



**Response on behalf of ChildLine in Scotland to
the Scottish Government's discussion paper on
Changing Scotland's relationship with alcohol**

About ChildLine Scotland

ChildLine Scotland is the free 24-hour helpline for any child with any problem. Last year, we provided a counselling service for around 33,500 children and young people who called us about a wide variety of issues including physical and sexual abuse, family relationship problems, bullying, sexual health and wellbeing issues, depression and mental health.

CLS are in a unique position to hear and represent the voices of children¹. One of our fundamental aims is to give a voice to the tens of thousands of children who talk to us every year about the issues affecting their lives in Scotland today. We work in partnership with academic agencies to conduct research on our caller databases and, when we can, carry out consultations with young people. By listening to what children tell us, we believe that strategies, policies and services can be better designed to fit their needs. This response is naturally and unapologetically from the point of the view of children and young people, although we recognise that alcohol misuse has economic, social, environmental and cultural effects on all of society. We enormously welcome the opportunity to feed children's voices into the debate about how Scotland can tackle the problems caused by alcohol misuse. We look forward to working in partnership with government and other agencies to bring about beneficial and sustainable change for all in Scotland.

General Comments

CLS hears first hand from many children and young people the impact alcohol has on their lives. Some young people call us about their own alcohol use – some about that of their friends. What we consistently hear about over the years however, is the often devastating impact that parental alcohol has on children's lives.

CLS greatly welcomes this discussion paper. The children who call us leave us in no doubt the extent to which achieving the Government's key objective of making Scotland a *Wealthier and Fairer, Safe and Stronger, Healthier and Smarter* society for children to grow up in depends on tackling Scotland's often harmful relationship with alcohol. We strongly support the aim of reducing overall consumption as well as many of the key objectives in achieving this aim.

Nevertheless, CLS is firmly of the view that the emphasis in the strategy is too much on problem drinking by young people, and not enough on the consequences of parent's problem drinking on their children. This does not mean CLS does not acknowledge the serious nature of young people's drinking patterns nor support key proposals to deal with these. Nevertheless, we are firmly of the opinion that the impact of parental misuse of alcohol on children must be given far greater emphasis in this strategy. The bold, uncompromising nature of a strategy, which at long last aims to tackle Scotland's difficult relationship with alcohol, will inevitably receive a great deal of public scrutiny and debate.

Many calls to CLS tell of lives that are full of suffering, misery, fear and despair through parental alcohol misuse. This often 'hidden' issue has to be brought out into the open and addressed as a matter of urgency, if the vicious circle is to be broken: we must avoid yet another generation of children growing up to believe that binge drinking and violence is the norm leading to the increased likelihood that their own children in turn will adopt similar problematic relationships with alcohol with all the attendant consequences of neglect and abuse.

¹ Where the term child or children is used in this response, this refers to children and young people under the age of 18, unless otherwise stated.

Children's voices

My mum and dad fight really badly when my dad's been drinking. I tried to stop them before but he turned on me. He hit me with a belt and I had marks down my face and arms. He wouldn't let me go to school until they had gone

They fight all the time. She hits my dad sometimes when she's drunk. She tells me I'm f***ing useless just like my dad. I hate her now

My dad keeps touching me and he makes me touch him. It started a few months ago after my mum died and he started drinking. I just want him to stop

I'm depressed because I've got no friends. I never go out because I have to look after my wee sister. There's no-one else there to care for her. Mum's always in the pub. I've got no life. I feel like killing myself.

Calls to CLS consistently show that when children talk to us about alcohol they are more likely to be talking about the impact that other people's drinking – primarily their parents or carers² - has on their lives. In the year 2004 – 2005, four times as many children talked to CLS about other people's drinking as they did about their own drinking. In the same year, a ChildLine UK study showed that alcohol was mentioned as a problem for a significant other in 10% of all calls about child protection issues.

Children rarely call CLS to talk about their parents drinking as their main problem³. Rather, they call about the *impact* parental drinking is having on their lives, which is all too often violence. A 1996 CL study⁴ found that children are most likely to be calling the service about physical abuse and family relationship problems when they talk about parental alcohol. Other common reasons for calling where parental alcohol misuse emerges include divorce or separation, sexual assault, emotional abuse or neglect, bereavement, school problems, bullying, domestic violence, running away and in some cases, suicidal feelings. Crucially, children who talk about parental alcohol misuse rarely talk about just one problem. As the above extracts from the caller databases demonstrate, children are likely to describe layered concerns, indicating the pervasive effects parental alcohol misuse is having on many areas of their lives.

Sadly, these findings are confirmed twelve years later in a research study by the Centre for Research into Families and Relationships (CRFR). The study investigated children's concerns about the health and wellbeing of their parents and significant others and was based on four years of CLS data (9363 caller records). It found that the most common concerns children had about their parents included drugs, domestic violence, bereavement, health and depression. However alcohol misuse was *by far children's most common health* concern about their parents, accounting for 28% of calls. Concerns about alcohol misuse outnumbered calls about drug misuse by almost 3:1.

As with the 1996 research, children called because of the impact alcohol was having on their lives. Whilst there were again a wide range of impacts, the study highlighted primarily the relationship between parental alcohol misuse and abuse: most commonly physical abuse but also to a lesser extent sexual abuse. *"The level and*

² The vast majority of children who talk to CL about the impact that other people's drinking has on their lives are talking about parents, step-parents and partners of parents. This report will use the term parents throughout when referring to these groups.

³ CLS counsellors note the main problem the child has called and any additional concerns with a tag on the electronic database

⁴ Beyond the limit: children who live with parental alcohol misuse. ChildLine, 1996. (hard copies only available)

severity of this abuse is alarming. Our research team has been left alarmed not only by the level of abuse but by the violent nature of much of the abuse”⁵.

Almost 60% of children who talked about parents’ drinking talked about physical violence – either as their main problem (40%) or as an additional problem (18%)

As well as describing children’s experiences, feelings and issues around parental alcohol, both research studies identified a number of issues crucial to the current strategy, as follows:

- Children can frequently identify what they see as the trigger to alcohol misuse in their family. This often relates to a highly stressful change involving loss of some kind: death, parental separation or divorce, loss of parental work, poverty, loss of parental health etc.
- Children are most likely to have confided in their friends. A relatively small proportion of children in the CRFR study had turned to adults and very few had disclosed their problems to statutory services. Parental alcohol misuse and its impact on children is often a hidden problem, shared between children.
- Children are reluctant to disclose problems for a wide range of reasons, including fear of consequences, fear of breaking up their families or being taken into care, fear of losing control of their lives.
- Children often find ways of protecting themselves from abuse when a parent or other carer is drunk – commonly removing themselves from the situation by staying with friends or relatives – or by walking the streets.

The impact of parental alcohol misuse on children

CLS firmly believe that a realistic alcohol strategy must be committed to publicly raising awareness of the issue of parental alcohol misuse and its impact on children.

We note with great interest the Government’s plans to review current advice to parents on young people’s drinking. Of course parents do need information and advice on how to deal with alcohol misuse by their children. However, CLS believe there is a more urgent need for parental information and advice around the impact of parental drinking behaviour on their children. There is precedent for this in relation to other health behaviours: the Government has made headway in getting the message across to parents about the impact of their own smoking habits on their children - not simply as regards the risks from passive smoking - but also learned behaviour patterns. CLS would enormously welcome the same approach being taken with alcohol. It is imperative that any parental advice and/ or public information campaigns in this area are not limited to cases where there are serious child protection issues, but rather should reach parents who may be under the impression that their consumption is ‘normal’ or ‘under control’, having little idea of the effect of their drinking on their children. **This does NOT mean a condemnation of all parental alcohol use, but rather a concerted approach to educate parents that, in the same way that it is not acceptable to drive whilst intoxicated, being under the influence of drinks or drugs affects our ability to look after our children, and excessive consumption can lead to long term impacts.** CLS would be happy to provide more information and data to inform any public information campaign.

Measuring success

Evaluation is integral to understanding the impact of interventions and CLS is impressed by the government’s intention to measure change across a wide range of

⁵ Children’s concerns about the health and wellbeing of their parents and significant others. CRFR/ ChildLine Scotland. 2005.

alcohol-related indicators. We also note the Government's commitment to work with partners to develop more accurate prevalence figures for children affected by substance misuse to support effective planning at a local level.

Nevertheless, we are highly concerned that the strategy should also include national indicators around the impact of parental alcohol on children and young people, for example referrals to the CHS where parental alcohol is an issue; numbers of children on child protection register where alcohol is an issue. **Harm to children is one of the most serious consequences of alcohol misuse: the strategy must commit to measuring change, where it can, in this crucial area.**

Commitment to services for children and young people

Given what CLS hear from children regarding the parental loss and trauma that so often triggers parental alcohol misuse, we are all too well aware that one of the best ways of helping children is supporting the whole family. CLS strongly endorses CHILDREN 1sts call for the development of whole family services around parental substance misuse, where work to treat parent's alcohol problems is integrated with services to protect their children and look after their welfare.

Years of experience of listening to key issues around children's help seeking behaviour also convinces us, however, of the vital need for specific services directly supporting children of substance abusing parents. We are particularly concerned that neither the discussion paper nor the Drugs Strategy acknowledges the crucial place of 'self-referral' services for children. *Hidden Harm*, as the Government rightly acknowledges, highlights the *particular risk* of children affected by parental substance misuse going unrecognised. This is absolutely confirmed by what CLS hears from children and young people living with parental alcohol misuse. As already stated, only proportionally small numbers of children who contact the helpline about problems such as these have told adults – and very few have had any contact with statutory services.

If support services for children are to continue to rely solely on adult identification and referral, a significant number of children will always go un-noticed, un-supported and un-protected, not least because many children strive to keep their problems hidden from adults. This is what the Scottish Government acknowledged fully in 2002, when it named CLS as a vital child protection service in Scotland today. CLS believe that hidden children need 'hidden' services that are not dependent on adult referral. At the very least, on-going support for CLS is a crucial element of supporting children who are affected by parental alcohol misuse. However, we also believe there is a burgeoning need for face-to-face services that children can access themselves. For example, there have been several successful pilots of school counselling services across Scotland – but no strategic, long term commitment to counselling services as an integral part of the school environment. School counselling services can not only help young people living with the effects of parental alcohol abuse, they can also provide a source of help for young people who are experiencing the kinds of problems and behaviours that may lead to them misusing alcohol themselves.

Services for younger children

CLS also strongly believe in the necessity of providing therapeutic support to children who are living with the neglect and abuse so often present where parental alcohol is a problem. Developments in neuroscience suggest that positive physiological

changes can take place in the brain in response to a supportive relationship⁶. Support for nurturing initiatives such as 'ThePlace2Be' and nurture groups are a key way of ensuring that younger children living with alcohol misusing parents (and other forms of neglect and abuse) can receive at least some of the care they need to help prevent some of the corrosive, longer-term effects of a chaotic family back-ground.

Wider services

Children's coping mechanisms of removing themselves from alcohol abusing households suggest that interventions such as temporary respite care for children, available without rolling out the full child protection process, are essential. CLS know that often the most difficult times for children are at night or at weekends, when a lot of services are unavailable. The Scottish Government must work with CoSLA to ensure that local children's services plans include strategies for offering support at these crisis times.

Substance misuse education in schools

The discussion paper rightly points out that access to reliable information about alcohol and its harmful effects is vital for all young people, if they are to make informed choices throughout their lives. CLS is heartened at the Government's plans to work with partners at local and national level to improve the delivery of substance misuse education through the curriculum for excellence. We would also greatly welcome the Government's commitment to ensuring that young people are partners in this process both nationally and locally.

Over the last five years, young people have made strong recommendations on alcohol education and the PSE curriculum, both at CLS Young People's Conferences and through the CLS Young People's Advisory Group. Recommendations for policy makers and practitioners include:

- pupil involvement is crucial in alcohol education
- alcohol education must start earlier and use peer education approaches
- alternative learning methods are essential such as discussion, exploring options and outcomes, workshops, role-play etc - teachers often do not have the right skills nor use suitable teaching and learning methods in areas such as alcohol education
- alcohol education should be realistic about both the negative and positive effects of alcohol. Negatives include STIs and pregnancy, losing friends and bad reputations. Positives include confidence, social activity and street-credibility

CLS would also like to stress the imperative of alcohol education including the impact of parental alcohol misuse on children, not simply to help promote responsible attitudes to drinking, but also to create a climate of open discussion around this whole area, thus encouraging children and young people experiencing these problems to seek help.

We note with great interest Shona Robison's recent commitment to setting up a young people's advisory group on alcohol. CLS would be very keen to feed into this the information gathered from consultations and from caller records over the years.

Reduced consumption

⁶ The Place2Be was established in 1994 in London to enable therapeutic and emotional support to be provided to children in schools based on a practical model backed up by research.

CLS acknowledge that not all alcohol use is 'bad' or harmful, and support the stance taken by the government of avoiding condemnation of alcohol use *per se*. In this response we have used the term '*misuse*' to signify where the level of consumption is harmful not only to the drinker, but also for society as a whole, and particularly for those living in the same household as someone who is a problem drinker.

CLS would support any measures that would lead to reduced consumption of alcohol in Scotland. We note that international evidence, reviewed by Scottish Health Action on Alcohol Problems in a report published last year,² demonstrates a clear link between *per capita* alcohol consumption and '*the level of alcohol-related harm a country experiences and also establishes that increasing alcohol price is one of the most effective single policy measures that governments can take to reduce harm*'.

We would certainly welcome clearer labelling on units and standardisation of units sold, and better information to enable the population to make informed choices about the level of their consumption.

Action to raise minimum legal purchase age for off-sales purchases to 21

The CLS service is geared towards children up to age of 18 and therefore the scope of our response is limited by lack of data on young people beyond this age, however we would comment that the UN Convention on the Rights of the Child defines children as being under the age of 18 or below (if the state party has a lower age of majority). Whilst there are already inconsistencies in the Scottish legal system as regards the age of majority, we would question whether any limitation on the right of 18 to 21 year olds to buy alcohol at off-sales premises would be workable. We acknowledge that part of the rationale is to reduce opportunity for under 18s to obtain by proxy alcohol from those who aged between 18 and 21, however we have concerns that raising the age at which alcohol can be purchased from off-sales may simply lead to increased contact between under 18s and adults over 21, thereby increasing risk of harmful behaviour and exploitation.

Finally, we would have to comment that we are disappointed that there is less emphasis in the discussion paper on the social, emotional and welfare consequences for children and families compared to the economic and justice aspects of alcohol misuse, which are highlighted throughout.

Children should be protected from the harmful effects of alcohol misuse, not simply because this will enable them to increase the wealth of the nation in the future by becoming contributors to the national and local economies, but because they have the right to a safe, healthy, happy and fulfilling childhood – this basic human right is given expression in the UN Convention on the Rights of the Child, to which the UK is a signatory. The Scottish Government has recently reiterated its commitment to implementation of the UNCRC in Scotland. This commitment must be more than just words supporting the principles or 'spirit' of the UNCRC. Anti-social behaviour legislation has, we believe, contributed to the 'demonisation' of children and a perception that under 18s are responsible for most of the problems in communities such as 'binge-drinking' and violence, yet the government's own figures quoted on pages 6 and 7 of the discussion paper show that alcohol misuse and associated problems of social disorder are far from being the sole preserve of this age group. Whilst we would agree that the figure of 1 in 7 15 year olds reporting having had unprotected sex as a consequence of consuming alcohol⁷ is a matter for concern, it is reasonable to assume that many adults over the age of 18 also have had

⁷ Page 7, paragraph 14 of the discussion paper

unprotected sex as a result of alcohol consumption, and therefore messages about harmful consequences of alcohol misuse must be aimed at all age groups and social classes in Scotland.

CLS welcome the opportunity to comment on this discussion paper and would be happy to provide further input if required.

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