

NSPCC Scotland response to the Health and Sport Committee consideration of the Alcohol (Minimum Pricing) (Scotland) Bill

December 2011

NSPCC Scotland welcomes the opportunity to respond to the Health and Sport Committee's consideration of the Alcohol (Minimum Pricing) (Scotland) Bill. The impact of parental alcohol misuse on children is a priority issue for the NSPCC.

We recognise the need to tackle Scotland's problematic relationship with alcohol and consider minimum unit pricing a useful tool in reducing consumption across the whole population. However, we believe that minimum pricing will not tackle the problem sufficiently on its own.

We welcome the priority which the Scottish Government places on addressing the problem of alcohol misuse, as a way of protecting children. However, measures to tackle excessive alcohol consumption have tended to focus on tackling under age drinking through minimum pricing.¹ While this is important, it should not be at the expense of tackling the impact of parental alcohol use on children.

In particular, we believe that services which treat adult alcohol misuse must do more to 'think family'. This requires adult services to consider clients as parents, offering interventions which specifically support adults in their parenting role to help them develop a happy and safe relationship with their child. Similarly, we believe that better data collection, which disaggregates the effects of alcohol misuse and drug misuse, will help us to better identify and act to prevent the 'hidden harm' which parental alcohol misuse has on children and young people in Scotland.

About NSPCC Scotland

The NSPCC aims to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential. We are working with partners to introduce new child protection services to help some of the most vulnerable and at-risk children in Scotland. We are testing the very best intervention models from around the world, alongside our universal services such as ChildLine², and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

NSPCC Scotland response

Child maltreatment is the outcome of a series of complex and inter-related factors of which parental alcohol misuse can be one. A significant proportion of child abuse involves parental alcohol misuse, and children and young people living in these

¹ <http://www.scotland.gov.uk/Resource/Doc/262905/0078610.pdf>

² Until March 2012, ChildLine in Scotland will be delivered by Children 1st, on behalf of the NSPCC.

circumstances are at an increased risk of maltreatment.³ This does not mean that all children of alcohol misusing parents or carers will always, or even typically, experience maltreatment. However, a significant number will, and this is of particular concern to NSPCC Scotland.

Alcohol misuse has a significant impact on the life and family experiences of children and young people. It can affect key aspects of family life such as roles, rituals, routines, social life, finances, communication and conflict.⁴

There is growing evidence that parents who suffer from substance misuse, mental illness, poor self-esteem and poor communication skills may find it more challenging to create meaningful attachments with their children⁵. Parenting capacity can be damaged when parents become increasingly focused on their drinking and become less loving, caring, nurturing, consistent or predictable⁶. During the early years, insecure attachment combined with parental alcohol use can result in young children being abused, neglected or inadequately cared for and nurtured. This can cause significant harm to a young child's brain development, which can have long-term impacts on the child's mental health and physical wellbeing.

It is difficult to provide an exact figure for the numbers of children and young people who are living with parents or carers who misuse alcohol. Quantitative reports typically conflate drug misuse and alcohol misuse into a generic heading of 'substance abuse'. NSPCC Scotland believes that alcohol data and drug data should be disaggregated, which would help illustrate the particular harm which alcohol can cause. This is particularly important given that alcohol is a legal substance that is often cheap, widely available and broadly socially acceptable. The use of the term "substance misuse" can mask the role and impact of harmful alcohol misuse.

The collection of data on children and young people affected by harmful parental alcohol and drug misuse needs to be developed and improved and, together with the voice of the child, used to inform service development. A mapping exercise might also be helpful in identifying existing services in both the statutory and voluntary sectors for children and families affected by alcohol and drug misuse. This should include both local drug and local alcohol services and counselling services, and should seek the views of service users and providers to identify gaps.

Early detection of, and support for, problematic parental drinking is essential. Where support is offered to an adult, it is vital that this service considers not only the alcohol misuse but also considers their client as a parent. This may require specific intervention which focuses on the parent-child relationship, supporting the parent to fulfil their parenting role and ensuring that children get the help they need.

³ Forrester D. Parental substance misuse and child protection in a British sample. *Child Abuse Review* 2009;9(4):235-246

⁴ NSPCC (2010) Scoping Report: Physical Abuse in High Risk families, (unpublished) p 26

⁵ <http://www.etr.org/recapp/documents/research/litreview.pdf>

⁶ Cleaver, H. (1999) Children's needs – parenting capacity. *The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. TSO

Multidisciplinary family services that address the issues around alcohol and also work with the family together and individually have shown some effect for families who stick to the programme.⁷ We therefore recommend that consideration is given to the provision of more family-focused therapeutic work with alcohol misusing parents/carers and their children as a means of securing better outcomes for those children most at risk.⁸

NSPCC Scotland is introducing a number of projects which seek to work with substance misusing parents, to help protect children. Our 'Parents Under Pressure' programme will work with drug and alcohol misusing parents with children under the age of two, to help them build parenting skills and develop safe, caring relationships with their babies. Family Environment: Drug Using Parents (FEDUP) is another NSPCC programme which works with children between five and 11 years old and seeks to give them a safe space to talk about their feelings and experiences living with adults who are substance misusers. Both interventions seek to minimise the negative impact of the parent's problematic drug and/or alcohol use on the child.

Conclusion

NSPCC Scotland welcomes the Scottish Government's Alcohol (Minimum Pricing) (Scotland) Bill. Given that Scotland has the highest rates of alcohol consumption in Europe, we support the Government's alcohol pricing policy and consider it a useful tool in reducing consumption across the whole population.

However, minimum pricing will not sufficiently address Scotland's harmful relationship with alcohol on its own. NSPCC Scotland believes that there is also a need for improved data collection on the prevalence and impact of parental alcohol misuse on children to inform service development. We believe that this, alongside investment evidence-based therapeutic interventions which support the parent-child relationship, and meet the needs of children, will go some way to securing better outcomes for children affected by parental alcohol misuse in Scotland.

For further information, please contact:

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⁷ NSPCC (2010) Scoping Report: Physical Abuse in High Risk families, (unpublished) p 26