

- Acknowledge the **positive characteristics** men bring to parenting
- Focus on the **children's needs** - not on stereotyped parenting roles
- Do not assume that to be a 'good enough father' simply means being like a 'good enough mother' - men can bring **different strengths and experiences** to the tasks of parenting

Non-problem drinking fathers

It is important for service providers to attempt to identify and make contact with non-problem drinking fathers also. They will need support both in terms of dealing with the impact of the problem on themselves, but also in terms of supporting their children. Parenting interventions may be useful to help non-problem drinking fathers build the types of relationships and family environment that are known to protect children from the risks associated with parental problem drinking. Non-resident fathers will also be important to consider.

Resources

Casestudies

There are few examples of specific work with fathers, either where fathers are the problem drinkers or non-drinking partners, in the alcohol field. However Adfam and Fathers Direct are currently gathering examples of what works in relation to attracting fathers to activities or work that can help them move forward.

The Fathers Direct website includes a case study entitled A drug-using father and a fatherhood programme: a success story <http://www.fathersdirect.com/index.php?id=16&cID=366>

<p>Training</p>	<p>Fathers Direct runs a training course for professionals working with fathers. The aims of the course are to help participants:</p> <ul style="list-style-type: none"> ● Understand fathers' roles in child development ● Examine their own attitudes and feelings towards fathers ● Develop the confidence, knowledge and skills they need to encourage positive relationships between fathers and their children ● Plan effective needs-led approaches to engage with and support fathers, particularly in 'hard-to-reach' groups ● Explore and develop strategies to overcome the barriers and dilemmas that arise in trying to integrate services for fathers into mainstream provision
<p>Further reading</p>	<ul style="list-style-type: none"> ● King (2000) Working with fathers: the non-deficit perspective. ● Bartlett and Plows (1998) Report on NEWPIN's fathers support group: a guide for practitioners
<p>Websites</p>	<ul style="list-style-type: none"> ● Fathers Direct www.fathersdirect.com ● Fatherhood centre and Fathers Plus www.workingwithfathers.com ● Including Men www.includingmen.com

Conclusions

The status of problem drinking men as fathers is often overlooked in policy, service provision and research (McMahon & Rounsaville, 2002). The increasing importance attached to addressing parenting issues with problem drinkers must translate into provision for fathers as well as mothers. Both

risks (including issues relating to domestic abuse) and protective factors in relation to fatherhood need to be explored and a commitment made in both policy and service provision to supporting men (whether problem drinkers or the partners of problem drinkers) in their parenting role.

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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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