

NSPCC Scotland response to ‘Shifting the Culture’: A Member’s Bill consultation by Dr Richard Simpson MSP & Graeme Pearson MSP

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NSPCC Scotland welcomes the opportunity to respond to the member’s bill consultation to help change culture in relation to alcohol in Scotland. A large number of children and young people in Scotland live with the daily impacts of parental alcohol misuse, affecting their emotional and physical development, wellbeing and their safety. Parental alcohol misuse is one of the most common causes of child neglect.

The proposed bill rightly aims to tackle problem drinking and focuses largely on the public face of alcohol misuse including crime, violence and anti-social behaviour. However, NSPCC Scotland would like to see greater recognition of the fact that a significant proportion of adults who misuse alcohol are parents with childcare responsibilities.

We believe that parental alcohol misuse and the impact that it has on children and families should be considered more fully in order to ensure that both children and parents living in these difficult circumstances are better supported.

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 ChildLine¹, 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

Public Health Interest and Child Protection

Q2) Do you believe that Ministers should be required to issue guidance on these two licensing objectives?

NSPCC Scotland would be supportive of Ministers issuing guidance on “the promotion of public health” and “the protection of children from harm” to ensure that licence holders, applicants and licensing boards are informed to reduce any negative impact from licensed premises on children and young people.

¹ ChildLine, the UK’s free, confidential 24-hour helpline and online service for children and young people, is a service delivered by the NSPCC.

However it is not clear how licensing boards would take these objectives into account. “The protection of children from harm” from parental drinking would be very difficult for a licensing board to gauge when considering a licence application whereas reports from police on under-age drinking, on anti-social behaviour and public order offences could become their focus as these are more easily evidenced.

To be meaningful, the board would have to look at a range of different information, including referrals to children’s hearing system on care and protection grounds (as well as offence grounds); non accidental head injury to children where alcohol is a factor in Accident and Emergency admissions; and child protection referrals. This information would not be readily available to licensing boards and it is not clear how guidance would help unless it was made clear that licensing boards would have to consider a whole range of information in their decision making. We know that a lot of parental harmful drinking is hidden and not known to anyone outside the family. It is therefore unclear how this proposal would help to protect children from harm.

Restrictions on Alcohol Marketing

Q4) Do you believe that the proposed restrictions on advertising are proportionate or necessary?

NSPCC Scotland welcomes the commitment in the consultation on “*moving forward on de-normalising alcohol for children*”. There is increasing recognition and acceptance that the existing excessively pro-alcohol environment and the saturation of children and young people in alcohol marketing is a child protection issue which urgently needs addressed.

We would suggest that the Government considers adapting a well-established policy developed and applied in France for the last twenty years – known as the Loi Evin – to a Scottish context. This policy is currently protecting French children and young people by ensuring that their media and cultural exposure to alcohol is minimised.

The alcohol industry spends £800million each year in the UK marketing their products². Evidence confirms that alcohol marketing increases the likelihood that young people will start to use alcohol, and to drink more if they are already drinking.³ The World Health Organisation (WHO) has stated that the content of alcohol marketing and the amount of exposure to it are critical issues for young people, who are particularly susceptible to alcohol’s harmful effects.⁴ There is particular concern about social networking sites which are heavily used by children and young people and which are difficult to regulate.

² Alcohol Harm Reduction Project: Interim analytical report, Prime Minister’s Strategy Unit (2003)

³ Anderson P, de Bruijn A, Angus K, Gordon R and Hastings G (2009b) Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies. *Alcohol and Alcoholism* 44: 229-243

⁴ World Health Organisation, 2009. Handbook for action to reduce alcohol-related harm.

Young people are particularly vulnerable to alcohol harm with evidence linking regular heavy drinking in adolescence with impaired brain development.⁵ The tobacco control evidence base shows that the most effective public health response to unhealthy alcohol marketing is to reduce exposure.⁶

NSPCC Scotland therefore supports the proposal for a ban on all advertising in public places but proposes that this is extended to cinema bars and lobby areas and to public paying areas such as football grounds or other sports venues.

Alcohol Education

Q7) Is there a role for further alcohol education and public information campaigns in changing alcohol culture?

Substance misuse education in schools

NSPCC Scotland agrees 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. NSPCC Scotland is encouraged by the Scottish 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 Scottish 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 Personal and Social Education (PSE) curriculum, both at ChildLine in Scotland Young People's Conferences and through the ChildLine in Scotland Young People's Advisory Group. Recommendations for policy makers and practitioners have included:

- 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. Positives may include confidence, social activity and street-credibility; while negatives include STIs and pregnancy, losing friends and bad reputations.

NSPCC Scotland 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

⁵ Tarpert S F, and Brown S A, (1999) Neuropsychological correlates of adolescent substance abuse: Four year outcomes, *Journal of the International Neuropsychological Society* 6: 481-493

⁶ Hastings G, et al. Alcohol advertising: the last chance saloon. *BMJ* 2010; 340:b5650

this whole area, thus encouraging children and young people experiencing these problems to recognise their situation and seek help.

The impact of parental alcohol misuse on children

NSPCC Scotland firmly believes 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 Scottish 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, NSPCC Scotland believes 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 i.e. 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. NSPCC Scotland would warmly 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. NSPCC Scotland would be happy to provide more information and data to inform any public information campaign.

In addition to raising awareness, it is imperative that services are designed which support children who live with alcohol misusing parents. Parental alcohol misuse can have a significantly negative impact on children's development and wellbeing, particularly our youngest children – as we set out in more detail below. It is important that adult services better fulfil their role in recognising the needs of dependent children and ensuring these children receive the support they need.

General Questions

Q1) Do you support the general aim of the proposed Bill? Please indicate 'yes/no/undecided' and explain the reasons for your response.

NSPCC Scotland supports the bill's aim to tackle problem drinking but we are concerned that it focuses largely on the public face of alcohol misuse including crime, violence and anti-social behaviour. We would like to see greater recognition of the potential impact of parental alcohol misuse on children.

Q2) Are there further legislative (or non-legislative) changes that you would recommend, beyond those outlined in the consultation, in order to further its general aims of tackling Scotland's culture of excessive alcohol consumption?

There are a significant proportion of children in Scotland living with alcohol misusing parents who, as a result, are at increased risk of abuse and neglect. Current Scottish Government policy does recognise the need to identify and support problem drinkers who are also parents. However, policy could be strengthened to reflect a greater focus on the impact of alcohol misuse on children to ensure the risks to children are addressed and families are better supported. We recognise that the Scottish Government is revising 'Getting our Priorities Right' guidance on protecting children affected by substance misusing parents, and we hope that this will go some way to strengthening the support that children in these circumstances receive.

When parents use alcohol, it can impact upon children physically, mentally and emotionally, and these effects can be both severe and long lasting. It can have a profound effect on parenting as parents who misuse alcohol may be less likely to be able to look after their children or develop healthy relationships with them and other family members.

Babies, given their total dependence on adult care-givers, are particularly vulnerable to abuse and neglect if their parents are drinking excessively. Damage can start before the baby is born as research indicates that alcohol is one of the most powerful and dangerous neurotoxins that can affect brain development during pregnancy. Infants living in families where both parents are drinkers have been found to experience higher rates of insecure attachment, as the parental drinking can affect the quality of interactions with the child.

Multidisciplinary family services that address the issues around substance misuse and also work with the family together and individually have shown some effect for families who stick to the programme.⁷ It is important that adult alcohol services give consideration to the needs of the whole family as this can lead to improved outcomes for both parent and child. For example, a parent returning to a family after detoxification is more likely to maintain abstinence or controlled drinking if it has been possible to address their whole environment and change some of the factors that may have contributed to alcohol misuse in the first place, such as family relationships and stress in parenting.

However there remains a gap between adult and children's services in Scotland. A review of local substance misuse services found that few had services in place for the children or families of the adult service users⁸. Where an adult is receiving support to address their substance misuse, support may also be required to support the adult in their parenting role. However, alcohol treatment services may not be equipped to support children and non-drinking family members. Equally, family support services may not be equipped to deal with harmful parental drinking.⁹

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

⁸ Enhanced Local Alcohol Services – a window of opportunity (2007) Glasgow: Alcohol Focus Scotland

For over a decade, service integration has been seen as the key to improving outcomes for children. In Scotland, both GIRFEC (2005) and the Early Years Framework (2008) represent a push towards integration and early intervention. In England, this has been supplemented by 'whole family' approaches. Think Family (2007-08)¹⁰ sought to extend the integration beyond safeguarding to focus on families at risk, encouraging better joined up working between children's services and adult services. In this model practitioners consider the ways in which different family members and their problems interrelate with the aim of offering family services which work with both parents and children. The Think Family approach is outlined in the English drugs strategy (2010)¹¹ and is seen as a positive driver of progress in policy around families affected by parental substance abuse.

There are examples of services around Scotland based on this model, but many more children could potentially benefit if it were adopted extensively. Where support is offered to an adult, it is vital that this service considers not only the substance 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.

Therefore, there is a clear need to develop services which meet the needs of the whole family, as this approach is more likely to succeed in supporting children and non-drinkers in the household. In order to protect children we need to find ways of detecting and helping them at an earlier stage, to fully understand the nature and extent of the problem. When local authorities and health services undertake needs assessment these should include data on the number of children affected in their area by parental alcohol misuse to enable them to commission appropriate, evidence-based services to support these families. It is also crucial that appropriate processes are in place to ensure that we are measuring change.

Children living with parents who are not known to services, need access to discrete, specific services that are not used by adults and not dependent on adult referral. 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.

Conclusion

NSPCC Scotland supports the bill's aim to tackle problem drinking and welcomes the emphasis on child protection. However, many of the bill's proposals seek to tackle harmful drinking amongst young people. We would like to see greater recognition of the potential impact of parental alcohol misuse of children.

¹⁰ UK Government, 'Think Family' (Social Exclusion Task Force, 2008)

¹¹ Home Office, (2010)The drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life', UK Government

Current Scottish alcohol policy does recognise the need to identify and support problem drinkers who are also parents. In practice however, support for children is often 'passported' by virtue of their parents seeking, and continuing with, support services. It is not clear from the policy discourse how children's needs are supported independently of adults or how children can be identified and protected where parents do not present to services in the first instance, or continue to engage with services.

It is therefore vital that there are specific services directly supporting children of substance abusing parents. Hidden Harm highlighted the particular risk of children affected by parental substance misuse going unrecognised. If support services for children are to continue to rely solely on adult identification and referral, a significant number of children will always go unnoticed, unsupported and unprotected, not least because many children strive to keep their problems hidden from adults.

More consideration should be given to the provision of more family-focused therapeutic work with substance misusing parents/carers and their children as a means of securing better outcomes for those children most at risk.

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