



Children Affected by Parental Alcohol Problems: Recommendations for Policy Development

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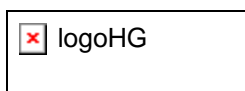
Abstract

The Encare project team decided to include recommendations for policy development on national and European level to the deliverables of the “Reducing Harm and Building Capacities for ChAPAPs” project, focusing on the reduction of inequalities. Work Package N 9 established this operation. The recommendations were derived from the findings in other Work Packages. We will present the methodology, where an interactive workshop with experts within the project members was the crucial activity. Twenty-four recommendations are clustered in six chapters: Build a framework for policy development; Cover in legislative measures; Consider the impact of alcohol policy; Develop and improve methods of intervention; Provide capacity building activities; Increase awareness (community awareness, mental health mainstreaming, de-stigmatization). Reference to related background in reports from project work packages is made and some suggestions how to use these recommendations.

Key words: alcohol, policy, awareness.

This report is part of the European Commission funded Project “Reducing Harm and Building Capacities for Children Affected by Parental Alcohol Problems”

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The Encare project team decided to include recommendations for policy development on national and European level to the deliverables of the "Reducing Harm and Building Capacities for ChAPAPs". The involved Work Package was to develop guidelines for policy *to prevent health inequalities in ChAPAPs children*. They should include strategies for **prevention, empowerment** and **resilience** building for affected children. We aimed at providing a basis for new ideas to make efficient changes in policy options.

METHODOLOGY

We filtered and summarized items in the draft versions of the report on the research, policy, practice and service development from Work Package 5, related to policy and legislation in a working document. At a *workshop policy development*; January 22-23 2009 in Slovenia we assessed the data quality and prioritised the relevant issues.

Project partners involved in this process

De Sleutel, Belgium
Ludwig-Boltzmann-Gesellschaft, Austria
Kenthea, Cyprus
Katholische Fachhochschule NW, Abt. Koeln, Germany
Blue Point Drug Counselling and Outpatient Care, Hungary
Azienda Sanitaria Locale, Italy
Vytautas Magnus University, Lithuania

The interactive workshop was preceded by a questionnaire brainstorm opinion on good practice in policies and recommendations to be put forward. We filtered out incongruent or anecdotal data on national policies, suggestions without traceable resources or foundations, general and too cautious recommendations.

The workshop processed us to a consensus working document for peer review. The steering group and plenary meetings in Austria, March 25-26 2010 adapted and confirmed the recommendations. We indicated areas in by that time edited project work package reports for related

background for the policy recommendations, crossing the work package issues. Some relevant extracts from these reports were referred to in the final policy development recommendations document.

RECOMMENDATIONS

1. BUILD A FRAMEWORK FOR POLICY DEVELOPMENT

- 1.1. A National plan of action for the ChAPAPs issue is necessary within a broader cross-sectional approach, where attention for ChAPAPs is guaranteed in an integrative way.
- 1.2. Awareness must be raised for the notion of ChAPAPs and the regard of alcoholic parents as a risk factor for a broader scope of problems for the child.
- 1.3. To guarantee a solid, multidisciplinary and inter-institutional networking structure, the government must maximally facilitate cooperation of service providers.
- 1.4. This framework is built in a participatory method where parents, children, experts and services are involved from an early stage on.
- 1.5. The framework must set the scene for a thorough coordination, not only in development of policy, but also of strategies, services and in their implementation.
- 1.6. It is essential that there is an identifiable lead at national level for ChAPAPs to provide the basis for policy formation at national and local levels, and to provide guidance for service and workforce development. The fact that meeting the needs of ChAPAPs is a cross-cutting issue that links health, welfare, education and justice ministries reinforces the need for this strong lead.

- 1.7. In developing and realising ChAPAPs-related policies the government must guarantee quality of care with special attention to appropriate access to services for migrants, asylum seekers, refugees, cultural and other minorities. Such an intercultural approach respects diversity and cultural differences.

BACKGROUND

(Economic Impact, WP7 p20)

The need for solid coordination is supported by the study on the economic impact of ChAPAPs . This health economical exercise "...includes data about direct and indirect costs of physical and mental damage in the alcohol-consuming individual, costs of crime, costs of productivity loss and costs for loss in quality of life."

(Key Figures WP7 p33)

There is "...some evidence that from the public health point of view, the major economical challenge in rich countries is the reduction of inequalities rather than further economic growth."

(Research, Policy, Practice and Service Development report WP5 p7)

Countries are organised differently in relation to responsibility for national alcohol policy; In most countries, however, the Health Ministry appears to be either the lead department or plays a significant role alongside other departments;

Most countries have a joint approach to both drugs and alcohol which is led by the same government department(s);

Government responsibility for children affected by parental alcohol problems is much less clearly defined: in most instances this specific issue is not recognised in alcohol policies or distinguished from wider alcohol policies; and

There is some evidence to suggest that cross government working can lead to a more coordinated approach to alcohol policies where the needs of children affected by parental alcohol problems are more embedded within the children's agenda.

2. COVER IN LEGISLATIVE MEASURES

- 2.1. A key issue for each country is to ensure that their laws place clearly defined responsibilities on professionals to ensure that ChAPAPs do not fall through the net. This means that there need to be agencies with a clear mandate to identify, refer to other professionals, and where appropriate, remove children to new permanent families.
- 2.2. In line with the United Nations Convention on the Rights of the Child, these should ensure a range of community services to support parents and children to reduce the risk of family breakdown due to parental alcohol misuse. It should be left to individual countries to decide on whether these obligations are best met through generic or specialist legal measures and regulatory mechanisms or a mix of the two.
- 2.3. Shelter for ChAPAPs , restraint orders and obligation to report should at least be covered in legislative measures.

BACKGROUND

(Key Figures WP7 p46)

Legislation is but efficient if embedded in a coherent policy and if followed by concrete executive measures. "Alcohol action plans set out what the government will do to address drinking behaviour in the population and to reduce harm caused by alcohol consumption for both the community and the individual. This may include collaboration plans with police and courts regarding the adoption and abidance by the alcohol laws;

information and education programs about how alcohol can affect health; dissemination of guidelines for families; adoption of age, consumption and sale restrictions; drink driving laws; strategies on alcohol withdrawal clinics and procedures; and the assessment of taxes and prices. A precondition for effective action plans is awareness of the several outcomes alcohol consumption may result in as bad health, delinquency and productivity loss.”

(Key Figures WP7 p58)

For example: “Most of the recent studies regarding the impact of restrictions in alcohol sales on alcohol consumption show evidence for a significant negative relationship (Chikritzhs et al, 2006). That means that with increasing restrictions on alcohol sales, alcohol consumption and harm done by alcohol decreases.”

(Research, Policy, Practice and Service Development report WP5 p32)

- All countries are signatories to the UN Convention on the Rights of the Child and accordingly have child protection policies in place;
- Commonalities exist in all states: national legislation allows for intervention, restriction and removal of parental rights; discretion is granted to the courts in selecting suitable measures; courts can withdraw or restrict parental custody; and proceedings are guided by the principles (i) of reasonableness and (ii) that infringement of parental custody should never go beyond that which is absolutely necessary in the best interests of the child;
- No country legislation or regulatory duties appear to refer specifically to parental alcohol/substance as a form of neglect, abuse or harm, and concerns relating to harm caused by parental alcohol misuse on the child sit firmly within the child protection framework; and
- There appears to be a common understanding relating to professionals’ duty of care to inform social services if they have concerns relating to risk of harm to a child eg. legislation in Denmark and Slovenia provides for penal measures and fines if concerns are not reported.

3. CONSIDER THE IMPACT OF ALCOHOL POLICY

The government should take account of the social and familial impact of the national alcohol policy. Interventions in this alcohol (or other drug-) policies must be evaluated on their possible consequences on availability, demand, risk assessment, perception of approval or disapproval and other influences on consumption.

BACKGROUND

(Key Figures WP7 p65)

WP7 examined the influence of health and social factors on 15 –year-olds who drink at least once a week. “...alcohol consumption in adolescents depends on social factors as legal sale restrictions by age and marketing restrictions. ... Considering positive evidence of alcohol policy on the prevalence of alcohol dependencies, alcohol policy should be understood as a primary prevention strategy for negative health outcomes in ChAPAPs.”

4. DEVELOP AND IMPROVE METHODS OF INTERVENTION

- 4.1. With a focus on methods of early intervention, outreach, selective and indicated prevention. Where universal prevention is targeted at a whole population, selective prevention aims for vulnerable groups and indicated prevention at vulnerable individuals.

- 4.2. With attention to (1) early identification methods and intervention in pregnancy and (2) self help and self management strategies for as well ChAPAPs as parents.
- 4.3. Respecting a cautious balance between responses to proven high risk factors and prudence to labelling.
- 4.4. In those interventions we must exhaust the opportunities of the internet and other telematic means and social networks.

BACKGROUND

(Literature Overview, WP7 p32)

In many studies a lack of evaluation of the interventions can be noticed". The Institute of Health Economics and Clinical Epidemiology Cologne was commissioned to provide a criteria catalogue with parameters that might be important when evaluating preventive interventions with ChAPAPs.

(Research, Policy, Practice and Service Development report WP5 p—58-59)

- From the information provided in the country reports, the main summary points are:
- Countries reported a wide range of services for ChAPAPs. Some of these were dedicated to this group while others had a broader remit;
- Many countries also provide specialist services to young people who misuse alcohol, both in community and residential settings;
- Fathers of ChAPAPs are rarely singled out for special mention; Aftercare services are reported infrequently;
- The Internet is emerging as a new form of service which is potentially attractive to young people;
- All countries have self-help groups providing a range of services (telephone helplines, web-based information, family support);
- Non-specialist (generic) services also deal with children affected by parental alcohol misuse as part of their wider remit. Child protection, school exclusion, truanting and offending are amongst the main reasons why non-specialist services take ChAPAPs referrals;
- The picture of services within countries as well as across the region is patchy and variable; and
- Few services are evaluated.

Classification in universal, selective and indicated prevention, as referred to in this recommendation, is based on a continuum of the Institute of Medicine promoted in many EMCDDA publications.

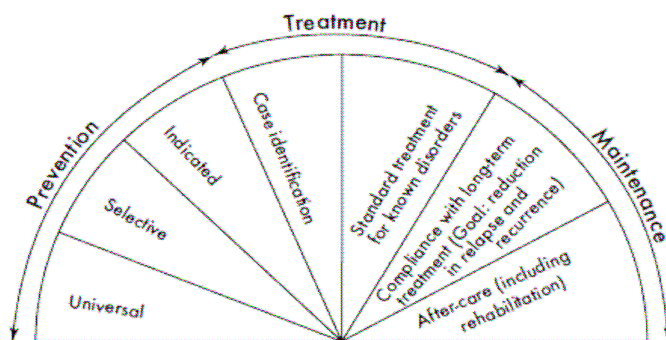


Figure 1.1: The continuum of care model of the Institute of Medicine.

Universal prevention

for the whole population of a group

Selective prevention

for *at risk* subgroups. E.g. children of alcoholic parents, lack of education skills, violent environment

Indicated prevention

for individuals not addicted but with indications of danger.

5. PROVIDE CAPACITY BUILDING ACTIVITIES

- 5.1. Training must be provided for professionals on differentiated levels, with attention to basic mental health orientation for teachers, caretakers, educators in direct contact with children and especially ChAPAPs or their parents
- 5.2. Parents must be reached by education support initiatives to train responsible parenthood or *good parenting*
- 5.3. Young people including very young children must have access to basic information and training resources with special attention to three main lines for ChAPAPs : (1) *You're not alone*, (2) *It's not your fault*, (3) *There is help*
- 5.4. In those interventions we must exhaust the opportunities of the internet and other telematic means and networks.

BACKGROUND

(Research, Policy, Practice and Service Development report WP5 p8-9)

- Except for Scotland, all countries indicated a lack of consistent and systematic approaches to training on substance abuse and its impact on children except for Scotland's nationally funded training programme called STRADA;
- It appeared that, in the majority of countries, there was no national training lead or organisation with specific responsibility for the development or coordination of training in 9 this area. More commonly, training on alcohol and its impact on children came under the wider umbrella of child protection training;
- Professional and occupational training was reported as variable in content and quality within individual countries;
- Training on alcohol abuse was generally reported to be poor for social workers, health professionals and treatment agencies;
- Adopting a multi-agency approach to training for work with families affected by substance misuse appears to be increasingly popular; and
- A minority of countries reported national occupational standards to set benchmarks for workforce development

6. INCREASE AWARENESS

6.1. COMMUNITY AWARENESS

- 6.1.1. Politicians on all levels need to take action and committed responsibility in providing help and support for ChAPAPs. Raising awareness for this group is a necessary building stone.
- 6.1.2. Implement evidence based strategies to promote a healthy lifestyle and to train health related intrapersonal and interpersonal skills.
- 6.1.3. In those interventions we must exhaust the opportunities of the internet and other telematic means and networks, with extra attention for those networks or tools used by children at risk.

BACKGROUND

(Research, Policy, Practice and Service Development report WP5 p9)

This report mentions as two out of a list of key factors contributing to the provision of sufficient and efficient services for ChAPAPs identified by EU partners:

An awareness of the issues facing ChAPAPs, and the services necessary to meet their needs, on the part of the government, local services, voluntary organisations and the public at large;

A consistent political commitment and motivation to view ChAPAPs as a priority and provide necessary services within the broader context of provision for children and families.

And further it comments: Children affected by parental alcohol problems do not receive the attention they deserve. We do not know how many children are involved, the full extent of the impact on their lives, and how their needs might best be met. Despite a proliferation of services and initiatives developed for them across Europe, there remain many and significant shortcomings in the policies and services designed to promote their well-being.

6.2. INTEGRATE MENTAL HEALTH IN MAINSTREAM PUBLIC AREAS

The Mental Health notion must be included in all other public areas. This demands a long term and thorough coordination and planning of health-related departments and instances.

BACKGROUND

(Literature Overview, WP7 p8)

“[considering] mental damage & development, some studies also described moderating factors as a high level of interfamilial cohesion, good communication with parents and a close parent-child attachment’.

(Literature Overview, WP7 p16)

And more than mental: “[there are indications that ChAPAPs]... bear a higher risk to repeat negative parental behaviour, ... show a very low level of self-confidence and self-esteem, ... have significantly more learning difficulties”.

6.3. DESTIGMATIZE CHILDREN WITH PARENTAL DRINKING PROBLEMS

A specific accent must be put on the extra burden that stigmatization of parents of ChAPAPs put on the children and on the reluctance of those parents to approach help services. Destigmatization of the parents as individuals must be taken up in the aims of awareness interventions, without leading to a perception that approves of abuse behaviour.

BACKGROUND

(Literature Overview, WP7 p16)

“[Leaving school]is further enforced by the negative image ChApaps have. It was proven that teachers tend to grade ChAPAPs worse in comparison to non-ChAPAPs if they know about drinking behaviours of their parents”

(Research, Policy, Practice and Service Development report WP5 p22)

Adults reporting on growing up with parental alcohol misuse describe homes marked by violence, neglect and inconsistent support and say they faced stigma and exclusion. Many also report substantial difficulties in adulthood including their own problems with substance misuse (Scotland)

HOW CAN YOU USE POLICY RECOMMENDATIONS?

You may want to influence decisions made by members of the legislative power. You want to contribute your expertise and advocacy to those that prepare and take decisions with sometimes great impact on your work or interest. Not only the legislation itself, but also the executive rules, the framework, the philosophy and rationale behind it are of interest to you, your colleagues, clients or patients. It seems that *lobbying* is necessary therefore. It is for a long time not a prerogative for diplomats or shadowy representatives any more. Around 15,000 lobbyists are active today in Brussels to influence the legislative process of the EU. Often (not always) bright and clear!

If your institute, NGO or administration chooses to influence the decisionmaking process in your country or in Europe you can use these policy recommendations from the Encare Network. Encare counts member organisations in 23 EU countries. Researchers and practitioners bundle their expertise, findings, experiences and opinions. The recommendations in this document have gone through a filter of shared focus and choices of what is important. If you agree with the proposed actions, you can use the document to give more weight to your endeavors on national or international level. In the end, these guidelines should help to introduce new and to replace inefficient policies in several countries.

The policy recommendations are generic and not translated into concrete points of operation. You find referral to documents that have been published in the same ENCARE 5 European Commission co-funded project "Reducing Harm and Building Capacities for Children Affected by Parental Alcohol Problems" 2007-2010. In those documents you can find more rationale or arguments for the issue you want the legislators or other decision-makers to give attention to

"Numbers are very powerful instruments, more than opinions"
(Judith Harwin, ENCARE leader Work Package 5)

The Encare project team is disseminating the policy recommendations document together with the rich bundle of other publications within this exciting project on international level through internet, within the scientific community and to the European Commission. We hope you will drag the ideas and propositions further on the horizontal and the vertical scale!

WP 5 and WP7 documents:

Key Figures on Health Conditions and Policy Regarding Child Health and Alcohol Consumption. Anna Marie Passon, Anna Drabik, Markus Lungen. Institut für Gesundheitsökonomie und Klinische Epidemiologie, Uniklinik Köln. 2009

Economic impact. Anna Marie Passon, Anna Drabik, Markus Lungen. Institut für Gesundheitsökonomie und Klinische Epidemiologie, Uniklinik Köln. 2009

Literature Overview. Anna Marie Passon, Benita Humptasch, Markus Lungen. Institut für Gesundheitsökonomie und Klinische Epidemiologie, Uniklinik Köln. 2009

A report on the research, policy, practice and service development relating to ChAPAPs across Europe. An ENCARE 5 Project funded by the European Union 2010. Professor Judith Harwin, Professor Nicola Madge and Sally Heath. Brunel University, UK. 2010

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