

Children living with parental drug and alcohol misuse

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Briefing

Key messages

- Children have a right to be listened to and involved in decisions that affect their lives as set out in legal, policy and practice guidance for children living with parental drug and alcohol misuse.
- Parental drug and alcohol misuse can have a serious impact on all aspects of children and young people's lives; however, children and families can demonstrate many strengths in managing difficult circumstances and some children are not adversely affected in the long term.
- Children can have considerable knowledge about parental alcohol and drug misuse from a young age; talking about parental alcohol and/or drug misuse can be incredibly difficult due to family loyalty and the fear of separation.
- The majority of children express their love for a parent (even in the most difficult of circumstances) and concern for their wellbeing; children may feel upset and anxious as well as frustrated and angry about parents' use of substances and the impact on their lives.
- For some children, basic needs may not be met and there is a heightened risk of abuse and maltreatment; children who face multiple adversities over a long period of time – for example, poverty, domestic abuse, parental mental health issues – are at greater risk.
- Children want somebody to talk to who they can trust, who doesn't judge them, who listens and is reliable. Meeting other children who have similar experiences can be helpful.

Introduction

There has been a growing recognition of the impact of parental alcohol and drug misuse on children and young people's lives in Scotland¹. This briefing aims to inform those working with children and their families of the key issues identified in the research relating to children's experiences and support needs when living with parental alcohol and drug misuse. Parental substance misuse can have a negative impact on all aspects of children's lives and to differing extents, depending on the child's age and development¹. However, practitioners should be aware that children's experiences, even within the same family, can be diverse and children and parents can display incredible strengths in managing difficult situations².

There is an extensive body of international literature (particularly from the US) exploring parental alcohol and drug misuse and child welfare. Many of these studies use clinical samples and focus on child maltreatment; the wider experiences of children

and young people in the general population may be overlooked³. Few studies explore children and young people's own experiences of parental alcohol and drug misuse^{4,5}.

Why is this issue important?

Living with parental drug and alcohol misuse presents many challenges for children. In children's phone calls to ChildLine about parental (or significant carer) health and wellbeing, parental alcohol misuse was the most frequently reported concern and, to a lesser extent, parental drug misuse^{6,7}. Many of the children calling ChildLine had not spoken about parental substance misuse to anybody outside of the family; for those that had, friends were the most frequent confidant. The Scottish Government estimates that 40–60 000 children are affected by parental drug misuse and 65 000 children (under 16) are living with parental alcohol

misuse^{8,9}; however, more recent studies suggest these figures are underestimates¹⁰. Under the Children (Scotland) Act 1995, local authorities have a duty of care to safeguard and promote the welfare of children who are in need in their area; and so far as is consistent with that duty, to promote the upbringing of children by their families by providing a range and level of services appropriate to the children's needs. Secrecy and stigma surrounding parental drug and alcohol misuse are likely to affect parents and children seeking support.

In 2003, the Advisory Council on the Misuse of Drugs produced a seminal report, *Hidden Harm: responding to the needs of children of problem drug users*, that highlighted the scale of the problem; the serious harms posed to children and the need for accessible and coordinated services¹¹. The Scottish Government responded with detailed plans of action that extended the *Hidden Harm* agenda to include children of problem alcohol users^{12,13}. In the same year, the Scottish Government issued, *Getting our priorities right – Good practice guidance for working with children and families affected by parental substance misuse*¹⁴ that prioritises the welfare of the child. The Scottish Government has highlighted the importance of incorporating these policies into the Getting it Right for Every Child (GIRFEC) national approach that aims to improve the lives of all children. The principles of GIRFEC include putting children's needs first; ensuring that children are listened to and understand decisions that affect them; and ensuring that they get appropriate co-ordinated support needed to promote their well-being, health and development¹⁵. The new National Guidance for Child Protection in Scotland 2010 identifies parental alcohol and drug misuse as a potential risk factor for children¹⁶.

What does the research tell us?

Children often know more than parents believe

Children often have a much higher level of awareness about parental alcohol and drug misuse than parents (and professionals) may assume, although they may not fully understand^{2,17}. Studies have found some children have an awareness of parental alcohol and drug misuse around the age of five^{18,19,20}. Some parents may try to conceal their use of substances and any associated paraphernalia (for example, children are not allowed in the same room). Younger children may be more likely to witness parents taking drugs due to parental perceptions that they are 'too young to understand'²¹. In the case of alcohol, there may be less concealment due to a broader social acceptance. Children may feel bewildered, confused, upset and frightened by parental alcohol and drug

misuse and subsequent behaviours^{7,17,20}. As children grow older, they may be increasingly angry and frustrated with a parent¹⁸.

Knowing about parental alcohol and drug misuse does not mean that children will share this knowledge with others¹⁸. Often parents and children are worried that other people 'knowing' may lead to social work involvement and the removal of children²¹. In some cases, children may feel frightened about the consequences of telling anybody outside of the family. Children may avoid situations where parental drug and alcohol misuse may become more widely known; for example, not inviting friends round to the house. Parental denial of alcohol and drug misuse may be unhelpful as children may question their own abilities and judgements²².

Living in a family

Parents may minimise the impact on children by ensuring that the patterns of family life are not disrupted by their use of substances. In some families, alcohol and/or drugs can become the main focus and life revolves around the acquiring, consumption and recovery from the substance. Parents may be physically and emotionally unavailable to meet children's needs; for example, children may not be woken up in time for school, mealtimes are missed and sleeping patterns can be disturbed^{17,18,20,21}. Some children may take much greater responsibility within the household (such as washing clothes, cooking, caring for siblings)^{18,20}. Sufficient family income to ensure children's needs are provided for can help to reduce the impact on family life²⁰. Parents may resort to illegal activities to acquire money for substances. This can increase risks to children as they may be exposed to unsuitable adults, inappropriate activities and unsafe situations^{7,18,21}. Children's expectations for 'normal family' activities may be affected; for example, not going on holiday, missing birthdays, Christmas and other family celebrations have been found to be particularly upsetting for children^{18,20}.

Children can still be affected by parental alcohol and drug misuse even when they are no longer living in the same household as a parent (for example, due to family separation; residential treatment programmes; imprisonment). In children's calls to ChildLine, anxiety and worry about a parent continued, and in some cases, increased when they were no longer living with a parent⁷.

School life

Across studies, parental drug and alcohol misuse was found to have an impact on children's education^{1,2,4,5}. A minority of children excelled at school and keenly identified the advantages of fully participating in school life; this has been particularly likely for girls rather than boys²⁰. More commonly though,

school presents challenges for children and young people: poor attendance, inability to concentrate, feeling unsupported in academic achievement by parents, being unable to complete homework, frequent school moves, difficulties in maintaining friendships and experiencing bullying were common^{4,5,18,22}. Some children's behaviours may be difficult at school and at home^{1,4,5,23}.

Wellbeing and safety

Children may be at increased risk of experiencing violence and maltreatment when living with parental drug and alcohol misuse^{1,23}. Audits of Child Protection Registers have found a significant proportion of children are living with parental drug and alcohol misuse; for example, one London audit of children of Child Protection Registers found parental substance misuse was a concern for just over half the children and a similar study found 75% of children had parents misusing alcohol on its own or with other substances^{24,25}. There may be an increased likelihood of physical violence directed at other adults, children, pets and furnishings when a parent is using alcohol and, to a lesser extent, drugs¹⁸.

'Getting by' and support

Family and friends were often the main source of support for children^{6,7,17,18,20}. Being able to stay with family and friends when necessary was important; grandparents were most frequently mentioned in providing practical and emotional support^{18,20,21}. Qualities identified were being able to trust

Implications for practice

- Practitioners should respect children's knowledge about parental drug and alcohol misuse and provide opportunities to talk in a safe and non-judgemental setting.
- Every child may experience parental drug and alcohol misuse differently and this will change over time. Practitioners need to be aware that changes in wider circumstances may affect how children cope with parental drug and alcohol misuse.
- Children have a right to access support and should not be precluded from appropriate support if parents are unwilling or unable to change their use of drugs or alcohol.

them, feeling respected and listened to. However, family circumstances could make these sources of support fragile¹⁸ and it should be recognised that children may still require support even when parents are engaging in treatment services and post treatment²². Teachers, who were sensitive to children's home life, were particularly valued, although concerns about privacy and peer bullying may prevent children from seeking support in school¹⁸. Having opportunities to meet other children, participate in social activities and time and space to talk with trusted adults were also beneficial^{2,20}.

Further resources

There are a number of excellent websites that can be used by children, families and practitioners for further information, training materials and general support:

The STARS service run by The Children's Society includes web based support for children and resources for practitioners to work directly with children and young people. (<http://www.starsnationalinitiative.org.uk>)

Alcohol Focus Scotland provides a useful forum Scottish Network of Alcohol Practitioners for the Young (SNAPY) The website includes details of local services and resources (<http://www.snapy.org.uk>)

Alcohol Concern has developed a web-based resource for practitioners working with children and their families negatively affected by alcohol use (<http://www.alcoholandfamilies.org.uk>)

The Princess Royal Trust for Carers and The Children's Society has produced a new resource: Supporting Young Carers: A resource for schools. This includes a chapter of supporting pupils with parents affected by parental substance misuse. Free download is available. (<http://professionals.carers.org/young-carers/articles/schools-resource-pack,6282,PR.html>)

The NSPCC has produced a training resource aimed at a multi agency audience to identify and meet the needs of children affected by parental substance misuse: Seeing and hearing the child: rising to the challenge of parental substance misuse. This can be combined with additional video training material: Children's voices: living with parental substance misuse (http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/seeingandhearing_wda56195.html)

† From this point onwards, I will use the term 'children' to refer to persons up to the age of eighteen years of age. I use the term parent, to also include other adults who are involved in a significant caring role for a child (for example, a mother's partner, a father's partner, a grandparent).

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About this briefing

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