

2010

Children affected by Parental Alcohol Problems (ChAPAPs)

A report on the research, policy, practice and service development relating to ChAPAPs across Europe. An ENCARE 5 Project funded by the European Union



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EXECUTIVE SUMMARY

Background

Research has consistently shown that parental alcohol misuse can have considerable negative effects on children, young people and the family environment. Children growing up in alcohol fuelled family environments often do not achieve their full potential in life, have low self esteem, lack in confidence, feel unsafe and find it difficult to trust others (Kroll and Taylor¹, Gorin², Barnard³, Forrester and Harwin⁴). Adding to this, the issue of parental alcohol misuse often remains hidden with many children and young people suffering and growing up in silence. Yet with this knowledge, European alcohol policy has predominantly focused on the licensing and trading of alcohol, its impact on crime and on individual health with little attention being paid to the impact of parental alcohol misuse on children, young people and families.

This study aims to review and identify the main approaches adopted by EU Partners in addressing the issue of children affected by parental alcohol problems (ChAPAPs), drawing specifically on research, policy, practice and service development. This is a particularly timely study as the EU Commission is placing more emphasis on member states to protect young people and children, and the unborn child, from alcohol related harm across Europe. Many EU partners are also in the process of developing and/or updating national alcohol strategies.

Method

A questionnaire devised by Brunel University (see appendix) was sent to the 21 EU partners involved in this project in 2008. Responses were received from 18 partners representing Austria, Belgium, Cyprus, Denmark, England, Estonia, Finland, Germany, Ireland, Italy, Lithuania, Norway, Poland, Portugal, Scotland, Slovenia, Spain and Wales. The present report draws on information provided within these country reports.

¹ Kroll and Taylor (2003) *Parental Substance misuse and Child Welfare*. London; Jessica Kingsley

² Gorin, S (2004) *Understanding what children say. Children's experiences of domestic violence, parental substance misuse and parental health problem*. London; National Children's Bureau (NCB)

³ Barnard, M (2007) *Drug Addiction and Families*. London; Jessica Kingsley

⁴ Forrester, D. & Harwin, J. (2008) *Outcomes for children whose parents misuse drugs or alcohol: A two year follow up study*, *British Journal of Social Work* (2008) 38, 1518–1535

Key messages

The following is a summary of the key findings:

Prevalence

- It is difficult to collect accurate data on the prevalence of ChAPAPs as problem drinking often remains hidden within the family unit and the true scale of the problem is not known;
- Countries use different definitions of problematic drinking that are rarely stated: this can make it difficult to tell whether international comparisons are meaningful or misleading;
- Data on prevalence often relates to the broader category of substance misuse and may therefore provide incorrect estimates of ChAPAPs;
- Not all countries can provide prevalence rates for ChAPAPs and, where they can, these vary according to how the information is collected;
- Governments rarely collect national data on the number of children whose parents misuse alcohol;
- Countries reported that the COFACE survey instrument is an unreliable way of determining national prevalence rates on the number of children living with parent(s) misusing alcohol, even though it is widely used;
- Policy makers across Europe recognise the gap in knowledge and information on FASD, but there is little evidence of action plans to address these issues. One exception is the Scottish government that has committed funding to measure the incidence of FASD in the recent *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*⁵;
- Estimates of the nature and frequency of FASD vary widely;
- A lack of follow-up studies makes it difficult to examine changes in incidence of FASD over time; and
- Parental alcohol misuse is an important reason for family support and/or removal from the family home in a number of countries.

Research

- There is wide variation in the scale, methodology and quality of these various studies;
- On the whole, few robust European empirical studies addressing the physical and mental health of children affected by parental alcohol problems were reported by partners;
- Much reported research indicates that parental alcohol problems rarely exist in isolation from other difficulties such as family relationship problems, domestic abuse, parental mental health issues, bereavement, and financial hardship;
- Many studies identify child maltreatment and domestic violence as common outcomes of parental alcohol problems;
- The available evidence also suggests that many children of parents with alcohol problems are likely to have feelings of insecurity, shame and loneliness, and to suffer from anxiety,

⁵ <http://www.scotland.gov.uk/publications/2008/06/1608434810> (2008).

- depression, aggressive behaviours, and relationship difficulties in their later lives;
- Several studies also suggest that children growing up in households with parental alcohol misuse are at greatest risk of developing their own alcohol problems in later life; and
- A recent systematic review (Girling et al⁶) of international research studies on the impact of heavy parental alcohol use on children's physical and psychological health in a range of areas (foetal alcohol syndrome and ingestion during pregnancy; eating disorders, specifically in female children; sexual behaviour of adolescence and earlier pregnancies; hospital admissions for mental disorders, injuries and poisoning; and children's own misuse of substances) might be helpful in informing future European work in this area.

Country policy and practice

(i) Governmental responsibility for alcohol-related issues

- 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.

(ii) Legislative and/or regulatory duties

- 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.

⁶ Girling M, Huakau J, Casswell S & Conway K (2006). Families and Heavy Drinking: Impacts on Children's Wellbeing. Centre for Social and Health Outcomes Research and Evaluation and Te Ropu Whariki, Massey University

(iii) National strategies and initiatives to address children affected by parental alcohol problems

- Few countries reported that they have established national strategies and initiatives to address children affected by parental alcohol problems;
- Some potentially useful learning points are provided by England's *Hidden Harm* initiative;
- Interdisciplinary working is likely to underpin successful examples of strategies to provide support to children affected by parental alcohol problems; and
- These strategies require adequate resources if they are to be effective.

(iv) Health/education promotion programmes to reduce alcohol consumption

- European partners reported a range of national approaches to educate young people about alcohol. These ranged from the 'Just Say No' approach, to targeted interventions with vulnerable groups, through to wider health promotion campaigns involving families, peers and the wider community;
- The currently favoured model of intervention provides young people with knowledge, skills and attitudes to make informed choices about alcohol. Some countries are promoting alcohol free lifestyles whilst others countries are focussed on sensible drinking;
- Few national interventions are evaluated and able to demonstrate an impact on young people's drinking patterns;
- Approaches to health promotion campaigns with adults are in many ways similar to those for young people in promoting sensible drinking through informed choices;
- Campaigns for adults rarely identify the adult drinker as a parent and do not generally focus on the impact of parental alcohol drinking on the child;
- Isolated examples were reported of specific campaigns aimed at pregnant women and focusing on the health and wellbeing of the unborn baby; and
- Two common approaches to alcohol health promotion were identified across Europe. These were: campaigns/ programmes which aimed to reduce the amount of alcohol everyone drinks; and those that targeted specific groups and patterns of drinking such as 'happy hours', binge drinkers and high risk groups of drinkers such as young adult males.

(v) Health/education promotion programmes to address the issue of children affected by parental alcohol problems

- Respondents mentioned very few health or education promotion programmes that directly addressed the issue of children affected by parental alcohol abuse; and
- There was some evidence that a number of countries were beginning to use universal parenting programmes and evidence based programmes such as Strengthening Families programme to address alcohol issues. However the approaches were often unsystematic and localised.

(vi) Professional training

- 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

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.

Service delivery

- 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 help lines, 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.

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;
- Effective and coherent alcohol policies that, among other things, restrict availability of alcohol;
- Systematic national recording on the prevalence of ChAPAPs and on the prevalence and recognition of foetal alcohol syndrome disorder;
- Cooperation and collaboration between different services, promoted by effective networks and other coordinating links, as well as partnership working between central and local government;

- Evidence-based services and provision informed by sufficient and appropriate research as well as examples of good practice demonstrated by international colleagues;
- High quality training for all professionals working with ChAPAPs in either a direct or an indirect role;
- Adequate funding to resource services and initiatives beyond the short-term;
- Services to identify ChAPAPs at an early stage and particularly before parents are provided with treatment; and
- An open-minded approach to new service developments that does not reflect a resistance to change.

Concluding comment

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.

This report has highlighted a shortlist of priorities for concern and action. These include the need to promote greater awareness of the issue, more systematic identification of the young people affected, the designation of a lead government department in each country to take responsibility for this group, sufficient and effective interventions to overcome the disadvantages young people may face, and a well-trained workforce to take forward excellence in practice. We realise that there will be resources implications in all countries that will need to be taken into consideration. For this reason, as well as to encourage early and effective action, we recommend that new developments are closely tied into existing national provision wherever feasible.

All initiatives and developments need to proceed in tandem. Without awareness of the issues involved, there will be no commitment to drive the policy agenda, and without knowing the scale and nature of the problem, it will be impossible to plan appropriate levels and types of services. Safeguarding service quality also depends on well-trained staff. Addressing all these directions of action simultaneously is the only way to produce coherent change. We strongly urge the European Union to take a stand in providing guidance and oversight to ensure that progress is made.

SECTION 1- INTRODUCTION

Background

*Parental alcohol misuse damages and disrupts the lives of children and families in all areas of society, spanning all social classes. It blights the lives of whole families and harms the development of children trapped by the effects of their parents' problematic drinking.*⁷

Children Affected by Parental Alcohol Problems (ChAPAPs) are the focus of a project funded by the EU Commission to support a strategy to *protect young people and children and the unborn child from alcohol related harm across Europe*. In October 2006, The European Commission adopted a Communication setting out this strategy⁸ and identifying the following priority areas:

- protecting young people and children and the unborn child;
- reducing injuries and deaths from alcohol-related road accidents;
- preventing harm among adults and reduce the negative impact on the workplace;
- raising awareness of the impact on health of harmful alcohol consumption; and on appropriate consumption patterns; and
- developing a common evidence base at EU level.

This European report forms part of this strategy in contributing to a greater understanding of the situation for ChAPAPs in all participating EU countries. It draws on country reports from partners in the project, and focuses on the prevalence of ChAPAPs, research, policy, practice and service development in participating countries. It will be complemented by reports from other work packages examining the psychological and physiological state of health of children and adolescents affected by parental alcohol problems; general health-economic consequences of parental alcohol problems; national networks and training packages to improve capacity; best practice; and policies to support ChAPAPs.

Work package 5

Brunel University was commissioned to lead and coordinate work package five of the ChAPAPs project. There are three elements to this package:

- **Step 1 (Deliverable 2)** - Responsibility for developing a survey instrument tool (in the form of a Country Questionnaire) for all ChAPAPs partners who were asked to complete this for their own country. The country questionnaires collected information on prevalence, research, policy and practice and service delivery in relation to the mental and physical health of children affected by parental alcohol misuse.

⁷ Turning Point (2006) Bottling it Up page 1.

⁸ www.eurocare.org/resources/special_topics/EU_alcohol_strategy

- **Step 2a (Deliverable 3)** – Responsibility for developing a summary report in partnership with each partner for each individual country. The individual country reports identified key themes and emerging issues on the mental and physical health of children affected by parental alcohol misuse.
- **Step 2b (Deliverable 3)** – Responsibility for developing this European report that provides a summary of findings provided by participating countries and draws out the main conclusions.

As the first stage of the work on this work package, we accordingly developed a questionnaire which, following piloting, was distributed to EU partners. Responses were received from 18 partners representing Austria, Belgium, Cyprus, Denmark, England, Estonia, Finland, Germany, Ireland, Italy, Lithuania, Norway, Poland, Portugal, Scotland, Slovenia, Spain and Wales.

The present report draws on the country reports derived from responses to this questionnaire provided by government officials, frontline practitioners, key organisations (NGOs as well as statutory services) and academics. These country reports are reproduced in full in the Appendix.

Structure of the report

The following structure has been adopted for the report. Following this introductory section:

Section 2 examines available information on the numbers of children affected by parental alcohol problems including those affected by foetal alcohol spectrum disorder.

Section 3 looks at recent research and/or national surveys on the mental and physical health of ChAPAPs (from pre birth to 18 years old).

Section 4 details policy and practice development across participating countries. It looks at government departments responsible for alcohol policy and ChAPAPs; legislative and/or regulatory duties in place to protect (a) children at risk and (b) ChAPAPs; education/health promotion programmes; and training.

Section 5 outlines services in place for alcohol misuse and ChAPAPs.

Section 6 provides a summary of the key issues facing participating countries in their attempts to address issues relating to ChAPAPs. EU partners speak for themselves in outlining strengths, weaknesses, opportunities and threats from their own perspectives. This section ends with our discussion and concluding comments.

The **Appendix** presents all the national reports that inform this report as well as the country questionnaire template.

SECTION 2- PREVALENCE

The first issue addressed by this report is the availability of information on the prevalence of ChAPAPs, both in individual countries and cross-nationally. EU partners were accordingly asked to provide information in the following three key areas:

- The number of children with one or both parents who misuse alcohol
- The number of children who are born with foetal alcohol spectrum disorder
- The number of children who are taken into public care because of parental alcohol misuse

Ten of the 18 partners provided information on one or more of these themes.

Numbers of children living in families with a parent who misuses alcohol

Only Lithuania and Poland, two of the three partner countries of the former Soviet Union, reported that their government collects data on national child prevalence rates. Using survey data collected by the Government drug control department, Lithuania reported that 18,941 children grow up in families affected by parental alcohol misuse, representing 2.7% of the total under 18 year old child population in 2006. In Poland the rate, according to the State Agency for the Prevention of Alcohol-Related Problems, is 19.3% of children aged 0-18 years.

Survey data was the commonest method used by countries to estimate prevalence. Scotland, Finland and Denmark drew upon large-scale household surveys and, in Finland, repeated surveys meant that changes could also be monitored over time. From these self-report surveys Finland is able to report that around one in ten members of the population grows up with parents who misuse alcohol, a rate that was unchanged between 1994 and 2004.⁹ A survey in Germany over a decade ago estimated that 2.65 million children below 18 years live with a parent affected by alcohol misuse or dependency over their lifetime. This suggests that one in 7 adolescents, or around 15%, is living with a parent with alcohol problems¹⁰. In Ireland a nationally representative survey of adults aged 18-40 found that between 7% and 8% reported feeling afraid or unsafe, witnessing parental conflict, and/or having to take responsibility for a parent or sibling as a result of parental alcohol use. When parents drank weekly or more often, the prevalence rate rose to 11-14%¹¹.

⁹ Peltoniemi, Teuvo (2005) Children in alcohol and drug abusing families in Finland 1994 and 2004. A-Clinic Foundation, Helsinki, Finland. A-Clinic Foundation/Fragile Childhood, Helsinki, Finland. Manuscript.

¹⁰ Lachner and Wittchen, 1997 Familiaer übertragene Vulnerabilitätsmerkmale für Alkoholmissbrauch und – abhängigkeit [Hereditary vulnerability for alcohol misuse and dependency.]. In H. Watzl & B. Rockstroh (Eds.), Abhängigkeit und Missbrauch von Alkohol und Drogen [Alcohol and drug dependency and misuse] (S.43-89). Goettingen: Hogrefe.

¹¹ Behaviour and Attitudes (2009) Keeping it in the Family Survey: Parental Drinking Among 18-40 Year Olds, Prevalence and Impact. Dublin: Alcohol Action Ireland

Another approach to establishing the prevalence of ChAPAPs was reported by countries (Austria and Norway) calculating rates from the number of parents in alcohol treatment. Respondents suggested that this approach was likely to underestimate the true scale of the problem.

A few countries (Belgium, Ireland, Spain and England) stated that they did not collect firsthand information on prevalence but extrapolated their rates from the COFACE and EURO CARE survey undertaken as part of a 1998 study entitled *Problems in the Family: A report to the European Union*¹². This study used Danish and Finnish prevalence survey data to produce an estimate of approximately one in ten children affected by parental alcohol misuse in Europe. On this basis, between 12% and 21% (4.5 million to 7.9 million children) of the total under 15 years population (37.6 million) in the EU are living in households affected by alcohol¹³. Partner countries in the present project were critical of reliance on COFACE to extrapolate national rates as this produced a uniformity that is not shown by countries that collect first-hand data. In response to these concerns, a recent study by Manning et al¹⁴ reviewed current UK statistics to provide more country specific data in line with the methodology adopted by a similar project undertaken for the Australian National Commission on Drugs¹⁵. The study concluded that the number of children living with substance misusing parents exceeded earlier estimates, and that a more accurate assessment was that almost 30% of children (or over three million) under 16 years in the UK lived with an adult binge drinker.

Children with foetal alcohol spectrum disorder (FASD)

Of the 18 EU partners, 7 countries provided some information on the prevalence of FASD.

Many countries stated that they did not have adequate local or national data systems in place to record information on FASD. Other countries that did have data systems in place noted that information was likely to underestimate the true scale of the problem. Four main reasons for this situation were reported:

1. Difficulties in making the diagnosis of FASD very early in the child's life when the condition might be due to other disorders (England¹⁶ and Finland¹⁷);

¹² Eurocare and Coface (1998) *Problems in the Family: A report to the European Union*

¹³ This has been worked out by using EUROSTAT 2006 EU population data and cross referencing with estimates made through the COFACE and EURO CARE estimates of prevalence in *Problems in the Family: A report to the European Union*.

¹⁴ Manning, V; Best, D; Faulkner, N and Titherington, E; New estimates of the number of children living with substance misusing parents: results from UK national household surveys National Addiction Centre Institute of Psychiatry South London and Maudsley NHS Trust, *BMC Public Health* 2009, 9:377 doi; 10.1186/1471-2458-9-377 and available from <http://www.biomedcentral.com/1471-2458/9/377>

¹⁵ Dawe S, Fry S, Best D, Moss D, Atkinson J, Evans C, Lynch M, Harnett P: *Drug use in the family: impacts and implications for children*. Canberra, ACT: Australian National Council on Drugs; 2007

2. Poly drug use by pregnant mothers and the medical complications for the child (e.g. from opiate misuse) may divert attention from considering a diagnosis of FASD;
3. Few research studies have been undertaken on the subject; and
4. Lack of professional knowledge, skills and awareness of FASD.

Countries provided examples to illustrate these points. Germany reported that failure to identify FASD at an early stage in the child's life could cause problems later on. German research¹⁸ has found that a late diagnosis of FASD was often not considered or identified in a sample of older children placed in foster care or adopted due to neglect/abuse associated with maternal alcohol misuse. This was because carers were rarely informed about maternal alcohol misuse during pregnancy.

The main findings from countries able to provide some prevalence data were:

- Reported rates vary between 0.05 - 2 newborns per 1000 of total live births, except in Italy where considerably higher rates of between 3.7 and 7.4 per 1000 were found.
- Rates are calculated in different ways: from hospital episode records (England), internationally recognised estimates (Norway and Germany), and through research (Finland, Italy and Scotland); and
- Countries report limited information and research on the prevalence of FASD.

The lack of information on the prevalence of FASD reported by many countries means that it is not possible to reliably compare survey findings in Europe. National country research might, however, provide a basis for future cross-national studies. A recent large-scale English epidemiological study (18,553 households) examined the associations between drinking during pregnancy and behavioural and cognitive deficits in children at three years of age (Kelly et al)¹⁹. It found no adverse effects on child behaviour and cognitive functioning if women were light drinkers (i.e. no more than 1-2 units per week or per occasion). However, heavy/binge drinking (i.e. 7 or more units per week or 6 or more units per occasion) was associated with both behavioural and cognitive

¹⁶ British Medical Association (2007). Fetal Alcohol Spectrum Disorder: A guide for Health professionals. <http://www.nofas-uk.org/pdf/bma%report%204%20june%202007.pdf>

¹⁷ Heinonen, S. (2008). Päihteiden aiheuttamat sikiövauriot ja tahdonvastainen hoito – ojasta allikkoon? Presentation for a seminar organised by Finnish Centre for Health Promotion in Kuopio 17 September.

¹⁸ Spohr, H.L. & Steinhausen, H.C. (2008). Fetale Alkohol-Spektrum-Störungen. *Dtsch Arztebl*, 105: 41, pp 693-698.

¹⁹ Kelly, Y. et al (2008). Light drinking in pregnancy, a risk for behavioural problems and cognitive deficits at 3 years of age? *International Journal of Epidemiology*, 2008, pp 1-12.

deficits in children aged three years old. There were gender differences and the findings were in line with other English surveys, in particular the ALSPAC study²⁰.

Finally, the lack of professional awareness, skills and knowledge in identifying FASD and making suitable interventions was identified as an issue across Europe. Few countries provided evidence of countries making steps towards addressing the issue. Scotland, however, has recently committed research funding to measure the incidence of foetal alcohol syndrome²¹.

Prevalence of children in public care associated with parental alcohol misuse

Eight EU partners (Denmark, England, Finland, Poland, Ireland, Portugal, Scotland and Slovenia) provided information on this theme, mostly based on research studies of young people receiving social care services in the community (Portugal, Slovenia and Scotland) or in public care (Denmark, Ireland, Poland and England). Table 1 below provides the information that was reported by EU partners.

Table 1: Research and/or public data on the prevalence of children in public care associated with alcohol misuse

Country	Source of information	Numbers and rates
<i>Denmark</i>	<i>Public care records</i>	<i>40% of children placed outside the family home by social care agencies are there due to parental alcohol or drug problems</i>
<i>England</i>	<i>Research findings (Harwin et al, 2003²², Harwin and Ryan, 2007²³, Ryan et al 2006²⁴, and Brophy 2006²⁵)</i>	<i>Ryan et al found that 60-70% of all care proceedings in 3 London boroughs involved parental substance misuse. This rate was higher than found in previous research (Brophy, Harwin</i>

²⁰ O'Connor, T.G., Heron, J., Golding, J., Beveridge, M. and Glover, V. (2002). Maternal antenatal anxiety and children's behavioural/emotional problems at 4 years. Report from the Avon Longitudinal Study of parent and children. *British Journal of Psychiatry* 180, pp 502-508.

²¹ 'Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach <http://www.scotland.gov.uk/publications/2008/06/1608434810> (2008)

²² Harwin, J. et al (2003). *Making Care Orders Work*. London: The Stationery Office.

²³ Harwin, J. and Ryan, M. (2007). The role of the court in cases involving parental substance misuse and children at risk of harm. *Journal of Social Welfare and Family Law*, 29: 3, pp 277-292.

²⁴ Ryan, M. et al (2006). Report on the feasibility of establishing a Family Drug and Alcohol Court at Wells Street Family Proceedings Court. Report to Camden, Islington and Westminster Social Services and CAFCASS.

²⁵ Brophy, J. (2006). *Care proceedings under the Children Act 1989: A Research Review Research Series /06*, London: DCA.

		<i>and Ryan, Harwin et al).</i>
<i>Finland</i>	<i>Myllärniemi 2005²⁶</i>	<i>The most common factor for children taken into custody is the parental substance abuse. In the metropolitan area the parental substance abuse is recorded in 67% cases of children under 12-years old. Of all children in custody in 64 %, of the cases there is maternal substance abuse on the background.</i>
<i>Ireland</i>	<i>Research findings (cited in Butler 2002²⁷)</i>	<i>One county study from 1999 found that 43% of children in care were there due to parental drinking problems.</i>
<i>Poland</i>	<i>Public care data</i>	<i>Public care records indicate that among all of the children being removed from dysfunctional families in 90% it is because of parental alcohol misuse. The proportion of ChAPAPs receiving support from social care day centres is 33%.</i>
<i>Scotland</i>	<i>Research findings</i>	<i>39% of children referred to the Children's Reporter for child protection in 2003 had one or both parents who misused alcohol²⁸. In another study, 48% of children under 2 years referred to the Reporter similarly had at least one parent with alcohol problems²⁹.</i> <i>Research commissioned by Glasgow City Council</i>

²⁶ Myllärniemi (2005) Huostaanottojen kriteerit pääkaupunkiseudulla. [Criteria for child protection custodian cases in the metropolitan area]. Socca ja Heikki Waris -instituutti.

²⁷ Butler, S. (2002). Addiction Problems, Addiction Services, and Social Work in the Republic of Ireland. Journal of Social Work Practice in the Addictions. 2, pp 31-48.

²⁸ 'Social backgrounds of children referred to the Reporter: a pilot study', 2004

²⁹ Children aged under two years referred to the Children's Reporter (2009) Indiya Whitehead, Donald Lamb, Lucy Hanson, Gwen McNiven & Gillian Henderson

Scottish Children's Reporter Administration Scottish Children's Reporter Administration

http://www.scra.gov.uk/cms_resources/Children%20under%20two%20years%20research.pdf

		<i>estimated that in 2003 3.4% of children under the age of 16 lived with at least one parent with an alcohol problem³⁰.</i>
<i>Portugal</i>	<i>Public care data (2006)</i>	<i>44% of children under surveillance by the CPCJ (Children and Youngsters at Risk Protection Commission) in 2006 had two parents (father and mother) with alcohol dependence.</i>
<i>Slovenia</i>	<i>Public care data (2004)</i>	<i>55% of families receiving social care showed parental alcohol problems.</i>

Summary points

This examination of the prevalence of ChAPAPs, and the related issues highlighted by EU partners, leads to the following conclusions:

- It is difficult to collect accurate data on the prevalence of ChAPAPs as problem drinking often remains hidden within the family unit and the true scale of the problem is not known;
- Countries use different definitions of problematic drinking that are rarely stated: this can make it difficult to tell whether international comparisons are meaningful or misleading;
- Data on prevalence often relates to the broader category of substance misuse and may therefore provide incorrect estimates of ChAPAPs;
- Not all countries can provide prevalence rates for ChAPAPs and, where they can, these vary according to how the information is collected;
- Governments rarely collect national data on the number of children whose parents misuse alcohol;
- Countries reported that the COFACE survey instrument is an unreliable way of determining national prevalence rates on the number of children living with parent(s) misusing alcohol, even though it is widely used;
- Policy makers across Europe recognise the gap in knowledge and information on FASD, but there is little evidence of action plans to address these issues. One exception is the Scottish government that has committed funding to measure the incidence of FASD in the recent Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach³¹;
- Estimates of the nature and frequency of FASD vary widely;

³⁰ 'Let Glasgow Flourish: a comprehensive report on health and its determinants in Glasgow and west Central Scotland' Hanlon, P., Walsh D. Whyte, B. Glasgow Centre for Population Health, 2006.

³¹ <http://www.scotland.gov.uk/publications/2008/06/1608434810> (2008).

- A lack of follow-up studies makes it difficult to examine changes in incidence of FASD over time; and
- Parental alcohol misuse is an important reason for family support and/or removal from the family home in a number of countries.

SECTION 3. RESEARCH

EU partners were asked to provide information on the research and/or national surveys carried out on the mental and physical health of children and young people (from pre birth to 18 years old) that had parents with alcohol problems. Partners were provided with guidance (see appendix) on keywords to assist them in their searches of bibliographic databases as well as the following main inclusion and exclusion criteria:

- Research conducted before 2000 was to be excluded unless it was particularly large-scale or important;
- Research should be included only if it had direct relevance to the physical and mental health of children whose parents misuse alcohol;
- Research studies that reported findings on 'substance use' but did not specify whether this included drug and/or alcohol use were to be excluded;
- Research studies, evaluations of government and non-government organisations, and other 'grey' literature should be included;
- Published review papers, literature reviews, discussion papers, anecdotal practitioner accounts with case studies and descriptive papers of service development should not be included; and
- The term 'mental health' was to be interpreted broadly and did not need to reflect clinical diagnosis.

There was considerable variation in the extent and nature of research reported by partners. Around half did not provide any information on research findings or national surveys on children with parents with alcohol problems. The other half, including Estonia, England, Ireland, Finland, Norway, Germany, Poland and Scotland, provided useful information even though this did not always specifically focus on the mental health, and very rarely focused on the physical health, of this group of children and young people.

Three main types of study were identified by this review of research. These were:

1. Links between parental alcohol problems and adolescent alcohol consumption;
2. Studies reporting on adult and child experiences of growing up with parental alcohol problems; and
3. Studies comparing the outcomes for children of parents (i) without alcohol problems, (ii) with untreated alcohol problems and (iii) with treated alcohol problems.

The remainder of this section provides a few examples of completed research projects reported by EU partners to illustrate the scope of research in this area. Much fuller accounts are found in the country reports attached in the Appendix section.

Links between parental alcohol problems and adolescent alcohol consumption

The few studies to examine intergenerational patterns of alcohol consumption have generally concluded that children growing up with parental alcohol problems are more likely to develop risky drinking behaviours than those who have not experienced parental problems of this kind in England^{32 33} and Finland³⁴. A study carried out in Slovenia³⁵ showed that children drink more and more often if their parents drink frequently. One study, nonetheless, found no significant differences in young people's alcohol consumption between children affected or not affected by parental alcohol problems, whether treated or untreated [Germany: unpublished study by Koeln].

Studies reporting on adult and child experiences of growing up with parental alcohol problems

Most research studies reported by partners focused in some way on experiences of growing up with parental alcohol problems. The conclusions from these studies were:

- Children growing up with parental alcohol problems do not feel supported by people outside the family and instead feel labelled and rejected (Finland)³⁶
- The concerns of young people include feelings of insecurity and fear, general negative feelings about themselves, distress experienced outside the family (eg. under achieving at school), and distress related directly to substance abuse. Witnessing family fights and disagreements are also commonly identified (Finland³⁷)
- Most adults growing up with parental alcohol problems feel ashamed and hide their problems from others; describe their childhood with 'shortage of money, arguments, violence, stress, worry and embarrassment of taking friends home'. These adults are more

³² Chalder, M., F.J. Elgar, and P. Bennett, (2006) Drinking and motivations to drink among adolescent children of parents with alcohol problems. *Alcohol and Alcoholism*, 41(1):107-113.

³³ Velleman and Orford (2001) *Risk and resilience: Adults who were children of problem drinkers* Amsterdam: Harwood Academic Publishers

³⁴ Children in alcohol and drug abusing families in Finland 1994 and 2004 Teuvo Peltoniemi. A-Clinic Foundation, Tiimi 2; 2005 supplement. [translation to English]

³⁵ *Košek M. Pogostnost pitja alkohola in pivske navade osnovnošolcev v Sloveniji : doktorska disertacija = [Alcohol consumption and drinking habits among primary school children and junior high school students in Slovenia : graduate thesis].* Ljubljana: Medicinska fakulteta Univerze v Ljubljani = [Medical faculty, University of Ljubljana], 2000.

³⁶ Childhood experiences of living with problem-drinking parents. Maritta Itäpuisto. Kuopio University Publications E. Social Sciences 124. 2005. 156 p. ISBN 951-27-0363-7].

³⁷ Children in alcohol and drug abusing families in Finland 1994 and 2004 Teuvo Peltoniemi. A-Clinic Foundation, Tiimi 2; 2005 supplement. [translation to English]

likely than others to claim they have 'considered suicide, have eating disorders, drug addiction, trouble with police, above average alcoholic and mental health problems' (England)³⁸

- Children experiencing parental alcohol misuse worry about their parent's health, experience anxiety, fear, loneliness, anger, disappointment and shame, lose sleep, and disclose that family violence or/and aggression is a regular occurrence and often ends in family breakdown (Estonia)³⁹
- 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)⁴⁰
- Higher rates of anxiety and depression symptoms are reported for adults who have grown up with parental alcohol problems. These adults are also less satisfied with their life (eg. relationships with children and friends, marriage, their own sexual life) (Poland)⁴¹
- Children of alcoholic fathers have particularly high rates of psychological problems. Nonetheless, their difficulties also depend on the psychological status of the fathers, the level of conflict in the family, the extent to which drinking dominates routines and rituals, and the degree to which children witness their parents' alcohol consumption and hangovers (Norway)⁴²
- Depression and anxiety states, and other emotional difficulties, are more likely to be influenced by a family history of these characteristics than a family history of alcohol misuse. Children of parents with alcohol problems are also at no greater risk of attention problems and attention deficit hyperactivity disorder (ADHD) symptoms than other children (Germany)^{43 44 45 46}

³⁸ Callingham, M (2002) Survey for the National Association of Children of Alcoholics (NACOA) [unpublished report] Available online www.nacoa.org.uk Accessed 27.01.09

³⁹ Streimann, K. (2007) Alcohol problems in the Family experienced by children from Tallinn. Tallinn University

⁴⁰ Angus Bancroft, Sarah Wilson, Sarah Cunningham-Burley, Kathryn Backett-Milburn and Hugh Masters (2004), Parental Drug and Alcohol Misuse: Resilience and Transition among Young People. York: Joseph Rowntree Foundation

⁴¹ Chodkiewicz, J. et al, Wilska, A. State of health, social support and life satisfaction among Adult Children of Alcoholics (ACA) who receive therapeutic help. *Alkoholizm i narkomania*, 2008 (21), p 2].

⁴² Haugland, B.M. (2003) Parental alcohol abuse. Family functioning and child adjustment. University of Bergen, Department of Psychology].

⁴³ Barnow, S., Schuckit, M., Smith, T.- L., Preuss, U., & Danko, G. (2002). The real relationship between the family density of alcoholism and externalizing symptoms among 146 children. *Alcohol and Alcoholism*, 37 (4), 383-387;

- Children affected by parental alcohol misuse are less quickly identified by children's services than those in families with illegal drug misuse. As a consequence they are more likely to suffer significant harm before court action is taken, and they are more likely to be left in risky family environments and exposed to domestic violence. Their outcomes are accordingly worse (England)⁴⁷

Studies comparing the outcomes for children of parents (i) without alcohol problems, (ii) with untreated alcohol problems and (iii) with treated alcohol problems

Some reported studies have compared outcomes not only for children with and without parents with alcohol problems, but also for those where parental alcohol problems have and have not been treated.

- One study found that while all children of parents with alcohol problems, whether receiving treatment or not, were at greater risk than others of domestic violence and depressive symptoms, this was not the case for eating disorders, expressive disorders and obsessive-compulsive disorders. There were, however, significant differences for expressive disorders between children with treated and untreated parents [Germany: unpublished study by Koeln].
- A cross-European study found that children affected by parental alcohol problems experienced much higher levels of aggression and violence from parents than other children: just over three quarters experienced psychological aggression, and 12% and 9% had been severely physically assaulted by their father and mother respectively (Pan-European)⁴⁸

⁴⁴ Germany: Preuss, U., Schuckit, M., Smith, T.; Barnow, S., & Danko, G. (2002). Mood and anxiety symptoms among 140 children from alcoholic and control families. *Drug and Alcohol Dependence*, 6, 235-242;

⁴⁵ Germany: Barnow, S., Schuckit, M., Smith, T., Spitzer, C., & Freyberger, H.- J. (2006). Attention Problems among Children with a Positive Family History of Alcohol Abuse or Dependence and Controls. *European Addiction Research*, 13 (1), 1-5;

⁴⁶ Germany: Barnow, S., Ulrich, I., Grabe, H.-J., Freyberger, H.-J., & Spitzer, C. (2007). The influence of parental drinking behaviour and antisocial personality disorder on adolescent behavioural problems: Results of the Greifswalder family study. *Alcohol and Alcoholism*, 42(6), 623-628.

⁴⁷ Forrester, D. and Harwin, J. (2008) Outcomes for children whose parents misuse drugs or alcohol: A 2-year follow-up study. *British Journal of Social Work*, 38:8, pp 1518-1535.

⁴⁸ Velleman, V., Templeton, L., Reuber, D., Klein, M., Moesgen, D. (2008) Domestic abuse experienced by young people living in families with alcohol problems: results from a cross-European study *Child Abuse Review* 17 (6), pp 387-409.

- Another study investigating whether inpatient treatment of alcoholic parents had long term effects on children's development concluded that while between one in four and one in five offspring developed mental health problems, the most serious conditions were experienced by those with parents who never achieved total abstinence (Germany)⁴⁹

Summary points

- The findings outlined in this section reflect those reported by partners and do not necessarily include all studies carried out in the partner countries;
- There is wide variation in the scale, methodology and quality of these various studies;
- On the whole, few robust European empirical studies addressing the physical and mental health of children affected by parental alcohol problems were reported by partners;
- Much reported research indicates that parental alcohol problems rarely exist in isolation from other difficulties such as family relationship problems, domestic abuse, parental mental health issues, bereavement, and financial hardship;
- Many studies identify child maltreatment and domestic violence as common outcomes of parental alcohol problems;
- The available evidence also suggests that many children of parents with alcohol problems are likely to have feelings of insecurity, shame and loneliness, and to suffer from anxiety, depression, aggressive behaviours, and relationship difficulties in their later lives;
- Several studies also suggest that children growing up in households with parental alcohol misuse are at greatest risk of developing their own alcohol problems in later life; and
- A recent systematic review (Girling et al⁵⁰) of international research studies on the impact of heavy parental alcohol use on children's physical and psychological health in a range of areas (foetal alcohol syndrome and ingestion during pregnancy; eating disorders, specifically in female children; sexual behaviour of adolescence and earlier pregnancies; hospital admissions for mental disorders, injuries and poisoning; and children's own misuse of substances) might be helpful in informing future European work in this area.

⁴⁹ Klein, M. & Quinten, C. (2002). Long Term Development of Children of Treated Alcohol Dependent Parents]. *Suchttherapie*, 3, pp 233-240.

⁵⁰ Girling M, Huakau J, Casswell S & Conway K (2006). Families and Heavy Drinking: Impacts on Children's Wellbeing. Centre for Social and Health Outcomes Research and Evaluation and Te Ropu Whariki, Massey University

SECTION 4. COUNTRY POLICY AND PRACTICE

This section of the report presents partner responses to questions on the government structures with responsibility for children affected by parental alcohol problems, the legislative framework in this area, notable national strategies, relevant health and education programmes, and professional training initiatives.

Governmental responsibility for alcohol-related issues

EU partners were asked to outline the government department(s) with main responsibility for (a) alcohol and (b) children affected by parental alcohol misuse. All 18 EU partners provided information in this area as summarised in table 2 below.

Table 2: Government responsibility for alcohol related issues

Country	Lead Ministry (Ministries) and/or Department(s) responsible for alcohol policy	Lead Ministry (Ministries) and/or Department(s) responsible for children affected by parental alcohol problems
<i>Austria</i>	<i>The Ministry for Health, Family and Youth has the lead responsibility for alcohol misuse.</i>	<i>Responsibility for children affected by parental alcohol problems is not distinguished from responsibility for wider alcohol policies.</i>
<i>Belgium</i>	<i>Social Affairs and Public Health (at federal level).</i>	<i>Responsibility for children affected by parental alcohol problems is not distinguished from responsibility for wider alcohol policies.</i>
<i>Cyprus</i>	<i>No central government department has lead responsibility.</i>	<i>Cyprus Social Welfare Department (not a specialised department).</i>
<i>Denmark</i>	<i>Yes, Ministry of Health</i>	<i>Yes, Ministry of Health and Ministry of Social Affairs</i>
<i>England</i>	<i>The Home Office (HO) and the Department of Health (DoH) have overall joint responsibility for the development and delivery of national alcohol policy.</i>	<i>The Department for Children, Schools and Families (DCSF) has overall responsibility for policy development in relation to young people and drugs (including alcohol). A Young People and Drugs Programme Board has been set up with representatives from different central government departments.</i>
<i>Estonia</i>	<i>There is no overarching national alcohol programme however the Ministry of Social Affairs has key responsibility for alcohol problems and is responsible for developing and monitoring support services including treatment and rehabilitation. In addition, the</i>	<i>Responsibility for children affected by parental alcohol problems is not distinguished from responsibility for wider alcohol policies.</i>

	<i>Ministry of Justice deals with alcohol related crime and violence, and the Ministry of Finance and the Ministry of Agriculture deal with taxation and licensing.</i>	
<i>Finland</i>	<i>Issue of the whole of the Government since existing in the Government's policy programme, however the Ministry of Social Affairs and Health has overall responsibility for the implementation of the national alcohol programme.</i>	<i>The Ministry of Social Affairs and Health in conjunction with the Ombudsman for Children. The National Institute for Health and Welfare under the Ministry.</i>
<i>Germany</i>	<i>A Commissioner within the Federal Ministry of Health has been assigned to lead on alcohol and drug-related issues and has responsibility for implementing alcohol policy.</i>	<i>The Federal Ministry of Health and the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth both have responsibility for children affected by parental alcohol problems.</i>
<i>Ireland</i>	<i>Department of Health and Children.</i>	<i>Department of Health and Children Health Services Executives</i>
<i>Italy</i>	<i>The Ministry of Labour, Health and Social Policy is responsible for strategies relating to the prevention, diagnosis and treatment of alcohol-related harm. The Ministry of Health provides care and rehabilitation for alcohol dependency.</i>	<i>The Ministry of Labour, Health and Social Policy finances prevention projects for children affected by parental of drug and alcohol misuse.</i>
<i>Lithuania</i>	<i>The Drug Control Department of the Government of Lithuania has responsibility for implementing drug prevention and control measures.</i>	<i>The Ministry of Social Security and Labour (child protection and family support), The Ministry of Health (public and family health), and the Children's Rights Ombudsman.</i>
<i>Norway</i>	<i>The Ministry of Health and Care Services has overall lead on alcohol policy. However, the Ministry of Children and Equality is responsible for matters relating to consumers, families and parenthood. Also, the National Research and Development Centre for Welfare and Health (Stakes) is responsible for research, development and statistics, and the Advisory Board</i>	<i>Directorate of Health.</i>

	<i>for Substance and Sobriety Affairs leads on the planning and monitoring of programmes.</i>	
<i>Poland</i>	<i>The State Agency for Prevention of Alcohol Related Problems (PARPA) has been established through the Ministry of Health to oversee the national alcohol programme. It has a budget and is responsible for initiating, supporting, coordinating and evaluating actions to reduce alcohol related harms.</i>	<i>Responsibility for children affected by parental alcohol problems is not distinguished from responsibility for wider alcohol policies.</i>
<i>Portugal</i>	<i>The Institute on Drugs and Drug Addiction, Public Institute (IDT.IP) has been set up under the Health Ministry to plan, develop, manage, monitor and evaluate policies and strategies on alcohol and drugs.</i>	<i>Children and Youngsters at Risk Protection Commission.</i>
<i>Scotland</i>	<i>Alcohol Misuse Division, Information Services Division, NHS National Services Scotland.</i>	<i>Responsibility for children affected by parental alcohol problems is not distinguished from responsibility for wider alcohol policies.</i>
<i>Slovenia</i>	<i>Although there is no alcohol strategy or programme in place, the Ministry of Health takes responsibility in this general area.</i>	<i>No specific government department deals with ChAPAPs.</i>
<i>Spain</i>	<i>The Health and Consumer Department and the Social Welfare Department jointly lead on alcohol.</i>	<i>No specific government department deals with ChAPAPs.</i>
<i>Wales</i>	<i>Community Safety Division within the Department of Social Justice and Local Government.</i>	<i>Community Safety Division within the Department of Social Justice and Local Government in cooperation with the Vulnerable Children Team within Children Health and Social Services Division (part of the Department for Health and Social Services).</i>

Summary points

- 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 recognized 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.

Legislative and/or regulatory duties

EU partners were asked to describe the legislative and/or regulatory duties in place to protect (a) children at risk of harm and (b) more specifically, children affected by parental alcohol problems.

14 partners provided information for this section. The key findings are presented in table 3 below.

Table 3: legislative/regulatory duties to protect children at risk

Country	Summary of legislative/regulatory duties to protect children at risk
Austria	<p><i>State youth protection laws (variable from state to state) regulate how long children are allowed to be out on the streets at what age, and define buying and drinking ages for tobacco, alcohol, pornographic materials, etc. They mostly regulate children in situations where parents are absent. In some states they determine how the state intervenes.</i></p> <p><i>Youth welfare/criminal laws determine illegal actions. In relation to child protection, there are laws governing custodianship of children. There are also laws and regulations on the treatment of addictions, including psychotherapy, which have to be covered by mandatory health insurance.</i></p>
Belgium	<p><i>The law on child protection and services targeted to POS - children (Problematische Opvoeding Situatie, or Problematic Educational Situation) is part of the preventative work of the Youth Protection Commissions and directed towards minors via intermediaries. It provides guidelines or obligations for educational support in order to prevent exclusion of the family or the child.</i></p>
Cyprus	<p><i>The Social Welfare Office has responsibility for children removed from home and placed in foster care.</i></p>
Denmark	<p><i>The law on children at risk of harm states that if a child is known to be at risk of harm, the social services department must be informed to avoid a fine. Once the social services department has been informed, it is obliged to follow up on the child (and the family) for further information. Help is offered if the child needs it. In most cases the parents accept the help but, if they do not, it may be decided by law that they must.</i></p>
England	<p><i>Section 31(2) of the Children Act 1989 determines that a court may make a care order or supervision if it is satisfied that a child is suffering, or is likely to suffer, significant harm attributable to the care provided to the child. Section 31 (9) sets out the definition of harm as</i></p>

	<i>meaning ill treatment or the impairment of health or development.</i>
<i>Estonia</i>	<p><i>Lastekaitseadus (The Law of Child Protection) sets out how actions must always be in the interests of a child. When a child is at risk of harm (eg. violence in the home), specialists (police, social workers, child protection workers and so on) have the right to offer services to the family or remove him/her from the family (temporarily or permanently).</i></p> <p><i>Perekonnaseadus (The Law of Family) states that the family has rights and responsibilities for the care and protection of its children. Where parents put the child at risk of harm, they may lose their rights to look after their child.</i></p>
<i>Finland</i>	<p><i>The Child Welfare Act was renewed and came into force in 2008 and introduces new obligations for child protection workers and new statutory duties. The main principles of Finnish child welfare and child protection work are effective early intervention, systematic work, i.e. plans, targets and assessments at every level of the work, equality for all clients, and optimal timing for all interventions and measures. The rights of both children and parents, particularly in decision-making, is an important principle.</i></p> <p><i>The Act on Welfare for Substance Abusers states that a person with a severe substance abuse problem can be admitted involuntarily for inpatient treatment if s/he puts his/her own health at risk or is violent towards others.</i></p>
<i>Germany</i>	<p><i>§ 1631 Abs. 2 BGB- Civil Code states that children have a right to a non-violent upbringing whereby physical punishment, emotional harm and other degrading measures are inadmissible.</i></p> <p><i>§ 1666 BGB is the central legal norm of the Civil Code. If parents cannot assure child welfare, the family court has the responsibility to take the necessary measures to protect the child. In 2008, the German Ministry of Justice considered whether the scope of legislation covered the case of the unborn child, including those with parents misusing drugs or alcohol in pregnancy. It concluded that no new legal measures were necessary but recommended that the legislator should include mandatory clauses relating to counselling and assistance in family court decisions that explicitly addressed pregnant women and parents-to-be..</i></p> <p><i>§8a SGB VIII is the central legal norm of the Social Code requiring and enabling youth welfare services to protect children from harm.</i></p>
<i>Ireland</i>	<p><i>The Child Care Act 1991 provides for the care and protection of children, and places a legal duty on the HSE to promote the welfare of children not receiving adequate care and protection. Service delivery is a statutory duty and services are delivered through local HSE offices.</i></p> <p><i>Children First: National Guidelines for the Protection and Welfare of Children [Department of</i></p>

	<p><i>Health and Children, 1999] provides non-statutory guidance for staff and managers of services on recognizing and responding to concerns about child abuse and neglect. The Minister for Children announced in July 2009 that compliance with Children First by staff of publicly funded bodies is to be put on a statutory basis. The Children Act 2001 governs state responses to children who come into contact with the justice system. It has a focus on diversion from the criminal justice system and is concerned with family support and community sanctions (eg. the court may order parents to engage with interventions to improve their parenting).</i></p>
<i>Italy</i>	<p><i>Article 403 lays down the responsibility of public authorities to protect minors experiencing, or at risk of, neglect and inadequate care. It places a duty on safeguarding bodies, including the need to remove a child to a safe place if appropriate.</i></p>
<i>Lithuania</i>	<p><i>The Conceptual Framework of the State Policy on Child Welfare Is aimed at protecting children and ensuring the welfare of all children living in the Republic of Lithuania.</i></p> <p><i>The Law of the Republic of Lithuania on Fundamentals of Protection of the Rights of the Child (Žin., 1996, No 33-807 provides legal protection of children within the country in conjunction with the Constitution of the Republic of Lithuania and international law norms and principles.</i></p> <p><i>The goal of Resolution No IX-1569 of Seimas of the Republic of Lithuania, as of May 20, 2003, on the Approval of the Concept of State Policy on Child Welfare (Žin., 2003, No 52-2316) is a concern with future policy on child welfare. It is the impetus for new reforms, strategies, implementations and amendments in relation to the law and subordinate legislation.</i></p> <p><i>The Resolution of the Seimas of the Republic of Lithuania ‘National Programme for Control of Drugs and Prevention of Drug Addiction 2004–2008’ (Non-official translation) (Žin.,2004, Nr. 58-2041), according to provisions of Article 5 of the Law on the Basics of National Security of Lithuania (Valstybės Žinios (the Official Gazette), 1997, No. 2-16; 1998, No. 55-1520; 2004, No. 39-1270) supports the efforts of the Government in the control of drugs and the prevention of drug addiction.</i></p>
<i>Norway</i>	<p><i>The Lov om barneverntjenester (The Child Welfare Act) reinforces other regulations governing child protection in stating that any person knowing about a child’s suffering must, by law, inform the relevant authorities.</i></p> <p><i>An amendment to the Social Services Act § 6.2a of 1999 gives health personnel the authority to retain persons, if specified criteria are met, in treatment. These criteria include mothers that are pregnant and (mis)use substances. This initiative may assist in preventing foetal alcohol syndrome and identifying children who could be affected by parental alcohol problems at a later date. Although this system has potential, there is some doubt about the effectiveness of</i></p>

	<i>longer-term follow up of families.</i>
<i>Poland</i>	<p><i>The Act on Upbringing in Sobriety and Counteracting Alcoholism “art. 23. 2, 3. provides free psychological and socio therapeutic help for children affected by parental alcohol problems. This assistance can be authorised by persons or institutions without the consent of children’s parents or caregivers if they are under the influence of alcohol.</i></p> <p><i>This Act can also enforce alcohol dependence treatment for anyone who causes the ‘disintegration of family life, and/or deprivation of a youth (...), systematically breaches the peace or public order’.</i></p>
<i>Portugal</i>	<p><i>To abuse or neglect children, or otherwise put them at risk, is a public crime in Portugal. Any case coming to the knowledge of the Children Law Court is subject to investigation.</i></p> <p><i>Portuguese Republic Law n° 147/99 – regulates the promotion of Children and youngsters at risk rights, in order to provide them condition of well-being and global development;</i></p> <p><i>Portuguese Republic Law n°31/03 – regulates Adoption; Portuguese Republic Law n°274/80 – regulates the participation of Social Security services on adoption processes; Portuguese Republic Law n°189/91 – regulates the National Commission for the Protection of Children and Youngsters at Risk; Portuguese Republic Law n°72/99 - regulates the legal and jurisdictional support to addicts’ families; Portuguese Republic Law n°59/07 Article n° 152 – Domestic Violence</i></p>
<i>Scotland</i>	<p><i>The Children (Scotland) Act 1995 aims ‘to reform the law of Scotland relating to children, to the adoption of children and to young persons who as children have been looked after by a local authority; to make new provision as respects the relationship between parent and child and guardian and child in the law of Scotland; to make provision as respects residential establishments for children and certain other residential establishments; and for connected purposes.’</i></p> <p><i>The Social Work (Scotland) Act 1968 places an overarching duty on local authorities to ‘promote social welfare’. This duty still underpins social work services in Scotland today. It places responsibilities on local authorities for childcare, child protection, supporting families, and providing services for older people, people with physical disabilities, mental health problems, learning difficulties and offenders. It also made provision for the establishment of the Children’s Hearing system in 1971.</i></p>
<i>Slovenia</i>	<p><i>The Family violence Law can enforce restriction orders on a violent person in the family and remove them from the family environment. All suspected and/or proved violent acts concerning children of age 12 or younger must be reported to the authority, and professionals can be subject to prosecution if they fail to report their concerns.</i></p> <p><i>Centres for social work are obliged to intervene in a family not only in case of violence but also in case of neglect of a child (which can be related to alcohol drinking of parents).</i></p>

Spain	<i>There are general laws for children at risk of harm (abuse, neglect, abandonment).</i>
Wales	<i>Section 31(2) of the Children Act 1989 determines that a court may make a care order or supervision if it is satisfied that a child is suffering, or is likely to suffer, significant harm attributable to the care provided to the child. Section 31 (9) sets out the definition of harm as meaning ill treatment or the impairment of health or development.</i>

Summary points

- 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.

National strategies and initiatives to address children affected by parental alcohol problems

EU partners were asked to provide information on current initiatives, strategies or programmes to address issues relating to children affected by parental alcohol problems. Most respondents were unable to provide information for this section stating that structures were not in place. England, Denmark, Finland, and Scotland did, however, outline strategies in this area. These strategies/programmes tend to set out the long-term visions for reducing alcohol related harms and cost and focus on crime, communities, taxation/ licensing and treatment alongside a particular emphasis on the needs of children and families. For instance, Finland's *Alcohol Programme 2004-2007 and 2008-11* focuses on improving support for children and families through investing in, and expanding, early intervention services, while England's *Alcohol Harm Reduction Strategy 2004⁵¹ and 2007⁵²* places a strong emphasis on reducing alcohol related crime and violence with an

⁵¹ Home Office/ Department of Health (2004) Alcohol Harm Reduction Strategy <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/alcohol>

⁵² Home Office and Department of Health (2007) Safe, Sensible drinking: the next steps in the Alcohol Harm Reduction Strategy <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/alcohol>

explicit recognition of the impact of parental drinking on the child. This recognition of the harm that can arise for children growing up in families with alcohol abusing parents followed from the three year enquiry into *Hidden Harm 2003 and 2006* which identified the nature and extent of actual and potential harm to children from parental drug use. The box below highlights the key learning points from this exercise.

Hidden Harm (2006)⁵³ ***The Advisory Council on the Misuse of Drugs (ACMD) Key learning points***

- *Clear leadership and cross-sector co-ordination produces the most significant progress in responding to the needs of children born to and living with parental substance misuse. This includes cross-government leadership and co-ordination, leadership and cross-sector working at regional level, and leadership and multi-agency co-ordination at local level.*
- *Greatest progress is being made where the needs of children of problem drug and alcohol users are identified and addressed by a shared strategic approach, which is embedded within joint commissioning arrangements for both adult drugs services and children's services.*
- *Consistent and comprehensive practice responses to children and their families are more likely to occur where multi-agency arrangements are in place, supported by agreed joint protocols and procedures.*
- *A comprehensive range of dedicated services is required at local level to respond to the needs of the children of problem drug and alcohol users. These services include specialist posts, dedicated provision for children affected which focuses on resilience, work with parents including drug treatment and improving parenting skills, plus joint work with the whole family.*
- *Securing long-term mainstream funding to support work with children and their parents at local level should be a key priority.*
- *Work with pregnant substance misusers needs to be an ongoing priority in relation to screening, assessment and continuum of care.*
- *There is a need for large-scale training and workforce development to equip mainstream children's and adult services, and to identify and respond appropriately to the needs of this group of children. It is also important that training in recognising and responding to parental substance misuse is integrated into mainstream workforce development programmes, for both child and adult services.*
- *There is a need to invest funding into research which addresses acknowledged gaps in the literature, in particular longitudinal studies into the impact of parental substance misuse on children.*
- *There is scope for better linkage between criminal justice initiatives and regional and local work on implementing support for children affected by parental drug and alcohol issues.*

The approaches adopted by Denmark, Finland, Scotland and England demonstrate cross government working to build alcohol issues into wider policies on child welfare. Denmark's Ministry

⁵³ Advisory Council on the Misuse of Drugs (2006) Three years on: Realities, challenges and opportunities <http://drugs.homeoffice.gov.uk/publication-search/acmd/ACMDPressRelease.pdf>

of Health are establishing ambulatories for pregnant women with alcohol problems (and other abuse problems), and for the last 5-6 years there has been worked with a provisional arrangement of several different methods to give better help to children living with parents having alcohol problems. Deriving from the Finland's Government Policy Programme, two cross government programme groups have been set up steered from the Ministry of Education and Ministry for Social Affairs and Health. for example, mapping out early intervention services for children to improve support to those affected by parental alcohol problems, while Scotland and England used the reform of children services (*Every Child Matters Change for Children programme*⁵⁴ and *Children's Plan - building brighter futures*⁵⁵ in England, and the National Scottish Children's Plan *Getting it Right for Every Child* 2006 and 2008⁵⁶) to influence policy and practice in this area. In each case, strategies have attracted new funding and resources from central government and other sources. The success of these approaches is dependent on financial support and can be threatened by competition with other national priorities for scarce resources.

Finally, all these countries are using legislative reforms to address alcohol and substance misuse issues. For example, Finland is currently improving treatment for pregnant women with substance abuse problems (*STM083:00/2007*). It is also proposing amendments through the *Reform of the Act on Welfare for Substance Abusers (LA 59/2008)* to better protect the unborn fetus by exploring coercive treatment options when pregnant women will not engage in treatment. A group is also being appointed by the Ministry of Social Affairs and Health for improving services for ChAPAPs. England and Scotland have used the legal context for the reform of children to improve support for children affected by parental alcohol problems by supporting the delivery of appropriate, proportionate and timely help to children in need.

Summary points

- Few countries reported that they have established national strategies and initiatives to address children affected by parental alcohol problems;
- Some potentially useful learning points are provided by England's *Hidden Harm* initiative;
- Interdisciplinary working is likely to underpin successful examples of strategies to provide support to children affected by parental alcohol problems; and
- These strategies require adequate resources if they are to be effective.

⁵⁴ Department for Children, Schools and Families (various documents from 2004). *Change for Children Programme Every Child Matters* <http://www.everychildmatters.gov.uk>

⁵⁵ Department for Children, Schools and Families (2007) *Children's Plan: Building Brighter Futures* <http://www.idea.gov.uk/idk/core/page.do?pageId=7757149>

⁵⁶ The Scottish Government (2006 and 2008) *Getting it right for every child* <http://childpolicyinfo.childreninscotland.org.uk/index/news-app/story.4989>
<http://www.scotland.gov.uk/Publications/2005/06/20135608/56098>

Health/education promotion programmes to reduce alcohol consumption

EU partners were asked to provide information on education or health promotion, or parenting, programmes that address alcohol consumption. Respondents outlined initiatives to reduce consumption among both young people and adults. Although not directly related to the issue of protection for children affected by parental alcohol problems, they are indirectly relevant in their attempts to offset/delay harmful drinking in adulthood and/or reduce the risk that children will be exposed to family alcohol misuse. Table 4 below presents a selection of information on the activities reported by partners.

Table 4: Health/education programmes to reduce alcohol consumption

Country	Initiatives to reduce alcohol consumption among young people and adults
Austria	<i>Barfuss (barfoot) is an interactive alcohol prevention programme using a mobile bar which tours youth clubs and community settings in Upper Austria to promote 'fun without alcohol' and educate young people and adults on sensible drinking behaviours.</i>
Belgium	<i>www.acoolworld.be is an interactive website providing factual information and advice for young people between 10 and 15 years www.boodschapineenfles.be provides a self screening test of alcohol use, information on alcohol services, and guidelines for professionals A hole in the hedge, Contactsleutels and Unplugged are three Comprehensive Social Influence programmes of schoolbased universal prevention</i>
Cyprus	<i>General prevention programmes on addictions include a focus on alcohol. For example, the Mentor programme and Stand on my own feet, run by the Ministry of Education, include visits to schools up to twice a year. Non governmental organizations such as KENTHEA, have ongoing prevention programmes - mainly skill building - for children, adolescents and parents to reduce risky behaviours.</i>
Denmark	<i>Information of risk and danger and campaigns from the Ministry of Health every year</i>
England	<i>www.talktofrank.com is the national Talk to Frank campaign providing information on the risks and dangers of drugs and alcohol through a 'no nonsense' and straight talking approach.</i>
Estonia	<i>AVE is a voluntary organisation that has developed a prevention programme called Mother, do not drink which aims to inform pregnant women on the impact of alcohol on the unborn child.</i>
Finland	<i>The national alcohol policy programme is based on the joint efforts of the state, municipalities and various associations and organizations having elements in common with Government's policy programme concerning issues of the well-being of children, young people and families.</i> <i>Since 1996 Addictionlink (www.paihdelinkki.fi) has been the most popular web site dealing with substances and addiction providing self-help tools,</i>

	<i>counseling, means for discussing issues with children and adolescents and tools for professionals.</i>
<i>Germany</i>	<i>The BzGA Federal Centre for Health Information and the Charité University Hospital, Berlin provides readily available information for pregnant mothers.</i>
<i>Ireland</i>	<i>The Health Services Executive launched an alcohol awareness campaign in 2008, including a TV advertisement to delay the age at which young people start to drink. Parents are also offered guidance on preventing the onset of teenage drinking.</i>
<i>Italy</i>	<p><i>Every April, the Ministry of Health sponsors ‘alcohol prevention month’ when initiatives aimed at preventing alcohol consumption (especially in the young and very young) take place involving leaflets, competitions, events and meetings are arranged⁵⁷.</i></p> <p><i>‘Know what you are drinking’ is promoted by the Ministry of Health and created by the Piacenza Health Authority Drug Addiction Service together with the Emilia-Romagna Region, a high school and the Italian Alcoholism Society. The project involves creating and distributing a multimedia kit aimed at providing information on the damage caused by alcohol, its psychoactive effects, the social consequences of alcohol abuse, and centres to contact in case of need.</i></p>
<i>Norway</i>	<i>The TIGRIS project works with communities and health professionals to run a programme to prevent alcohol use in pregnancy and early childhood.</i>
<i>Poland</i>	<i>Evaluation of a school-based alcohol prevention programme called the Home Detectives Program (alcohol prevention program for 10-12-year-olds), and its follow up Amazing Alternatives, has shown improvements in participants’ pro-alcohol attitudes, increases in knowledge on consequences of drinking, and improvements in assertiveness techniques to refuse. Participation in the two-year program was also associated with less drunkenness and alcohol drinking with peers. http://www.cmppp.edu.pl/node/13676.</i>
<i>Portugal</i>	<p><i>45 ongoing prevention programmes aimed at specific groups: children, youngsters, families, communities, which take place in schools, neighbourhoods, Universities and recreational facilities.</i></p> <p><i>IDT website for children and youngsters “Tu alinhas” (Are you in?) which is interactive and provides information and educational games.</i></p> <p><i>A prevention program for University students called “Antes que te queimes”(Before you get burned) to provide information and prevent traffic accidents and STDs during academic celebrations “Queima das Fitas”</i></p> <p><i>A National Program of Education by peers, carried out under the</i></p>

⁵⁷ http://www.lsw.n.it/eventi/convegna/2008/alcohol_prevention_day

	<i>supervision of Portuguese Foundation “The Community against AIDS”, with teaching, sports and theater activities.</i>
<i>Scotland</i>	<i>As a recent review of ‘Effective Measures to Reduce Alcohol Misuse’ in Scotland (2005) provided little evidence that large scale education/health programmes change behaviour, efforts are now focused on (i) integrating teaching about drugs and alcohol into the school curriculum, (ii) seeking long term sustainable improvements in teaching practice and (iii) placing more emphasis on the role of parents and carers in educating their own family about substance misuse.</i>
<i>Slovenia</i>	<i>A national campaign called ‘You Can Choose, Win or Lose’ (,Z glavo na zabavo’) http://www.fundacija-zgnz.si/ provides alternative alcohol free events/parties promoting healthy life-styles. The events are widely publicised, have gained political attention, and are promoted by celebrities as well as weekly television programmes featuring everyday people and celebrities who successfully live alcohol free lives. ‘Message from the bottle’ is another well-established project for both young people and adults (www.nalijem.si) using posters, brochures, TV spots, and exhibitions to increase understanding of alcohol related problems and stimulate people to reduce alcohol consumption.</i>
<i>Spain</i>	<i>Many local initiatives have been introduced to encourage sensible drinking in young people. For example Protego is a family preventive programme (parental skill training for parents of preadolescents with behaviour problems or families at risk) and Preinfant provides assistance for pregnant women with drug problems aiming to protect the health of mothers and their children.</i>
<i>Wales</i>	<i>The All Wales School Programme, funded by the Welsh Assembly Government and police forces, includes alcohol education. This programme is used by the Welsh Network of Health Schools schemes. The Health Challenge Wales Campaign, called ‘Small steps to a healthier you’, includes an advert to heighten awareness of drinking too much at home. There is a current ‘know your units’ awareness campaign that encourages people drinking at home to check the amount of units they consume.</i>

Summary points

- European partners reported a range of national approaches to educate young people about alcohol. These ranged from the ‘Just Say No’ approach, to targeted interventions with vulnerable groups, through to wider health promotion campaigns involving families, peers and the wider community;
- The currently favoured model of intervention provides young people with knowledge, skills and attitudes to make informed choices about alcohol. Some countries are promoting alcohol free lifestyles whilst others countries are focussed on sensible drinking;
- Few national interventions are evaluated and able to demonstrate an impact on young people’s drinking patterns;
- Approaches to health promotion campaigns with adults are in many ways similar to those

- for young people in promoting sensible drinking through informed choices;
- Campaigns for adults rarely identify the adult drinker as a parent and do not generally focus on the impact of parental alcohol drinking on the child;
 - Isolated examples were reported of specific campaigns aimed at pregnant women and focusing on the health and wellbeing of the unborn baby; and
 - Two common approaches to alcohol health promotion were identified across Europe. These were: campaigns/ programmes which aimed to reduce the amount of alcohol everyone drinks; and those that targeted specific groups and patterns of drinking such as 'happy hours', binge drinkers and high risk groups of drinkers such as young adult males.

Health/education promotion programmes to address the issue of children affected by parental alcohol problems

EU partners were also asked to provide information on health and education promotion programmes to address the issue of ChAPAPs. The limited responses that were received are presented in table 5 below.

Table 5: Health/education programmes to address the issue of children affected by parental alcohol problems

Country	Programmes to address the issue of children affected by parental alcohol problems
<i>England</i>	<i>The National Academy for Parenting Practitioners offers training, research, practical support and information for practitioners to provide parents with high quality and evidence based support. The Strengthening Families programme has proven to be particularly effective with substance misusing parents.</i>
<i>Finland</i>	<p><i>The state owned company, Alko, which has a sole right to sell alcohol in Finland and is administered by the Ministry of Social Affairs and Health has launched a nationwide “Wise parenthood“ campaign (2009). It is partnering with National Health and Welfare Institute and two NGOs; A-Clinic Foundation and Mannerheim League for Child Welfare.</i></p> <p><i>There is a national internet and media campaign, led by the Finnish Association for Child and Family Guidance, on Think about the company you get drunk in. This is portrayed through the eyes of a child to show what a child is seeing and feeling. The campaign reached 2.1 million listeners (over 18 years), or over 50% of the adult population, through radio and primetime television. There is no information on the effectiveness of the campaign.</i></p> <p><i>Fragile Childhood has been raising the issue of children suffering from parental substance abuse through e.g. training of professionals, awareness raising (poster, post card campaigns), material production, and interactive web sites. www.lasinenlapsuus.fi</i></p>

<i>Ireland</i>	<i>The Strengthening Families Programme has been running since 2006.</i>
<i>Poland</i>	<i>Good Parent, Good Start (http://www.dobryrodzic.pl/) is a national programme, implemented by the Ministry of Labour and Social Policy in partnership with the Ministry of Health, aimed at families with children under three years. The goal is to protect young children from abuse by offering parents free access to educational resources and support services.</i>
<i>Portugal</i>	<i>Family, More Family is a 14-hour programme based on Incredible Years, a universal family preventive programme addressing issues including alcohol. It aims to improve parent-child relationships and provide parents with problem-solving skills.</i>
<i>Spain</i>	<i>Universal family preventive programmes, such as Incredible Years, address issues including alcohol. All these programmes are localised and not widely available across the country.</i>
<i>Wales</i>	<i>The Strengthening Families Programme has been running since 2006. Three projects are funded for children aged 10 to 14 years.</i>

From the responses received, there is a growing trend across European partners to use universal parenting programmes, such as Strengthening Families, in addressing the issue of parental substance misuse. The available evidence suggests that these types of programmes are effective at preventing substance abuse and other risky behaviours. In 2009, the United Nations Office on Drugs and Crime⁵⁸ recently issued guidance on the use of such family programmes. The guidance highlights that families are a protective force in healthy child development, in particular with regard to substance use. The use of universal and selective family skills training not only strengthens attachment between parents and children but also can improve parenting skills in controlling behaviour.

Summary points

- Respondents mentioned very few health or education promotion programmes that directly addressed the issue of children affected by parental alcohol abuse; and
- There was some evidence that a number of countries were beginning to use universal parenting programmes and evidence based programmes such as Strengthening Families programme to address alcohol issues. However the approaches were often unsystematic and localised.

⁵⁸ Guide to Implementing Family Skills Training Programmes for Drug Abuse. United Nations Office on Drugs and Crime (2009)
http://www.unodc.org/pdf/youthnet/family%20based/FINAL_ENGLISH_version%20for%20PRINTING%20received%20120209.pdf

Professional training

Partners were asked to describe the professional training in place to address the impact of parental alcohol misuse on children. Although most partners responded to this section, the majority identified specialist training as a clear gap in current provision.

Available evidence suggests that social workers across Europe are unlikely to have much training on how to deal with alcohol misusing issues. This was indicated by partners in England, Lithuania and Slovenia. In England, for example, a General Social Care Council review of social work training in 2005/06 showed that less than 5% of the practice learning placements in higher education social work institution courses were in 'drug/alcohol/substance misuse' services, although approximately 30% were in children and family services. Furthermore, a recently published study⁵⁹ has demonstrated that most social workers do not consider themselves prepared for working with alcohol or drug issues. The study suggests that newly qualified social workers thought that three days training on substance misuse would enable them to feel some level of adequate preparedness for working with alcohol and drug issues at a non specialist level. Similar issues arise for other health professionals. For example, partners in Estonia, Lithuania and Slovenia reported limited training opportunities on substance abuse for medical students in their countries.

Respondents outlined how some countries are attempting to address these training issues. England, for instance, has developed 'specialist interest in substance misuse' programmes for doctors working in community settings, accompanied by additional funding and support to assist families affected by parental substance misuse. These doctors are then able to provide a range of specialist provision such as opiate substitute prescribing, substance misuse workers attached to surgeries, and brief interventions for substance misuse. Spain is addressing the training issue through alcohol screening tools such as the Alcohol Use Disorder Identification tool (AUDIT) developed by the World Health Organisation (2001)⁶⁰ and opportunistic brief interventions (OBI) in primary health care settings. The Finnish Ministry of Social Affairs and Health have focused their efforts on improving the quality and consistency of treatment services by developing an

⁵⁹ What works in training social workers about drugs and alcohol? A study of student learning and readiness to practise (2008) funded through the Home Office (unpublished).

⁶⁰ Saunders, J.B., Aasland, O.G., Babor, T.F., de la Fuente, J.R. and Grant, M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. II. *Addiction*, 88, 791-804, 1993.

occupational framework and handbook on how services should be delivered⁶¹. England has also developed national occupational standards (DANOS⁶²) for personnel working within the drug and alcohol field. These initiatives have the potential to set a consistent standard for workforce development.

Research suggests that multi-agency working and training is associated with better patient outcomes and lower levels of stress for staff, and that practitioners with backgrounds in traditional agencies have reported high levels of satisfaction with multi-agency working and training (Sloper, 2004⁶³). These messages are reflected in reports from countries adopting a multi-agency approach to delivering substance misuse training. Germany's Office for Drug Prevention has, for instance, developed a range of multi-agency training events and seminars for professionals on families affected by addictions. As well as improving their knowledge, skills and understanding, participants benefit from joining an ongoing support network and receiving peer support. Early indications suggest that multi-agency working improved practice across the region in addressing, identifying and providing support to children affected by parental addictions.

Another example of multi-agency training comes from Scotland where Scottish Training on Drugs and Alcohol (STRADA⁶⁴) is the leading national workforce development organisation supporting those working with and affected by drug and alcohol misuse. The project is funded by the Scottish Government and is coordinated and delivered by Glasgow University. Examples of externally-evaluated programmes are the Children and Families Programme and 'The Child at the Centre' initiative.

In Finland the Fragile Childhood project, in association with local social and youth authorities, has provided short training events over a 20 year period. Their purpose is to stimulate further inter-professional training.

Summary points

- Except for Scotland, all other countries indicated a lack of consistent and systematic approaches to training on substance abuse and its impact on children;
- It appeared that, in the majority of countries, there was no national training lead or

⁶¹ Recommendations concerning the quality of services for substance abusers. Helsinki, 2002. 61p. (Handbooks of the Ministry of Social Affairs and Health, ISSN 1236-116X;2002:3) ISBN 952-00-1198-6 <http://pre20031103.stm.fi/suomi/pao/paihdepalvelu/paihdepalv.pdf>

⁶² www.alcohol-drugs.org.uk/danos

⁶³ Sloper, P. (2004) Facilitators and barriers for co-ordinated multi-agency services. *Child: Care, Health & Development*. 30(6), pp 571-580

⁶⁴ www.projectstrada.org

organisation with specific responsibility for the development or coordination of training in 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.

SECTION 5. SERVICE DELIVERY

International partners were asked to provide information on specialist treatment services for ChAPAPs, their parents, and young people under the age of 18 with alcohol problems. They were also asked to outline services for ChAPAPs delivered by generic providers who offer other services apart from diagnosis and assistance for alcohol misuse, and to outline the availability of self-help groups for ChAPAPs. Partner countries were asked to indicate whether the service is private, NGO or public sector, and whether it has been evaluated.

Detailed information on the information provided by partners is included in the country reports attached as Appendices to this report. Less detailed information is provided in this section to illustrate the breadth of initiatives and to convey the flavour of the many services that have been developed.

The many and varied forms of provision reported from across the partner countries are not always easy to classify as many serve a number of individual functions that may overlap with others that are categorised differently. The list below nonetheless attempts to provide a summary of the range and types of (mainly) specialist alcohol services listed in the national country reports. Some further brief commentary on each type of service comprises the rest of this section.

Categories of provision are classified in this report as:

A: Services in the community

- Community services for ChAPAPs and their families
- Community interventions for young people who misuse alcohol
- Non-specialist services for young people 'at risk'

B: Residential and in-patient services

- Mother and baby units
- Treatment of adolescent alcohol misuse in adult hospital and residential units
- In-patient units for young people who misuse alcohol
- After care services

C: Internet and self-help services

- Internet support
- Other self-help services

A: Services in the community

Community services for ChAPAPs and their families

EU partners reported a very wide range of (mainly) community services for ChAPAPs and their families. As these are central to the theme of the report, a large number of examples are presented in the following table. These nonetheless differ considerably in target group and approach, as illustrated by the following four examples. First, the English *Family Alcohol Service* predominantly provides support to families where children are at risk of being removed from their parents to alternative care due to parental alcohol misuse. Interventions are provided on a one-to-one or family basis by specialist alcohol treatment workers and child social workers. The service is widening its remit to include early intervention and prevention by providing brief interventions to families where alcohol dependence has not reached crisis point. Second, the Polish Warsaw based *Association OPTA, a Counselling Centre for Families with Alcohol Problems*, provides group therapy for children with parallel groups for parents focusing work at an early intervention and prevention level. Unlike the English model, it focuses on relationships between fathers and sons, offering 3-day workshops. It also provides group work targeted at different age ranges (4-6; 8-11; 13-15; and 15-19) with parallel educational groups for the parents and separate psycho-educational workshops for adolescents and parents. It also runs prevention programmes in schools. Third, the Finnish *Family Unit, Järvenpää Addiction Hospital, A-Clinic Foundation*, works more holistically with the whole family, couples, single parents and pregnant women with their children. Fourth, Ireland reports the *Strengthening Families* project which is designed to allow parents and their children build new healthy parent/child communication skills that promote positive relationships.

In addition to family support for parents and children, some partners report examples of short-term residential care (Lithuania: *Children Welfare Centre 'Pastoge'*; Scotland: *Abelour Child Care Dependency Sector*) and offer day centre care (Poland: *Pepek Centre*; Lithuania: *Kaunas Archdiocese Family Centre Programme for children from families with addictions*). Many of these services have been set up to respond to child protection concerns associated with parental alcohol (and/or drug) misuse and may provide assistance to tackle closely related concerns such as domestic violence. A number of agencies also work in schools in a preventative capacity. Others have links with out-of-home care services and carry out direct work with foster carers and adopters (Lithuania), support ChAPAPs in institutions, and supervise contact for fathers through the 'weekend parents' service, as in the *Bubbels and Babbels* project' (Belgium). Based in Antwerp, *Bubbels and Babbels* aims to help parents build good relationships with their children during contact and weekend visits. These meetings take place at the residential unit, or at the home of a foster family or in a neutral visiting-place.

Table 6 below summarises examples of services available across Europe to support ChAPAPs and their families.

Table 6: Services to support ChAPAPs and their families across Europe

Country	Name of community service for ChAPAPs and their families	Brief description
Austria	<p>Parents-Child-House of 'Gruener Kreis'</p> <p>Kasulino</p> <p>Taka Tuka</p>	<p>Service for 0 to 12 year-olds whose parents are addicted to legal and illegal drugs. Children stay with their parents during treatment. The service works with 20 families a year.</p> <p>A 12-week programme, involving therapeutic and educational interventions once a week, for 6-8 children aged 7 to 11 years. Parallel interventions are run for parents.</p> <p>Service for 3 to 13 year-olds living in risky family environment including alcoholic families. Interventions include individual and group counseling and therapy.</p>
Belgium	<p>Broeders Alexianen in Tienen</p> <p>Bubbels and Babbels</p>	<p>Programme to help children of alcoholics to understand and deal with the addiction of their parents and the consequences for the family. The project has also launched a campaign and a website.</p> <p>Organisation for parents with addiction problems and their children. A particular feature is the support of 'weekend parents' to encourage good parent-child relationships on these occasions.</p>
Cyprus		<p>It was reported that there are no specialist services to support ChAPAPs.</p>
Denmark		<p>It was reported that there are no central specialist services to support ChAPAPs. There are many local initiatives often on a provisional basis.</p> <p>Specialist service to pregnant women with alcohol problems is now becoming established</p>

<p><i>England</i></p>	<p><i>Family Alcohol Service</i></p> <p><i>The Stars Project</i></p> <p><i>Youngaddaction Plus</i></p> <p><i>COSMIC</i></p> <p><i>M-PACT Moving parents and children together</i></p>	<p><i>A community-based service that works with children and their families who have been harmed by adult alcohol misuse. Length of engagement varies from brief intervention to up to 18 months. The work includes motivational sessions and direct work with children and parents.</i></p> <p><i>Funded through central government, this service offers direct support and interventions to children affected by parental drug and alcohol problems.</i></p> <p><i>National pilot project in 5 Youngaddaction projects. Each site has a family worker and a Young Person's Intensive Interventions worker. The central aim is to increase stability in home and familial relationships in situations where young people have substance misuse problems.</i></p> <p><i>Fun activities, after school clubs and direct work are provided for 0 to 16 year-olds whose lives are affected by their parent or carer's alcohol or drug problem.</i></p> <p><i>This is a brief intervention influenced by the Strengthening families programme that works with parents who misuse substances and their 10-17 year-old children together and separately. Ten sessions are run by four clinical practitioners using an activity-based approach.</i></p>
<p><i>Estonia</i></p>	<p><i>A-Clinic in Tartu</i></p>	<p><i>It was reported that there are no specialist services to support ChAPAPs.</i></p> <p><i>However a treatment and counselling service for addicted persons and their close relatives and friends was mentioned. This clinic also treats mental health problems including stress, depression and sleeping disorder.</i></p>
<p><i>Finland</i></p>	<p><i>Family Unit, Järvenpää Addiction Hospital, A-Clinic Foundation</i></p> <p><i>Fragile Childhood Programme online discussion group for ChAPAPs, A-Clinic Foundation.</i></p>	<p><i>An addiction treatment service for whole families, couples, single parents and pregnant women with their children. An inter-professional team offer individual and group interventions to up to 10 families at a time.</i></p> <p><i>A closed online peer discussion group for ChAPAPs under the age of 18 years.</i></p>

	<i>There are number of treatment facilities for Chapaps and their parents maintained by NGOs or municipalities jointly.</i>	
<i>Germany</i>	<p><i>Familien Mosaik</i></p> <p><i>Fitkids</i></p> <p><i>Starke Kids</i></p> <p><i>A large number of specialized services for parents are reported</i></p>	<p><i>Drug prevention project to provide support to children of addicted parents and their foster families.</i></p> <p><i>Pilot project for children of addicted parents. Interventions include work with parents as well as leisure time activities, and individual and group services, for children.</i></p> <p><i>Group therapy for children and parenting programmes for families affected by addiction.</i></p> <p><i>(see country report)</i></p>
<i>Ireland</i>	<i>Strengthening Families Project Cork Local Drugs Task Force</i>	<p><i>It was reported that there are no specialist services to support ChAPAPs.</i></p> <p><i>This is a parenting and family strengthening programme for high risk families. It is designed to allow parents and their children build new healthy communication leading to improved family relationships.</i></p>
<i>Lithuania</i>	<p><i>Therapeutic program</i></p> <p><i>Children Welfare Center 'Pastoge'</i></p> <p><i>Kaunas Archdiocese Family Center program for children from addiction</i></p>	<p><i>This service promotes the Vladimir Hudolin method of treatment, and can be entered only with a co-therapist (spouse, member of the family, friend). Interventions include psychoanalysis, group sessions, organized physical activity (jogging, mountaineering etc.), and written self-analysis. Patients pay for their own treatment.</i></p> <p><i>This service provided direct support, temporary residential care, counselling, and interventions for children affected by parental drug and alcohol use, violence, abuse and neglect.</i></p> <p><i>A day centre that children can attend with their parents. Interventions are provided by social workers and psychologists.</i></p>

	<p>families</p> <p>Programa Rafaelis</p> <p>Institute of Family Relations</p> <p>Matulaitis Social Center (Vilnius)</p>	<p>Children from alcoholic and violent families are helped through art therapy. The service is delivered by social workers, psychologists, art therapists and teachers.</p> <p>Psychological services and counseling are provided for children and families in difficulty.</p> <p>A day centre providing interventions including group work, education and counselling for children and teenagers.</p>
Norway		Services provided, but not specified.
Poland	<p>Therapeutic Centre "Goplańska" IPIN</p> <p>'Pepek' Centre for prevention and sociotherapy for children and youth</p> <p>Association OPTA - counselling centre for families with alcohol problem</p>	<p>An out-patient service for people with alcohol related problems and their families. Interventions include diagnosis, counselling, individual and group therapy as well as psychotherapy for couples, and support and psychotherapy for child and adult children of alcoholics.</p> <p>A day centre for 7 to 19 year-olds affected by parental alcohol misuse. The service is delivered by a multi professional team of professionals and includes socio-therapeutic groups, free time activities, counselling, and support for parents.</p> <p>A counselling and therapeutic centre for families and persons from families with alcohol related problems, run by psychotherapists, psychologists and pedagogy professionals, for 4 to 19 year-olds.</p>
Portugal	A variety of services was reported.	There is a National Juvenile Mental Health Service spread along the country, paediatric teams for children at risk, therapeutic communities, alcohol specialized units, and alcohol-related treatments offered under the aegis of the Institute on Drugs and Drug Addiction, Public Institute. There is also a National Institute for Children Support.
Scotland	Circle Scotland	Nine projects that provide individual and group support to parents to help them deal with their substance misuse problems and feel more confident in looking after their children. Work with

	<p><i>Aberlour Childcare Dependency Sector</i></p> <p><i>Children 1st Fraserburgh Families Project</i></p> <p><i>Early Years Addiction Work</i></p>	<p><i>parents, children and schools aims to improve school experiences for children.</i></p> <p><i>Nine projects providing outreach services to children and families where there are substance misuse problems, family centres, befriending, residential services, and a transitions project.</i></p> <p><i>Provides intensive but flexible services to support the needs of young children and substance misusing families.</i></p> <p><i>Two early years addiction workers offer early intervention services to families with substance misuse problems and children aged 0 to 5 years.</i></p>
<i>Slovenia</i>		<i>No specialist services for ChAPAPs were reported, although some NGOs provided for them within generic services.</i>
<i>Spain</i>		<i>There are no specific programmes for CHAPAPs in Spain. They receive support through child and adolescent mental health services if they develop significant disorders.</i>
<i>Wales</i>	<p><i>Option 2 Cardiff</i></p> <p><i>Families First Project – A multi-agency collaboration between Rhondda Cynon Taff Children’s Services, the local health trust and TEDS Voluntary Sector Substance Misuse Agency.</i></p>	<p><i>A crisis intervention service for families where there are child protection concerns related to parental substance misuse. A therapist is assigned to a family for a time-limited period (four to six weeks) and works on a daily intensive basis. Goals are set with the parents/family to bring about sustainable changes in family functioning.</i></p> <p><i>This project provides a child and family focused service to prevent and limit the potential for harm to children and young people of substance misusing parents. The project includes direct work with children and young people to develop coping strategies and self-esteem, and provide of advice, information and advocacy. Social activities are also provided. Work with parents also takes place.</i></p>

Community interventions for young people who misuse alcohol

A range of community interventions, provided by a mix of health, social work and teaching professions, is reported for young people who misuse alcohol. Non-medical and alternative therapies are commonly used (Denmark, Finland and England). There is also a strong focus on education and ensuring that young people become involved in positive activities. In Spain, for example, the *Proyecto Joven* (Youth Project) and *Proyecto Hombre* (Project Man) offer treatment to adolescents and young adults (13-21) and provide individual, group and family psychotherapy, a school for parents, a telephone helpline and training for professionals.

Wider risk-taking behaviours, such as sexual health, are cited by England and Austria as an integral element of their services. Individual care plans are drawn up to address the specific needs of the young person. In Wales, Swansea Community Drug and Alcohol Team runs a young people's prescribing service. In the Dyfed region, the voluntary substance misuse service Prism runs a young person's information and advice service, and in Gwent the Gwent Specialist Substance Misuse Service operates a specialist young person's prescribing service. Services in other regions are mostly delivered through the Child Adolescent Mental Health Service. None of the services has been externally evaluated.

Non-specialist services for young people 'at risk'

The country reports indicate that many non-specialist services are targeted at children exposed to different types of risk. The list below illustrates the types of service most frequently mentioned:

- child and adolescent mental health;
- youth offending;
- child protection and family support;
- programmes for children at risk of exclusion from school and persistent truants;
- young people's homeless services; and
- respite and support for children who are caring for their parents.

Examples of child protection and family support services are the Estonian *Tallinn Family Centre* and the *Tartu Child Support Centre*. The Tallinn Family Centre provides support to the whole family from practical advice through to structured counselling. Children are helped to improve their social skills, spend their leisure constructively, support their parents, and deal with their feelings and emotions. The Tartu agency aims to prevent child abuse and domestic violence in Estonia, by raising community awareness, providing professionals with training, and counselling and treating abused children and their family members. The centre provides psychological, social and medical counselling and psychotherapy. In Spain there is a range of preventative programmes aimed at children at risk such as the *Lazarillo (Caritas Salamanca)* programme that works with young people from the ages of 11 to 21 years and includes interventions such as skills training, supporting children affected by substance misuse, and leisure guidance.

A large majority of EU partners that responded to this question provided examples of country-specific services for ChAPAPs and family members. Some countries have internet chat rooms, websites and phone lines such as Estonia's *ATL Alcoholics Adults Children*, the Norwegian *Barn og unge* which had 21,000 hits in 2007, the German *Hilfe! Meine Eltern trinken! (Help! My parents drink!)*, the Finnish *A-Clinic Foundation*, and England's *Children of addicted parents (COAP)* and *National Association of Children of Alcoholics (NACOA)*. The NACOA service includes a free telephone and email helpline, uses trained counsellors, and has responded to an excess of 100,000 requests for help and information in its 18-year history. Between January and December 2007, a total of 17,983 requests for help were received of which the three top concerns reported were: alcoholism (13.4%), mental well-being (11.9%), and relationship problems (11.5%). English children (and this may be true too elsewhere) are also accessing generic children's helplines to seek advice and support for their parent's drinking. This is shown by calls to ChildLine, a well publicised free counselling service for children. A report which looked at why children called ChildLine (during the year 1995-1996) found that 5% (3,255) of all the children counselled had made contact because of alcohol misuse by one or both parents.

Groups for families and children are also available. These range from the Finnish *A-Clinic* which has a forum for adults who grew up with drinking parents, through to Poland's *Nationwide Polish Association of Clubs and Associations of Abstainers* through to Estonia's *Family Clubs* where peer support is provided, and to Spain's *Associations of Rehabilitated Alcoholics* that also provide peer support.

Despite the many examples of self-help groups for ChAPAPs and family members (see below), there appears to be little information from EU partners on the role of carers and grandparents and the types of support they receive. However, Scotland provided information on the *Scottish Kinship Carers Network* that supports people looking after someone else's children, usually because of alcohol and drug issues. The issue of caring for children whose parents misuse substances has received political attention in recent years through concerted and sustained lobbying, particularly from groups in Glasgow (the force behind the formation of the Scottish Network). The Scottish Government recently (July 2007) established a service run by the Citizens Advice Bureau Scotland aimed at carers of children, many of who will be doing so in the context of parental alcohol misuse.

The wider issue of grandparents caring for ChAPAPs is also something that has recently been recognised as a gap in provision in England. This has been helped by the publication of a report produced by ADFAM and Grandparents Plus⁶⁵ that discusses the issues that grandparents face and provides some recommendations for policy makers. Taking on the care of children of substance misusing parents can be very difficult. Grandparents raising grandchildren often receive less support than other types of carers such as foster carers, though their needs may be greater.

⁶⁵ ADFAM and Grandparents plus (2006) *Forgotten Families: The needs and experience of grandparents who care for children whose parents misuse drugs and alcohol*. Grandparents plus and Adfam. http://www.grandparentsplus.org.uk/jdd/public/documents/gpp/file/Forgotten%20Families_2006.pdf

Information, practice guidance, support structures and social work training in kinship care lag behind the legislative requirements⁶⁶. The issues faced by grandparents can best be portrayed through the words of a grandmother interviewed as part of the ADFAM and Grandparents Plus report:

'As a grandparent of two children, a boy and a girl, and the mother of a drug user, my life is hard. Starting over, as it were, with another family at an age when most people are thinking of retirement to some people may seem crazy...but I would do it all again rather than see my grandchildren lost to us in an often uncaring organisation. The financial hardship, the doing without, all that takes second place when it comes to the love I feel, a love that is reciprocated... I am as proud as any parent whenever the children are recognised at school for some achievement...I may not see them grow into adulthood...but I know the seeds I have planted will help them become kind human beings and because of their mum's past will help them learn tolerance for those who are weaker and more vulnerable than they. We as carers just want recognition for the time we willingly give up to care and nurture these children. We are not saints; we are just ordinary people with frailties.'

B: Residential and in-patient services

Although some of the provision already described contains residential elements, there are other services that are more clearly residential or in-patient services. In this context we examine the role of mother and baby units, the treatment of adolescent alcohol misuse in adult hospital and residential units, specialist in-patient units for young people with alcohol problems, and after-care services that aim to ease the transition from residential care back into the community.

Mother and baby units

Mother and baby units were reported by Austria, England, Finland, Germany and Scotland. All programmes accept mothers and children up to the age of 12 years except in Finland where the service is for only mothers with infants. All units provide parenting support, offer services for babies and children, and assist in relation to substance misuse. Staffing typically includes substance misuse specialists, social workers, parenting practitioners and teachers, but psychiatrists may also contribute (Austria). In some countries help is offered also to pregnant mothers (Finland: *Pida Kiinni*; Scotland: *Abelour Child Care Trust*). The length of interventions varies.

The Mother-Child Unit in the Anton Proksch Institut (Treatment facility for Addictions), Austria, provides an example of this type of service. This in-patient provision is for children (aged 2 to 6 years) of mothers addicted to alcohol and/or prescribed drugs, and the mother and child can stay together for the first 8 weeks of treatment. Staff includes two practitioners who work exclusively with the children and mothers and an additional team of psychiatrists, psychologists, nurses, and

⁶⁶ Broad, B. (2004) Kinship care for children in the UK: Messages from research, lessons for policy and practice. *European Journal of Social Work* 7: 2, pp 211-227.

social workers for the mothers. Interventions include support for the mother-child relationship, educational guidance, support of common activities, clinical diagnosis of the children, and therapeutic support for the mothers. The service is currently being externally evaluated and is funded through the Anton Proksch Institut.

Treatment of adolescent alcohol misuse in adult hospital and residential units

Some EU partners reported that adolescent alcohol misusers were often treated in hospital and residential units alongside adults in their countries. There were, however, differing views on the appropriateness of using adult services for treating young people with alcohol problems. In Scotland, reliance on adult services is reported to be due to the lack of specialist services for young people. Although the provision is considered unsuitable, there will be no change until funding is released to develop specialist provision for young people. In Germany and Spain, young people attend adult services but have dedicated programmes that have been developed separately as an addition to the core adult services. For example the German *Four Steps: Outpatient, Partial Residential and Residential Occupational Therapy Service For Drug Addicts In Schorndorf (Stuttgart)*, which provides long-term residential therapy and aftercare living groups for adults, has recently developed treatment services for young people aged between 15-21 years. The model has been externally evaluated by the University of Tübingen and is showing a high level of treatment acceptance by the clients. In Portugal, the *Casa e Santa Therapeutic community* works with children, adolescents and adults with dependency needs. Its mission is to create a living, learning and working community for children, adolescents, and adults with (complex) dependency needs and their co-workers. This differs from the approach being advocated in England which stipulates that young people's treatment services should be developed as part of children's planning and commissioning and should be separate from adult services. Some countries such as Belgium and Spain stated that although they did not have specialist treatment services, young people with alcohol problems were dealt with through their mental health services which specialized in addiction-related issues. For example, the *Counselling Centres for Mental Health (CGGZ)* is an out-patient counseling service offering a range of interventions including CBT, motivational interviewing, solution-focused therapy and multi-systemic therapy.

In-patient units for young people who misuse alcohol

Many EU partners provided examples of residential or in-patient units for young people with alcohol problems. These were most commonly for 10 to 18 year-olds, and all provide assistance for alcohol and drug misuse. Treatment usually lasts for between 12 weeks and 18 months and may include a staged return to the community in supported accommodation. All these services are staffed by a multi-professional team and reported to provide a range of interventions including medical, pharmacological, psychosocial approaches, therapeutic and counselling support, relapse prevention; educational and practical skills; and preparation for independence. Educational support is not always offered. The inclusion of family members is, according to partners, seen as a central issue. Treatment is provided by psychiatrists, social workers and psychologists (Estonia, Lithuania, Spain) but may also include nurses, occupational therapists and social workers.

Aftercare support services to facilitate reintegration into the community are mentioned by only two countries (Finland, Germany). Family members are encouraged, where possible, to be part of the treatment programme. None of the services has been externally evaluated. Table 7 below provides brief details on some of the services in this category reported by EU partners.

Table 7: In patient Treatment services for children with alcohol misuse problems

Country	Name of inpatient specialist treatment service for young people	Description
Austria	Unit for young women at the Anton Proksch Institute	An inpatient treatment centre for addiction diseases provides a service for woman aged 16-25. Treatment last 12 weeks and is delivered through clinicians from psychology, social worker, psychiatry and psychotherapy disciplines. Interventions offered include pharmacological interventions, psychotherapy (behavior therapy, systemic approaches), social work, occupational therapy, sports and PMR. The unit has 6 beds and works with around 20 women per year. Funding is through Health insurance company.
Estonia	Talinn Children Security Centre- Nomme Tee	The service works with young people aged 10-18 year olds who have addiction problem (alcohol, drugs), and has units for boys and for girls. Interventions offered include medical, psychological and pedagogical support and last between 10 and 12 months. The service also provides a temporary refuge. Aftercare is provided following discharge.
Finland	The A-Clinic Foundation In-treatment centre for youth (Stoppari), Lahti	This offers 24h inpatient treatment to 12-17 year-olds with substance abuse problems or other addictions. The treatment is based on a social approach and does not include medication. The daily routine consists of normal things, such as cleaning, cooking and shopping combined with therapeutic sessions.
Germany	Specialist clinic Come-In	A treatment service for young people between 12 and 18 years who consume alcohol, cannabis, crack cocaine, ecstasy, heroin, cocaine, and other drugs. A wide variety of interventions are delivered in two phases: first, medical rehabilitation and, second, re-integration into the community.
Lithuania	Kaunas center for addictive disorders	A treatment service for young people under the age of 18 years. Referrals can be made through professionals, young people and parents. Interventions include assessments, medical treatment, motivational interview, psychotherapy, art therapy and group work.

Portugal	Casa do Therapeutic Community adolescents	Outeiro for	An inpatient unit where adolescents stay for 6 to 8 months before moving to half board and then outpatient treatment for 18 months. Family support and therapy are provided.
Spain	Dianova		Residential treatment centre for 15-18 year-olds with substance use or psychosocial problems. Provides occupational training, education activities, mentoring, individual and group therapy, cultural and leisure activities.

C: Internet and self-help services

Internet support is a newly emerging approach to service delivery for ChAPAPs that potentially offers a very useful way of reaching children and young people who are not known to services or are unwilling to use them. The Internet is seen as particularly appropriate to young people who use its services so routinely in their everyday lives. A good example is Finland's *Fragile Childhood Programme* online discussion group for ChAPAPs pilot, A-Clinic Foundation, which is a closed online peer discussion group for ChAPAPs under the age of eighteen, provided by a specialized child welfare social worker and a psychiatric nurse. The discussions are topic-based and geared towards the needs of the children. To date it has worked with approximately 10 children in a 7-month period. It is funded by the Fragile Childhood Programme as part of its general remit, with the aim of reaching more young people and creating more specific peer support groups.

The majority of EU partners report a network of self-help groups for alcoholics and their families affected by alcohol misuse. The self-help organizations Alcoholics Anonymous (AA) and Al-Anon (for spouses), which are based on a twelve-step programme, are present in most partner countries. The number of Al-Anon groups varies from 3 in Estonia to 13 in Slovenia, 56 in Austria and up to 900 groups in England. Some countries also report that Alateen, a service provided under the umbrella of Al-Anon, for young people affected by alcoholism in a relative or friend, operates in their countries. The availability and number of groups vary but many young people who attend Alateen also attend Al-Anon. For example in Slovenia around 63% of those who sought help from Alateen also attended Al-Anon in 2008.

Table 8 below outlines the countries with acknowledged presence of Al-Anon and/or Alateen and also indicates any other reported Internet and self-help services.

Table 8: Self help groups and presence of Al-anon and/or Alateen across Europe

Country	Al-Anon/ Alateen	Other Internet and self-help groups
Austria	Yes	Blaues Kreuz- 28 self help groups.

<i>Belgium</i>	<i>Yes</i>	<i>None reported.</i>
<i>Cyprus</i>	<i>No</i>	<i>None reported.</i>
<i>Denmark</i>	<i>No</i>	<i>None reported.</i>
<i>England</i>	<i>Yes</i>	<p><i>National Association of Children of Alcoholics (NACOA)(www.nacoa.org) is a charitable organisation offering advice, support and information to children of alcohol dependent parents, as well as promoting research into the area. It has a free telephone and email helpline.</i></p> <p><i>Adfam (www.adfam.org) is a national charitable organisation that provides direct support to families affected by alcohol and drugs through outreach work, publications, training, prison visitors' centres, signposting to local support services and so on. Their website has been designed to support families on a daily basis. Adfam is involved in a number of projects, including those funded by the Department of Health and Big Lottery, although these generally are family rather than child focused, and focus on substance misuse rather than alcohol specifically.</i></p> <p><i>Children of Addicted Parents (COAP) (www.coap.co.uk) provides a website for family members affected by substance misuse. This website is aimed at young people and provides a forum where young people can talk to each other and where they can get independent advice and guidance.</i></p> <p><i>ChildLine (www.childline.org.uk) is a service of the National Society for the Prevention of Cruelty to Children (NSPCC). It is a charitable organisation that offers free telephone counselling to children.</i></p>
<i>Estonia</i>	<i>Yes, but not specialized for children and adolescents</i>	<p><i>ATL Alcoholics Adults Children (http://www.hot.ee/atlaps/sisuleht.htm) runs face-to-face and Internet group support.</i></p> <p><i>Family Clubs (http://www.hot.ee/pereklubid/) are run for 2 to 12 families and are supported by a club assistant who acts as a neutral observer.</i></p>
<i>Finland</i>	<i>Yes</i>	<p><i>The A-Clinic Foundation runs a service (www.voimapiiri.fi) whereby a person can sign up anonymously to join a text message group, subscribe to automatic support and information on substance misuse support services, and receive follow-up reminders.</i></p> <p><i>Discussion forums (most popular of them being Addiction link Addiction link, (www.paihdelinkki.fi) offering information on alcohol, self-help tools to understand personal perceptions and use of alcohol, and mobile phone</i></p>

		<i>services to support alcohol control.</i>
<i>Germany</i>	<i>Yes</i>	<p><i>The helpline ‚Hilfe! Meine Eltern trinken!‘ (Help! My parents drink!) Such(t)-und Wendepunkt e.V. Hamburg 20099 Hamburg (www.suchtundwendepunkt.de)</i></p> <p><i>Websites:</i></p> <p><i>Blaues Kreuz - http://www.blaues-kreuz.de</i></p> <p><i>Kreuz-bund im Caritas - Verband - http://www.kreuzbund.de</i></p> <p><i>Guttenpler (Good templars) http://www.guttenplar.net</i></p>
<i>Ireland</i>	<i>Yes</i>	<i>None reported.</i>
<i>Italy</i>	<i>Yes</i>	<p><i>Alanon Teen</i></p> <p><i>Club of treated addicts offer meetings for families with alcohol-related problems (each Club has a maximum of 12) and a professional. Self/mutual help and solidarity between families. Based on the method of founder Vladimir Hudolin</i></p>
<i>Lithuania</i>	<i>Yes</i>	<i>Adults Alcoholics Children</i>
<i>Norway</i>	<i>Yes</i>	<p><i>Adult Children of Alcoholics (VCA) is a group of former children of alcoholics that builds on their own version of 12-step. (http://www.acanorge.org/)</i></p> <p><i>Barn og unge (Children and youth) is a website where children living in families affected by substance abuse (alcohol and other drugs) can meet, discuss, get information etc. It is an independent site owned by AEF “Arbeiderbevegelsens Rus- og Sosialpolitiske Forbund” (The labour movement’s social politics union for alcohol and other drugs). The website had 21,000 hits last year, and is said to be the best forum for ChAPAPs. (https://www.barnogunge.no)</i></p>
<i>Poland</i>	<i>Yes</i>	<p><i>The Nationwide Polish Association of Clubs and Associations of Abstainers provides leisure time activities, without alcohol, for drinkers and their families.</i></p> <p><i>Maksymilian Kolbe Association for Abstinence provides self-help, support and spiritual help for drinkers and their families.</i></p> <p><i>The Human Liberation Crusade provides self-help, support and spiritual help for drinkers and their families.</i></p>

<i>Portugal</i>	<i>Yes</i>	<i>Many self-help groups exist throughout the country. These help detect families with problems, motivate patients for treatment, and support families throughout the treatment process or provide counselling as an alternative.</i>
<i>Scotland</i>	<i>Yes</i>	<i>No national network for families affected by alcohol although there is the Scottish Network of Families Affected by Drugs. There are many self-help groups. Information and advice service for kinship carers (those looking after children of substance misusing parents). Citizens Advice Scotland is a one-stop shop for information and advice for kinship carers. Through bureaux across Scotland, kinship carers can seek advice on income, benefit and taxation systems, and their legal rights and responsibilities towards the children in their care. Through this service, kinship carers can access specialist childcare training.</i>
<i>Slovenia</i>	<i>Yes</i>	<i>Društvo Žarek upanja (Society Beam of Hope) is an example of a self-help group that provides support to families with alcohol problems including ChAPAPs.</i>
<i>Spain</i>	<i>Yes</i>	<i>Associations of Rehabilitated Alcoholics provide self-help groups, family support, and leisure activities for families.</i>
<i>Wales</i>	<i>Yes</i>	<i>There is no national network but there are a number of local networks including ASFA (Alcohol Services for All) operating in Cardiff which is a group run by people who have had experience of alcohol problems, and Alateen which is a group for young people whose lives have been affected by a problem drinker also operating in the Cardiff region.</i>

Summary points

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.

SECTION 6- SUMMARY OF KEY ISSUES: EU PARTNER PERSPECTIVES, DISCUSSION AND CONCLUSIONS

Earlier sections of this report have demonstrated the impressive range of activities undertaken in partner countries for children affected by parental alcohol misuse. Among other things, awareness has been raised, policies and services have been developed, and research has been carried out. It is clear that ChAPAPs have attracted attention in all countries, albeit to varying degrees and in varying ways. It is also apparent that there are many gaps in provision and many barriers to the optimal provision of a comprehensive and effective spectrum of services and policies.

In this final section we return to the central question of the provision of best policy and practice for ChAPAPs and how this might be achieved. What are the positives to be drawn on, what are the obstacles, and what are the lessons that countries can learn from each other? What is available now for ChAPAPs and what might there be in the foreseeable future? To this end, EU partners were asked to comment on what they saw as their country's strengths, weaknesses, opportunities and threats in relation to good provision for ChAPAPs. Respondents addressed this task in their own ways, and the following analysis reflects these individual perspectives. Table 9 below summarises the responses given, and is followed by a summary of the key themes to emerge.

Table 9: A summary of the strengths, weaknesses, opportunities and threats identified by EU partners

STRENGTHS	
Country	
<i>Austria</i>	<ul style="list-style-type: none"> • <i>Well functioning regional ENCARE networks</i> • <i>Cooperation of the Centres for addiction prevention</i> • <i>Most professionals are aware of the problem of stigmatization of ChAPAPs</i>
<i>Belgium</i>	<ul style="list-style-type: none"> • <i>Motivation to develop initiatives for ChAPAPs</i> • <i>Available website information</i>
<i>Denmark</i>	<ul style="list-style-type: none"> • <i>Ministry of Health project has prioritised ChAPAPs and is expected to lead to the development of new local initiatives</i>
<i>England</i>	<ul style="list-style-type: none"> • <i>National commitment to policy for ChAPAPs Development of local Drug and Alcohol Action Teams (DAATs) to develop services to reduce harms</i> • <i>Greater autonomy for local authorities to prioritise resources through the development of Local Area Agreement (LAAs)</i> • <i>Availability of young people's specialist treatment services (despite concerns about their evidence base)</i>
<i>Estonia</i>	<ul style="list-style-type: none"> • <i>Positive changes in alcohol policy: rising the price of alcohol excise, time limits in selling alcohol, strengthening the supervisory that alcohol is not sold to juveniles and other changes</i> • <i>Prevention programmes (via the media) to reduce alcohol consumption</i>
<i>Finland</i>	<ul style="list-style-type: none"> • <i>Good legislation, policy and cross government collaboration</i> • <i>There is a long tradition in raising the issue of ChAPAPs in the society.</i> • <i>Good substance treatment system in general.</i>

<i>Germany</i>	<ul style="list-style-type: none"> • <i>Child-centred services employing well-trained social workers and providing reliable and continuous support</i> • <i>Awareness of ChAPAPs on the part of both the public and government agencies</i>
<i>Ireland</i>	<ul style="list-style-type: none"> • <i>Alcohol Action Ireland is raising awareness of ChAPAPs and building a coalition of influential partners</i> • <i>Media focus on ChAPAPs has increased A major children's NGO is planning to collect data on ChAPAPs and to focus on this issue in 2009</i>
<i>Italy</i>	<ul style="list-style-type: none"> • <i>A growing number of therapeutic communities with programmes involving both alcohol-dependent women and their underage children have been developed in recent years.</i>
<i>Lithuania</i>	<ul style="list-style-type: none"> • <i>Strong judicial basis and government institutions controlling drug use, and organising research, prevention and treatment programmes</i> • <i>Good network of NGOs working with addiction problems</i> • <i>Network of self support groups</i> • <i>Good relations with organizations, institutions, agencies, other countries, and the EU</i> • <i>National programme of drug prevention and control</i> • <i>Some steps are being taken to create support systems for children and families</i> • <i>Child protection service agencies are developing training for social workers working with addicts and children</i>
<i>Norway</i>	<ul style="list-style-type: none"> • <i>Good interprofessional cooperation at all levels</i> • <i>Extensive and effective network of well-staffed services</i> • <i>Excellent dissemination of best practice led by the Ministry</i>
<i>Poland</i>	<ul style="list-style-type: none"> • <i>National policy on the prevention of alcohol related problems and family violence</i> • <i>Local authorities are obliged to create local programmes to prevent alcohol-related problems and support ChAPAPs</i> • <i>Schools are obliged to run programmes that address young people's use of alcohol and drugs</i> • <i>Network of counselling centres and centres for treating alcohol dependent persons and their families</i> • <i>NGOs and self help groups are involved in the prevention and treatment of alcohol-related problems</i>
<i>Portugal</i>	<ul style="list-style-type: none"> • <i>Professionals are qualified and highly motivated</i> • <i>IDT.IP provides a national coordinating role for services</i> • <i>CPCJ acts as an effective national network</i> • <i>Political willingness</i>
<i>Scotland</i>	<ul style="list-style-type: none"> • <i>Commitment to policy for ChAPAPs</i> • <i>National programme of multi agency training</i> • <i>Commitment of many Local Authorities to develop local protocols for earlier identification of and effective response to ChAPAPs</i>

<i>Spain</i>	<ul style="list-style-type: none"> • <i>Many NGOs are willing to support CHAPAPs if funding is available</i>
<i>Wales</i>	<ul style="list-style-type: none"> • <i>Shared priorities and excellent collaboration between the different departments of the Welsh Assembly Government and with stakeholders across Wales</i>
WEAKNESSES	
Country	
<i>Austria</i>	<ul style="list-style-type: none"> • <i>There is a lack of relevant research</i> • <i>An absence of systematic training for professionals (despite plans to develop this)</i>
<i>Belgium</i>	<ul style="list-style-type: none"> • <i>No structural support or services for ChAPAPs, and a reliance on ad hoc initiatives</i> • <i>No finance apart from scarce and unforeseeable project funds</i>
<i>Denmark</i>	<ul style="list-style-type: none"> • <i>The Ministry of Health programme was introduced at a time of major administrative change: some initiatives were stopped and others had to begin again</i>
<i>England</i>	<ul style="list-style-type: none"> • <i>Lack of evidence based research and evaluation on what works with ChAPAPs</i> • <i>Lack of mandatory professional training</i> • <i>Disparity of services across regions</i> • <i>Lack of specialist services to support ChAPAPs and to support substance misusing parents</i> • <i>Imbalance of resources and services relating to alcohol treatment compared to drug treatment</i> • <i>Lack of knowledge and research around young people's specialist treatment</i> • <i>Lack of clear data and recording on the prevalence of ChAPAPs</i> • <i>A need for better joint working between child and adult services</i>
<i>Estonia</i>	<ul style="list-style-type: none"> • <i>Lack of preventative programmes for substance misuse and its links with other health issues eg. HIV/AIDS</i> • <i>Cultural issues of alcohol misuse are seen and dealt with within the family</i> • <i>Very few services for ChAPAPs</i> • <i>No early intervention programmes to work with children before parents are admitted to alcohol treatment</i> • <i>Easy availability of alcohol</i> • <i>Lack of education programmes</i> • <i>Barriers preventing alcohol dependent drinkers seeking help</i>
<i>Finland</i>	<ul style="list-style-type: none"> • <i>Decisions and priorities as well as funding are often determined locally</i> • <i>Little academic research on ChAPAPs, generally more on foetal alcohol syndrome but little on prevalence.</i>
<i>Germany</i>	<ul style="list-style-type: none"> • <i>Little focus on ChAPAPs if parents are not in treatment</i> • <i>An arbitrary distinction is made between alcohol and other drugs</i> • <i>A lack of evidence-based interventions</i>
<i>Ireland</i>	<ul style="list-style-type: none"> • <i>ChAPAPs are not recognised as a distinct group, and no information is</i>

	<p>collected on them at national or regional level to assist in planning and service development</p> <ul style="list-style-type: none"> • Regional disparities in the interpretation of thresholds of risk • The lack of documented and publicised examples of good practice for ChAPAPs makes it difficult to see what can be achieved • Professionals are, in general, not adequately trained to identify and work with families where parental alcohol problems are impacting on children's health, development and welfare • Many alcohol services provide interventions for alcohol misusing parents but most do not provide services to their children, or family based interventions
<i>Italy</i>	<ul style="list-style-type: none"> • There is no national strategy for, or mechanism to identify, ChAPAPs • There is uneven provision of service for alcohol-misusing parents and their children
<i>Lithuania</i>	<ul style="list-style-type: none"> • Post soviet reorganisation and decentralisation causes administrative and legal issues at local and regional level • Lack of community support in prevention • Lack of support programmes in rural areas • Lack of professional expertise on the part of social workers and child protection workers • False understanding of prevention and ineffective, non-systematic prevention implementation • Insufficient evaluation of existing programmes • Project finances are temporary and programs frequently suspended • The stigmatisation of alcohol misusers • Insufficient and inappropriate services, exacerbated by shortage of professionals • Lack of effective joint and multi agency working
<i>Norway</i>	<ul style="list-style-type: none"> • No national coordinating unit to prevent overlapping roles and responsibilities within services • Insufficient attention to ChAPAPs where alcohol problems co-exist with other problems eg. family violence, psychiatric disorder • No extra reimbursement for specialised treatment for ChAPAPs • Few harm reduction programmes • Insufficient intervention and family support for ChAPAPs • ChAPAPs commonly treated in child psychiatric institutions • Under-resourcing of services • No shared knowledge across the health sectors • Regional variation in provision for ChAPAPs
<i>Poland</i>	<ul style="list-style-type: none"> • Lack of procedures for the identification of, and early intervention for, ChAPAPs • An insufficient number of trained professionals working in institutions for treating alcohol dependency or helping ChAPAPs
<i>Portugal</i>	<ul style="list-style-type: none"> • Lack of coordination of approach and services (although a national

	<p>coordination structure for alcohol problems is currently being developed)</p> <ul style="list-style-type: none"> • Lack of research
Scotland	<ul style="list-style-type: none"> • Poor recognition and recording of foetal alcohol syndrome • Poor and inconsistent central recording system for parental alcohol misuse, from obstetric and neonatal records to central government • No specialist treatment services for young people with alcohol problems
Slovenia	<ul style="list-style-type: none"> • No specific organisations for ChAPAPs
Spain	<ul style="list-style-type: none"> • No political interest in investing time, funding and resources in this area at the moment
OPPORTUNITIES	
Country	
Austria	<ul style="list-style-type: none"> • More money for measures for ChAPAPs • More research
Belgium	<ul style="list-style-type: none"> • Networks and collaborations can be innovative • Strong links with KOPP in the Netherlands provides opportunities for the transfer of good practice
	<ul style="list-style-type: none"> • The Ministry of Health project may stimulate new understanding of ChAPAPs and new methods of working
England	<ul style="list-style-type: none"> • The government is committed to changing the drinking culture in the UK through the promotion of sensible drinking • ChAPAPs are now the responsibility of the Department for Children, Schools and Families: this means that substance misuse can be more greatly embedded into children's services • The Every Child Matters agenda has led to greater partnership collaboration, service planning and commissioning, and earlier identification of children at risk • Greater flexibility of decentralised funding can mean opportunities to develop evidence-based and innovative approaches to ChAPAPs
Estonia	<ul style="list-style-type: none"> • Change in understanding that alcoholism is not just a family problem • Creation of new services for families with alcohol problems • Some projects providing ChAPAPs with children with information on sources of help and support • Opportunities to learn from the experience and practice of other countries
Finland	<ul style="list-style-type: none"> • Government commitment and good partnership working across ministries • Child Ombudsman advocating the issue. • Involvement of services users through internet technologies
Germany	<ul style="list-style-type: none"> • The possibility of embedding services for ChAPAPs in the youth welfare service • The chance for systematic service provision • ChAPAPs obtaining a right to help
Ireland	<ul style="list-style-type: none"> • The role of the Office of the Minister for Children and Youth Affairs

	<p>(OMCYA), set up under the National Children's Strategy 2000-2010, aims to bring greater coherence to policy making for children</p> <ul style="list-style-type: none"> • The Agenda for Children's Services; A Policy Handbook (OMCYA and Department of Health and Children, 2007) sets out the strategic direction and goals for children's health and social services • A National Data Strategy on Children's Lives is being led by the OMCYA to collect and utilise good quality data on children's lives • The National Longitudinal Study Growing Up In Ireland includes questions on parental alcohol consumption for each cohort participating in the study. The study will track the lives of 10,000 nine month old children and 8,000 nine year olds and is funded by the Department of Health and Children • The forthcoming (2010) National Substance Misuse Strategy will combine alcohol and drugs
Italy	<ul style="list-style-type: none"> • New protocols for managing pregnancy in alcohol-dependent women aim to reduce the incidence of Foetal Alcohol Spectrum Disorder and child abuse
Lithuania	<ul style="list-style-type: none"> • Drawing on positive relations with professionals from other countries to create system of support that includes prevention, intervention like prevention, early intervention, treatment, rehabilitation, and adaptation
Norway	<ul style="list-style-type: none"> • The creation of a well-established team comprising representatives of the Ministry of Health and Social Care and the Ministry of Children and Equality could help clarify the remit for ChAPAPs at central government level and improve coordination and planning
Portugal	<ul style="list-style-type: none"> • The ongoing development of a national coordination structure for alcohol problems • Political willingness to address the issue of ChAPAPs • The implementation of a new National Alcohol Plan and a new alcohol care services network • The recent collaboration protocol between IDT and CNPCJ
Scotland	<ul style="list-style-type: none"> • Continuing commitment to ChAPAPs under the new administration • The Scottish Government is currently moving towards a concordat with Local Authorities to change funding relationship through the Single Outcome Agreements: in exchange for greater financial and planning autonomy at local level, local authorities will agree a set of national outcomes set by the Scottish Government
Slovenia	<ul style="list-style-type: none"> • Available information suggests there are many ChAPAPs requiring support
Spain	<ul style="list-style-type: none"> • At least one experimental programme provides some evidence of success in reaching ChAPAPs • Existing programmes linking school and mental health services
<u>THREATS</u>	
Country	
Austria	<ul style="list-style-type: none"> • ChAPAPs do not seem to be a high priority
Belgium	<ul style="list-style-type: none"> • Current initiatives are dependent on the continuing goodwill of those

	<i>involved in them</i>
<i>Denmark</i>	<ul style="list-style-type: none"> • <i>Funding for ChAPAPs is insecure</i>
<i>England</i>	<ul style="list-style-type: none"> • <i>A change of political party could mean a reduced focus on alcohol misuse</i> • <i>Global recession may lead to a reduction in public spending</i>
<i>Estonia</i>	<ul style="list-style-type: none"> • <i>Childhood alcohol misuse, including increasing numbers of HIV/AIDS positive drug users, is a growing problem</i> • <i>The government to understand the issue better; Need to work with whole family; growing expense of services and resources available</i>
<i>Finland</i>	<ul style="list-style-type: none"> • <i>Lack of resources earmarked for child welfare</i> • <i>EU's tendering legislation affecting the NGO service delivery</i>
<i>Germany</i>	<ul style="list-style-type: none"> • <i>Too much dependency on sources of finance that are outside statutory provision</i>
<i>Ireland</i>	<ul style="list-style-type: none"> • <i>Economic downturn, reduced government revenue and cutbacks in public spending</i> • <i>The government is a major recipient of alcohol revenue</i> • <i>In Ireland, we have a powerful drinks industry and an indigenous drinks industry. The industry has been very successful at promoting its legitimacy as a social partner, and in presenting the case that there is no dissonance between its corporate social responsibility role and its role in maximising shareholder profits by increasing sales and consumption of alcohol through marketing, etc.</i> • <i>Social services are under resourced and understaffed and are unable to adequately respond to demands</i> • <i>Home drinking has risen and thus increases the exposure of children to alcohol use and problematic alcohol use in the home</i>
<i>Italy</i>	<ul style="list-style-type: none"> • <i>High and growing levels of alcohol use, especially among young girls</i>
<i>Lithuania</i>	<ul style="list-style-type: none"> • <i>Growing numbers of alcohol addicts and drug users, especially in rural areas</i>
<i>Norway</i>	<ul style="list-style-type: none"> • <i>European Union</i> • <i>Bureaucracy</i> • <i>Centralisation and uniformity of actions</i>
<i>Poland</i>	<ul style="list-style-type: none"> • <i>Late identification of ChAPAPs</i> • <i>Treating the consequences of parental alcoholism is more common than early prevention</i> • <i>Large numbers of children are in care and brought up in institutions</i>
<i>Portugal</i>	<ul style="list-style-type: none"> • <i>Lack of financial resources</i> • <i>Resistance to change</i>
<i>Scotland</i>	<ul style="list-style-type: none"> • <i>New regulations will mean significant reductions in ring-fenced funding and a move towards local priority setting</i>
<i>Slovenia</i>	<ul style="list-style-type: none"> • <i>Almost no service provision for ChAPAPs</i>
<i>Spain</i>	<ul style="list-style-type: none"> • <i>The lack of continuous funding means that many initiatives fail</i> • <i>Alcohol is freely available, even to under-age young people</i> • <i>There is a binge drinking culture ("botellón")</i>

- | | |
|--|---|
| | <ul style="list-style-type: none">• <i>The country is in economic crisis</i>• <i>The persistence of stereotypes about alcohol use and alcoholics</i> |
|--|---|

Summary points

The SWOT analysis helped to identify the key factors that partners felt contributed to the provision of sufficient and efficient services for ChAPAPs. To briefly summarise, the main criteria for optimal provision seemed to be:

- 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;
- Effective and coherent alcohol policies that, among other things, restrict availability of alcohol;
- Systematic national recording on the prevalence of ChAPAPs and on the prevalence and recognition of foetal alcohol syndrome disorder;
- Cooperation and collaboration between different services, promoted by effective networks and other coordinating links, as well as partnership working between central and local government;
- Evidence-based services and provision informed by sufficient and appropriate research as well as examples of good practice demonstrated by international colleagues;
- High quality training for all professionals working with ChAPAPs in either a direct or an indirect role;
- Adequate funding to resource services and initiatives beyond the short-term;
- Services to identify ChAPAPs at an early stage and particularly before parents are provided with treatment; and
- An open-minded approach to new service developments that does not reflect a resistance to change.

DISCUSSION AND CONCLUSIONS

This report provides the first descriptive account of children affected by parental alcohol problems across 18 European countries. Based on responses to a questionnaire survey, it has looked at knowledge about who these children are, research on their circumstances and experiences, legislative frameworks governing provision and intervention on their behalf, and national patterns of policy and practice. The views of country representatives on the strengths, weaknesses, opportunities and threats facing nations in making comprehensive provision for children in alcohol misusing families are also presented. In all, a large amount of information has been generated, with much of this summarised in the main body of this report and the full national datasets included in the Appendix. Collecting and disseminating all this information has involved many people in very many ways. It has been an important and ambitious initiative.

The task has not, however, been without its challenges. There has, for example, been inevitable variability in the depth and breadth of information received from individual countries, and in the use of language (respondents were required to respond in English which was not always their first language) and terminology (even terms such as ‘child protection’ and ‘problem drinking’ can have very variable meanings in different countries). Country reports have also differed in the level of detail provided on individual projects and schemes. These and other variations have led to some difficulty in assessing the overall pattern of provision in individual countries and making meaningful comparisons across countries. Ultimately this report is therefore an interpretation of the information received rather than a fully objective reflection of the reality of international provision and difference.

The survey has, nonetheless, elicited sufficient information to enable some very clear messages to be drawn, and we highlight three in particular. These are, first, that children affected by parents with alcohol problems comprise a largely invisible group. This means that we do not know the full scale or detail of their problems, and hence their circumstances and needs. Second, and as a corollary of the first message, there is inevitably a misfit between the needs of these children and the national systems that are available to address them. And third, services and provision that do exist are rarely monitored and evaluated. The overall and general conclusion is that we do not have good knowledge about the most effective ways to identify and provide for ChAPAPs.

The rest of this section amplifies these conclusions and points to some of the actions that might be taken. We do not outline a full shopping list but deliberately prioritise short-term needs. It is essential, we feel, to make proposals that recognise the resource implications, build on existing provision, and provide flexibility for individual countries with their existing cultures, ways of working, and patterns of services.

Awareness of ChAPAPs and the scale of the problem

There is no doubt that the circumstances and problems of ChAPAPs need to be more widely recognised if their needs are to be met. It is also very apparent that most countries lack good

knowledge of the numbers of children who may be affected by parental alcohol misuse, and that it is not possible to achieve any meaningful international comparisons of prevalence. Difficulties in identifying children at risk, a lack of systematic monitoring, and inconsistent definitions of problem drinking are all responsible.

An ability to identify children affected by parental drinking is hindered in part by the fact that problem drinking often remains hidden within the family unit, and children do not come to the notice of relevant services. Even if families are known to social agencies, it is not necessarily the case that their children will be adversely affected. A true estimate of ChAPAPs depends on first-hand knowledge of the young people in question.

Estimates of ChAPAPs, however, are often based on rates of adult drinkers and hence definitions of alcohol misuse that, despite clear definitions of hazardous drinking and harmful drinking⁶⁷ developed by the World Health Organisation (WHO), are not used consistently within and across organisations and countries. Definitions may also embrace substance misuse in general rather than alcohol misuse in particular and thus present an inaccurate picture of ChAPAPs.

Many countries do, nonetheless, present estimates of the prevalence of ChAPAPs. Not only are these commonly 'unsafe', but they are also not useful for international comparisons. Often, for example, national rates are extrapolated from estimates derived by COFACE and EURO CARE⁶⁸ and suggest that, universally, around one in 10 children are affected by parental alcohol misuse. It is clear that such calculations are misleading and take no account of local conditions or patterns of drinking. We would suggest that use of these estimates is discontinued and that countries seek other means of gauging the prevalence of ChAPAPs. This might be to add questions to existing surveys and monitoring exercises, at either European or national levels. There is, similarly, limited knowledge of the prevalence of fetal alcohol spectrum disorder that might be addressed in similar ways.

The impact of parental drinking on children's health

There are few robust empirical studies that look at the physical and mental health of children affected by parental alcohol problems, and most European reviews have relied heavily on American research findings. Indeed, nearly half the respondents to the survey were unable to identify any research findings or national surveys relating to ChAPAPs in their country. Studies that were identified rarely focused specifically on either the mental or physical health of the young people.

All the same, enough evidence emerged to support the picture of ChAPAPs as displaying more problems and difficulties than their peers. Available research suggests they typically come from

⁶⁷ World Health Organisation lexicon of alcohol and drug terms (World Health Organization, 1994)

⁶⁸ COFACE and EURO CARE (2003) Alcohol in the Family: A report to the European Commission

families beset by multiple problems including a high occurrence of child maltreatment and domestic violence, and frequently spend their childhoods feeling insecure, ashamed and lonely. Qualitative studies retrospectively exploring children's experiences of growing up with parental alcohol problems indicate that anxiety, depression and aggressive behaviours can persist throughout life (eg. Klein and Quinten⁶⁹). A number of studies also suggest that ChAPAPs are at heightened risk of developing alcohol problems themselves in later life.

We conclude that while much more research on the circumstances on ChAPAPs would enhance our knowledge of the impact of parental drinking on their physical and mental health, this may not be a priority in a context of limited resources. We can be fairly certain that most children brought up by parents with problematic drinking are at risk, and it would seem that further evidence is not a necessary prerequisite for directing more attention to identifying such children, ascertaining their needs for services, and developing and offering appropriate interventions.

Policy and legislation

While most countries have a lead ministry responsible for national policies on alcohol, fewer identify a lead agency with responsibility for ChAPAPs. We regard it as 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.

At present, all 18 countries have adopted a generic approach in law to the protection of children experiencing, or at risk of, harm, as a consequence of parental alcohol misuse. These children are subsumed under the much broader umbrella of legislation to protect children suffering neglect and abuse. There were no examples of legislative measures specifically targeted either at ChAPAPs or at the unborn child exposed to maternal alcohol misuse in utero.

It was rare for countries to comment on legislation relating to ChAPAPs in the SWOT analyses either as a strength or weakness. It would be unsafe to conclude from this that countries are satisfied with the scope and quality of their legislation to protect vulnerable children exposed to parental alcohol misuse even though it has not emerged as a priority for change. The key question 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. 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

⁶⁹ Klein, M. & Quinten, C. (2002). Zur Langzeitentwicklung von Kindern stationaer behandelter alkoholabhaengiger Eltern [Long Term Development of Children of Treated Alcohol Dependent Parents]. *Suchttherapie*, 3, 233-240

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.

The provision of services

A picture has emerged of a highly variable pattern of services across the 18 countries in our survey. While there are evident pockets of excellence, it is still apparent that many ChAPAPs are receiving either limited services or nothing at all. This is a significant and worrying gap in provision. It is also apparent that the role of the parent as a problem drinker is often ignored in treatment services. Moreover while some countries report a good network of services built up over many years, most highlighted gaps in services for both the children themselves and their parents.

The overall impression from the countries is one of concern over service provision in terms of their range, coverage, quality and effectiveness. Again and again, the SWOT analysis highlighted service provision as an area of weakness: this applied to many countries although the particular gaps and needs varied. A widely reported problem is a lack of generic and specialist services to identify parental alcohol misuse at an early stage and to provide a range of psychosocial services to parents and their children. Poor inter-agency co-ordination is cited as a frequent problem preventing help to address multiple family needs such as domestic violence and mental health.

Further difficulties are rural and urban disparities, a lack of specialist services and an absence of evidence-based interventions. Resource constraints are frequently seen as a barrier to service development but so are problems of weak leadership at central government level and professional lack of awareness. Most countries have in place self-help groups and networks such as AA, Families Anonymous and Al-Anon, but again their coverage is very uneven within and between countries.

The more difficult task is to know which services should be promoted to have the best guarantee of effective interventions. This is partly because there is only limited evidence on effective interventions but also because the profile of services varies at individual country level. For these reasons it would be invidious to put forward a blueprint for service development. Instead, we reiterate our recommendation that each country have a lead agency at central government level with a responsibility to oversee and develop appropriate services for ChAPAPs, and with powers to co-opt other agencies as needed. The advantage of a lead agency at national level is its visibility and its clear mandate for action. We also recommend that this lead agency should set up a task force to review gaps in provision with special attention to the services needed by ChAPAPs themselves, programmes for fathers, and the capacity of agencies to tackle alcohol misuse in its own right as well as when it goes hand in hand with the illegal drug misuse. The taskforce should identify priorities and resources and make recommendations on how to build on existing national services with timescales for implementation.

Training

Many countries commented on a lack of readiness amongst professionals to work effectively with ChAPAPs and their parents. Training for social workers and doctors was often reported to be variable in quality and content, leaving front line staff working in generic settings poorly placed to identify and respond effectively to children with alcohol misusing parents. It is evident that better training for frontline staff working in health and social care sectors is essential and that this should go hand in hand with the development of services. Training will need to be incorporated into pre-professional medical and social worker education as well as that of allied health professionals. It should equip practitioners with knowledge of the impact of parental alcohol misuse on child development and parenting but it should also cover skills in assessment and direct work with children and parents which include motivational interviewing approaches. The latter was rarely identified as an effective intervention despite its strong evidence base.

In addition to pre-professional training, there should be opportunity for continuing professional development, including inter-professional training initiatives for health, child protection and social care personnel. Some countries have developed national occupational standards to help lay down a framework to inform training needs. This appears to be a promising way forward.

Concluding comment

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.

This report has highlighted a shortlist of priorities for concern and action. These include the need to promote greater awareness of the issue, more systematic identification of the young people affected, the designation of a lead government department in each country to take responsibility for this group, sufficient and effective interventions to overcome the disadvantages young people may face, and a well-trained workforce to take forward excellence in practice. We realise that there will be resources implications in all countries that will need to be taken into consideration. For this reason, as well as to encourage early and effective action, we recommend that new developments are closely tied into existing national provision wherever feasible.

All initiatives and developments need to proceed in tandem. Without awareness of the issues involved, there will be no commitment to drive the policy agenda, and without knowing the scale and nature of the problem, it will be impossible to plan appropriate levels and types of services. Safeguarding service quality also depends on well-trained staff. Addressing all these directions of action simultaneously is the only way to produce coherent change. We strongly urge the European Union to take a stand in providing guidance and oversight to ensure that progress is made.

REFERENCES

1. Kroll and Taylor (2003) Parental Substance misuse and Child Welfare. London; Jessica Kingsley
2. ¹ Gorin, S (2004) Understanding what children say. Children's experiences of domestic violence, parental substance misuse and parental health problem. London; National Children's Bureau (NCB)
3. ¹ Barnard, M (2007) Drug Addiction and Families. London; Jessica Kinglsey
4. ¹ Forrester, D. & Harwin, J. (2007) Outcomes for children whose parents misuse drugs or alcohol: A two year follow up study, British Journal of Social Work Advanced Access published on 3 August 2007
5. ¹ <http://www.scotland.gov.uk/publications/2008/06/1608434810> (2008).
6. ¹ Girling M, Huakau J, Casswell S & Conway K (2006). Families and Heavy Drinking: Impacts on Children's Wellbeing. Centre for Social and Health Outcomes Research and Evaluation and Te Ropu Whariki, Massey University
7. Turning Point (2006) Bottling it Up page 1.
8. ¹www.eurocare.org/resources/special_topics/EU_alcohol_strategy
9. Peltoniemi, Teuvo (2005) Children in alcohol and drug abusing families in Finland 1994 and 2004. A-Clinic Foundation, Helsinki, Finland. A-Clinic Foundation/Fragile Childhood, Helsinki, Finland. Manuscript.
10. ¹ Lachner and Wittchen, 1997 Familiaer übertragene Vulnerabilitaetsmerkmale für Alkoholmissbrauch und –abhaengigkeit [Hereditary vulnerability for alcohol misuse and dependency.]. In H. Watzl & B. Rockstroh (Eds.), Abhaengigkeit und Missbrauch von Alkohol und Drogen [Alcohol and drug dependendy and misuse] (S.43-89). Goettingen: Hogrefe.
11. ¹ Behaviour and Attitudes (2009) Keeping it in the Family Survey: Parental Drinking Among 18-40 Year Olds, Prevalence and Impact. Dublin: Alcohol Action Ireland
12. ¹ Eurocare and Coface (1998) Problems in the Family: A report to the European Union
13. ¹ This has been worked out by using EUROSTAT 2006 EU population data and cross referencing with estimates made through the COFACE and EUROCARE estimates of prevalence in Problems in the Family: A report to the European Union.
14. ¹ Manning, V; Best, D; Faulkner, N and Titherington, E; New estimates of the number of children living with substance misusing parents: results from UK national household surveys National Addiction Centre Institute of Psychiatry South London and Maudsley NHS Trust, BMC Public Health 2009, 9:377 doi; 10.1186/1471-2458-9-377 and available from <http://www.biomedcentral.com/1471-2458/9/377>

15. ¹ Dawe S, Fry S, Best D, Moss D, Atkinson J, Evans C, Lynch M, Harnett P: Drug use in the family: impacts and implications for children. Canberra, ACT: Australian National Council on Drugs; 2007
16. ¹ British Medical Association (2007). Fetal Alcohol Spectrum Disorder: A guide for Health professionals. <http://www.nofas-uk.org/pdf/bma%report%204%20june%202007.pdf>
17. ¹ Heinonen, S. (2008). Päihteiden aiheuttamat sikiovauriot ja tahdonvastainen hoito – ojasta allikkoon? Presentation for a seminar organised by Finnish Centre for Health Promotion in Kuopio 17 September.
18. ¹ Spohr, H.L. & Steinhausen, H.C. (2008). Fetale Alkohol-Spektrum-Störungen. Dtsch Arztebl, 105: 41, pp 693-698.
19. ¹ Kelly, Y. et al (2008). Light drinking in pregnancy, a risk for behavioural problems and cognitive deficits at 3 years of age? International Journal of Epidemiology, 2008, pp 1-12.
20. ¹ O'Connor, T.G., Heron, J., Golding, J., Beveridge, M. and Glover, V. (2002). Maternal antenatal anxiety and children's behavioural/emotional problems at 4 years. Report from the Avon Longitudinal Study of parent and children. British Journal of Psychiatry 180, pp 502-508.
21. ¹ 'Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach <http://www.scotland.gov.uk/publications/2008/06/1608434810> (2008)
22. ¹ Harwin, J. et al (2003). Making Care Orders Work. London: The Stationery Office.
23. ¹ Harwin, J. and Ryan, M. (2007). The role of the court in cases involving parental substance misuse and children at risk of harm. Journal of Social Welfare and Family Law, 29: 3, pp 277-292.
24. ¹ Ryan, M. et al (2006). Report on the feasibility of establishing a Family Drug and Alcohol Court at Wells Street Family Proceedings Court. Report to Camden, Islington and Westminster Social Services and CAF/CASS.
25. ¹ Brophy, J. (2006). Care proceedings under the Children Act 1989: A Research Review Research Series /06, London: DCA.
26. ¹ Myllärniemi (2005) Huostaanottojen kriteerit pääkaupunkiseudulla. [Criteria for child protection custodian cases in the metropolitan area]. Socca ja Heikki Waris -instituutti.
27. ¹ Butler, S. (2002). Addiction Problems, Addiction Services, and Social Work in the Republic of Ireland. Journal of Social Work Practice in the Addictions. 2, pp 31-48.
28. ¹ 'Social backgrounds of children referred to the Reporter: a pilot study', 2004
29. ¹ Children aged under two years referred to the Children's Reporter (2009) Indiya Whitehead, Donald Lamb, Lucy Hanson, Gwen McNiven & Gillian Henderson Scottish Children's Reporter Administration Scottish Children's Reporter Administration
30. http://www.scra.gov.uk/cms_resources/Children%20under%20two%20years%20research.pdf

31. ¹ 'Let Glasgow Flourish: a comprehensive report on health and its determinants in Glasgow and west Central Scotland' Hanlon, P., Walsh D. Whyte, B. Glasgow Centre for Population Health, 2006.
32. ¹ <http://www.scotland.gov.uk/publications/2008/06/1608434810> (2008).
33. Chalder, M., F.J. Elgar, and P. Bennett, (2006) Drinking and motivations to drink among adolescent children of parents with alcohol problems. *Alcohol and Alcoholism*, 41(1):107-113.
34. ¹ Velleman and Orford (2001) Risk and resilience: Adults who were children of problem drinkers Amsterdam: Harwood Academic Publishers
35. ¹ Children in alcohol and drug abusing families in Finland 1994 and 2004 Teuvo Peltoniemi. A-Clinic Foundation, Tiimi 2; 2005 supplement. [translation to English]
36. ¹ Kolšek M. Pogostnost pitja alkohola in pivske navade osnovnošolcev v Sloveniji : doktorska disertacija = [Alcohol consumption and drinking habits among primary school children and junior high school students in Slovenia : graduate thesis]. Ljubljana: Medicinska fakulteta Univerze v Ljubljani = [Medical faculty, University of Ljubljana], 2000.
37. ¹ Childhood experiences of living with problem-drinking parents. Maritta Itäpuisto. Kuopio University Publications E. Social Sciences 124. 2005. 156 p. ISBN 951-27-0363-7].
38. ¹ Children in alcohol and drug abusing families in Finland 1994 and 2004 Teuvo Peltoniemi. A-Clinic Foundation, Tiimi 2; 2005 supplement. [translation to English]
39. ¹ Callingham, M (2002) Survey for the National Association of Children of Alcoholics (NACOA) [unpublished report] Available online www.nacoa.org.uk Accessed 27.01.09
40. ¹ Streimann, K. (2007) Alcohol problems in the Family experienced by children from Tallinn. Tallinn University
41. ¹ Angus Bancroft, Sarah Wilson, Sarah Cunningham-Burley, Kathryn Backett-Milburn and Hugh Masters (2004), Parental Drug and Alcohol Misuse: Resilience and Transition among Young People. York: Joseph Rowntree Foundation
42. ¹ Chodkiewicz, J. et al, Wilska, A. State of health, social support and life satisfaction among Adult Children of Alcoholics (ACA) who receive therapeutic help. *Alkoholizm i narkomania*, 2008 (21), p 2].
43. ¹ Haugland, B.M. (2003) Parental alcohol abuse. Family functioning and child adjustment. University of Bergen, Department of Psychology].
44. ¹ Barnow, S., Schuckit, M., Smith, T.- L., Preuss, U., & Danko, G. (2002). The real relationship between the family density of alcoholism and externalizing symptoms among 146 children. *Alcohol and Alcoholism*, 37 (4), 383-387;

45. ¹ Germany: Preuss, U., Schuckit, M., Smith, T.; Barnow, S., & Danko, G. (2002). Mood and anxiety symptoms among 140 children from alcoholic and control families. *Drug and Alcohol Dependence*, 6, 235-242;
46. ¹ Germany: Barnow, S., Schuckit, M., Smith, T., Spitzer, C., & Freyberger, H.- J. (2006). Attention Problems among Children with a Positive Family History of Alcohol Abuse or Dependence and Controls. *European Addiction Research*, 13 (1), 1-5;
47. ¹ Germany: Barnow, S., Ulrich, I., Grabe, H.-J., Freyberger, H.-J., & Spitzer, C. (2007). The influence of parental drinking behaviour and antisocial personality disorder on adolescent behavioural problems: Results of the Greifswalder family study. *Alcohol and Alcoholism*, 42(6), 623-628.
48. Forrester, D. & Harwin, J. (2008) Outcomes for children whose parents misuse drugs or alcohol: A two year follow up study, *British Journal of Social Work* (2008) 38, 1518–1535
49. ¹Velleman, V., Templeton, L., Reuber, D., Klein, M., Moesgen, D. (2008) Domestic abuse experienced by young people living in families with alcohol problems: results from a cross-European study *Child Abuse Review* 17 (6), pp 387-409.
50. ¹ Klein, M. & Quinten, C. (2002). Long Term Development of Children of Treated Alcohol Dependent Parents]. *Suchttherapie*, 3, pp 233-240.
51. ¹ Girling M, Huakau J, Casswell S & Conway K (2006). Families and Heavy Drinking: Impacts on Children's Wellbeing. Centre for Social and Health Outcomes Research and Evaluation and Te Ropu Whariki, Massey University
52. ¹ Home Office/ Department of Health (2004) Alcohol Harm Reduction Strategy
53. <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/alcohol>
54. ¹Home Office and Department of Health (2007) Safe, Sensible drinking: the next steps in the Alcohol Harm Reduction Strategy <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/alcohol>
55. ¹ Advisory Council on the Misuse of Drugs (2006) Three years on: Realities, challenges and opportunities <http://drugs.homeoffice.gov.uk/publication-search/acmd/ACMDPressRelease.pdf>
56. ¹ Department for Children, Schools and Families (various documents from 2004). Change for Children Programme Every Child Matters <http://www.everychildmatters.gov.uk>
57. ¹ Department for Children, Schools and Families (2007) Children's Plan: Building Brighter Futures <http://www.idea.gov.uk/idk/core/page.do?pagelId=7757149>
58. ¹ The Scottish Government (2006 and 2008) Getting it right for every child <http://childpolicyinfo.childreninscotland.org.uk/index/news-app/story.4989>
<http://www.scotland.gov.uk/Publications/2005/06/20135608/56098>
59. ¹ http://www.lswn.it/eventi/convegna/2008/alcohol_prevention_day

60. ¹ What works in training social workers about drugs and alcohol? A study of student learning and readiness to practise (2008) funded through the Home Office (unpublished).
61. ¹ Saunders, J.B., Aasland, O.G., Babor, T.F., de la Fuente, J.R. and Grant, M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. II. *Addiction*, 88, 791-804, 1993.
62. ¹ Recommendations concerning the quality of services for substance abusers. Helsinki, 2002. 61p. (Handbooks of the Ministry of Social Affairs and Health, ISSN 1236-116X; 2002:3) ISBN 952-00-1198-6 <http://pre20031103.stm.fi/suomi/pao/paihdepalvelu/paihdepalv.pdf>
63. ¹ www.alcohol-drugs.org.uk/danos
64. ¹ Sloper, P. (2004) Facilitators and barriers for co-ordinated multi-agency services. *Child: Care, Health & Development*. 30(6), pp 571-580
65. ¹ www.projectstrada.org
66. ¹ ADFAM and Grandparents plus (2006) *Forgotten Families: The needs and experience of grandparents who care for children whose parents misuse drugs and alcohol*. Grandparents plus and Adfam.
http://www.grandparentsplus.org.uk/jdd/public/documents/gpp/file/Forgotten%20Families_2006.pdf
67. ¹ Broad, B. (2004) Kinship care for children in the UK: Messages from research, lessons for policy and practice. *European Journal of Social Work* 7: 2, pp 211-227.
68. World Health Organisation lexicon of alcohol and drug terms (World Health Organization, 1994)
69. COFACE and EUROCARE (2003) *Alcohol in the Family: A report to the European Commission*

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COUNTRY QUESTIONNAIRE

WORK PACKAGE 5: PILOT COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	No
-----	----

If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Survey data	
Medical records	
Children in public care* data	
Research studies	
Other administrative sources- please describe	

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No
-----	----

If yes, please briefly describe these data and the prevalence they suggest.

Section A- Please answer

- Which organisations/ professionals were involved in answering section A?
- What references/sources of information/ literature were used in the preparation of section A?
- How easy/ difficult has it been to collect this information for section A?

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)? Please explain in detail using

Appendix A attached. If you are including details on large-scale and/or influential/important studies, please also attach relevant abstracts in English.

B2 Please indicate any results which have particular relevance for:-

- a) increasing understanding of the links between child health and parental alcohol misuse
- b) policy, service and professional development

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health. Please use **Appendix B**

Section B Please answer

- Which organisations/ professionals were involved in answering section B?
- What references/sources of information/ literature were used in the preparation of section B?
- How easy/ difficult has it been to collect this information for section B?

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	No
-----	----

If yes, please name this department (or departments) and describe its (or their) role in policy and practice

C2 Is there a government department with responsibility for chAPAPs?

Yes	No
-----	----

If yes, please name this department (or departments) and describe its (or their) role in policy and practice relating to chAPAPs.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

C4 Are there any current national government initiatives or strategies which address chAPAPs ?

Yes	No
-----	----

If yes, please describe.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	No
-----	----

If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	No
-----	----

If yes, please use **Appendix C** to describe in further detail

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children’s health and wellbeing?

Yes	No
-----	----

If yes, please use **Appendix D** to describe in further detail

If no, are there any existing parenting programmes which can be modified to address the impact of alcohol misuse on a child’s health and wellbeing? Please describe

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	No
-----	----

If yes, please use table below

Profession	Brief description e.g, length and content
Health professionals including: <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	
Social workers	
Police	
Teachers	
Treatment* services	
Early years/ Child care workers*	
Housing officers	
Youth workers	
Parenting workers	

Other	
-------	--

Section C please answer

- Which organisations/ professionals were involved in answering this section C?
- What references/sources of information/ literature were used in the preparation of section C?
- How easy/ difficult has it been to collect this information for section C?

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes	No
-----	----

If yes, please use **Appendix E** to describe examples of good practice

D2. What other relevant services are there for parents who misuse alcohol?

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	No
-----	----

If yes, please use **Appendix F** to describe examples of good practice. If no, how would these young people be supported? Please describe

D4 Are specialist services available to support chAPAPs?

Yes	No
-----	----

If yes, please use **Appendix G** to describe examples of good practice

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	No
-----	----

If yes, please describe using the table below.

Name of organisation	Description of support provided

Section D- please answer

- Which organisations/ professionals were involved in answering this section?
- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information?

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<u>Strengths</u>	<u>Weaknesses</u>
<u>Opportunities</u>	<u>Threats</u>

--	--

Section E Please answer

- Which organisations/ professionals were involved in answering this section?
- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information?

Section F Case studies

Case study

Case study 1- Neo-natal

Stage 1

A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.

- How would this case be dealt with in your country?
- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes	No
-----	----

If yes, what steps would be taken and what information would be shared with whom?

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes	No
-----	----

If yes, please describe.

- What services and support would be provided to [a] Annie and [b] her mother?
- Are there any practical, resource or administrative barriers to good practice?

Yes	No
-----	----

If yes, please describe:

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes	No
-----	----

If yes, please describe the professionals who would have been involved and the support Annie would have received

- What action, if any, would need to take place now to assess and protect mother and child? Please describe
- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No
-----	----

If yes, please describe

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
-----	----

If yes, what steps would be taken and who and what information would be shared?

If no, please describe the actions the teacher /school staff member would take?

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
-----	----

If yes, please describe

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?
- What services would now be offered to Joanne and her family?
- Are any of these services obligatory?

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?
- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No
-----	----

If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

- Would the housing department have any role in this situation?

Yes	No
-----	----

If yes, what action would they take and could they provide any support? Please describe

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	No
-----	----

If yes, please describe what type of service this would be.

If no, are there alternative services where he could receive help?

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe
- What action would be taken about the 15 year old's possible exclusion from school?
- Are there any parenting support programmes which could be offered to the family? If yes, please describe.

COUNTRY QUESTIONNAIRE GUIDANCE

INTRODUCTION

Brunel University in the UK is the lead partner in this work package. There are 3 elements to this package including:

- **Step 1-** Brunel University is responsible for developing a survey instrument tool (from hereon referred to as “Country Questionnaire”) for all partners who will be asked to fill in the relevant details for their own country. The country questionnaire will collect information on prevalence, research, policy and practice and service delivery concerning the mental and physical health of children affected by parental alcohol misuse (completion by end of October 2008).
- **Step 2-** Once the results from each participatory country have been collected and sent to Brunel, we will then be responsible for developing a summary report in partnership with each partner for each individual country. The report will pull out the key themes and emerging issues concerning the mental and physical health of children affected by parental alcohol misuse (completion by end of January 2009).
- **Step 3-** Brunel University will be responsible for developing a global report which will analyse and compare the findings from across each participatory country to identify best practice, gaps and barriers and recommend areas for future development (completion by end of March 2009).

This working guidance only refers to step 1 of this work package. Further guidance will be disseminated later on in the project relating to steps 2 and 3.

DEADLINES AND CONTACT DETAILS FOR WP5

Please make sure that you all send back a FULLY completed Country questionnaire to me by email no later than 17th October 2008.

I am contactable throughout this period and will respond to all email enquiries within 5 working days. I will email each individual partner every month to check on progress. I can also set up telephone meetings on Wednesdays if any partner wishes to talk through specific issues or difficulties they are having.

Please Remember, if in doubt CONTACT ME! My email address is: sally.heath@brunel.ac.uk

GUIDANCE ON EACH SECTION OF THE COUNTRY QUESTIONNAIRE

Section A- Prevalence and background information

A1. This question requires each country to demonstrate what data is available on the prevalence of ChAPAPs. This could be from a range of sources based on actual recorded statistics or estimates. If data is available it is important that you outline:

- the type and source of information available,
- systems/ formulae used to derive the information,
- evidence from the data
- period of time the data is referring to eg annual, quarterly or monthly.
- limitations of the data.

Data sources which may be available in your Country could be through:

- Data on number of parents in alcohol treatment who have dependant children
- Social work/ social enquiry records where parental alcohol misuse is evident. *Eg in the UK, one Local authority carried out an independent research evaluation of all of their "core assessments" (full social work investigation reports) over a 12 month period. Through analysing each file, they were able to determine how prevalent parental alcohol misuse was in their caseload and improve service provision based on this information.*
- Alcohol related hospital admissions
- Alcohol screening procedures on parents in doctors' surgeries
- Police records on alcohol related offences
- Local prevalence data and research looking at distinct populations eg children in public care
- Estimated numbers based on formulae. *For example in the UK as part of the Alcohol Harm Reduction Strategy for England 2004, a formula was developed which estimated that 1.3.million (one in eleven children up to the age of 16 years) children live with parents who misuse alcohol. This formula is now widely used by local areas in combination with other local data sets to determine prevalence*

A2. This question requires you to evidence data available on children with foetal alcohol spectrum disorder in your country. If data is available it is important that you outline:

- the type and source of information available,
- systems/formula is used to collect this information and how it is recorded,
- evidence from the data;
- period of time the data is referring to eg annual, quarterly or monthly.
- limitations of the data.

Section B- Research

This section aims to find out what research has been, or is being carried out in your country to aid our understanding of the prevalence and circumstances of ChAPAPs and the effectiveness of policies, services and practices.

B1. To help you with your search on this section we have suggested the following combination of keywords:

- Alcohol + children + health
- Alcohol + parenting + health
- Foetal alcohol syndrome
- Alcohol + parents + services
- Alcohol + parents + policy

Please note that research should relate only to that carried out in your country over the last 10 years on the mental and physical health of ChAPAPs (from pre birth to 18 years old). However if you would like to include any other influential research carried out before the last 10 years, please do so.

Your results in the section should be filled out using **Appendix A** which asks for the following information:

- Reference- Full bibliographic reference eg “Risk and Resilience: Adults who were the children of problem drinkers”. Orford, J and Velleman, R. Publishers: Routledge 2000. ISBN-10 9058231968.
- Research question- To include purpose of research, specific questions addressed
- Methodology- Sample (numbers and characteristics), was there a comparison group, research location, how data collected, specific research tool and schedules used, date and duration of research
- Findings –Main findings and conclusions
- Recommendations- Lessons drawn by author(s) for policy, practice and service development
- Limitations- Any shortcomings of the research (a) mentioned by the author(s) and (b) in your opinion

We would also like you to complete a short summary of the methods and search engines you used to collect this information. If you are including details on large-scale and/or influential studies, you may also wish to attach relevant abstracts in English.

B2. Please specify which research findings listed in B1 have had particular relevance for:-

- a) increasing understanding of the links between child health and parental alcohol misuse
- b) Policy, service and professional development

For example, it could be that it has changed the way services are delivered through demonstrating practice which has improved outcomes for service users, or led to the development of new legislation to protect children from parental alcohol misuse.

B3. This section has been included as partners wanted to be able to include examples of broader research which is relevant to children affected by parental substance misuse. Please use **Appendix B** to provide the following information:

- Reference
- Research question
- Methodology
- Findings
- Recommendations
- Limitations

As with B1, we would like you to complete a short summary of the methods and search engines you used to collect this information

Section C- Country Policy and Practice

This section aims to collect information on policies and requirements to support ChAPAPs.

C1. For this question we require you to state whether there is a government department/ ministry with lead responsibility for alcohol misuse. You will need to describe their role and any alcohol strategies/manifestos they have developed and are responsible for. It may be that more than one government department/ministry has responsibility. If so, please describe how their areas of distinct responsibility. Please also indicate if responsibility for alcohol misuse is taken at regional rather than central level.

As an example, in the UK we have 2 central government departments- the Home Office and the Department of Health (DoH)- which have overall responsibility for the delivery of the current UK alcohol strategy called "Safe, sensible drinking". To support this partnership, there is an alcohol ministerial group which is jointly chaired by Home Office and DoH ministers with representation from other central government departments. This group is responsible for ensuring that the strategy is implemented across the UK.

C2. This question is specifically concerned with finding out if there is a government department/ Ministry with responsibility for ChAPAPs. If there is, please describe in detail the role they play, if there is more than one government department/ ministry involved and, if so, how these work together. Please also describe any strategies developed (or developing) to support this agenda.

C3. This question requires you to demonstrate how central government, regional/local* and voluntary sector organisations* work together to support ChAPAPs. As this may vary across your country, you may wish to focus on specific areas. I have included one of the worked examples from the UK which will help you understand the type and level of detail required:-

The London Borough of Camden

Camden Drug and Alcohol Action Team (DAAT), a subgroup of the local crime reduction partnership, has developed a Camden Alcohol Harm Reduction Strategy. www.camdenpct.nhs.uk/pages/go.asp?pageID=730&path-3&path=475.0502&instance-761. There are 4 strands to the strategy, one of which has a specific focus on the impact of ChAPAPs. Camden has developed and implemented Substance misuse working protocols between adult treatment providers and children and families social care services. These aim to improve the

working relationships between both sectors to enable better identification of children at risk, and ensure quick access to specialist support and treatment.

A range of Camden services are provided by both statutory and voluntary sector providers. Services are commissioned through local government and health authorities and funded through specific central government grants. Services range from specialist adult alcohol treatment services, family alcohol services, young people's drug and alcohol services through to a specialist drug and alcohol care proceedings court.

C4. This question requires you to describe national government initiatives or strategies in place to address and support ChAPAPs. If there are strategies/initiatives available in your country, we would like you to briefly describe them including the following information:

- Name of strategy/ initiative
- Who has responsibility for its delivery
- What are its aims and objectives
- What progress has been made to date

You may wish to include hyperlinks to relevant documents. Please note that some strategies may refer to substance misuse rather than just alcohol misuse. Please include those which you think are relevant.

To see more information on the UK's alcohol Strategy "Safe, Sensible Drinking" visit: www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_075218

C5. For this question, you will need to describe legislative and/or regulatory duties to protect:

[a] children at risk of harm and

[b] more specifically, ChAPAPs

Please use the table provided in the questionnaire to complete details. You should include the name of the legislation/duty and briefly describe it.

C6. This question is concerned with collecting information on major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people. The reason for collecting this information is to identify preventative work being undertaken to stop children becoming problematic drinkers in later life. Please use **Appendix C** to describe the programmes in detail including:

- Name of programme
- Brief description
- Links to resources- you may want to put in hyperlinks to relevant documents or websites

C7. This question is concerned with finding out whether there is any widespread or important education, health promotion or parenting programmes which address parental alcohol misuse and its impact on child health and wellbeing. Please use **Appendix D** to describe in detail including:

- Name of programme

- Brief description
- Evidence of effectiveness

C8. This question requires you to describe training for professionals on the impact of parental alcohol misuse on children. Use the table in the questionnaire to describe this. Please use the “other” column to include professionals who are not included in the list

Section D-Service delivery

This section is concerned with understanding services available in your country to support children and families affected by alcohol misuse. We realise that there may not be a consistent and central approach in your country and that services may vary by region or local area. However, please provide examples of good practice to demonstrate what is in place.

D1. This question asks you to describe specialist alcohol treatment* services available for parents. Please use **Appendix E** to describe examples of good practice which must include the following:

- Name of service
- Brief description of service
- Staff on the team
- Interventions offered
- Capacity/volume of service
- How it is evaluated
- How it is funded

Appendix E provides a UK worked example to demonstrate the level of information required.

D2. For this question, we want you to describe other relevant services for parents who misuse alcohol. These could be access to generic parenting programmes or access to training, education and employment programmes with crèche facilities.

D3. For this question we would like you to provide good practice examples of specialist alcohol treatment services for young people (under 18s). Please use **Appendix F** and include:

- Name of service
- Brief description of service
- Staff make up
- Interventions offered
- Capacity/volume of service
- How it is evaluated
- How it is funded

Appendix F provides a UK worked example to demonstrate the level of detail required. Please specify whether services are for drugs and/or alcohol.

If there are not specialist services available, please describe the services that young people could access.

D4. Please describe if there are specialist services to support ChAPAPs. Please use **Appendix G** to describe examples of good practice that include:

- Name of service
- Brief description of service
- Staff make up
- Interventions offered
- Capacity/volume of service
- How it is evaluated
- How it is funded

D5. For this question, please describe other relevant services available for children affected by parental alcohol misuse. These could include young carers projects, diversionary activities for vulnerable young people, or education programmes.

D6. Please describe any networks of self help groups for families affected by alcohol misuse. Please use the table in the questionnaire to describe these.

Section E- Critique of country response

This section aims to summarise the key strengths, weaknesses, opportunities and threats in your analysis of provision for ChAPAPs. Below are some of the types of questions you may want to consider. Please provide one key example of a strength, weakness, opportunity and threat, with robust supporting evidence in the grid provided.

Strengths-

- What is working well in your country?
- Is there evidence based service provision in place?
- Is there political backing to support ChAPAPs ?
- Are there good recording and reporting structures?
- Are professionals adequately trained to identify issues?
- Are good coordination mechanisms and strategies in place?
- Are services evenly spread across the country?
- Are sufficient resources available?
- Are good public health/ education programmes in place?
- Do our social care systems respond in a timely manner in providing support to ChAPAPs?

Weaknesses-

- Is there lack of investment in service delivery and/or research?
- Are ChAPAPs not recognised as a vulnerable group?
- Is there a lack of political interest?
- Are country policies/strategies inadequate?
- Is alcohol too widely available?

- Is the drinks industry too powerful to control?
- Are there regional disparities?
- Is there inadequate legislation in place to protect ChAPAPs?
- Are staff inadequately trained?

Opportunities-

- Is there new/emerging practice/ research relating to ChAPAPs ?
- Is this issue becoming more prominent on the political agenda?
- Is there new funding for programmes, initiatives, policies or research?
- Are new policies/strategies being developed?
- Can we learn from experiences in other countries?

Threats-

- Is there an increase in alcohol misuse?
- Are services unable to meet demand?
- Are the numbers of children requiring protection due to parental alcohol misuse increasing?
- Are there unintended negative consequences of services and policies?
- Are there any competing political priorities that limit resources for ChAPAPs?

Section F- Case studies

This purpose of this section is to complement the earlier sections and illustrate the reality of provision in everyday settings. We want to draw out how universal, targeted and specialist services work together in supporting ChAPAPs. We expect that you will need to consult colleagues from relevant disciplines/sector to help answer these questions.

For each case study, please provide as much detail as possible. Please indicate if the practice you describe is likely to be consistent across the country. If there is not a consistent approach, please focus on one or a few regions/areas where services are working well.

If your answers are “no” to some of the questions, please describe what the gaps are and indicate if the practice you describe is likely to be consistent across the country. You may want to demonstrate this by using an example of a region/area where services are poor, or through a case example demonstrating poor practice.

AUSTRIA COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes

If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Medical records	Estimates based on the number of parents in alcohol treatment

Source: Uhl, A. (2009): Problems in assessing prevalence of children in families with alcohol problems. To be published in: Vellemann, R. & Templeton, L.: Children in families with alcohol problems. Oxford University Press, in press.

More than 10% of Austrian children are confronted with manifest alcoholism in one of their biological parents before they reach the age of 18 and around 50% are confronted with alcohol abuse in important reference persons (their biological parents, step-parents, grandparents, older sibling and/or relatives living in the same household and/or playing a relevant role for the core family. This is the ratio of the total children population from a longitudinal perspective (incidence between 0 and 18 years of age). From a cross sectional perspective – at a given point in time it is a bit less – we never estimated this cross sectional – and since the whole thing is a very crude estimation only and we do not have an empirical basis to do the cross-sectional perspective.

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

No

If yes, please briefly describe these data and the prevalence they suggest.

Section A- Please answer

- Which organisations/ professionals were involved in answering section A?

This data has been collected within a study the Ludwig-Boltzmann Institute for Addiction Research did recently (Puhm, A., Gruber, C., Uhl, A., Grimm, G., Springer, N., Springer, A.(2008): Kinder aus suchtbelasteten Familien – Theorie und Praxis der Prävention), where we described the situation of children and adolescents affected by parental alcohol problems. (Description of the study more detailed ...)

- What references/sources of information/ literature were used in the preparation of section A?

Within the study described above:

1. Interviews with experts from different fields (addiction prevention, addiction treatment, physicians, youth welfare,

2. Literature research
 - a. not published lit. (grey literature, e.g. universities, internal papers from institutions),
 - b. published lit.
 - How easy/ difficult has it been to collect this information for section A?

Some things that made it easy to get the information:

 1. In Austria there are only few research activities done concerning ChAPAPs - not difficult to get an overview
 2. The Ludwig Boltzmann Institute/AlcoholCoordination- und InformationCenter (were Alfred and I work) have been concerned with the topic "children affected by parental alcohol problems" in the last few years, so we have a rather good overview on research and activities
 3. In most counties of Austria we have established a well functioning ENCARE-network; within this a regulary published newsletter informs about research and activities

B) Research

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older than this if they are particularly influential)?

No such research/surveys in Austria- there have not been any *studies on the Mental and/or physical health status of children affected by parental alcohol problems. Until 2007 41 master and doctoral thesis focussed on children affected by parental alcohol problems, 2 of them (1989 and 1997) seem to focus on the certain aspects of mental health status. Both of them have not been published.*

B2 Please indicate any results which have particular relevance for:-

- c) increasing understanding of the links between child health and parental alcohol misuse
- d) policy, service and professional development

None

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

No studies

C) Country policy* and practice

In Austria there exists consensus that the topic of CHAPAPS is a relevant one that should be focused on. Compared to other countries most of Austrian professionals do not prefer special offers for CHAPAPS. They want the practitioners to be enabled to support CHAPAPs more effectively within the existing structures that support children in common/children and families at risk. Therefore trainings for practitioners are developed. Stigmatization of CHAPAPs is the main reason for this attitude.

Focus on CHAPAPs: In the last few years every federal state of Austria a regional network ENCARE has developed; professionals from every important institution work together (kindergarten, schools, youth welfare, counselling, treatment, ...). Every region decides on the aims of the network. Symposia, trainings

are provided. If there is a need for special measures for CHAPAPs in a specific region, this can be planned within the network

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes

If yes, please name this department and describe its role in policy and practice

In Austria the Bundesministerium für Gesundheit, Familie und Jugend (Ministry for health, family and youth) has the lead responsibility for measures against alcohol misuse. (They do not cause alcoholism most of the time)

This ministry (health) is presently in charge of developing an Austrian alcohol policy. The other sub areas like family and youth may be located in other ministries after elections and as far as I know “youth” was added to the ministry for traffic in the new gov’t and family is moved away as well - but the new law to define what sector is in what ministry has not been passed yet. The ministry of health – regardless what other sectors are added to the ministry in a specific gov’t - it is in charge of organising the Austrian medical system and the state ministries are in charge of paying. They can veto if a new law imposes higher costs on them. Many other details are dealt with on a state level only – like youth protection, foster homes, social welfare – and the central government tries to influence these processes – but commonly fails. It is not possible to put a complex matter like “dealing with Chapaps” into the jurisdiction of one ministry or local structure – it is a cross sectional matter. If one national or local ministry takes the lead and suggests a law – the government as a whole suggests it to the parliament and the parliament decides it. The specific issue “Children of alcoholics” is not mentioned in our constitution and therefore it is a matter of taste which ministry and/or state ministry prepares which relevant law.

C2 Is there a government department with responsibility for chAPAPs?

Yes

If yes, please name this department (or departments) and describe its (or their) role in policy and practice relating to chAPAPs.

Within the Ministry for Health, Family and Youth there exists a department for alcohol

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice models.

There are regulations, laws and departments responsible for dealing with children who have problems; this includes CHAPAPs. All those laws, regulations and initiatives are not concerted though and do not focus explicitly on CHAPAPs but they include CHAPAPs. Since Austria has a federal structure many regulations and measures are not decided on a country level but on a state level (in Austria there are 9 federal states).

To deal with children who have problems – like sending a social worker to the family, checking and if necessary to take the children away and put them to foster parents and/or foster homes is state responsibility. In Vienna (a state by its own) the department of youth and family (equivalent to a state ministry) is in charge of sending social workers and deciding on measures. But if welfare is needed, if there

are school problems, if violence is involved, if treatment is needed, if criminal activities happen, if spare time activities outside of school is relevant, if drug and alcohol problems are apparent, etc. different departments – partly on national level and partly on state level - are in charge as well and dominate. Since the modern government policy is outsourcing departments – practical handling and responsibility is commonly even in private hands.

If we think about a comprehensive perspective in this matter – almost all federal and state ministries as well as some privatised institutions play a relevant role – and since nobody thinks about an integrated policy “children affected by parental substance problems yet” – there is no ministry having a clearly superior lead position in organising and coordinating such a thing. The ministry of health has a leading role in developing an alcohol policy presently. If the other ministries see it similarly is hard to judge at this point. Since alcohol policy could include the topic CHAPAPS one might assign the ministry of health a leading role – but at this stage this is not really justified.

C4 Are there any current national government initiatives or strategies which address chAPAPs

No

If yes, please describe.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes

If yes, please use the table below

All of the laws described below focus on children at risk for harm and not explicitly on CHAPAPs.

Legislation/ Regulatory duty	Description
Please specify if this refers to (a), (b) or both	
<i>Youth protection laws</i>	
<i>Youth welfare laws</i>	
<i>Criminal laws</i>	

State youth protection laws (enormously different from state to state) regulate how long children are allowed to be out on the streets at what age, define buying and drinking ages for tobacco, alcohol, pornographic materials, etc. They mostly regulate situations for children when parents are not around but in some states interfere with the private region as well. The complexity is enormous – we never even managed to describe drinking ages in a sensible way for WHO – they always shorten it and thus make it wrong in their tables.

It is illegal to beat and/or maltreat and/or abuse children wives and children. It is illegal to drive intoxicated (this protects children who are passengers). It is illegal to use certain drugs (for adults and children). There

are obligations to go to school and regulations how to treat drug and alcohol problems. There are shelter homes for mothers and children if they are beaten. There are laws stating that violent fathers can be told to stay away from their homes, wives and children. There are laws regulating who gets custodianship over children, if one or both parents seem incapable of doing it. There are laws regulating financial support for children in general and for children in need in particular. There are regulations when children can be taken away from their parents, who can be foster parent and how foster homes have to be organised. There are laws to create “child guidance centres” who treat free of costs and laws saying that treatment including treatment for addictions and psychotherapy have to be covered by the mandatory health insurance – and if the person was unemployed for a long time and is not health insured by the social system.

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset future harmful drinking in adulthood?

Yes

In Austria addiction prevention is part of the education tasks in school; so prevention not only takes place in schools but also in kindergarten and community based projects/campaigns. In every of the 9 federal states in Austria there are centres for addiction prevention who develop and offer several different programs and projects. It's not easy to say what projects are “best practice”, because (1) this depends often on the people who work on a special program and (2) the projects are suited to the need of the “client”. But in Austria due to the work of these centres for addiction prevention there exists a lot of programs and campaigns.

Prevention in schools is statutory in the sense that all teachers have to direct their teaching according to several principles. One is to work against violence, against intolerance, for media competency, for health promotion including substance use prevention, for sexual education etc. Some schools and teachers take specific steps in some of these fields, others touch the issues in their teaching and others neglect some or all of these issues. It is part of their general duty as teachers. There is no obligation to run specific programmes – but some schools and teachers are heavily involved – partly with support from the state prevention centers.

One example of a prevention activity is Barfuss (barfoot) - a mobile bar to rent, which is used in different youth events in Upper Austria (one of the 9 federal states). Young people are mixing attractive alcohol free cocktails. The aim of this project is to improve the positive image of “fun without alcohol”, to sensitize young people and adults for a more conscious handling with alcohol, and to offer an attractive alternative to alcoholic beverages. There are several concepts and program packages to improve life skills as well as provide relevant information as well, that can be booked from prevention centres.

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

No

Austrian prevention activities focus on key persons, multiplies and final targets. The latter are usually parents and children. Parenting is an issue in activities involving parents – but they are hardly seen as “parenting skills programs” but more as “information for parents activities”.

For parents who have problems with their parenting, there are free child guidance centres offering guidance and therapy for parents and their children at the same time and free family counselling centres.

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes

There are training programmes but most of the time not in a systematic way; if professionals (e.g. from a certain institution) are interested and need a training they approach to trainers (Therapists, trainers, regional institutes for addiction research) and the trainings are suited to the needs of the professionals; so most not systematic; therefore difficult to describe

In the recent years CHAPAPs received more attention and there a efforts to install systematic trainings for different professions

Section C please answer

- Which organisations/ professionals were involved in answering this section C?
- What references/sources of information/ literature were used in the preparation of section C?

Homepages of the centres for addiction prevention:

Burgenland

Fachstelle für Suchtprävention, Psychosozialer Dienst Burgenland GmbH

mobil: 0699/15797900

suchtpraevention@psd-bgld.at

Kärnten

Amt der Kärntner Landesregierung, Landesstelle für Suchtprävention

Tel.: 0463/53631281

abt12.spraev@tn.gv.at

www.gesundheit-kaernten.at

Niederösterreich

Fachstelle für Suchtvorbeugung, Koordination und Beratung

Tel.: 02742/31440

nfo@suchtvorbeugung.at

www.suchtvorbeugung.at

Oberösterreich

Institut Suchtprävention

Tel.: 0732/778936

nfo@praevention.at

www.praevention.at

Salzburg

Akzente Suchtprävention

Tel.: 0662/849291

supra@akzente.net

www.akzente.net

Steiermark

VIVID Fachstelle f. Suchtprävention

Tel.: 0316/823300

vivid@stmk.volkshilfe.at

www.vivid.at

Tirol

Kontakt & Co.

Tel.: 0512/585730

office@kontaktco.at

www.kontaktco.at

Vorarlberg

Supro-Werkstatt für Suchtprophylaxe, Stiftung Maria Ebene

Tel.: 05523/54941

info@supro.at

www.supro.at

Wien

Institut für Suchtprävention - ISP, Sucht- und Drogenkoordination Wien

Tel.: 01/4000-87320

sp@sd-wien.at

www.drogenhilfe.at

- How easy/ difficult has it been to collect this information for section C?

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes

In Austria we have a broad offer of inpatient and outpatient treatment facilities for addicted; two of them mentioned in the Appendix also offer mother/parent-child treatment; in the other centres parenthood is one topic within treatment

Parents-Child-House of “Grüner Kreis” www.gruenerkreis.at 0043 (0)2642/52430. The service is for children (aged 0-12) from parents addicted from legal and illegal drugs; children stay together with their parents during treatment (10-12 months). The interventions include psychotherapeutic and socio-educational interventions for the children, educational guidance, common activities (+ usual therapeutic offers for the parents). The service see around 20 children/year and is funded through the youth welfare system and there is no formal evaluation of this service

Mother-Child Unit in the Anton Proksch Institut (Treatment facility for Addicted) www.api.or.at 0043 (1) 88010/600. The service is for children of alcohol and prescribed drugs addicted mothers (children aged 2-6); possibility to stay together with their mothers during the 8 weeks of treatment. Staff make up includes 2 practitioners specially for the children and mothers; additional team of psychiatrists, psychologists, nurses, social workers for the mothers

Interventions include support of mother-child relationship, educational guidance, support of common activities, clinical diagnostics of the children (+ usual therapeutic offers for the mothers. The service is currently being externally evaluated and is funded through the Anton Proksch Institut.

D2. What other relevant services are there for parents who misuse alcohol?

There are many services for alcohol and other substance abusers including parents – but as far as we know, no institutions or offers to exclusively deal with parents having alcohol problems.

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes

In Austria there exists a tight net of outpatient counselling centres; they also offer counselling for young people and consider the special needs of young addicted.

Auftrieb – Jugend- und Suchtberatung www.jugendundkultur.at auftrieb@jugendundkultur.at

A community based counselling for young people (12-25) and their families to deal with such issues such as alcohol, drugs and sexuality. The staff team are made up of social workers and psychologists. Interventions offered are counselling based and the service worked with 266 young people in 2007. There is no formal evaluation of the service and it is funded through a number of different youth welfare sources

Unit for young women at the Anton Proksch Institute www.api.or.at jungefrauen@apior.at

A unit within the Anton Proksch Institute (an inpatient treatment centre for addiction diseases) A service for woman aged 16-25. The treatment last 12 weeks and is delivered through clinicians from psychology, social worker, psychiatry and psychotherapy disciplines. There are a number of interventions offered including

pharmacological interventions, psychotherapy (Behavior therapy, systemic approaches); social work, occupational therapy, sports and PMR. The unit has 6 beds and works with around 20 women per year. Funding is through Health insurance company.

D4 Are specialist services available to support CHAPAPs?

Yes

In Austria there are only a few offers / programs for children affected by parental alcohol problems; most of them are not (yet) systematically installed because most of the offers have started the recent years, because the topic CHAPAPs became more and more interesting in the last appr. 5 years through the ENCARE network, that was meanwhile successfully installed in each county in Austria. Implementing some special offers for affected children takes place, but have not yet being evaluated. Therefore I listed all of the offers, though evaluation is missing.

Mother-Child Unit in the Anton Proksch Institut (Treatment facility for Addicted) www.api.or.at 0043 (1) 88010/600- The service is for children of alcohol and prescribed drugs addicted mothers (children aged 2-6); possibility to stay together with their mothers during the 8 weeks of treatment. The staff team is made up of 2 practitioners specially for the children and mothers; additional team of psychiatrists, psychologists, nurses, social workers for the mothers

Interventions include support of mother-child relationship, educational guidance, support of common activities, clinical diagnostics of the children (+ usual therapeutic offers for the mothers). The service see approximately 15 families per year, is currently being evaluated and is funded through the Anton Proksch Institut.

Parents-Child-House of "Grüner Kreis" www.gruenerkreis.at 0043 (0)2642/52430- Services for children (aged 0-12) from parents addicted from legal and illegal drugs; children stay together with their parents during treatment (10-12 months). Interventions include psychotherapy and socio-educational interventions for the children, educational guidance, common activities (+ usual therapeutic offers for the parents). The service works with 20 families per year is funded through the Youth welfare system.

Alateen www.al-anon.at Al-Anon Austria: 0043 (0)5672/72651- A self help group of for children (Alateen) as part of the wider Alanon Family group service. It offers help for children and teenagers affected by parental alcohol problems; the groups are working with the 12-Step program. In Austria there exist 8 groups. Each group has a grown up so called sponsor. The group aims to help children understand there problems through other members of Alateen; common alternative activities. Around 1-5 children attend each meeting. The service is funded through donations.

KASULINO www.kasulino.at/doku.pdf 0043 (0) 5574/77322- The service is for children aged 7-11. The program runs for 12 weeks, one meeting per week for 2 hours. Group conducted by one male and one female practitioner. The interventions are therapeutic and educational and involve working in parallel with the parents. Per program 6-8 children. At the moment there are two group running per year. Evaluation in progress

TAKA TUKA <http://fp.tsn.at/kinder/ibk/docs/TakaTuka.pdf> 0043 (0) 650/5333509- Service for children aged 3-13 who live in risky familial environment, also alcoholic families. Interventions include counselling, Therapy, both individual and group setting; training and counselling for Kindergarten, schools and social institutions. The service has been running since 2007 and is not yet evaluated. It is funded through Caritas Innsbruck

D5 What other relevant services are available for children affected by parental alcohol misuse?

None

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes

Name of organisation	Description of support provided
ALATEEN	Meanwhile 8 groups for children and adolescent that offer selfhelp within ALANON
AL-ANON	56 Al-Anon groups in Austria
Blaues Kreuz	26 self help groups
	Self-help group that do not belong to a national-wide organisations, but are more local

Section D- please answer

- Which organisations/ professionals were involved in answering this section?
ÖBIG (Österreichisches Bundesinstitut für Gesundheitswesen), who provides scientific Services in the field of Health care.

Uhl, A.; Bachmayer, S.; Kobrna, U.; Puhm, A.; Springer, A.; Kopf, N.; Beiglböck, W.; Eisenbach-Stangl, I.; Preinsperger, W.; Musalek, M. (2009): Handbuch: Alkohol - Österreich: Zahlen, Daten, Fakten, Trends 2008. dritte überarbeitete und ergänzte Auflage. BMGFJ, Wien (in print)

- What references/sources of information/ literature were used in the preparation of this section?
"Suchthilfekompass", a internet based source (compass) which lists all of the drug institutions in Austria (plus detailed information)

- How easy/ difficult has it been to collect this information?
Not so difficult

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs.

<p><u>Strengths</u></p> <ul style="list-style-type: none"> Well functioning regional ENCARE networks; Cooperation of the Centres for addiction prevention Most of the professionals are aware of the problem of stigmatization of CHAPAPs 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> Lack of research No systematic training of the professionals; but there are plans to do so
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> More money for measures for children at risk / CHAPAPs More research 	<p><u>Threats</u></p> <ul style="list-style-type: none"> The issues of CHAPAPs do not seem to be prior to others

Section F Case studies

Relevant for all case studies: In Austria there is a well developed welfare system with many offers/measures to families who are at risk. The social workers in the youth welfare monitors the families and they decide what measures are appropriate to the individual case; most of the services are voluntary; if extreme cases children are taken away from their families, but this is only done, if other measures have not reach the aims.

Case study					
<u>Case study 1- Neo-natal</u>					
<p><u>Stage 1</u></p> <p><i>A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.</i></p> <ul style="list-style-type: none"> How would this case be dealt with in your country? This depends mainly on the doctor; there are no special regulations Are there any legal requirements and/or regulations for a doctor or other health professional to take action? <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td style="padding: 2px 10px;">Yes</td> <td style="padding: 2px 10px;">No X</td> </tr> </table> <p>If yes, what steps would be taken and what information would be shared with whom?</p> Are health professionals required to routinely screen* pregnant mothers for alcohol misuse? <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td style="padding: 2px 10px;">Yes</td> <td style="padding: 2px 10px;">No X</td> </tr> </table> 		Yes	No X	Yes	No X
Yes	No X				
Yes	No X				

If yes, please describe.

- What services and support would be provided to [a] Annie and [b] her mother?

(A): If she is motivated: Counselling and / or treatment services

(B): Counselling for family members

If someone is concerned about a child this could be reported to the youth welfare

- Are there any practical, resource or administrative barriers to good practice?

Yes	No
-----	----

If yes, please describe:

This depends on what you consider good practice. No legal actions can be taken if the mother doesn't accept it. Measures to support the child after birth (including taking away the child) will be provided after birth of the child.

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes X	No
-------	----

If yes, please describe the professionals who would have been

involved and the support Annie would have received

If there are concerns about the wellbeing of the child then you can report to the youth welfare. Once a concern is reported, the youth welfare have the duty to monitor; they can initiate several measures; professionals included can be psychologists, medical practitioner, psychotherapists, lawyers

- What action, if any, would need to take place now to assess and protect mother and child? Please describe
- Are there support services available for Annie's mother to seek help, support and advice?

Yes X	No
-------	----

If yes, please describe

Child welfare systems decide what is most helpful and appropriate; this can include services like family counselling, education support, psychotherapy

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently

arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?
- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes X	No
-------	----

If yes, what steps would be taken and who and what information would be shared?

If no, please describe the actions the teacher /school staff member would take?

If a teacher is concerned about the wellbeing of a pupil he has to report it to the director of the school. The director has to report to the youth welfare. They monitor and decide what measure is appropriate. The youth welfare intervenes in cases where the wellbeing of a child is threatened not because there are problems in school or because there is an alcoholic parent.

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

See above; this depends on the degree of threat

Procedures are the same for all children supposed to be harmed, not specially for CHAPAPs

Yes	No
-----	----

If yes, please describe

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?
Involvement of the Youth welfare system; their duty to support

For the Teachers: School psychologist

- What services would now be offered to Joanne and her family?
Joanne: School counselling (school psychologist), Parents: counselling/treatment of the diseases; self-help-groups; educational support
- Are any of these services obligatory?
Monitoring of the youth welfare if there is a concern reported

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?
- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes X	No
-------	----

If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

If they are concerned: Report to the youth welfare system

- Would the housing department have any role in this situation?

Yes	No
-----	----

If yes, what action would they take and could they provide any support? Please describe

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes X	No
-------	----

If yes, please describe what type of service this would be.

If no, are there alternative services where he could receive help?

Counselling for addiction problems, but also family counselling centres

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe
- What action would be taken about the 15 year old's possible exclusion from school?
- Are there any parenting support programmes which could be offered to the family? If yes, please describe. Individually counselling of the parents; no standardized programmes

BELGIUM COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	No
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There are not really epidemiological data or official statistics about the numbers of children under the care of one or two parents with alcohol or other substance abuse problems. However, using other countries estimated we can begin to understand the Belgium prevalence rates.

Cuijpers (1999) mentions estimations in foreign studies of the total percentage of these children, varying from 12% to 27%. In a Dutch study he found that 8.3% adults from a representative randomisation reported that one or two parents were problem drinkers (Cuijpers, 1999).

Belgium counts between 380,000 and 570,000 persons with an alcohol problem, including 140,000 to 210,000 females (Cattaert and Pacolet, 2004). According to Eurocare (European Council for Alcohol Research, Rehabilitation and Education) and Coface (Confederation of family Organisations in the European Union) many of those problem drinkers also have children. Eurocare estimates (based on Danish and Finnish estimations) that in Europe between 4.5 million (7% of all children) and 7.7 million (12% of all children) are children under 15 growing up in a family with alcohol abuse ('problem drinking').

These numbers and data from the USA are the basis for VAD (Vereniging van Alcohol en andere Drugs, the Flemish coordinating organisation for alcohol and other drugs), to estimate that approximately one in ten children has a parent that drinks too much. Using this formula, we can estimate that in Belgium there are 183, 000 children under 15 years old who has a parent that drinks too much. Two to three has a father with an alcohol problem; one to three has a mother with an alcohol problem sometimes both parents have an alcohol problem. These estimations, without any underpinning prevalence and based on comparisons and derivations, show how poor the data collection related to this issue is in Belgium.

NOTE: The partnership of De Sleutel in this project is in the framework of De Sleutel being an organisation in the Flemish Community. Public health and youth or child policies are an authority of the Flemish Community and not the Federal Government; Hence, almost all answers in this document are valid only for the Flemish Community and not the Federal State of Belgium.

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No
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Neither is there information on pregnancy and drinking

Section A- Please answer

- Which organisations/ professionals were involved in answering section A? VAD (coordination organisation Flanders) , De Sleutel (treatment & prevention centre, Flanders)
- What references/sources of information/ literature were used in the preparation of section A? Connections within the network of VAD
- How easy/ difficult has it been to collect this information for section A? very difficult and

tempting to answer simply 'no' because there are only secondary data (tertiary?) based on transfer-calculations and assumptions

B) Research

Literature study and evaluation ' Hulpverlening aan kinderen van alcoholisten. Gezinnen onder invloed invloedrijke gezinnen' (Care for children of alcoholics. Families under influence/influential families

Authors: C. Coolen – Perednia, M. Konincks, P. Bijttebier (2002)

Parental drinking as a risk factor for children's maladjustment: The mediating role of family environment. By Bijttebier, Patricia; Goethals, Eveline

Psychology of Addictive Behaviors. Vol 20(2), Jun 2006, 126-130.

In the present study, the relationships among parental drinking, family environment, and child adjustment is investigated in a community sample of 207 10-14-year-olds. Multiple aspects of perceived family environment (e.g., cohesion, organization, conflict) as well as multiple indicators of adjustment (e.g., negative affect, feelings of competence, self-esteem) are taken into consideration. Parental alcohol problems are found to be associated with low family cohesion, poor family organization, and low global self-worth of the child. A mediational analysis reveals that the relation between parental drinking and low global self-worth is mediated by family cohesion. (PsycINFO Database Record (c) 2008 APA, all rights reserved)

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	No
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Social Affairs and Public health ('Volksgezondheid') on federal level

Health care ('Gezondheidszorg') on Flemish Community level (see C4)

In-patient treatment of addiction including alcohol addiction is an authority of the Ministry of Social Affairs (federal).

Public health (security on health level, such as protection against contaminous diseases) is a Federal authority. There are no alcohol-related issues under the authority of this Ministry.

Prevention is an authority of the Flemish Community as a part of health care. The terminology difference between health care and public health is far from clear in this regard.

Out-patient ambulatory care and treatment of addiction are allocated to mental health care centres falling under the authority of the Flemish Community. The ambulatory services with a focus on drug addiction treatment however fall under the authority of the Federal Social Affairs.

This structural situation is confusing and constantly changing. An illustration is that in extremis, an addiction-related issue has to respond to the policies of no less than 32 departments or ministries.

There is no overarching policy relating to CHapaps: The Flemish Minister of Health Care declared in September 2008 explicitly that there would be only individual projects subsidized by the Government, but no structural initiatives. This symptomizes the lack of an overarching policy.

C2 Is there a government department with responsibility for chAPAPs?

Yes	No
-----	----

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

Inpatient Psychiatric Centres and some outpatient Mental Health Counseling Centres have been active in cooperating (without a real network) around the issue of '**KOPP**': **Kinderen van Ouders met Psychische Problemen, Children of Parents with Psychic Problems**. The last few years this very thin cooperation, leaning on the more established network of KOPP in The Netherlands, includes the target group of KOAP: Kinderen van Ouders met Alcohol Problemen, Children of Parents with Alcohol Problems. This is as far as the cooperation between services goes. It is not related to government policies and based on voluntary cooperation. Some good practices are (as in D4):

In 2001, "**Broeders Alexianen in Tienen**", the Catholic University of Leuven and VAD developed a prevention program that helps children of alcoholics to understand and to deal with the addiction of the parent and the consequences in the family. In 2004, they launched a **website** www.koap.be for children and partners of alcoholics. In 2005 VAD launched a campaign 'when your parents drinks...'. (www.alsjeoudersdrinken.be) The goal of this campaign was to sensitise intermediaries and also the public.

In 2007 three projects for children of dependent parents started with finance of **the Federal fund against addictions**⁷⁰. All of this projects are prevention programs that helps children of dependent parents to understand and to deal with the addiction of the parent and the consequences in the family. Three projects:

- Psychiatric Centre 'O.L.Vrouw van Vrede Menen' with there project 'Toesjee'
- A project from CAT Preventiehuis (Gent) en CGG VAGGA Altox (Antwerpen)
- A project of 'Centrum Psychiatrie en Psychotherapie Kliniek Sint-Jozef vzw Pittem' and 'CGG Largo Roeselare.'

C4 Are there any current national government initiatives or strategies which address chAPAPs

Yes	No
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70 'Fund against addictions' of het fonds ter bestrijding van verslaving.

Not more than 'we must give attention to...'. The Flemish Minister of Health Care declared in September 2008 explicitly that there would be only individual projects subsidized by the Government, but no structural initiatives.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	No
-----	----

If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
<i>a) law on child protection</i>	
<i>a) services targeted to POS- children (Problematische Opvoeding Situatie, or Problematic Educational Situation)</i>	
<i>b) no</i>	

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	No
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Link to resource	Brief Description (all mentioned programmes or projects are run in the whole area of the Flemish Community)
www.acoolworld.be	– Web based information and awareness raising campaign young people between 10 and 15 years:
www.gratisdrank.be	– Web based information and awareness campaign for young people between 16 an 26 years:

The hole in the hedge	for children between 5 and 8 years: The hole in the hedge (het gat in de haag), lifeskills based
Contactsleutels	children between 8 and 11 years: Contact keys (contactsleutels), lifeskills based and diversified for grade 3, 4, 5 and 6 (Belgian educ system)
Unplugged	for youngsters between 12 and 18 years: Unplugged (comprehensive social influence programmes) , diversified for grade 1 (12-14 yr) EU-Dap programme 12 lessons grade 2 (15-16 yr) project based programme grade 3 (17-18 yr) integrated in subjects programme

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	No
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Name of Programme	Brief description
www.boodschapineenfles.be	Web based information and sensibilisation programme to parents

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	No
-----	----

There are different training programmes organised on national level for different professions

- Psycho education
- working with families
- seminars
- Children of parents with an alcohol problem 22 Oktober 2002: one day seminar: exchange of practical instruments to work with the target group of children with problem drinking parents. A manual for caretakers, educative material, methods and theoretical background.
- Children of parents with an alcoholproblem 6 november 2003: one day seminar: in this seminar, two good practices are presented: *'Families under influence/influencial families'* tried out in Psychiatrische Kliniek Broeders Alexianen, Tienen and *'Children afternoon for children of persons with an addiction problem'*, Algemeen Psychiatrisch Ziekenhuis Sint-Lucia in Sint-Niklaas

The two latter seminars are the most concrete examples specifically about Chapaps. They were attended by 15-20 persons from residential and ambulatory alcohol treatment services. It is not systematically repeated and initiatives in this area are really very poor. And it is indeed actually not relevant to refer to very general training programmes like 'working with families'.

Section C please answer

- Which organisations/ professionals were involved in answering section C? VAD (coordination organisation Flanders) , De Sleutel (treatment & prevention centre, Flanders)
- What references/sources of information/ literature were used in the preparation of section C? Connections within the network of VAD
- How easy/ difficult has it been to collect this information for section C? very difficult

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes	No
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D2. What other relevant services are there for parents who misuse alcohol?

There is in general an increase of attention of parenting support within the treatment services.

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	No
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Counselling Centres for Mental Health (CGGZ)- A counselling service for any person with mental health problems, delivering outpatient individual or group care or treatment. Referrals are made through professionals in general, schools, parents or young people. The staff make consist of around 3-12 persons of which 2 or 3 are specialized in abuse/addiction related issues. A range of interventions are offered including cognitive behavioural therapy, MI, solution focussed therapy, multi systemic therapy. The project is funded through central government funding by the Flemish Community.

D4 Are specialist services available to support chAPAPs?

Yes	No
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VAD as the national (in Flanders) coordination organisation

In 2001, “**Broeders Alexianen in Tienen**“, the Catholic University of Leuven and VAD developed a prevention program that helps children of alcoholics to understand and to deal with the addiction of the parent and the consequences in the family. In 2004, they launched a **website** www.koap.be for children and partners of alcoholics. In 2005 VAD launched a campaign 'when your parents drinks....'. (www.alsjeoudersdrinken.be) The goal of this campaign was to sensitise intermediaries and also the public.

Alateen voluntary groups

In 2007 three projects for children of dependent parents started with finance of **the Federal fund against addictions**⁷¹. All of this projects are prevention programs that helps children of dependent parents to understand and to deal with the addiction of the parent and the consequences in the family. Three projects:

- Psychiatric Centre 'O.L.Vrouw van Vrede Menen' with there project 'Toesjee'
- A project from CAT Preventiehuis (Gent) en CGG VAGGA Altox (Antwerpen)
- A project of 'Centrum Psychiatrie en Psychotherapie Kliniek Sint-Jozef vzw Pittem' and 'CGG Largo Roeselare.'

There are different but very few initiatives (individual counselling, group sessions for the children, for children affected by parental misuse).

- www.vad.be/aanbod/Doorverwijzen/kinderen/DVG_kinderen_antwerpen.html
- www.vad.be/aanbod/Doorverwijzen/kinderen/DVG_kinderen_limburg.html
- www.vad.be/aanbod/Doorverwijzen/kinderen/DVG_kinderen_oost.html
- www.vad.be/aanbod/Doorverwijzen/kinderen/DVG_kinderen_vlaams.html
- www.vad.be/aanbod/Doorverwijzen/kinderen/DVG_kinderen_west.html

Bubbels and Babbels is an Antwerp organisation for parents with addiction problems and their children. The Case manager meets a lot of parents whose children are in an institution, or a father who has only the right to see his child every second weekend. . One specific good practice is the support of “weekend parents”. The support Bubbels and Babbels gives to these parents are of influence on the relation and, finally, the behaviour of the child. The Bubbels and Babbels service finds together with the parents to find a good way how to relate with their children in the precious weekends or moments that they meet them. These moments take place inside the institution, at a foster family or in a neutral visit-place. Together (counsellor and parent) they try to creatively answer these questions: how do we relate to our children, how do we and our child experience the contact in these peculiar circumstances, what are the possibilities when we only have these limited moments of contact, how can the professional counselor contribute?

Bubbels and Babbels is a project from the Antwerp Free Clinic, targeting drugaddicted patients. Because there are no other similar activities in the Antwerp region for alcoholic parents, the programme has opened up to this group.

71 'Fund against addictions' of het fonds ter bestrijding van verslaving.

NOTE: All in all, these initiatives can hardly be called 'services'; it are isolated projects or interventions of addiction services that try hard to coordinate.

D5 What other relevant services are available for children affected by parental alcohol misuse?

None

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	No
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If yes, please describe using the table below.

Name of organisation	Description of support provided
Alateen and Alanon	Alateen is a voluntary organisation linked to ALAnon and AA with initiatives to the target group. Youngsters 8-22 yrs who have a parent (or another family member like an aunt or uncle) with alcohol problems meet regularly at Al Ateen meetings. Based on a selfhelp concept the group learns the individual components of 'good life' and gives the necessary forum for exchange of experiences between youngsters at risk. The teenagers lead the meetings themselves. Three times per year representants from all Al-Ateen groups gather on a national level

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Goodwill to work initiatives out for the target group • Information on a website 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • No structural support or service • Only ad hoc initiatives • No financing apart from scarce and unforeseeable project funds
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Network or collaboration can be innovative • Relying on the good work done in the Netherlands by KOPP can make use of good practices there • KOPP is broader than KOAP and integrated interventions are possible 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • If the goodwill in the present small group decreases, all initiatives disappear

Section E Please answer

- Which organisations/ professionals were involved in answering this section? VAD, Bubbels & Babbels, De Sleutel
- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information? Rather difficult because we were confronted with the unstructured reality.

Section F Case studies

Case study

Case study 1- Neo-natal

Stage 1

A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.

- How would this case be dealt with in your country?

In about a 101 different ways. There will be a reaction, but it will depend on the medical doctor. Most medical doctors will mention the dangers of alcohol abuse during the pregnancy. Some of them will also bring up the problem of combining raising children and alcohol abuse. I think it should be reported to 'kind&gezin' (a Flemish organization for family care during the first years of childhood, K&G stands for 'child and family'). But as this is not required, it will not always happen.

They can also refer the mother to the department 'moeder en kind' - Dutch for 'mother and child'. Flanders counts two of these departments. Mostly mothers with psychological problems are guided here. The problem we find here is that a lot of medical doctors do not even know the existence of these departments.

Medical doctors in Belgium work on an individual base. At best the medical doctors refer Annie, but the decision will always stay with Annie. When the medical doctor has a strong will, he will cling to the case and insist on admission. But still, everything is on a voluntary base.

I don't know whether the medical doctor may inform 'kind & gezin'. Maybe he can when he first communicates this to Annie? When the focus gets on the alcohol abuse itself, the medical doctor can refer Annie to a psychiatric institution. Via this hospital, Annie can get in contact with 'Moeder & Kind'

- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes	No
-----	----

If yes, what steps would be taken and what information would be shared with whom?

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes	No
-----	----

If yes, please describe.

Most medical doctors will bring up the dangers of pregnancy in combination with alcohol abuse and/or smoking.

- What services and support would be provided to [a] Annie and [b] her mother?

A: There are a lot of services on which Annie can rely on a voluntary base. The Centra Geestelijke Gezondheidszorg (Centre of Mental Health), Centra Algemeen Welzijnswerk (Centre of general well-being work). There are specific alcohol/addiction teams within CGG. The addiction departments of hospitals are situated within the psychiatric department. This is a short-term crisis intervention (2 to 3 weeks) and is easier accepted than some 'real' psychiatric institutions. Again: all of this is not obliged!! Up till now, the Belgian mentality is not ready to protect a foetus against the alcohol-addiction of his/her mother.

B: For family members, nothing is provided. Annie's mother can appeal to the same services as Annie. But the answer of these services will always be: your daughter has to report herself on a voluntary base.

- Are there any practical, resource or administrative barriers to good practice?

Yes	No
-----	----

If yes, please describe:

First of all, the mentality. In Belgium, individual freedom and privacy are very important principles. Because of this they don't want 'interfere-care'. They can only oblige the 'forced admission'. Alcohol addiction is not a reason for 'forced admission'. However, the justice of the peace can only use 'forced admission' when both psychiatric problems and a real danger for oneself or others occurs, and when an admission on a voluntary base is impossible. To provide the possibility of a 'forced admission', one can define alcohol abuse as part of a depression, and involve danger to the foetus.

Peace judges are independent and are not obliged to motivate, therefore only when the judge realises that admission is necessary, it will take place.

Apart of mentality the structure needs more tracing out. Information is provided to persuade 'people in need' to rely on assistance by means of flyers, brochures, websites,... however a clear structure is needed.

The first, second and third line assistance need more coordination. Smoother referral is needed.

The financial aspect is worth considering. For example, due to her alcohol addiction, Annie will not have extra money, so when she does not see the assistance as a personal benefit, the financial aspect will even stop her more.

For the moment, passing on electronic files in a safe way is not possible. This practical problem can give a delay.

The social assistance has and takes no mandate. The 'interfere-care' must increase and coercion must become vaster. Thus only the 'forced admission' exists in Belgium. But when admission is necessary, the patients situation already achieved a peak. We at Similis strive for a diversity in the offer of the GGZ and a diversity in the forms of coercion.

In Belgium a strict separation exists between assistant services and legal services. The assistance has been bound by means of deontological codes to the professional secrecy. Only when there is a 'danger situation', assistance can pass on

to the youth protection committee, what is strictly necessary. To keep the voluntariness and the privacy, this separation is important. Never the less, referral is hampered

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes	No
-----	----

If yes, please describe the professionals who would have been involved and the support Annie would have received

Once the child is born, something like 'assistance for persons in need' exists. Because of this, each citizen is obliged to report when it is needed. I have no knowledge of a duty for the assistance to remain in contact with Annie. Most care workers will try this on, indeed, a voluntary base. When Annie does not show up on appointments and does not open her door, she can not be obliged.

Now that the child is born, the youth judge can/will act when the child is in danger, he can take away the child from Annie. In reality, the situation has to be very serious before the youth judge will act. With alcohol abuse the situation is, however, different, since it is more visible. The willingness to take action will be bigger than with psychiatric problems.

- What action, if any, would need to take place now to assess and protect mother and child? Please describe 'Kind & Gezin' can proceed action. Each care worker can address the Jeugdbeschermingscomité's (youth protection committee) concerning the 'danger situation'. The JBC can, for its part, refer to the youth judge. The youth judge can intensify the pressure: they can give Annie conditions to keep her baby. Within the mental health care one can continue to work on the alcohol problems. However, a temporary relief for the child is needed. When the child is taken care of by the grandmother, this can turn out on a fight between Annie and her mother. This must be taken into account.

Within the centres of mental health care, child teams exist and now in Antwerp a baby team has also been set up. Also 'Kind&Gezin' can take care of children for a short-term crisis situation.

'Moeder&Kind' can take care of both Annie and her child.

When her child is removed temporarily from Annie (because of admission) Annie keeps the parental authority. Only when maltreatment and long-term problems occur, she can lose that power.

- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No
-----	----

If yes, please describe

There are a lot of places where Annie's mother can ask for help, without the certainty that someone will intervene. Legally nobody has a leg to stand on to intervene. She can also go to the JBC, with a big chance that she will not be taken seriously.

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?

Again, the answer is: in about a 101 different ways. Some teachers will take no action, others will go to the CLB (guiding centre for students), the executive board or to their colleagues. Probably no teacher at all will address the parents (here too the mentality of privacy in Belgium becomes clear).

However, several actors will try to interrogate the child. The CLB can test the child, although I wonder whether they can do this without authorisation of the parents? It is important to notice that the CLB is aimed at helping children to fit in school. When the school results are good and the child feels well on school, hasty intervention will not happen. In the situation of Joanna, there is a lot of chance that the CLB will organise a conversation with the parents. When the parents do not respond, no further actions will be taken.

When the CLB presumes problematic alcohol consumption of the mother, they can get in contact with the 'vertrouwensartsencentrum' (centre of medical doctors of trust). This is a team of medical doctors and psychologists who work with both child and parents. This centre ponders problematic situations such as incest and maltreatment. They try to set up actions together with the family to improve the situation.

Again, authorisation of the parents or obligation of the youth judge is necessary. Even here the separation between the assistance work and the legal work exists. So, the 'vertrouwenartsencentrum' can only pass information to the JBC when a danger-situation occurs.

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
-----	----

If yes, what steps would be taken and who and what information would be shared?

If no, please describe the actions the teacher /school staff member would take?

No, each school will have its own rules.

On high schools the 'green teacher' is introduced. This teacher spends part of his/her time on conversating with the students. At elementary school, it will depend on the school whether they will react or address the CLB. As far as I know, no general directives exist. Perhaps, depending on philosophy (catholic, open education,...), directives exist. Even here the right of privacy will play an important role.

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
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If yes, please describe

No, although schools are obliged to follow the education program, they are not obliged to have procedures to react on danger-situations.

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

Now the CLB will certainly be involved and assistance will be integrated. When Joanna is illegitimately absent, a violation on the school duty is committed and her mother is acting illegal. At this point, the CLB can integrate the JBC.

When Joanna is not illegitimately absent, perhaps no reaction will follow. You could ask the question whether there should be a reaction because of the little sister, but maybe Joanna's story will be considered as a figment. The school does not have the legal power to go and check Joanna's home situation. On which moment the assistance is integrated, will depend on the action strength of the teacher and executive board.

- What services would now be offered to Joanne and her family?

Much can be offered, but for most things the mother must pay. For example: when Annie is sent to a psychologist, the mother must agree, unless the JBC imposes it. Joanna can, without knowledge of her mother, go to the JAC (young people recommendation centre). This centre can do nothing except listening, but at least it is free. When the JAC wants to undertake further steps, the mother must cooperate. Joanna can also call for free to the 'jongerentelefoon' (the children's and young people's telephone service). The 'Bijzondere Jeugdzorg' (particular child welfare) can present an after-school centre. She cannot oblige this, but a referral to the youth judge as an incentive can help. This after-school centre will create a safe and healthy environment for Joanna for a couple of hours after school. There she can do her school tasks. The mother can also be reached by means of this centre.

It becomes clear that the target group -12 year olds has a lack of assistance.

- Are any of these services obligatory?

Once the JBC is involved, coercion can interfere into the home situation. As long as only the assistance is involved, everything remains voluntary.

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?

Since the school duty applies up to 18 year, already complaints from the school must have come.

The police force or the social service of the police force (SDP) will check it out. When there are complaints concerning nuisance, the police force will always intervene. The SDP will take measures by themselves by using an incentive or refer to the JBC. Perhaps this is a duty? Depending on the communication between the JBC and the SDP tasks will be stipulated. When because of nuisance, parents are proceeded, the chance exists that the home situation escalates.

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No
-----	----

If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

I don't know. Obligation will be more present than whit the assistance. The police force must take its recalls seriously. Both on nuisance and protection of the children, there must be reacted.

I suspect the SDP and JBC will mutually exchange information and stipulate the strategy.

- Would the housing department have any role in this situation?

Yes	No
-----	----

If yes, what action would they take and could they provide any support? Please describe

This is a huge problem. The housing society will do everything to restrict nuisance and, by reason of repeating nuisance, put the family on the street. In the Netherlands 'nuisance-civil-servants' exist who arbitrate with the family and the neighbourhood /housing society in these cases. In Belgium, again, we are running behind. The housing society will offer no aid because of a lack of staff

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	No
-----	----

If yes, please describe what type of service this would be. If no, are there alternative services where he could receive help?

Admission in childrens and young peoples psychiatry or ambulatory accompaniment. When nuisance and playing truant are also involed, it is possible the youngster will be placed in a home of the particular child welfare (if there is any place).

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe

Both children will be placed in an institution by the youth judge. Perhaps even in a closed institution (Mol, Ruislede, Everberg) depending on the seriousness of the crime. The youngest child will either remain home with a regular visit of the youth protection committee or will be placed in a home of the BJZ.

- What action would be taken about the 15 year old's possible exclusion from school?

They will look for another school. In Antwerp projects are running where children, who play truant frequently, are helped to reintegrate on school.

- Are there any parenting support programmes which could be offered to the family? If yes, please describe.

Within several agencies, several education courses exist. An obligatory 'parent training period' has been registered in the new law. When children arrive in the youth aid, parents are accompanied and helped. Whether this is developed sufficiently, I don't know.

CYPRUS COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	No
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If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No
-----	----

If yes, please briefly describe these data and the prevalence they suggest.

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)?

None

B2 Please indicate any results which have particular relevance for:-

- e) increasing understanding of the links between child health and parental alcohol misuse
- f) policy, service and professional development

None

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

None

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	No
-----	----

C2 Is there a government department with responsibility for chAPAPs?

Yes	No
-----	----

Cyprus Social Welfare Department – Note: not a specialised department.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice. NO

C4 Are there any current national government initiatives or strategies which address chAPAPs

Yes	No
-----	----

Spasmodic. Children are often removed from the family or from parent who has an alcohol problem.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	No
-----	----

If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
Social Welfare Office	Removed from home- taken to foster homes or parents. If one of the parents has an alcohol problem the other parent takes custody of the child.

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	No
-----	----

The existing prevention programs do not, specifically, target alcohol misuse. However, they are part of a general prevention programs about addictions targeting addictive behaviours/ knowledge and beliefs. The 'Mentor' program of the Ministry of Education visits school –public elementary and secondary- ones or twice a year. KENTHEA runs a program, 'Stand on my own feet' to public and private schools upon request from administration. The length of the program, which is 13 meetings, varies according to school. Additionally, the same program is offered, on a more intensive bases, to local group of youth via KENTHEA's regional Counselling Stations.

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	No
-----	----

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	No
-----	----

If yes, please use table below

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes	No
-----	----

D2. What other relevant services are there for parents who misuse alcohol?

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	No
-----	----

D4 Are specialist services available to support chAPAPs?

Yes	No
-----	----

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	No
-----	----

Section D- please answer

- Which organisations/ professionals were involved in answering this section? George Boyiadjis
- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information?

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

Section F Case studies

Case study

Case study 1- Neo-natal

Stage 1

A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie’s mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter’s drinking behaviour.

- How would this case be dealt with in your country?
- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes	No
-----	----

If yes, what steps would be taken and what information would be shared with whom?

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes	No
-----	----

If yes, please describe.

- What services and support would be provided to [a] Annie and [b] her mother? **If problem is identified she would be referred to Governmental Psychiatric services, or to non-governmental organizations that work with alcohol related problems.**
- Are there any practical, resource or administrative barriers to good practice?

Yes	No
-----	----

If yes, please describe:

Stage 2

Annie’s son is now three months old. Annie’s drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby’s health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son’s life?

Yes	No
-----	----

If yes, please describe the professionals who would have been involved and the support Annie would have

received

- What action, if any, would need to take place now to assess and protect mother and child? Please describe
- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No
-----	----

Social Welfare Office, if the case comes to their attention. Mainly provide financial help, advice by social workers (not specialised in alcohol related problems). They will be concerned about child's welfare, if Annie's problem persists then the child might be taken away from mother and given to a relative (grandmother, sister etc.) or foster home.

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country? **School Psychologist/ counsellor will take the case. The problem with the mum will be reported to Social Welfare Office.**
- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
-----	----

If yes, what steps would be taken and who and what information would be shared? Report case to Social Welfare Office.

If no, please describe the actions the teacher /school staff member would take?

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
-----	----

If yes, please describe

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now? Teacher will inform School psychologist/ counsellor, the school principal and Welfare Office.
- What services would now be offered to Joanne and her family? Children will be provided with counselling, and if problem persists might be removed from home environment. The mum will be encouraged to go for therapy.

- Are any of these services obligatory? NO

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country? The police will inform the Social Welfare Office who will handle the case. Parents will be encouraged to receive help for their alcohol problem. If the problem persists the children might be removed from the family, however there is no specialised program for the youngster who drinks.

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No
-----	----

If yes, what steps would be taken and who and what information would be shared? Inform SWO

If no, please describe what action/steps the police would take?

- Would the housing department have any role in this situation?

Yes	No
-----	----

If yes, what action would they take and could they provide any support? Please describe

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	No
-----	----

If yes, please describe what type of service this would be. Referred to alcohol treatment centre(s), however their no specialised centre.

If no, are there alternative services where he could receive help?

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe. Same as above
- What action would be taken about the 15 year old's possible exclusion from school? Might make arrangements to change schools
- Are there any parenting support programmes which could be offered to the family? If yes, please describe. NO

DENMARK COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes X	No
-------	----

If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Survey data	X only a Danish presentation

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No X
-----	------

If yes, please briefly describe these data and the prevalence they suggest.

We have special activities for these children and their mothers, but not exact numbers

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important

None

B2 Please indicate any results which have particular relevance for:-

- g) increasing understanding of the links between child health and parental alcohol misuse
- h) policy, service and professional development

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

None

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes X	No
-------	----

C2 Is there a government department with responsibility for chAPAPs?

Yes X	No
-------	----

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

C4 Are there any current national government initiatives or strategies which address chAPAPs

Yes X	No
-------	----

If yes, please describe.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes X	No
-------	----

If yes, please use the table below

Legislation/ Regulatory duty	Description
<p>Please specify if this refers to (a), (b) or both</p> <p>Children at risk of harm are in a “Law of Social Service”. The law concerns all kinds of help to persons in a difficult social situation and parents and children (e.g. day-care), and children at risk of harm. Children affected by parental alcohol problems are regarded as children at risk of harm.</p>	<p>The law says that if you get to know children at risk of harm you have to inform the social services department. The next section says that public employees have a sharpened obligation to inform, they may be judged to pay a fine if they do not inform.</p> <p>When the social services department is informed they have to check up on the child’s life (and the family). There is certain information they must collect. They also have to meet the parents. If they find that the child needs some help they can offer different kinds of help (all kinds of help is written in the law). In most cases the parents accept the help but they may say no. If the parents say no it</p>

	<p>has to be considered whether the situation is so bad, that the child must have help. If that is the case, the help is imposed (most often the child is placed out of home). If the situation is not so bad that help can be imposed, it has to be accepted that the parents say no to receive help.</p> <p>Often the families will contact the social services department themselves and ask for some help, but if the problem is alcohol the parents most often do not ask for help themselves. These cases will often start from information from e.g. day-care, school or from knowledge from treatment institutions. Children/families in Denmark get help in much more situations with problems than what is found in most other countries</p>
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C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	No X
-----	------

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	No X
-----	------

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes X	No
-------	----

If yes, please use table below

Profession	Brief description e.g, length and content
Health professionals including: <ul style="list-style-type: none"> • Doctors • Nurses 	The ministry of health has the responsibility of the national alcohol prevention and treatment.

<ul style="list-style-type: none"> • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	<p>About two years ago they started a project with competent persons employed in every local section of the country and education for employees in the alcohol prevention and treatment area to teach them how to give a better help to children in families with alcohol problems.</p> <p>The project last 1½ year more and will be evaluated</p> <p>All the professional groups may be part of the project</p>
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D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes X	No
-------	----

D2. What other relevant services are there for parents who misuse alcohol?

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	No X
-----	------

They will be supported after the law of social service

D4 Are specialist services available to support chAPAPs?

Yes X	No
-------	----

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	No X
-----	------

If yes, please describe using the table below.

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

The project from the Ministry of Health is the example

<p><u>Strengths</u></p> <p>Explicit idea</p> <p>Covers the whole country</p> <p>Gives competence</p> <p>Is expected to create new local initiatives</p> <p>Makes the help to children part of the general work</p>	<p><u>Weaknesses</u></p> <p>Was started at a period of a lot of administrative changes. Old communes were put together in new bigger communes and the old administrative districts were abolished. This meant that some initiatives stopped and others had to restart</p>
<p><u>Opportunities</u></p> <p>May create new ideas about child in families with alcohol problems – and in this way create new ways of thinking and working to help the children</p>	<p><u>Threats</u></p> <p>Is the project with specific money may risk not to continue when the specific money stops</p>

Section F Case studies

Case study					
<u>Case study 1- Neo-natal</u>					
<u>Stage 1</u>					
<p><i>A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie’s mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter’s drinking behaviour.</i></p> <p>How would this case be dealt with in your country? See C2</p> <ul style="list-style-type: none"> Are there any legal requirements and/or regulations for a doctor or other health professional to take action? <table border="1" style="margin-left: 20px;"> <tr> <td style="padding: 2px;">Yes X</td> <td style="padding: 2px;">No</td> </tr> </table> If yes, what steps would be taken and what information would be shared with whom? Are health professionals required to routinely screen* pregnant mothers for alcohol misuse? <table border="1" style="margin-left: 20px;"> <tr> <td style="padding: 2px;">Yes X</td> <td style="padding: 2px;">No</td> </tr> </table> 		Yes X	No	Yes X	No
Yes X	No				
Yes X	No				

If yes, please describe.

The pregnant mothers are asked to fill out a questionnaire about their use of alcohol and from the results the mothers who may drink too much are found and offered a talk about their use of alcohol. In Copenhagen we have a special out-patients' clinic for pregnant mothers with a misuse of alcohol or drugs. – we have now planned clinics in other bigger towns

- What services and support would be provided to [a] Annie and [b] her mother?
See above and C5

Are there any practical, resource or administrative barriers to good practice?

Yes X	No
-------	----

If yes, please describe:

staff and money is needed

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

All families with newborn babies are visited by a special trained nurse during the first 6 month – and the contact may be until the child starts in school

Yes	No
-----	----

If yes, please describe the professionals who would have been involved and the support Annie would have received

- What action, if any, would need to take place now to assess and protect mother and child? Please describe
See C5-

- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No
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If yes, please describe see C5

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and

sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?
- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes X	No
-------	----

To inform the social service office

If yes, what steps would be taken and who and what information would be shared? As above

If no, please describe the actions the teacher /school staff member would take?

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No X
-----	------

If yes, please describe

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

To inform the social service department

- What services would now be offered to Joanne and her family?

Services from law of social service Are any of these services obligatory? The social service department has to investigate to find out how the child lives-

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?

Yes

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No X
-----	------

If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

Would be the responsibility of the social service department, not the police

- Would the housing department have any role in this situation?

Yes	No
-----	----

I do not know what housing department is

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes X	No
-------	----

If yes, please describe what type of service this would be.

He could be placed out of home or be part of a program for young people-

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe
The would probably be placed out of home-

- What action would be taken about the 15 year old's possible exclusion from school?
we have special classes for children excluded from school. But he could also start in another school, this would depend

- Are there any parenting support programmes which could be offered to the family? If yes, please describe.
I cannot describe, every commune will have some possibilities

ENGLAND COUNTRY QUESTIONNAIRE

Completed by Sally Heath with support from Professor Judith Harwin, Professor Nicola Madge, Lorna Templeton and Louise Hill (research section)

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes

If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Survey data	√ (based on EURO CARE and COFACE data)
Medical records	
Children in public care* data	These data are not collected nationally by any government department. Research studies provide some survey evidence (see below)
Research studies	√
Other administrative sources- please describe	

Numbers and rates of children affected nationally in England

According to the Prime Minister's *Alcohol Harm Reduction Strategy for England 2004*, between 780,000-1.3 million children under the age of 16 years in the UK are estimated to be affected by parental alcohol misuse. Turning Point uses the higher figure of 1.3 million children (1:11 children in the UK) in its report *Bottling it All Up 2006*. Alcohol Concern provides an estimate of one million children, based on survey evidence that 1:13 adults (not parents) are dependent on alcohol.

There are several points to note here. First, the figures refer only to the UK and they are not broken down by country. Second, they are estimates only, they vary across reports and the differences between the lower and upper figures are considerable.

Percy et al (forthcoming December 2008) explains the basis for the AHRSE estimate (Child Abuse Review/Special Issue on substance misuse) and points out a range of factors which may adversely affect the reliability of the estimates. The problems are as follows:

- The UK estimate is based on an extrapolation from Finnish and Danish data of the proportion of children and young people affected by parental alcohol misuse in these Scandinavian countries

EUROCARE (European Council for Alcohol Research Rehabilitation and Education) and COFACE (Confederation of Family Organisation in the European Union) for the European Commission (EUROCARE, 2004). The UK estimate is not based on UK data.

- The estimates of children and young people affected by parents' alcohol misuse do not use data relating to parental misuse but only adults in general. The rates might therefore underestimate the numbers and share of children affected or inflate it.

A further problem is that adult dependency rates may underestimate the size of the problem as much larger numbers of parents may suffer from alcohol-related problems without being dependent. However there is considerable variation in the way in which alcohol problems are defined which will similarly affect the reliability of estimates. Nor can it be automatically assumed that dependency necessarily produces problems for children.

Rates of children in care

Although no national data are collected by court services, government or children's social care services on the number of care cases involving parental substance misuse, a survey conducted as part of the feasibility study for the Family Drug and Alcohol Court, found that in the three inner London participating authorities (Camden, Islington and Westminster) 60-70% of all care proceedings in 2004-2005 involved parental substance misuse (Ryan *et al* 2006). This is at least twice the rate (20-30%) cited in a research briefing commissioned for the DCA child care proceedings review (Brophy, 2006) and 44% in a study of court care plans and their implementation (Harwin *et al*, 2003). Harwin and Forrester's survey of four London authorities found that a third of the children were subject to care proceedings in the two years following referral (final report to the Nuffield Foundation, 2005).

There are a number of limitations to these surveys:-

- They provide snapshot information only, not longitudinal data to monitor trends over time
- The data are not national

A2 Are there any data collected on children with fetal alcohol spectrum disorder?

Yes

If yes, please briefly describe these data and the prevalence they suggest.

Data are collected by the Department of Health on fetal alcohol syndrome disorder (FASD) on the basis of DH Hospital Episode Statistics. The latest figures available for England are for the year 2002-2003 in which 128 children were identified with FAS, an increase from the previous year of 90 (2001-02) and 95 in 2000-01). However, the diagnosis of FAS is rarely recorded in the Hospital Episode Statistics. According to the former Minister of Health, Caroline Flint, in a Hansard parliamentary response, the reason for this is that it is difficult to diagnose the condition at birth and often evidence for the diagnosis becomes more apparent at school age (<http://www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070116/text/70116w0028.htm>).

No reliable information is available on incidence of FASD in England and Wales. According to the BMA Board of Science Fetal Alcohol Syndrome Guide for Professionals (June 2007), the diagnosis is difficult to make as there are other disorders apart from FASD which may explain the child's condition. The BMA Board of Science FAS Guide recommended that data should be routinely collected on FAS through the DH

and that further work needs to be carried out to develop reliable ways of defining and collecting data on FASD.

A key question is whether particular levels of alcohol use in pregnancy are associated with damage to the child. A very recent epidemiological study carried out at UCL (Kelly et al 2008) examined the associations between light drinking during pregnancy and behavioural and cognitive deficits in children at three years of age. Using Millennium Cohort Data, a nationally representative sample was collected prospectively comprising 18,553 households. The study found no adverse effects on child behaviour and cognitive functioning if women were light drinkers—i.e. no more than 1-2 units per week or per occasion). However, heavy/binge drinking (i.e. 7 or more units per week or 6 or more units per occasion) was associated with both behavioural and cognitive deficits in children aged three years old. There were interesting gender differences. The findings of this study are in line with the Avon Longitudinal Study of Parents and Children (ALSPAC) reported in the BJ Psychiatry 2002 Vol. 180, pp 502-508).

The UCL study is important because of its scale and most up to date findings. However other studies report adverse consequences on child development from light drinking (refs). The latest government guidance (as of May 2008) recommends complete abstinence during pregnancy. Some commentators have questioned the change in policy and its evidence base.

B) Research (completed by Louise Hill)

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older than this if they are particularly influential)?

Overview of search strategy

Empirical studies carried out in England and Wales were key parameters of the search. Wider UK studies have been included where applicable (studies conducted in Scotland are reported in the Scottish questionnaire response). The search strategy included online research databases such as ASSIA, ISI Web of Knowledge, PsychInfo, PubMed, Social Care Online and Web of Science, which frequently prompted a snow-balling of data-searching. Research conducted before 2000 was excluded, as well as research that did not have direct relevance to the physical and mental health of children whose parents misuse alcohol. Research studies reporting findings on 'substance use', but did not mention specify that this included drug and alcohol use, were excluded. Studies which have separated findings for parental alcohol problems from parental drug problems (at least in part) have been included. The search extended to include research studies and evaluations of government and non-government organisations given the value of 'grey' literature. Published review papers, literature reviews, discussion papers, anecdotal practitioner accounts with case studies and descriptive papers of service development have not been included in this review.

Outlined in Table A is the primary published research that has been conducted in the UK since 2000 (presented in chronological order). For each item, the key research questions and the methodology adopted are outlined. The key findings in relation to mental and physical health are outlined (Please note: a very broad approach was taken to the term 'mental health' rather than a diagnostic approach). The majority of the studies included do not have conclusive findings on children's physical health and emotional wellbeing rather this information can be gleaned from the wider context of the study. Where findings specific to

children's health are limited, contextual findings are given to provide an insight (for example, family functioning). Hence, the results presented do need to be interpreted with caution. The limitations of the research study are given.

Table B includes UK studies completed before 2000 that have significant findings to contribute to the UK knowledge base.

Overview of studies

In the context of substantial international literature (most notably the US), the UK has few robust empirical studies addressing the physical and mental health of children affected by parental alcohol problems. It is notable that many excellent reviews that have been conducted in the UK rely heavily on research conducted primarily in the US (see for example, SCIE 2006, Templeton 2006, Tunnard 2002). The absence of robust longitudinal studies with comparison groups is demonstrated in Tunnard's systematic review of parental problem drinking and its impact on children (2002). Tunnard provides evidence on the impact of the mental and physical health of children affected by parental alcohol problems using a New Zealand longitudinal study, a review of US empirical studies, one Scottish qualitative study (Laybourn et al 1996), one Alcohol Concern study involving three children and case studies (Brisby et al 1997), ChildLine opportunistic data (ChildLine 1997), a study with 160 young adults (Velleman & Orford 1999) and a report from the Royal College of Physicians and British Paediatric Association (1995). With the exception of Velleman and Orford's study with one year follow ups and a comparison group, the UK research evidence relied upon in this review is weak. However, given the paucity of research, these studies have gained a central status and are frequently cited in the evidence base. Since Tunnard's review, studies by Forrester and Harwin (2000, 2006, 2007, 2008) have provided important data on children affected by parental alcohol problems being maltreated and the social work response.

From the search of the literature, the studies (Table A and B) can be categorised as follows: [reference number for study]

Broad Methodology	Quantity and study reference number	Description
Small scale local area study	Four [2, 7, 12, 29]	Studies often commissioned by local authorities to aid service planning and delivery. Often, snapshot studies concerned with prevalence and mapping.
Practitioner case file study	Four [1, 16, 23, 27]	Analysis of social work case files in London boroughs
Service evaluations (with a defined research element)	Four [11, 13, 20, 28]	Range of specialised services (London, Nottingham, Wiltshire, Cardiff)
Telephone database audit	Two [21, 38]	Analysis of NACOA and ChildLine's

		telephone databases
Qualitative studies	Seven [4, 10, 18, 33, 34, 37, 39]	Variance in depth and breadth. Five of these studies had very small samples. One didn't state sample size. One had a large sample with a follow up interview [39].
Quantitative studies	Four [5, 15, 17, 25]	Survey questionnaires (some space for comments; additional information gathered from parents)
Clinical studies	Three [14, 19, 26]	Includes foetal scans; questionnaires/stroop tests; DNA and PCR tested
Mixed methods studies	Two [6, 22]	A broader range of studies using quantitative and qualitative methodology (UK wide; London)
Cross sectional studies	Three [8, 9, 32]	Included admissions to alcohol clinics;
Longitudinal studies	Six [3, 24, 30, 31 35, 36]	Five of these studies draw from the Avon Longitudinal Study of Parents And Children (ALSPAC). One study uses the UK Millennium cohort.
Total	39	

There are significant limitations in the scale and depth of studies in England and Wales. A geographical bias exists with the majority of the small scale and case file studies conducted in London. The UK wide studies used survey questionnaires or audits of telephone databases where the location of callers was not specified and only three studies are Welsh [10, 15, 28]. Service evaluations are located within a specific context often without control groups.

In an international review of the literature, there is significant evidence on the long term outcomes of children affected by parental alcohol misuse using large longitudinal studies and twin studies. Many of these studies are focused on addressing the outcomes for children affected by parental alcohol problems. There is no longitudinal or twin study in the UK following children affected by parental alcohol problems. As demonstrated below, the Avon Longitudinal Study of Parents and Children (ALSPAC) is an important resource and has, to date, produced five studies that increase our understanding of the relationship between parental alcohol use and children's outcomes (3, 24, 31 35, 36). Data collected on maternal and paternal (where possible) alcohol use at various stages of family life from a cohort of 14 581 pregnancies has provided an important opportunity for researchers. Parental alcohol problems and children's health and wellbeing outcomes have not been a specific research focus. There is limited data on the patterns and

quantities of alcohol consumed, especially on male partners. Furthermore, the lower response rate from families of certain socio economic groups and ethnic minorities limits the dataset's applicability. Underreporting of alcohol problems is likely and those with more serious problems may choose not to be part of the study.

The review revealed five main groups of studies: Views of professionals in child welfare work; mothers (and to a lesser extent fathers) reporting own and children's behaviours in longitudinal studies; adults who were affected by parental alcohol problems reflecting on their childhoods; families in service evaluations and children's own reports. (A further small group are clinical studies; involving foetal scans, maternal DNA testing and adolescent strop tests). Professionals views in the child welfare arena are dominant in the studies concerned with the prevalence of children being maltreated (n=9). Given Forrester's work highlighting the higher threshold for parental alcohol misuse compared to parental drug misuse, in social workers perceptions, we should be cautious in wholly relying on professionals reporting. The longitudinal studies (n=six) all rely on maternal reporting (and some paternal) through questionnaires. One study involved mothers looking at co-morbidity with depression (8) and another with parents accessing treatment services completing questionnaires for children's psychiatric problems (32). It may be important to note that studies referring to 'parents' may actually mean 'mothers'.

Four studies involve adults who were children of parents with alcohol problems (4, 5, 17, 39). One qualitative study involves eight adult daughters of problem drinking fathers; another is a postal questionnaire of 39 adults whose parents had drinking problems; the third is a UK self completed survey (no sample size given) and fourth is an in depth qualitative study with 164 adult offspring of problem parent drinkers with a follow up interview and control group. A further study is a self completed computer interview with young adults aged 16 to 24 reflecting on childhood experiences, which may have included parental alcohol problems (6).

Service evaluations involved practitioners, parents affected by alcohol problems and often children, although the sample sizes were often much lower than anticipated. A Turning Point (voluntary agency) report involved parents and children over twelve, although the numbers are not stated (18). Cleaver et al's study involved seventeen families and practitioners; the researchers hoped to interview children but it wasn't possible (22).

Research studies involving children and young people affected by parental alcohol problems included ChildLine data sets (37, 38); National Association for Children of Alcoholics (NACOA) Helpline data (21) and service evaluations (although due to small sample sizes to a limited extent). One study of twenty seven young carers in Wales included children affected by parental alcohol problems, but this data was not separated from other family circumstance (10). One small study with thirty adolescents (15=control group) looked at attentional bias for alcohol related words (19). One community sample study in South Wales looked at 13 to 15 years olds alcohol consumption and motivation to drink when parents had alcohol problems (15). No studies were found ascertaining children and young people's own views on their physical or mental health.

Although service evaluations, voluntary telephone databases and local prevalence studies offer a valuable insight into the impact on children, they need to be complemented with academically rigorous studies.

Common themes in the studies

Child maltreatment is a common theme in the studies and to some extent dominates the findings on children's physical and mental health. Children experiencing abuse or neglect is a finding reported in at least twenty three of the studies. This is significant. Given the research focus of

children on child protection registers though, it is not a surprising finding. A broader understanding of children's physical and mental health when affected by parental alcohol problems but are not maltreated is, to some extent, a gap in our knowledge. Velleman and Orford's study demonstrated that not all children are mistreated and family relationships have the most significant impact on children's outcomes as adults (39). Hence, interpretation of the key themes should be interpreted cautiously as the experiences of a sub set of children. Parental mental health and domestic abuse are discussed later in response to B2 and B3.

Children on Child Protection Registers

Fifteen studies reported some findings on the prevalence of parental alcohol problems in relation to child welfare, with this as a key objective for some studies (1, 2, 12, 16, 29). Data was collected primarily from professionals with a child welfare remit. These studies frequently used case files for children where there are child protection concerns. These studies showed that a significant proportion of children on Child Protection Registers (CPR) live in families with parental alcohol problems; Forrester's study had 24% of CHAPAPs on CPR (1). Gorin's study on physical punishment found 40% of children on CPR had parents with alcohol problems rising to 61% when drugs and alcohol problems (7). Similarly, Hayden's study found 75% of children on CPR had parents misusing alcohol on own or with other substances; furthermore, social workers had the greatest concerns about these children (12). Forrester & Harwin's study identified a third (33%) of children on the CPR affected primarily by parental alcohol problems (16). A study across six English local authorities found a third of children in social worker case files were negatively affected by parental alcohol problems (22).

It was evident that children were or had been on child protection register in studies with small samples (11, 33). Therefore, children in contact with child welfare services are known and, more specifically, are those experiencing abuse or maltreatment. Many more children may be affected by parental alcohol problems that have not been identified by services. These studies are of significant value to highlight the prevalence of these children and for service planning and delivery; however, there remains a gap in national prevalence figures and the important inclusion of children who may not be on child protection registers.

Children experiencing abuse and neglect

All the research indicated that parental alcohol problems rarely exist in isolation where there are child welfare concerns. The majority of studies showed families with multiple problems (family relationship problems, domestic abuse, parental mental health issues, bereavement, financial hardship). Children phoning ChildLine were rarely phoning solely about parental alcohol problems (28). Research on 3,255 calls from children involving parental alcohol problems found that 41% of children had been physically assaulted and 9% had been sexually assaulted and, for the vast majority, this was by a drunken parent (38). Of the children that had been physically assaulted, 64 had run away, over 100 had been emotionally abused and 70 spoke of neglect. An evaluation of the NACOA helpline found just over a third of young callers reporting emotional abuse (34.4%); a quarter being physical abused and 13.2% being neglected (21).

Studies of child protection registers found a strong relationship between alcohol problems and neglect (1, 23). In Hayden's study, sixty-two per cent of children were on registers for emotional abuse and this was found to be an ongoing concern in families with alcohol problems (2).

Gorin's CPR study found the highest proportion of ChaPAPs registered for neglect (45%); emotional abuse (33%) and physical abuse (22%), though children can be in more than one category (7). Fifteen per cent of referrals to the STARS project were due to concerns about neglect and a further 6% due to abuse (13). Physical abuse was found to be a risk factor in a re-referral to social services due to child welfare concerns (27).

Children at risk of developing mental health problems

Many of the qualitative studies showed that children and adults felt anxious and upset about parental alcohol problems (4, 10, 11, 13, 33, 34, 37,38). Velleman et al's study showed children showed more psychological symptoms than physical symptoms; with parents reporting that 14 children had minor difficulties and a further five had serious or severe difficulties (11). Just over half the children referred to the STARS project (57%) were experiencing emotional difficulties (13).

A longitudinal study looking at alcohol consumption during pregnancy and the impact on the child's mental health found a clinically significant association (24). The authors found a greater impact on girls' mental health, although with the caveat that this is a tentative finding with more research needed. A later study found maternal consumption of more than four drinks a day was associated with a greater risk of mental health problems in girls at 47 months and both genders at 81 months (36). Kelly et al's longitudinal study found mothers who drank heavily or binged during pregnancy were more likely to have children with emotional symptoms at three years (30).

A cross European study of children affected by parental alcohol problems and violence found over a third of children (36%) had clinical/borderline clinical problems and 29% had accessed mental health services (34). In the long term though it seems that mental health outcomes for children of parental problem drinkers are not significantly different (39).

Children at risk of developing alcohol problems

Velleman and Orford's study found that there was an increased use of alcohol and other drugs of adults in comparison to the study control group; however, the differences were lower than expected and not statistically significant (39). Chalder's large study of adolescents found adolescents of problem drinking parents (n=312) were more likely to have an asocial relationship with drinking with stronger internal motives (coping and enhancement) than external motives (social and conformity) (15). A number of factors were found to be significant for predicting the prevalence of children's alcohol use at age ten: paternal manual social class, child's conduct problems, maternal drinking in early childhood and depression/being a bully in children (31). The authors are not stating these children will have alcohol problems but early onset of drinking is an association with later difficulties. Redelinghuys and Dar's study of parents admitted for substance misuse (alcohol and drugs) found that 41% of parents were worried about children developing further problems, but only 10% would seek help for their children from specialised services (32).

Summary

Although the focus of this review was to identify findings on children's mental and physical health, it became apparent that few studies explicitly address this question. Given the estimated prevalence and international literature highlighting the impact on children's lives, this finding in itself is significant. It is imperative that robust research studies are conducted in the UK.

To guide future work it may be helpful to consider a systematic review of international research studies on the impact of heavy parental alcohol use on children that outlines the impact on children's physical and psychological health (Girling et al 2006). The review identifies research on children's physical health in the following areas: foetal alcohol syndrome and ingestion during pregnancy; eating disorders (specifically identified in female children); sexual behaviour of adolescence and earlier pregnancies; hospital admissions of children with regard to mental disorders, injuries and poisoning; children's own misuse of substances. The authors found that the majority of studies were focused on children's risks' of developing psychological and psychiatric problems. As apparent in the research evidence, parental alcohol problems can have an impact, together with many other problems, on children at all stages of development and in all aspects of their lives. Therefore, attempting to understand the complexities of children and adult's lives requires a range of academic disciplines to further investigate the impacts and consequences on children in the UK.

Table A: Empirical research studies

Reference	Research questions	Methodology	Key findings (on children's mental and physical health)	Limitations
Forrester, D (2000) [1]	Is there a relationship between parental substance misuse and child maltreatment in the UK?	Survey of one London Child Protection Register. Social workers ratings of parental substance misuse, and associated level of concern, for all case conference reports of 50 families with 95 children on the CPR.	Substance misuse was a cause for concern in 52% of families on the CPR, 24% of whom alcohol was considered the issue. Substance misuse families were over represented in neglect cases with 30 out of 46 families registered for neglect. For these, there was a very high correlation of heroin and neglect (90%) and alcohol and neglect (33%).	<ul style="list-style-type: none"> • Local study • Reliant on social workers perceptions • No comparison group
Robinson & Hassell (2000) [2]	What general and specific problems arise from family alcohol problems? What are the needs for services,	Postal questionnaires to relevant agencies; child-, family- and adult-focused assessed separately.	In the borough of Camden, the most common contributory combination of factors to CPR statistics was alcohol abuse and domestic violence. For cases where	<ul style="list-style-type: none"> • Local study • Questionnaire response rate low • Reliance on professionals

	specifically in two London boroughs?	Visits made to relevant projects, as well as viewing evaluation reports.	children have been registered for more than 2-years this combination was the most common, with 62% of children registered under the Emotional Abuse category, thereby suggesting that the emotional needs of the child are being neglected as a result of parental health/lifestyle. Such factors contribute widely to those who re-enter the CPR, suggesting that that the resolution of such issues is hampered.	reporting rather than families
Sidebotham & Golding (2001) [3]	What parental background factors are associated with the risk of child maltreatment?	A nested case control longitudinal study (ALSPAC) involving 14 138 children of whom 162 were maltreated. Mother and partners completed 4 questionnaires, including information regarding parental childhood and psychiatric history, family and social environments. Social services Child Protection Registers	Parents experiencing psychiatric disorders (depression, psychiatric illness, alcoholism or drug abuse) were common for mothers and fathers with Children on CPR. Although the variable failed to remain as a reliable predictor in a logistic regression analysis (paternal depression and maternal psychiatric illness remained significant). Authors suggest alcohol misuse may be related to other background factors rather than being in a causal relationship with maltreatment.	<ul style="list-style-type: none"> • Lower response rates from mothers with children subsequently registered • Presumed low reporting of alcohol (and drug) misuse • Reliance on parental reporting • Low response from fathers • Limited analysis

		(CPR) and investigations screened. Analysis with logistic regression.		on detail of abuse especially re: investigation
van Diest (2000) [4]	<p>Does the experience of growing up with a problem-drinking father have a long-term impact on the daughter's ability to bond with her parents?</p> <p>Does the experience of growing up with a drinking father have a long-term impact on the daughter's ability to form intimate relationships?</p>	Small-scale qualitative study. Semi-structured interviews with eight women aged between 36- and 45-years of age.	All eight women reported experiencing long-term effects of paternal problem drinking. They experienced disrupted attachment patterns with parents, as well as disrupted ability to trust others, with fears of being hurt.	<ul style="list-style-type: none"> • Very small scale study • No comparison • Gender bias
Callingham, M (2002) [5]	<p>To investigate the extent and nature of the problem adults who grew up with alcoholic parents. Research questions:</p> <p>How extensive is the problem in comparison to other recognised problems?</p> <p>How severe is the problem in comparison to other problems?</p>	Survey method. Self completion questionnaire sent to UK wide sample. Comparison group. No numbers of returned questionnaires given.	<ul style="list-style-type: none"> • 6.2% adults claim to grown up in a family where parent/s 'drank too much' • 70% tried to hide this from others • These adults drank more, were more likely to be unemployed, more likely to be divorced and in jobs where they 'played out a role' in comparison to the control group • Family environment was found to be similar when alcohol misuse or mental illness in the family • Adults described households with 	<ul style="list-style-type: none"> • Insufficient detail on methodology • No validation noted • Quality issues

	<p>What are the characteristics of the problem?</p> <p>Does it impact differently depending upon the child's circumstances?</p>		<p>'shortage of money, arguments, violence, stress, worry and embarrassment of taking friends home'</p> <ul style="list-style-type: none"> • 30% of adults said it had affected them 'very badly' (though now only 10%) • More likely to identify negative than positive personality characteristics • Compared to control group, more claiming to have 'considered suicide, have eating disorders, drug addiction, trouble with police, above average alcoholic and mental health problems' 	
Cawson, P (2002) [6]	What are young people's childhood experiences of maltreatment in the family?	UK wide random probability sample (postcodes) of 2 869 adults aged 18-24 years. Computer Assisted Interviewing was used for self completion.	Almost one fifth had 'adult responsibilities' due to parental ill health, disability, alcohol or drug abuse, or parental separation.	•
Gorin, S (2002) [7]	What was the frequency of recorded use of physical punishment and any background characteristics associated with children on the CPR who were known to be physically punished and those who were not?	Pilot study of one inner London local authority. The research comprised of an audit of all 136 children (75 families) on the Child Protection Register (CPR) over a six-month period in	For children on the CPR: 40% affected by parental alcohol misuse; 40% affected by parental drug misuse; 61% drugs and/or alcohol misuse and 65% families had experience of domestic abuse.	<ul style="list-style-type: none"> • Local study • Reliant on social workers case files • In depth analysis was limited by the method of audit • Snap shot study so limits the

		2001.	<p>Multiple problems existed for just over three quarter of children (77%) experiencing two or more of the five parental factors (domestic violence, drug misuse, alcohol misuse, physical or mental health problems).</p> <p>Of the children affected by parental alcohol misuse:</p> <ul style="list-style-type: none"> • 12 out of 55 (22%) were on the CPR for physical abuse • 18 out of 55 (33%) were on the CPR for emotional abuse • 25 out of 55 (45%) were on the CPR for neglect • 0 for sexual abuse 	knowledge of the outcomes for these children over time
Woodcock, J., & Sheppard, M. (2002) [8]	What are the combined effects of alcohol dependence alongside clinical depression in mothers?	<p>Cross sectional study.</p> <p>4 teams in 2 urban LAs in Southern England. 223 women screened for presence of depression using the Beck Depression</p>	<p>Compared to depressed mothers, mothers both depressed and alcohol dependent: had more children in care, poorer parenting skills (poorer attachment, less involvement, less provision of boundaries and guidance, more hostile and critical, less concerned and warm), greater involvement in criminal</p>	<ul style="list-style-type: none"> • Reliant on social workers perceptions • No views of fathers/partners or children • 19 women fairly

		Inventory (BDI) – 97 identified as depressed and 19 also identified as alcohol dependent as assessed via interview by the SW	<p>activities, more disrupted and unreliable relationships (involving conflict & violence), and more psychotic disturbance. In addition, children of this latter group showed higher levels of behaviour problems at school</p> <p>Those with combined alcohol dependence and depression are amongst the most needy and at risk of cases within the SW and child protection arena.</p>	small sample
Orford, J., Krishnan, M., & Velleman, R. (2003) [9]	How do childhood family experiences of young adult 'offspring' of parents with drinking problems compare to those with non-problem drinking parents?	Cross-sectional study with sample of 100 subjects (50 in each group), using family diagrams constructed during personal interviews to explore childhood family experiences. Values were assigned to bonds drawn on family diagrams during the interviews so data could be quantifiable.	'Offspring' diagrams indicated significantly less positive bonds between mother and father, between self and problem-drinking parent, and in the family as a whole. There were also significant differences, not predicted, with regard to bonds between siblings, which were less positive in the diagrams of "offspring". Families of offspring of parents with drinking problems may be comparatively deficient in positive aspects of family cohesion, experiencing particular difficulties in the quality of parent-child relationships, family breakdown & domestic violence.	<ul style="list-style-type: none"> • No follow up • Retrospective accounts

<p>Thomas,N, Stainton, T, Jackson, S, Cheung, W.Y., Doubtfire, S, Webb, A (2003) [10]</p>	<p>What are the experiences and characteristics of 'young carers' in Wales?</p>	<p>Qualitative study with twenty seven young carers aged between 9 and 18 years. Interviews and a focus group were used.</p>	<p>3 were young carers in a primary caring role for a parent with alcohol problems or mental illness (further 4 didn't specify parental circumstances).</p> <p>Found that the most difficult family situations were where parents misused alcohol or drugs (or where both parents chronically ill).</p> <p>The emotional impact for some children was found to be severe with reports of sadness, worry and fear.</p>	<ul style="list-style-type: none"> • Very small sample affected by alcohol in family limits in depth analysis • No comparison • Incomplete data on family circumstances
<p>Velleman, R, Templeton, L, Taylor, A & Toner, P (2003) [11]</p>	<p>To evaluate whether the pilot Family Alcohol Service (FAS) had achieved it's aims:</p> <p>To what extent were specific services used?</p> <p>What was the range of people who used the service?</p>	<p>Evaluation study. Mixed methods included questionnaires, interviews, focus groups, diaries and case notes. Specifically 29 interviews with family members (13 children, 15 parents, 1 now adult child). Interviews with referrers,</p>	<p>At least seven families had children on CPR. Further five subject to care proceedings.</p> <p>Findings from children's sample:</p> <ul style="list-style-type: none"> • Children had more psychological symptoms than physical ones 	<ul style="list-style-type: none"> • Local evaluation study • Gaps in data e.g. baseline data on some families, completion of children's questionnaires • No comparison

	<p>What were the effects or outcomes of the service?</p> <p>What were the barriers and gateways encountered?</p>	<p>staff and advisory group. Focus groups with FAS staff.</p>	<ul style="list-style-type: none"> • Anxiety was common, anger was an issue for some especially for boys • Some indications on physical health in relation to food • Many of the children had attendance difficulties at school commonly due to caring for younger siblings. <p>Findings from parents' sample:</p> <ul style="list-style-type: none"> • Children had few difficulties pro-socially but more peer problems, some conduct problems and some emotional symptoms • 14 children had minor difficulties, further 5 had serious or severe difficulties 	
<p>Hayden, C (2004) [12]</p>	<p>To establish an estimate of the scale of parental substance misuse and to investigate how the social work department could respond</p>	<p>The study was commissioned by a city social work department. It comprised off three components:</p> <p>Snapshot survey of 6 child care social work</p>	<p>Social workers identified 197 children affected by parental substance misuse (92 cases). Three quarters of these parental alcohol misuse (on own or combined with other drugs). 'Alcohol misuse featured more heavily in cases where social workers had major concerns about children, in comparison to illegal substances (74% and</p>	<ul style="list-style-type: none"> • Local study • Social workers self reporting in survey (as opposed to case audit) • Only mothers involved in treatment

		<p>teams</p> <p>Group interviews with social workers</p> <p>10 individual interviews and 1 group interview (n=5) with mothers in treatment</p>	<p>61% of cases, respectively)' (p24)</p>	<p>participated</p> <ul style="list-style-type: none"> • No other agencies involved • Absence of fathers and children
<p>Smeaton (2004) [13]</p>	<p>Who does the STARS project reach and how effective is it? STARS project in Nottingham for children of substance misusers (alcohol and drugs), aged from 3- to 15-years.</p>	<p>Evaluation. Analysis included the use of case files, interviews with parents and staff, and surveys to referrers</p>	<p>50% of the parents involved in the project had alcohol misuse issues (in some this was alongside other substance misuse). The known impacts on children at the time of referral included the following (percentage of cases):</p> <ul style="list-style-type: none"> • Emotional difficulties (57%) • Behavioural difficulties (53%) • Relationship difficulties (31%) • Neglect (15%) • Social isolation (15%) • Bullying (10%) • Abuse (6%) • Substance use (3%). <p>Two-thirds of children had more than one</p>	<ul style="list-style-type: none"> • Local evaluation study • No before and after (?) • No breakdown of gender, age • No comparison

			impact, and 9% had five or more.	
Hepper, P. G., Dornan, J. C., & Little, J. F. (2005) [14] (Notes this is a Northern Irish study)	What is the impact of maternal alcohol consumption during pregnancy on the development of spontaneous fetal startle behaviour?	56 mothers (23 alcohol drinkers, as assessed via breathalyser device vs. 33 non-alcohol drinkers) were observed at 20, 25, 30, and 35 weeks gestation – they were scanned for 45 mins and the behaviour of the fetus recorded onto videotape for offline analysis. Number of spontaneous startle movements during this period was recorded.	The number of spontaneous startles is higher in fetuses exposed to alcohol compared to fetuses not exposed to alcohol. This difference reduces across gestation but does not fully disappear by 35 weeks. Prenatal exposure to alcohol results in both delayed maturation and spontaneous startles in the fetus and a smaller but still significant 'permanent' effect on startle behaviour. This study confirms the potential teratogenic effects associated with alcohol consumption during pregnancy and may provide an earlier indication of subsequent postnatal neurobehavioural dysfunction and developmental delay.	
Chalder, M., Elgar, F.J., & Bennett, P.	How do parental alcohol problems impact on adolescents' alcohol consumption and motivations to	Community sample of 1744 adolescents (aged 13-15) in South Wales	312 adolescents (18.2%) were classified of having parents with alcohol problems. For	<ul style="list-style-type: none"> • Narrow age of sample limits analysis • Self reporting in a

(2006) [15]	consume alcohol?	completed Children of Alcoholics Screening Test (CAST-6), Drinking Motives questionnaire and survey measures of alcohol consumption and socio-economic status in a school setting.	<p>these adolescents:</p> <p>Parental alcohol problems showed a clear relationship to adolescents drinking behaviour. An asocial pattern was identified of increased likelihood of drinking alone, drinking with the aim of intoxication or to forget problems.</p> <p>There were stronger internal (coping and enhancement) rather than external (social and conformity) motives to drink</p> <p>Internal motive to drink moderated the influence of parental alcohol problems on alcohol consumption</p> <p>These findings indicate a significant impact of the emotional and physical well being of adolescents affected by parental alcohol problems.</p>	<p>school setting may limit adolescents who participate and what they choose to share</p> <ul style="list-style-type: none"> • No gender analysis of parent-child possible • Lacks the wider understanding of the family, environmental and social context
Forrester, D. &	What is the extent and nature of parental substance misuse in child	All social work case files of 'long term' allocation were	186 children (100 families) were identified as affected by parental substance misuse.	<ul style="list-style-type: none"> • London study so not a national

<p>Harwin, J. (2006) [16]</p>	<p>care social worker's cases? How do social workers assess and intervene with families?</p>	<p>analysed over a one year period in four London boroughs (290 files).</p>	<p>Of these, 82 children (41 families) were affected by solely parental alcohol misuse and a further 39 children (27 families) by drug and alcohol misuse. Very young children were disproportionately affected by parental drug misuse; thus, 'from the age of 2-13 years, there were twice as many children where alcohol misuse was an issue compared with drugs alone.' Study found many children lived in families with multiple complex problems: parents in care as children, parental criminal convictions and parents experiencing violence. Almost a third of registration on the Child Protection Register (33%) involved parental alcohol misuse compared to 9% for drug misuse.</p>	<p>picture</p> <ul style="list-style-type: none"> • Sole reliance on data recorded in social work files. Likely to be underreporting. • Quality issues across files • Very broad inclusion criteria for parental substance misuse
<p>Rafferty, P & Hartley, P (2006) [17]</p>	<p>Whether disharmony within one's family of origin is a risk factor for the children of problem drinkers in adult life?</p>	<p>Responses of a postal questionnaire by 39 adults who experienced difficulties in childhood around parental drinking. Included measures for remembering family</p>	<p>Family disharmony in childhood did emerge as being quite significantly associated with increased levels of shame in adulthood.</p>	<ul style="list-style-type: none"> • Local study • Limited depth in responses hence analysis • Limited in questioning about other life events

			<p>disharmony in their childhood and their current experience of shame as measured by the Experience of Shame Scale. Analysis using non-parametric Mann-Whitney <i>U</i> test and the Spearman correlation coefficient test.</p>	
Turning Point (2006) [18]	<p>What destructive effects does alcohol misuse have on the entire family?</p>	<p>Interviews and focus groups with parents, children (aged 12-18) and those working with them. Although the report describes that the interviews were “transcribed and analysed”, the numbers and particular method is not stated.</p>	<p>Strong links were evident between parental drinking and the child’s emotional wellbeing and development.</p> <p>Eating disorders are reported to be common amongst such children, described as a way of gaining control.</p> <p>Many children experience serious, ongoing anxiety. High levels of violence and aggression are expressed by the children; a learned behaviour from living in a disruptive environment perhaps.</p> <p>Children often miss school due to fears of what they will find on returning home.</p>	<ul style="list-style-type: none"> • Methodology not fully outlined hence limits the application of the analysis • Unclear if findings are from children, parents or workers (anecdotal style) • Lobbying agenda

			Children expressed confusion regarding their role in the family, and feelings of isolation.	
Zetteler, J., Stollery, B.T., Weinstein, A.M. & Lingford-Hughes, A.R (2006) [19]	To what extent is there an attentional bias for alcohol related information for adolescents with alcohol dependent parents?	30 adolescents (15 control) aged 15-20 years completed questionnaires on depression, anxiety, alcohol consumption and Stroop tests with alcohol related words	Attention bias for alcohol related words were found for adolescents with alcohol dependent parents. This inference was found with higher trait and state anxiety levels and lower levels of alcohol consumption.	<ul style="list-style-type: none"> • Very small study • Lacks qualitative detail of participants explanations of word association (own use or parents use?)
Zohhadi, S Templeton, L, Velleman, R (2006) [20]	To what extent had the service for families affected by substance misuse, Parents and Children Together (PACT): Enabled positive family communication? Enabled education for young people and parents around addiction? Enabled young people and parents to	Evaluation study. Mixed methods used at baseline, end of pilot (8 weeks) and one month later. Standardised instruments completed and interviews with 8 family members (3 families). Focus group with workers.	2 out of 3 families affected by father's problematic alcohol use. Findings: <ul style="list-style-type: none"> • Children felt anxious and worried – focus on the emotional impact • Children wanted to have honest conversations with parents 	<ul style="list-style-type: none"> • Very small sample. All boys (3 children) • Limited analysis on quantitative findings due to small numbers

	<p>access appropriate support?</p> <p>Improved family environment and relationships?</p> <p>Promoted self-esteem and resilience in the young people?</p>			
<p>Curtis, T. & Rawlings, S. (2007) [21]</p>	<p>What are the characteristics of callers and reasons for requests for help to the National Association for Children of Alcoholics (NACOA) Helpline?</p>	<p>Evaluation study. The National Association for Children of Alcoholics (NACOA) Helpline volunteers logged call data on call forms. The helpline service is non-directive, providing a free and confidential telephone, email and letter helpline to children of alcohol-dependent parents of all ages.</p>	<p>Total received requests for help:</p> <ul style="list-style-type: none"> • 17,983; 52% of callers are in the 12-18 age range followed by 14% between ages 8-11 and 13% between 0-7. • In 45.2% of cases, the mother is the person identified as the problem drinker. • Top 3 concerns reported are: alcoholism (13.4%), mental well-being (11.9%), and relationship problems (11.5%). • Nearly 60% are not talking to anyone in their immediate environment about their concerns. • The most common forms of abuse reported are emotional abuse (34.4%), physical (25%) and neglect (13.2%). 	

			<ul style="list-style-type: none"> • Most common reported mental health issues reported are 'Category Other' (including flashbacks, panic attacks and phobias) – 32.2%; anxiety (15.9%); and fearfulness (15%). 	
Cleaver, H, Nicholson, D, Tarr, S, Cleaver, D (2007) [22]	Study addressing safeguarding concerns for children affected by domestic violence and/or parental substance misuse. Aimed to explore how children's social care responds to families requiring intervention from adult and children's services; identify factors for agencies to work together; explore children's experiences of interventions	Two year empirical study with six English local authorities (2 London boroughs, 2 metropolitan and 2 shire). Methods included: documentary analysis of ACPC procedures/policy documents; postal questionnaire to practitioners; analysis of identified social work case files (357 cases of which half parental substance misuse); qualitative case studies with seventeen families (parents and practitioners)	<p>Of the cases where there was an initial assessment (267), just over one third of parents had problems with alcohol. A quarter of children were affected by domestic violence and parental drug or alcohol misuse. Domestic abuse was more likely in families where there were problems with alcohol rather than drugs: 20.9% of cases of parental alcohol misuse compared to 13.7% of families with parental drug misuse also reported domestic violence.</p> <p>Findings from the initial assessments showed:</p> <ul style="list-style-type: none"> • 56.8% of children had unmet needs in family and social relationships • 43.5% of children had unmet needs in emotional and behavioural development • 34.9% children had unmet educational 	<ul style="list-style-type: none"> • No control group • Recruitment difficulties especially with children • Alcohol not extrapolated from domestic abuse hence limits the application

			<p>needs</p> <ul style="list-style-type: none"> • 27.9% of children had difficulties in identity and social development • 23.9% of children had unmet health needs <p>A quarter of children were assessed as having no unmet needs. However, almost a third of cases had three or more of the above seen as 'severe developmental needs'. Significantly, 38.2% of children affected solely by parental alcohol misuse had severe developmental needs (compared to 34.5% exposed to domestic violence and 29.5% exposed to parental drug misuse).</p>	
Forrester & Harwin (2007) [23]	Where were children (initially allocated a social worker due to concerns about parental drug or alcohol misuse) living two years after the referral to social services and how were they developing?	Social work file study across four London boroughs over a one year period. 100 families (186 children) allocated a social worker for long term work and where there were	Care proceedings where parental drug misuse was a factor started within nine months (with one exception) whereas for 62% of children affected by parental alcohol misuse care proceedings started after nine months.	<ul style="list-style-type: none"> • London study so not a national picture • Sole reliance on data recorded in social work files. May be over or under reporting.

	<p>What factors were associated in children remaining at home or moving to alternative care? What factors were associated with children who did well compared with children with poor welfare outcomes?</p>	<p>concerns about parental drug or alcohol misuse were included in the study. Follow up file study two years later.</p>	<p>Domestic abuse, parental alcohol misuse and gender had significant relationships to the welfare outcomes of children.</p> <p>Findings specific to parental alcohol misuse:</p> <ul style="list-style-type: none"> • Children who remained at home had poorer welfare outcomes and experienced more abuse/neglect (compared to parental heroin or crack cocaine) • Children were more likely to come into care than children affected by parental heroin use. • Children entered care later, were more likely to be in a temporary placement and had more problems 	<ul style="list-style-type: none"> • Quality issues across files • Very broad inclusion criteria for parental substance misuse • Analysis on combining parental drug and alcohol misuse limits the findings
<p>Sayal, K, Heron, J, Golding, J & Emond, A (2007) [24]</p>	<p>Are very low levels of alcohol consumption during pregnancy independently associated with childhood mental health problems and are these effects moderated by</p>	<p>Data set of longitudinal study (ALSPAC) with a cohort of 14 541 pregnancies. Self reporting questionnaires by mothers at regular intervals. 10%</p>	<p>Low levels of drinking in early pregnancy were associated with clinically significant childhood mental problems. (No relationship was found for drinking before pregnancy). A gender difference was found with a greater effect in girls (although the</p>	<ul style="list-style-type: none"> • Questionnaire response rate of approx 85% (low reporting from ethnic groups, more socially disadvantaged)

	gender?	random subset brought children into research clinic for more detailed assessments. Teacher SDQ completed as well.	authors' state there needs to be more research to substantiate this finding fully).	<ul style="list-style-type: none"> • Mother self reporting • Patterns of drinking not know during whole pregnancy • Likely underreporting
Topley, J, Windsor, D & Williams, R (2007) [25]	What are the behavioural, developmental and child protection outcomes following exposure to Class A drugs in pregnancy?	Children identified by a drug liaison midwife. Data on 62 (out of a possible 69) children aged 4 (to?). The following local authority files were analysed: hospital records, child health files, social service files, educational psychology reports Questionnaires were sent to GPs, health visitors and school nurses. Additional information was gathered from a small number of parents and carers.	<p>The study is focused on class A drug ingestion during pregnancy. Some findings are of interest as 4 children were diagnosed with foetal alcohol syndrome. '44.4% of children whose mothers reported problematic alcohol use developed the features of FAS'</p> <ul style="list-style-type: none"> • Two FAS children had behavioural difficulties and dyspraxia • 1 had mild learning difficulties • None of the children lived with birth parents: 3 adopted and 1 with other family member • All four received additional support at school but didn't have Statements of Special Educational Need 	<ul style="list-style-type: none"> • Small observational local study • Very small sample • Without the extrapolation of maternal alcohol misuse during pregnancy the results are not helpful for this review. • Further limits are inconsistent data in files

Delpisheh, A., et al. (2008) [26]	What is the association of maternal CYP17 gene polymorphisms and prenatal alcohol consumption with intrauterine growth restriction (IUGR)?	Case-control study - 90 mothers with an IUGR baby & 180 controls (with normal birthweight infant). Maternal DNA extracted and PCR used for genotyping.	<p>In all women regardless of genotype, IURG risk increases in mothers exposed to alcohol during pregnancy.</p> <p>Evidence indicated that the association between prenatal alcohol exposure and intrauterine fetal growth restriction is modulated by the maternal CYP17 A1A1 genotype. Mutation on this gene has also been characterised by hypertension, hypokalaemia, sexual infantilism, and maternal hormone imbalance.</p>	
Forrester, D (2008) [27]	Child protection and re-referrals involving serious concerns: How many children were re-referred to social services departments involving actual or potential significant harm and for what reasons following a closed case?	Uses the same data set as Forrester (2006) with a more detailed social work case file analysis of a consecutive sample of 400 referrals to three London children's social services where the child's file had been closed by social services.	<p>Risk factors associated with an increased likelihood of a re-referral: Physical abuse, parental alcohol misuse and the family known to social services. The more risk factors a family experience the greater the likelihood the child experienced actual or potential significant harm.</p> <p>Out of the eleven families re-referred involving actual or potential significant</p>	<ul style="list-style-type: none"> • London study so not a national picture • Sole reliance on data recorded in social work files. Likely to be underreporting. • Sample size of eleven families small • Significant changes in child protection

			<p>harm:</p> <p>'Four out of the five cases in which alcohol misuse was a factor involved physical abuse to a child'</p> <p>'Two of the three families involving concerns around sexual abuse, alcohol misuse was a feature'</p>	<p>assessment process since data collected</p>
<p>Forrester, D., Copello, A., Waissbein, C., Pokhrel, S. (2008) [28]</p>	<p>Evaluation of a crisis intervention service (Option 2) when children are at risk of entering public care and parental substance misuse is present. Two research questions are addressed:</p> <p>How many children entered care, for how long and at what cost? And</p> <p>What are parents and children's experiences of the service?</p>	<p>A quasi experimental evaluation study. Sample from all referrals to the service between 2000-2006. Data set of 279 children, with a comparison group of 89 (who were referred but there was no space to offer a service). Logistical regression used. Also, qualitative element: semi structured interviews with 11 parents and 7 children who used the service in</p>	<p>171 children (61%) were affected by parental alcohol misuse (comparison group 45 children, 51%). The general findings are Option 2 did not reduce the number of children entering care but did delay, lead to shorter times in care and more likely to return home.</p> <p>Parents and children had positive views of the service. Most of the children reported feeling more confident and particularly identified improvements at school.</p>	<ul style="list-style-type: none"> • Local study • No available data on children's welfare and developmental outcomes • Parental alcohol misuse not extrapolated from other substance hence a limited application in findings • Comparison group problematic • Qualitative small

		last 12 months.	Families with multiple problems still experienced difficulties following the intervention compared to families with fewer problems (in particular one problem).	sample with participating bias
Fraser, C, McIntyre, A., & Manby, M (2008) [29]	What is the impact of parental drug/alcohol problems on children and Parents in a Midlands County in 2005/06?	Semi-structured interviews and 'Draw & Write' technique with twenty five parents/carers and eight children (equal gender split, aged 4-14; seven affected by parental alcohol problems).	Parents were often ambivalent or self-critical re: their parenting abilities; majority of parents experienced depression. Children showed awareness of the impact on family life. Younger children showed more anxiety and worry, older children were often angry about parent's alcohol use. Children shared knowledge of their parents accessing health services but no reflections shared on their own health needs.	<ul style="list-style-type: none"> • Local snapshot study • Very small sample • No available data on children's welfare and developmental outcomes
Kelly, Y., Sacker, A., Gray, R., Kelly, J., Wolke, D & Quigley, M.A (2008) [30]	Is there an association between mothers' light drinking during pregnancy and risk of behavioural problems, and cognitive deficits in their children at age three years?	Data from the UK Millennium Cohort study. 18 553 households with infants born 2000-2002. Interviews at home when babies 9 months and 3 years. Cognitive	Drinking in pregnancy was socially patterned: 2% were heavy/binge drinkers who were more likely to be younger, from low income households and to have smoked during pregnancy.	<ul style="list-style-type: none"> • Likely to be underestimates of drinking (especially if problematic) • Timing of pregnancy and period of drinking

		assessments carried out.	<p>Children born to light drinkers were not at increased risk of behavioural problems or cognitive deficits.</p> <p>Mothers who were heavy or binge drinkers during pregnancy had higher risk for girls and boys having emotional symptoms at three years. Boys additionally had an elevated risk for conduct problems, hyperactivity and peer problems.</p>	<p>not clear (e.g. drinking in first trimester may have more effect of foetus than third)</p> <ul style="list-style-type: none"> • Authors suggest follow up beyond three years necessary
MacLeod, J, Hickman, M, Bowen, E, Alati, R, Tilling, K, Davey Smith, G (2008) [31]	What is the estimated prevalence of alcohol and tobacco use among children aged 10 years and what influences this?	<p>Data used from the Avon Longitudinal Study of Parents and Children.</p> <p>Mother completed questionnaires on family adversity, use of tobacco, drugs or alcohol and childhood problems. Children completed a yes-no questionnaire on use of tobacco and alcohol. 6895</p>	<p>2.2% children had drunk alcohol in the previous six months. Factors associated with increased likelihood of children's alcohol use at 10 years:</p> <ul style="list-style-type: none"> • Paternal manual social class • Children's conduct problems • Maternal drinking in early childhood • Depression and 'being a bully' in children <p>Paternal drinking was associated with a decreased risk of children's alcohol use</p>	<ul style="list-style-type: none"> • Questionnaire response rate of 75-85% (low reporting from ethnic groups, more socially disadvantaged) • Mother self reporting • Limited data on heavy parental drinking

		children completed data; full data available for 4064.	(though with some caution).	
Redelinghuys, J. & Dar, K. (2008) [32]	<p>What is the presence of psychiatric problems in children of substance dependent parents admitted for detox?</p> <p>What are parents views about the risk of their children developing substance misuse problems?</p>	Cross-sectional study and measures included a specifically designed 'Parent Questionnaire' and the SDQ. Participants were 66 parents admitted to an in-patient detox unit in West London and their 152 children.	86.4% of parents had been admitted for alcohol treatment only and in this group only, there were a total of 137 children out of the 152 initially recruited. SDQ data (on only 49 children) was within the normal range with 24.6% of the children having had SS involved in their care at some point. 4 parents reported children w/ SM problems and 1 reported a child w/ psychotic illness. 41% of parents were concerned about their children developing future SM problems. However, only 10% would contact Child & Adolescent MH or Paediatric services to seek help, and nearly 50% would not contact SMS in this regard.	<ul style="list-style-type: none"> • Local study • No control group • Parents self reporting
Taylor, A., Toner, P., Templeton, L., & Velleman, R. (2008) [33]	What is it about families who ceased engagement with the Family Alcohol Service (FAS) that makes engagement so problematic from the perspective of professionals and parents?	In-depth qualitative study using triangulated methods: case notes + interviews (w/ parents, FAS staff & referrers, children; analysis done via thematic 'framework'	<p>The majority of children were aged from nine to fourteen in the sample. For the sixteen children in these families:</p> <ul style="list-style-type: none"> • 'Living in real hardship and experiencing a range of problems' • Four children were on CPR, accommodated or subject to care 	<ul style="list-style-type: none"> • Local study • Small data set • Unable to involve children (despite efforts)

		<p>approach. A subset of a wider evaluation of FAS. Final sample of seven families.</p>	<p>proceedings</p> <ul style="list-style-type: none"> • Further two children CP concerns • Many taking 'carers role' and had problems at school • Six (or more) children demonstrating serious or pervasive behaviour problems <p>Children lived in families with multiple problems:</p> <ul style="list-style-type: none"> • Domestic abuse in five out of seven families and relationship problems in all • Mental health problems in four families (others not identified) • Bereavement in three families 	
<p>Velleman, V, Templeton, L, Reuber, D, Klein, M, Moesgen, D (2008) [34]</p>	<p>What are children's experiences and support needs when living in families with parental alcohol problems and domestic abuse in various European countries?</p>	<p>A cross European qualitative research study. 57 children and young people aged 12-18) participated in semi structured interviews using a Alcohol Violence Teenage version schedule. Final sample of 45 participants, of which 5</p>	<p>Children and young people experienced considerable stress and strain for long periods. Key findings:</p> <ul style="list-style-type: none"> • 57% of participants with a father drinking had been afraid of him • 32% of participants with a mother drinking had been afraid of her • Participants experienced much higher levels of aggression and violence from parents than the control group: Just over three quarters experienced 	<ul style="list-style-type: none"> • Findings are for across Europe rather than specific to England • Small sample from England (n=5) Though very difficult study

		were from England.	<p>psychological aggression; at its more severe 12% of children had been extremely physically assaulted by their father and 9% by their mother.</p> <ul style="list-style-type: none"> • 36% reported clinical/borderline clinical problems • 29% accessing mental health services • Coping strategies were used but many still felt 'extremely angry, frustrated or very sad' 	
Alati, R., MacLeod, J., Hickman, M., Sayal, K., May, M., Smith, G.D, & Lawlor, D.A. (2008) [35]	Is moderate maternal alcohol and tobacco use in pregnancy associated with intelligent quotient (IQ) scores in childhood through intrauterine mechanisms?	Using the Avon Longitudinal Study of Parents and Children, analyses were conducted on 4332 participants with complete data on maternal and paternal use of alcohol and tobacco at 18 week gestation, child's IQ and a range of confounders. IQ was measured at child age 8 with the Weschler Intelligence Scale for Children (WISC-III). Multivariable linear and logistic regression were	<p>There was no strong statistical evidence that maternal alcohol and tobacco consumption during pregnancy were associated with childhood IQ with any greater magnitude than paternal alcohol and tobacco consumption (also assessed during their partners' pregnancy).</p> <p>Findings suggest that the relationship between maternal moderate alcohol and tobacco use in early pregnancy and childhood IQ may not be explained by intrauterine mechanisms.</p>	<ul style="list-style-type: none"> • Questionnaire response rate of 75-85% (low reporting from ethnic groups, more socially disadvantaged) • Mother self reporting • Limited data on heavy parental drinking

		used.		
Sayal, K., Heron, J., Golding, J., Alati, R., Smith, G.D, Gray, R & Emond, A (2009) [36]	Are patterns of alcohol consumption during pregnancy independently associated with childhood mental health and cognitive outcomes? are there gender differences in risk? Do occasional episodes of higher levels of drinking carry a risk in the absence of regular daily drinking?	Data set of longitudinal study (ALSPAC) with a cohort of 14 541 pregnancies. Self reporting questionnaires by mothers at regular intervals from singleton births (n=13617) 10% random subset brought children into research clinic for more detailed assessments.	Maternal consumption of more than 4 drinks in a day was associated with a greater risk of mental health problems in girls aged 47 months and both genders at 81 months. The risk was greater for hyperactivity and inattention problems. Further analysis found postnatal environment (depression, drinking) could not explain 47 month outcomes.	<ul style="list-style-type: none"> • Questionnaire response rate of approx 85% (low reporting from ethnic groups, more socially disadvantaged) • Mother self reporting • Patterns of drinking not know during whole pregnancy • Likely underreporting

Table B: Highly pertinent empirical studies predating 2000

Reference	Research questions	Methodology	Key findings	Limitations
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			(on children's mental and physical health)	
Brisby, T., Baker, S. & Hedderwick, T (1997) [37]	What are the impacts on children of	3 in depth interviews and case studies		<ul style="list-style-type: none"> • Very small sample
ChildLine (1997) [38]	What are children's views of the impact of parental (or carer) alcohol misuse	3,255 telephone calls from children over a one year time period (April 95-March 96) concerned by parent/carer alcohol misuse were analysed. Of these, 2134 with the greatest detail in depth.	<p>Parental alcohol misuse was rarely the primary reason for calling rather the consequences were identified e.g. running away from home. Family relationship problems and violence were the commonest reasons for calling. The majority of children expressed anxiety, secrecy, involved in caring roles for siblings and parents. Children were focused on meeting the emotional needs of the parent rather than their own.</p> <p>When children phoned ChildLine where alcohol was a contributing factor, 41% of children called due to physical abuse and a further 9% calls due to sexual abuse.</p>	<ul style="list-style-type: none"> • Reliant on volunteer counsellors record of phone call (variance of depth) • Extent of parental drinking not known • Incomplete data on child as child chooses what details to share (although this is fully understandable) • No control group • Potentially across UK but not possible to know geographical areas

Velleman, R & Orford, J. (1999) [39]	To what extent are children of problem drinkers at risk of developing their own problems with alcohol? If so, what extent do they relate it to childhood? Are they more likely to have relationships with problem drinkers? Why are some children able to overcome negative experiences? How do they see similarities and differences from parents?	164 adult offspring of problem drinking parents (aged 16-35) and a comparison group of 80 participated in long interviews (average 6 hours). Follow up interviews in twelve months.	Authors found 'Significant risk for a range of emotional, conduct, educational and learning and friendship adjustment problems whilst children'. Although not for all and variance in sample. Family disharmony impacts on outcomes. Some increased risk for excessive alcohol/drug use in adulthood though not as great as expected.	<ul style="list-style-type: none"> Some issues of recall (though justified by authors)
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B2 Please indicate any results which have particular relevance for:-increasing understanding of the links between child health and parental alcohol misuse and policy, service and professional development

Despite the anecdotal practitioner knowledge of parents' alcohol problems impacting on children's registration and attendance at the doctors, dentists, speech and language clinics and other hospital appointments; there is almost no research looking at the impact on children's physical health and access to health services. Cleaver et al's study identified that following initial assessment, just under a quarter (23.9%) of children affected by parental alcohol problems, parental drug problems and/or domestic abuse had unmet health needs (22). Although alcohol problems are not separated this is one of the few studies that identify health needs as set out for the Department of Health initial assessment framework for children in need. This clearly is an area that requires research.

There are a number of studies that address implications for policy, service and professional development in UK studies. Studies that specifically focus on this issue are outlined below in Table C. Many of the studies, cited in response to B1 reported findings that have implications for policy, service and professional development. Specific findings from these studies are outlined below.

Table C

Reference	Research questions/Aim	Methodology	Key findings (relating to policy, service and professional development)	Limitations
Kearney, P, Levin, E & Rosen, G (2003) [40]	What are the policies and practice that can integrate services for families affected by alcohol, drugs and mental health problems?	105 participating social services departments in England and Wales. Documentary analysis of policy and procedures. Interviews with strategic managers, social workers and key practitioners in specialised services.	<ul style="list-style-type: none"> • Social workers estimated caseloads of between 50-90% of families affected by mental health, drug or alcohol problems. • Common division of adult and child services; but significant variance of structure within these • More than half were unable to send protocols for this area although the majority said they were in process • Identity of worker through job title could be important e.g. child care workers didn't want to be mental health workers • Many practical challenges of working collaboratively. Frontline staff not always involved hence resistance. • Concerns about confidentiality and information sharing • Training issues. Workers feeling under skilled to work in a holistic way • Gaps in provision for ethnic minority 	<ul style="list-style-type: none"> • 63% response rate (acceptable but may have missed key localities) • Families not involved

			<p>groups</p> <ul style="list-style-type: none"> • Particular reported difficulties in working with alcohol services (compared to drugs and mental health) 	
Kroll, B & Taylor, A (2004) [41]	What are practitioners' experiences of parental substance misuse in relation to prevalence, assessment, approaches to intervention, interagency issues, training and supervision?	Semi structured interviews with 40 social welfare practitioners (London and sw England)	<ul style="list-style-type: none"> • Engaging with families: 'gaining and sustaining trust' a common theme • Balancing the needs of adults and the needs of children was a 'difficult balancing act' • Concern about divisions between services and different timescales • Sharing information about child welfare could be difficult • Holistic assessment: workers felt the breadth necessary could be difficult to achieve • Understanding children's experience, especially when parents had high needs, was problematic. Often felt they had 'an inconsistent picture' relying on glimpses of family life 	<ul style="list-style-type: none"> • Snapshot • No separation of difference between alcohol or drugs (maybe not important though) • No comparison
Forrester, D., McCambridge, J., Waissbein, C., Emllyn-Jones, R., & Rollnick, S	Evaluation of a 2-day workshop in Motivational Interviewing (MI) for 40 SWs as part of training focused on alcohol misuse.	Research Interviews conducted pre-training, during training and 3 months post-training. Measures also included questionnaires such as the	Changes in the AAPPQ suggested a move toward greater confidence & less stress in working w/ parental alcohol misuse, w/ use of less confrontational approaches and more listening to parents. Interviews showed that there were benefits of a less confrontational approach, w/ improvement of participants'	<ul style="list-style-type: none"> • Local context (?)

(2007) [42]		AAPPQ, HRQ and PRS	relationships with parents and young people, as well as improvement of SWs well-being (less stress and more job satisfaction). Despite these positive changes, overall level of skill in MI was relatively low.	
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In families where children were placed on the child protection register, social workers rated alcohol as a much lower concern than heroin despite the found association with neglect (Forrester 2000 [1]). The author suggests this could be due to greater acceptability of alcohol, greater concern about heroin or different perceptions of the affect of different substances on parenting. Hayden (2004) found that social workers within a child care team 'felt ill-equipped' in working with families affected by parental drug and alcohol misuse and highlighted the need for greater knowledge about the impact of different substances and local support services. Fifteen mothers involved in the study reported the need for individual support and childcare, feeling judged as 'bad mothers', poor communication from social workers, misplaced expectations of the time to change behaviours and concerns that asking for help would result in further investigation (12).

Forrester and Harwin's study (2006) found that parental alcohol and drug misuse were 'extremely common' on social workers caseloads. Initial referral patterns found no referrals from GPs and only one from a substance misuse professional; in contrast non professional referrals were more likely in cases of parental substance misuse. Social workers reported positive working relationships with substance misuse professionals when parents were engaging with treatment services. However, substance misuse professionals were frequently not working with the family (71% of cases) although involvement did increase the higher the child protection concerns. The authors suggest that there needs to be improved training at all levels for social workers and substance misuse professionals. Furthermore, there is gap of robust evidence exploring how social workers can work effectively with families experiencing drug and alcohol problems (16). A follow up study by Forrester and Harwin (2007) found social workers were intervening later in families affected by parental alcohol misuse. Furthermore, social workers appeared to experience more difficulties in working with parental alcohol misuse and domestic abuse in comparison to parental drug misuse (23).

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health. Please use Appendix B

International research widely reports that parental alcohol misuse is rarely in isolation from other problems when impacting on the welfare of children. There have been few studies that explicitly explore the relationship between parental alcohol misuse and domestic abuse in families in the UK. Therefore, an important contribution to the field has been a recently published cross-European study (34). The study with 57 children and young people (aged 12-18 years), five of whom were from England, reported their experiences of considerable stress and strain for long periods. Participants experienced much higher levels of aggression and violence from parents than the control group: Just over three quarters experienced psychological aggression; at its more severe 12% of children had been extremely physically assaulted by their father and 9% by their mother.

Parental alcohol problems, parental mental health problems and domestic violence were frequently co-existing for children on CPR (1, 2, 7, 16, 22, 23, 27). This reflected a strong finding that children can live in families with multiple problems; these children can be particularly vulnerable (22). In the ChildLine study, half of the children ringing about family violence talked about parental alcohol problems (1632 calls) (38).

The following studies, cited in response to B1 reported findings on the impact of domestic abuse [2, 16, 22, 34, 38] and parental mental health problems [3, 8]. Specific findings from these studies are outlined below:

Hayden's study of CPR found parental alcohol problems and domestic violence to be a common combination (2). Across four London boroughs, 290 social worker case files were analysed for a concern about parental substance misuse (16). The authors found a stronger correlation between parental alcohol misuse and parents experiencing violence. The vast majority of victims of violence were women (91%). Furthermore, the study identified victims of violence were 'twice as likely to be experiencing mental illness, to misuse substances themselves or to have been in care or known to social services as children' (Forrester and Harwin 2006:330).

Cleaver et al's study (22) found that the co-morbidity of domestic abuse and parental alcohol or drug misuse increased the risk of poor developmental outcomes for children. Of the social workers initial assessments of 267 cases, over a third of children (39.1%) of children affected by domestic abuse and parental drug or alcohol (unfortunately for these figures drug misuse and alcohol misuse are not given as separated factors) had severe developmental needs. The researchers identify these children as 'particularly vulnerable' outlining that a fifth of these children experienced severe difficulties in the three key domains of developmental needs, parenting capacity and family and environmental factors (Cleaver et al 2007:56).

A follow up study (23) of the child welfare outcomes at two years of 186 children referred to social services affected by parental drug or alcohol misuse found domestic violence, parental alcohol misuse and gender were variables with the most significant relationship to negative welfare outcomes. Children affected by domestic violence and parental substance misuse were 'almost four times as likely to remain at home' (Forrester & Harwin 2007:9). For the 39 children affected by domestic violence, at follow up 34% had no problems, 41% problems had continued and 25% had developed more problems. Forrester (27) study on re-referrals to children's social services teams due to serious concerns found three risk factors: parental alcohol misuse, physical abuse and known to social services through statistical analysis. Furthermore, maternal mental health and sexual abuse were found to be important though not identified in the statistical analysis. Although a very small sample, three families were affected by maternal mental illness and in all cases the mother was the sole carer for the children and all the families were black and socially deprived. However, alcohol misuse was not an issue in these cases.

A longitudinal study looking at factors associated with parents characteristics and child maltreatment found paternal depression and maternal psychiatric illness to be statistically significant as risk factors (3). Family environments were found to be similar for living with parental alcohol misuse or/and parental mental illness (5). Woodcock and Sheppard's study found women who were clinically depressed and had alcohol problems were more likely to have children in care, have poorer parenting skills, involved in crime, unstable relationships and psychotic disturbances(8).

References

1. Forrester, D. (2000) Parental substance misuse and child protection in a British sample A survey of children on the child protection register in an inner London district office. *Child Abuse Review*, 9(4):235-246.
2. Robinson, W. & Hassell, J. (2000) *Alcohol Problems and the family: From stigma to solution*, ARP and NSPCC: London.
3. Sidebotham, P. and J. Golding (2001) Child maltreatment in the "Children of the Nineties" - A longitudinal study of parental risk factors. *Child Abuse & Neglect*, 25(9):1177-1200.
4. van Dist, H., (2000) *The impact of childhood experiences: The long-term effects of growing up with a problem-drinking father on adult daughters' ability to form close relationships*. Free University of Netherlands and University of Bath
5. Callingham, M (2002) Survey for the National Association of Children of Alcoholics (NACOA) [unpublished report] Available online www.nacoa.org.uk Accessed 27.01.09
6. Cawson, P (2002) *Child Maltreatment in the family: the experience of a national sample of young people* London: NSPCC
7. Gorin, S (2002) *A pilot study of child protection, family characteristics and physical punishment*, London: NSPCC

8. Woodcock, J., & Sheppard, M. (2002) Double Trouble: Maternal Depression and Alcohol Dependence as Combined Factors in Child and Family Social Work. *Children and Society*. 16 (4): 232-245.
9. Orford, J., Krishnan, M., & Velleman, R. (2003) Young adult offspring of parents with drinking problems: a study of childhood family cohesion using simple family diagrams. *Journal of Substance Use*, 8(3), 139-149
10. Thomas, N, Stainton, T, Jackson, S, Wai Yee Cheung, W.Y., Doubtfire, S & Webb, A (2003) 'Your friends don't understand': Invisibility and unmet need in the lives of 'young carers', *Child and Family Social Work*, 8:35-46
11. Velleman, R, Templeton, L, Taylor, A & Toner, P (2003) *Evaluation of the pilot Family Alcohol Service*, London: NSPCC/University of Bath Available online at <http://www.bath.ac.uk/mhrdu/drug-alcohol/>.
12. Hayden, C (2004) Parental substance misuse and child care social work: research in a city social work department in England, *Child Abuse Review* 13(1):18-30
13. Smeaton, E. (2004) *The STARS Report*, Nottingham: Children's Society.
14. Hepper, P. G., Dorman, J. C., & Little, J. F. (2005) Maternal alcohol consumption during pregnancy may delay the development of spontaneous fetal startle behaviour. *Physiology & Behaviour*, 83, 711-714
15. Chalder, M., F.J. Elgar, and P. Bennett, (2006) Drinking and motivations to drink among adolescent children of parents with alcohol problems. *Alcohol and Alcoholism*, 41(1):107-113.
16. Forrester, D & Harwin, J (2006) Parental substance misuse and child care social work: findings from the first stage of a study of 100 families *Child & Family Social Work*, 11 (4): 325-335.
17. Rafferty, P & Hartley, P (2006) Shame about the Children: A legacy of distress for adults who have grown up with parental problem drinking and family disharmony? *Journal of Substance Use* 11(20):115-127.
18. Turning Point (2006) *Bottling it up: The effects of alcohol misuse on children, parents and families*. London: Turning Point.
19. Zetteler, J., Stollery, B.T., Weinstein, A.M. & Lingford-Hughes, A.R (2006) Attention bias for alcohol related information in adolescents with alcohol dependent parents *Alcohol & Alcoholism* 41 (4):426-430.
20. Zohaddi PACT evaluation
21. Curtis, T. & Rawlings, S. (2007) NACOA – The National Association for Children of Alcoholics. Nacoa Helpline Evaluation: January-December 2007. Bristol: NACOA
22. Cleaver, H, Nicholson, D, Tarr, S, Cleaver, D (2007) *Child protection, domestic violence and parental substance misuse: Family experiences and effective practices*, London: Jessica Kingsley Publishers.
23. Forrester, D. & Harwin, J. (2007) Outcomes for children whose parents misuse drugs or alcohol: A two year follow up study, *British Journal of Social Work* Advanced Access published on 3 August 2007 (CHECK NOW VOL:PAGE)
24. Sayal, K, Heron, J, Golding, J & Emond, A (2007) Prenatal alcohol exposure and gender differences in childhood mental health problems: A longitudinal population based study *Pediatrics*, 119:426-434

25. Topley, J, Windsor, D, Williams, R (2007) Behavioural, developmental and child protection outcomes following exposure to Class A drugs in pregnancy *Child: care, health and development* 34(1):71-76
26. Delpisheh, A., Topping, J., Reyad, M., Tang, A., & Brabin, B. Prenatal alcohol exposure, CYP17 gene polymorphisms and fetal growth restriction. *European Journal of Obstetrics, Gynecology and Reproductive Biology.* (2008), 138, 49-53.
27. Forrester, D (2008) Child protection and re-referrals following serious concerns: a follow up of 400 referrals closed by Social Services Departments, *Child & Family Social Work*, 13: 286-299
28. Forrester, D., Copello, A., Waissbein, C. & Subhash Pokhrel, S. (2008) Evaluation of an intensive family preservation service for families affected by parental substance misuse *Child Abuse Review*, 17 (6): 410-426
29. Fraser, C., McIntyre, A., & Manby, M. (2008) Exploring the Impact of Parental Drug/Alcohol Problems on Children and Parents in a Midlands County in 2005/06. *British Journal of Social Work*, 1-21 (CHECK VOL)
30. Kelly, Y., Sacker, A., Gray, R., Kelly, J., Wolke, D & Quigley, M.A. (2008) Light drinking in pregnancy, a risk for behavioural problems and cognitive deficits at 3 years of age? *International Journal of Epidemiology* 39:129-140
31. MacLeod, J, Hickman, M, Bowen, E, Alati, R, Tilling, K, Davey Smith, G (2008) Parental drug use, early adversities, later childhood problems and children's use of tobacco and alcohol at age 10: birth cohort study, *Addiction*, 103:1731-1743
32. Redelinghuys, J. & Dar, K. (2008) A survey of parents receiving treatment for substance dependence: The impact on their children. *Journal of Substance Use*, 13(1): 37-48.
33. Taylor, A., Toner, P., Templeton, L., & Velleman, R. (2008) Parental Alcohol Misuse in Complex Families: The Implications for Engagement. *British Journal of Social Work*, 38, 843-864
34. Velleman, V, Templeton, L, Reuber, D, Klein, M, Moesgen, D (2008) Domestic abuse experienced by young people living in families with alcohol problems: results from a cross-European study *Child Abuse Review* 17 (6): 387-409
35. Sayal, K., Heron, J., Golding, J., Alati, R., Smith, G.D, Gray, R & Emond, A (2009) Binge pattern of alcohol consumption during pregnancy and childhood mental health outcomes: Longitudinal population based study, *Pediatrics*, 123:289-296
36. Alati, R., MacLeod, J., Hickman, M., Sayal, K., May, M., Smith, G.D, & Lawlor, D.A. (2008) Intrauterine Exposure to Alcohol and Tobacco Use and Childhood IQ: Findings from a Parental-Offspring Comparison within the Avon Longitudinal Study of Parents and Children. *Pediatrics Research* 64(6):659-666

Pre-2000 Studies

37. Brisby, T., Baker, S. & Hedderwick, T (1997) *Under the influence: Coping with parents who drink too much: A report on the needs of children of problem drinking parents* London: Alcohol Concern

- 38. ChildLine (1997) *Beyond the limit: children who live with parental alcohol misuse* London: ChildLine
- 39. Velleman and Orford (2001) *Risk and resilience: Adults who were children of problem drinkers* Amsterdam: Harwood Academic Publishers

Practitioner specific studies (relating to B2)

- 40. Kearney, P, Levin, E & Rosen, G (2003) *Alcohol, drugs and mental health problems: Working with families* London: National Institute for Social Work
- 41. Kroll, B & Taylor, A (2004) Working with parental substance misuse: Dilemmas for practice, *British Journal of Social Work* 34:1115-1132
- 42. Forrester, D., McCambridge, J., Waissbein, C., Emllyn-Jones, R., & Rollnick, S. (2007) Child risk and parental resistance: Can motivational Interviewing Improve the practice of Child & Family Social Workers in Working with Parental Alcohol Misuse? *British Journal of Social Work*, 1-18

Further references

- 43. Girling, M., Huakau, J, Casswell, S. & Conway, K (2006) *Families and heavy drinking: Impact on children’s wellbeing Systematic review* Blue Skies report No 6/06 Wellington
- 44. Social Care Institute of Excellence (SCIE) (2006) SCIE Research briefing 06: Parenting capacity and substance misuse London: SCIE
- 45. Tunnard, J (2002) *Parental problem drinking and its impact on children* Dartington: Research In Practice

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes

Substance misuse is a cross government theme however the **Home Office (HO)** (responsible for immigration, counter-terrorism, police, drug policy crime and anti-social behaviour) and the **Department of Health (DoH)** (responsible for public health issues) have overall joint responsibility for the policy development and delivery of the alcohol strategy.

The current alcohol strategy “*Safe, sensible drinking*” sets out the UK’s approach in tackling the harms and costs of alcohol misuse and the Government’s commitment to shape an environment which promotes sensible drinking. The “*Safe, sensible drinking*” strategy ensure laws and licensing powers to tackle alcohol-fuelled crime and disorder, protect young people and tackle irresponsibly managed premises are being implemented effectively. In particular, the strategy identifies high risk groups who cause or experience the most harm to themselves, their communities and their families. These are 18-24 year old binge drinkers whom are responsible for the majority of alcohol-related crime and disorder; Young people under 18 who drink alcohol and harmful adult drinkers who are unaware of their own drinking patterns which is damaging their physical and mental health and causing substantial harm to others.

An alcohol ministerial group jointly chaired by HO and DoH ministers, with representation from across all government departments has overall accountability for the delivery of this alcohol strategy and demonstrates the governments political commitment to reduce alcohol related harm.

In relation to treatment, the DoH has sole responsible for the delivery of targets relating to increasing the number of individuals (young people and adults) entering alcohol treatment. The department of health is responsible for all policy addressing the problem of alcohol misuse in so far as it affects the health of people.

The importance of the new Home Office 10 year Drugs Strategy "*Protecting Families and Communities*" should also be noted as this addresses the wider impact of substance misuse (including drugs and alcohol) on the community particularly focussing on children, young people and their families and works alongside the alcohol strategy.

C2 Is there a government department with responsibility for chAPAPs?

Yes

The **Department for Children, Schools and Families (DCSF)** (responsible for families, schools, 14-19 education and the Respect taskforce) has overall responsibility for the policy development relating to Young People and Drugs (including alcohol) delivery plan, which is part of the wider Every Child Matters: Change for Children Programme (ECM). The ECM programme was developed out of the Children's Act 2004 which provided the legal context for the reform of children services and marked a watershed in the way that services were developed to support children. The change programme put children at the heart of everyone's responsibility and aimed to improve integrated working and collaboration between partner organisations in order to better protect children. All local authorities were required to develop a localised single overarching children's plan, establish local Safeguarding Boards (multi agency boards to oversee safeguarding procedures are being implemented locally) to better protect children and move towards joint planning and commissioning of services to improve outcomes for children and families by April 2008. The framework for this reform was set out in a series of documents produced under the umbrella of ECM which focused 5 improvement outcome areas: Being healthy; Staying safe; Enjoying and achieving; Making a positive contribution and Achieving economic well-being. The needs of children affected by their own or others substance misuse has been fully integrated into this change programme.

To support the implementation of the young people and drugs (and alcohol) part of the ECM programme, a cross central government Young People and Drugs Programme Board was set up. This consisted of representatives from various central government departments including the DCSF, Home Office (HO), DoH, National Treatment Agency (NTA) and Ministry of Justice (MoJ)). At a national level, the Home Office and DCSF established Joint Regional Teams within each regional government office from February 2005 to support the local implementation of this programme. The regional teams were made up of representatives from DSCF, National Treatment Agency (NTA), Public health, youth justice and drugs and crimes staff. The teams were tasked with performance managing and supporting local authorities to locally implement the ECM change programme.

Since the publication of the new Home Office 10 year Drugs Strategy *Protecting Families and Communities* in April 2008, the young people and drugs progamme board referred to above has been disbanded however there is commitment in the new Drug's strategy action plan (action 37) to establish a new cross government working group to drive forward work on families and substance misuse including focussing on children of problem drug and/or alcohol

users. This is a positive step forward and evidences the government's ongoing commitment to improve support to ChAPAPs. .

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse?

As described in C2, the regional Government office teams monitor the performance of all local authorities including the specific work relating to the Drug and Alcohol Action teams (DAAT's). The DAAT, of which there are 150 in England, are strategic boards made up of representatives from across the local authority and delivers and implements central government drug and alcohol policy at a local level. DAAT's are responsible for the budget planning, local policy development, performance management and commissioning of substance misuse (drugs and alcohol) services for both children, young people, families and adults. Services commissioned by the DAATs provide a range of service provision from education, prevention and early intervention services, community based and in patient residential treatment programmes, support for families affected by parental substance misuse, housing, mental health and education, training and employment programmes. Services are delivered by both statutory and voluntary sector providers.

To illustrate the way that central government, local government and voluntary sector organisations work together, it seems most beneficial to focus on three specific areas rather than trying to generalise across the UK. For this purpose, we will discuss the policies and/or services of **Bristol City Council, the Wakefield District (may change) and the London Borough of Camden**. The London Borough of Camden has been chosen as it is one of the highest performing DAAT's in the country and is a good representation of issues faced by inner city Local Authorities. Bristol has been selected as there was good research undertaken which underpinned the local policy development and Wakefield has been chosen as it demonstrates good cross regional collaboration.

Bristol City

The Bristol Partnership (the city's Local Strategic Partnership) has produced an Alcohol Harm Reduction Strategy for Bristol [32], which aims to co-ordinate the independent elements that are already working on alcohol harm issues in the city. The strategy seeks to place the situation in Bristol in the context of the national situation. The Partnership brings together the leaders from public, private, community, voluntary and business sectors to ensure a long-term joint initiative for action, in this case on alcohol harm reduction. The strategy describes a hierarchy placing the Partnership at the head, below which come the local health authority (Primary Care Trust), Alcohol Strategy Group commissioners and the Safer Bristol Partnership. Below this level are the specific service delivery groups and providers.

This demonstrates that working within the central government structures and guidance, local governments may independently co-ordinate their approach to alcohol issues, and bring private, public and voluntary sector organisations together to respond to their local issues and approaches.

Bristol has also produced their own Practice Guidance document for frontline practitioners working with children, young people and their families entitled Alcohol Misusing Carers and their Children: Assessment of Risk Factors when Working with Alcohol Misusing Carers [33]. Specific guidance is given regarding assessment issues when alcohol issues are present (e.g. provision for basic needs, health and safety risks, social networks and support systems, and the patterns of alcohol misuse). Strategies are offered for talking both with the problem drinker and the child, with guidance of questions and approaches.

Wakefield District

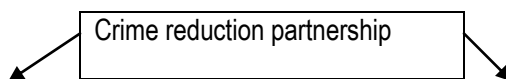
Available through the Wakefield local government website is a document concerning the appropriate procedures for Children of Alcohol Misusing Parents [34], produced in collaboration with four of the region's Safeguarding Children Boards. The policy is very brief, but outlines that children whose parent(s)/carer(s) misuse alcohol are themselves at risk of multiple problems; it describes that the issues are complex and therefore in need of detailed assessment. Regarding points of concern, the policy outlines that an unborn child is vulnerable and exposed to potential unfulfilled basic care needs and poor stimulation. Older children may experience lower school attendance, anxiety and having to assume a caring role.

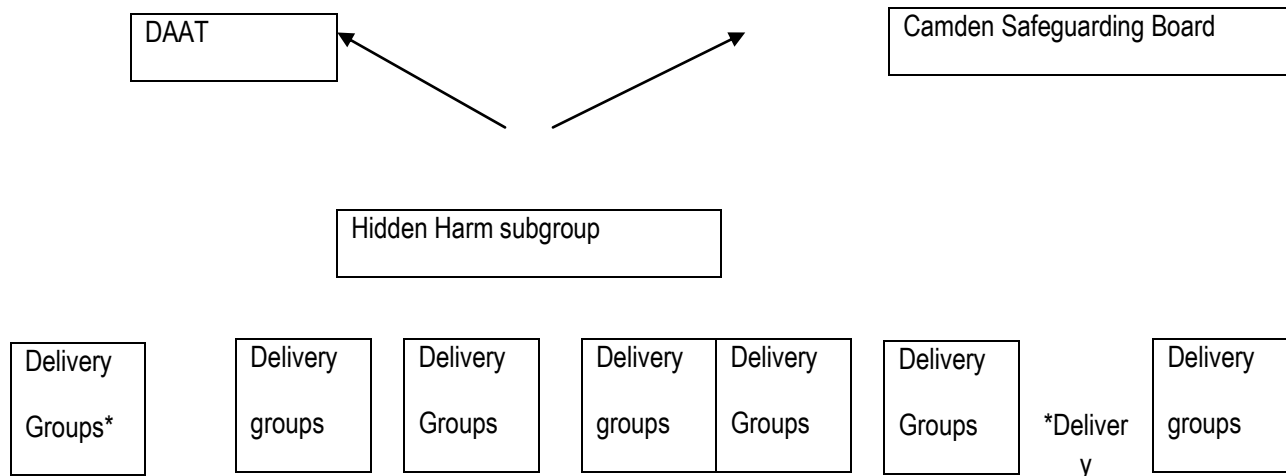
The policy states that professionals who are faced with such a situation must consider "What is it like for a child in this environment?" It then refers the professional to consider the Common Assessment Framework (CAF) and to consider whether an initial assessment is necessary towards child protection. The CAF, a national initiative, is a shared assessment tool that enables practitioners to develop a cohesive, shared approach to understanding a child's needs. The CAF is intended to help assess children at an early stage, before *issues* reach *crisis*. The document outlines the key professionals that are involved in a child protection case, including those who will be involved in a case relating to an unborn child.

A further policy has been produced, Child protection and substance misuse and alcohol misuse: Policy and procedures [35]. This policy highlights the importance of not generalising the effects of substance misuse on ability to parent; some parents misuse alcohol (and/or drugs) and are still able to parent. The policy offers guidance on how to assess risk, and what appropriate actions should be regardless of the type of substance being misused. A "child wellbeing" model is outlined, with specific questions and actions for each level of the model, with a specific set of guidance for those children whose parents are misusing drugs/alcohol. Again, the policy refers to the Central Government's Common Assessment Framework (CAF).

The London Borough of Camden

Similar to Bristol, Camden Drug and Alcohol Action Team (DAAT), a subgroup of the local crime reduction partnership, has recently developed a Camden Alcohol Harm Reduction Strategy (2007-2010) which can be accessed through the local health authority [http://www.documentstore.candinet.nhs.uk/store/camden/AlcoholStrategyfinal%20\(2\).pdf](http://www.documentstore.candinet.nhs.uk/store/camden/AlcoholStrategyfinal%20(2).pdf) The strategy places Camden in the context of the national situation and brings together partners from public, private, community, voluntary and business sectors to ensure a long-term joint initiative in tackling alcohol related harm. There are 4 strands to the strategy, one of which has a specific focus on children and young people. A specific Hidden Harm group, which is a sub group of the DAAT and Camden Safeguarding Board, was developed in 2006 which has been responsible for ensuring the needs of children affected by parental substance misuse (drugs and alcohol) is being addressed in Camden. This group has been instrumental in identifying need of ChAPAPs and developing services and policies to improve Camden's responses. Below is a structure chart outlining the governance arrangements in supporting the alcohol strategy:





groups- work on specific strands of the alcohol strategy e.g. young people and alcohol, community safety, adult alcohol treatment

In 2007, Camden developed and implemented new working protocols between adult treatment providers and children and families social care services, entitled “Joint working protocols between Camden substance misuse services (drugs and alcohol) and children’s social care”. The protocol aims to improve the working relationships between both children and adult treatment services in order to enable better identification of children at risk and ensure that the appropriate actions and services are put in place to support the children and family. A range of Hidden Harm and safeguarding training programmes has also been developed for professionals across Camden to help them identify issues and know what action they need to take.

As well as developing policy and practice to respond to chAPAPs, Camden DAAT and children’s services also commission a range of statutory and voluntary sector organisations to support ChAPAPs. Services range from dedicated specialist adult and parent alcohol services, family alcohol services, specialist parenting programmes, young people’s drug and alcohol services, dedicated substance misuse health visiting specialists, parental substance misuse social workers to a cross borough specialist drug and alcohol care proceedings court. Of particular note is the Family Drug and Alcohol Court (FDAC), is a new model which brings together adult treatment and family proceedings together and is the first time that this approach has been piloted in the UK. The project is being externally evaluated by Brunel University and if the findings prove to be effective, the model may be rolled out across the UK and change the way that the current family proceedings work.

For more information on Camden DAAT go to Policing and Public Safety/Alcohol and Drugs <http://www.camden.gov.uk/ccm/navigation/policing-and-public-safety/alcohol-and-drugs/>

C4 Are there any current national government initiatives or strategies which address chAPAPs ?

Yes

C2 describes the central government departments who are responsible for chAPAPs. Historically, UK policy has focused on drug and/or substance misuse, without specific focus on, or at times mention of, alcohol-related issues. However, in recent years, the issues of alcohol and specifically addressing the impact of children effected by parental substance misuse has become much more advanced in its approach, with the release of such policies as Hidden

Harm and the new Drugs Strategy. Although some of the strategies and policies outlined below are not *specific* to alcohol issues, there are certainly important messages that warrant consideration here. Key documents are outlined in chronological order below.

Drugs Strategy: Tackling Drugs, Changing lives (1998-2008). This was the first government 10 year drug strategy. The strategy consisted of four strands which were treatment, supply, communities and young people. The young people's strand focussed on young people's own drug use rather than the impact of parental substance misuse. However in 2002, the updated strategy did focus on the impact of parental substance misuse on the child and identified these young people as a specific group at risk requiring specialist interventions and support to meet their needs.

Common Assessment Framework (2000) contributes to both of these government policies by shifting the focus from coping with the consequences of the problems to a *preventative stance*. The Common Assessment Framework (CAF) is a shared assessment tool that enables practitioners to develop a cohesive, shared approach to understanding a child's needs. The CAF is intended to help assess children at an early stage, before *issues* become *crises*. The CAF specifies that there must be consideration of the family situations and experiences, which involves consideration of substance misuse, including alcohol misuse. Some local authorities e.g. Camden have locally adapted the standard form and have explicitly asked about substance misuse.

Hidden Harm (2003)- Responding to the needs of children of problem drug users (2003) The Advisory Council on the Misuse of Drugs (ACMD) was an independent body who carried out a three year enquiry on the nature and extent of actual and potential harm on children caused by parental drug use. The report estimated that there were around 250,000-350,000 children affected by parental drug problems in the UK. The report outlined 48 recommendations for the UK government (the four separate administrations) to take on board relating to policy, legislation, commissioning and service delivery. Following the publication of this report, an independent dedicated Hidden Harm (HH) Implementation Group was set up monitor how the UK government responded to the recommendations.

Alcohol Harm Reduction Strategy (2004)- Set out the government's strategy for tackling the harms and costs of alcohol misuse in England. This reported estimated that there are 1.3 million (1 in 11 aged up to 16 years) children in the UK living with parents who misuse alcohol. The report reinforced the current position rather than finding solution to address the issues. There was limited focus on ChAPAPs and there was no ring fenced or new money attached to take any of the recommendations forward.

National Service Framework (NSF) for Children, Young People and Maternity Services (2004) Linked to ECM was the publication of the NSF in September 2004. The NSF sets out a ten- year programme of improvement in children's health and well being, including the unborn child, setting standards for the care of children, young people and maternity services. Delivery of NSF is the responsibility of the National Health Service (NHS) in partnership with children's trusts and partners. Children of substance misusers are identified in the introduction as one of a number of groups of children in "special circumstances" and parents who are misusing substances are specifically referred to as in need of additional support themselves including providing specific maternity service for substance misusing mothers.

High Focus Areas targeted Initiative As part of the ECM change for children programme, the specific needs of children of substance misusing families was an area of focus in the development of High focus areas (HFA) in 2005 and 2006. A number of local authorities and regions were given extra resources and consultancy time to make an

accelerated improvement on the support available to ChAPAPs. One of the HFA areas was around improving provision for children affected by substance misusing families in the North East of England.

Hidden Harm- Three years on: Realities, challenges and opportunities (2006) ACMD published a progress report which described the findings that the HH Implementation Group had found around what steps the 4 UK administrations had taken over the three years. The report found that there was a wide disparity of progress made by the four administrations. For example, English Ministers were asked to set up a separate cross government Hidden harm implementation group but they did not agree to this stating that it was not necessary as the work was already established in existing work streams eg ECM programme for change which addressed parental substance misuse (see C2 for further information). In Scotland there was a far more positive response which became ministerial priorities and the Scottish executive were commended for rising to the new challenges of the 48 hidden harm recommendations. For example the Scottish government achieved a unified electronic national maternity system to improve data collection and information sharing; developed new requirements for the training of social workers which addressed parental substance misuse; increased funding to improve fostering; established a funding partnership with Lloyds bank to further support and invest in the third sector.

Safe Sensible Social – the next steps in the alcohol strategy (2007). The focus on this updated alcohol strategy again continues to focus on reducing violence etc. rather than focusing on the needs of affected children. The policy notes the effect that parental drinking can have in terms of child neglect and that drinking does not only harm the drinker but can have detrimental effects on those around them. It also indicates that the levels of drinking in children are affected by levels of parental drinking. The policy describes that it wants to create a safe and sociable approach to drinking, creating a culture where it is socially acceptable for young people not to drink. This has been seen as some improvement on the original strategy however ChAPAPs still is not focussed upon enough.

Drugs Strategy: Protecting families and strengthening communities (2008-2018). The new 10 year drug strategy aims to restrict the supply of illegal drugs and reduce the demand for them and leads on from some of the priorities outlined in the 1998 strategy. However, one of the four strands “Preventing harm to children, young people and families” more explicitly outlines the impact of parental substance misuse on children. This strand also outlines a number of priorities to reduce the harm of children through earlier intervention and prevention work with families as well as an action plan outlining activities to be taken forward by central government. It should be noted that the title of the report reflects a change in the government’s approach which put greater emphasis on families, especially the effects on them of drug misuse. Greater access by families to advice, help and counselling and mutual support was signalled in a review of the previous drug strategy carried out in 2002, and this theme has continued. This reflects the centrality of children in government policies since the introduction of the ECM programme for change.

Children’s Plan – Building Brighter Futures (2008) This is the development of the first Children’s plan which puts the needs of families, children and young people at the centre of service design and sets the governments actions for the next 12 years. The report focuses on a wide range of issues from keeping children and young people healthy, safeguarding children, closing the gap in educational achievement for disadvantaged children and ensuring that young people stay on in education until 18 years of age and are on the path to success. There is a specific focus on working with at risk young people and this relates specifically to the issues of alcohol.

Youth Alcohol Action Plan (2008) This report was developed in response to the growing public concern about how much alcohol young people drink in their teenage years and came out of the development of the Children’s Plan. The

plan sets out the government's actions to address drinking by young people with there being 3 overarching aims which are:

- Reduce the number of young people drinking in public places and reduce the associated crime and anti-social behaviour
- Develop clear health information for parents and young people about how consumption of alcohol- particularly at an early stage- can affect children and young people.

As is demonstrated in the discussion above, there have been a number of recent policies that have focused on the issues of alcohol (harm reduction, treatment strategies etc.). However very few explicitly deal with the issues related to the mental and physical harm experienced by children of parental misusers, despite a number alluding to the high numbers of children affected by such a situation. In addition, there has been a relatively limited focus on alcohol specifically in policies; instead a large proportion focus on drug misuse or more generically 'substance misuse', limiting the conclusions that can be drawn for the purposes of this current document.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes

There is no specific piece of legislation that relates directly to children affected by parental alcohol problems; there is only legislation to protect children at harm of risk.

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
Section 31 (2) Children Act 1989	<p>This is the threshold which Local Authorities need to establish to obtain a Care or Supervision Order. The LA must establish that there is reasonable cause to believe that the Threshold is met to obtain interim orders at the commencement of care proceedings. A court may only make a care order or supervision if it is satisfied that:</p> <ul style="list-style-type: none"> a) That the child concerned is suffering, or is likely to suffer significant harm; and b) That the harm, or likelihood of harm, is attributable to- <p>The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give him; (note in many cases the lack of appropriate care will be a direct result of parental</p>

	<p>substance misuse) or the child's being beyond parental control.</p> <p>Section 31 (9) sets out the definition of harm. "Harm" means ill treatment or the impairment of health or development including, for example impairment suffered from seeing or hearing the ill-treatment of another;</p> <p>"Development" means physical, intellectual, emotional , social or behavioural development;</p> <p>"Health" means physical or mental health; and "ill treatment" includes sexual abuse and forms of ill treatment which are not physical</p> <p>(10) Where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.</p>
<p>The Children Act 2004 and Every Child Matters Programme</p>	<p>Includes matters of child abuse which can be caused by neglect, physical, sexual and emotional abuse, abandonment and children who suffer impairment from seeing or hearing the ill treatment of another to young children being left home alone.</p>

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset future harmful drinking in adulthood?

Yes

Name of programme	Brief description
<p>Blueprint drug education research programme</p> <p>http://drugs.homeoffice.gov.uk/publication-search/blueprint/dpreports/</p>	<p>Blueprint Drug education research programme: A major evaluation of drug education that is based on a systematic review and analysis of programme materials. Involved 29 secondary schools in 4 Local Education Authorities. Blueprint had five components which included schools (testing out lessons plans), parents (parenting workshops and materials), community (wider local partnership), health policy (Awareness raising on health professionals and strategies to reduce</p>

	underage sales) and media (local media campaigns).
FRANK www.talktofrank.com	FRANK A government drugs campaign launched in 2003. The aims are to increase young people's understanding about the risks and dangers of drugs, where to get help and advice. The website is also aimed at parents/carers if they are worried about their children or a family member. FRANK uses a variety of communication channels including PR, resources, local and national media campaigns, a website- and a free national helpline. Since 2003 FRANK has received over 739,000 telephone calls, responded to over 48,000 emails and received over 5.7 million hits to talktofrank.com.
Know Your limits www.knowyourlimits.gov.uk	Part of a central government Department of Health initiative. A national TV, radio campaign and website designed at young people around the dangers of alcohol misuse and to raise people's awareness
DoH Teen Health Check Soon to be launched at the end of 2008. More information can be found at www.doh.gov.uk	A website which will be launched by the Department of Health at the end of 2008. The website will provide free access to health checks aimed at teenagers between 12-15 years covering a range of health issues including alcohol. The screening tool enables young people to assess their own behaviours and habits and then the website will come back with a series of tailor made risk factors and advice for the young person to take forward based on their behaviours.
Drink aware www.drinkaware.com	Useful information about alcohol and drinking from facts, myths and tips. Aimed at all ages

As outlined in the Youth alcohol action plan (described in C4), the DCSF has pledged that they will deliver a comprehensive communications campaign in 2009 around the risks of alcohol aimed at all young people and parents particularly in the 11-15 age group when they are most likely to start drinking. It will aim to bring about cultural change, delay the age at which young people start drinking and for those who do choose to drink, doing so in a lower risk way is viewed as the right thing. The campaign will be based on research and social marketing to determine the best way to communicate with this audience.

From the research undertaken, there are very few sound studies that assess the effectiveness and/or cost effectiveness of alcohol education programmes in England's school. Most research has emerged from the US, Australian and New Zealand education system, but it is not clear whether these programmes are applicable to the UK. There is a need for evaluation around the costs and effectiveness of school-based and community education programme.

Drug education in schools is currently taught through Personal Social and Health Education (PSHE) in schools which is a non statutory subject. Following a recent review of both drug education and sex and relationship education in schools, a proposal has been put forward by government to make PSHE a statutory subject requiring all schools to

teach this subject. This is a great step forward in regards to improving the quality and consistency of drug education in schools and many professionals in the field have been fighting for this to happen for a number of years.

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children’s health and wellbeing?

Information relating to this was very limited however the table below outlines a few national campaigns which relate to improving parents knowledge around the harms of alcohol in so far as this relates to their own health. None of the campaigns focus specifically on the impact of parental drinking on the child.

Name of programme	Brief description
Hows your drink and down your drink www.howsyourdrink.org.uk www.downyourdrink.org.uk	New website launched by alcohol concern (funded by DoH). The site has been created to help anyone who has ever wondered whether they drink too much, or is concerned about a friend’s or family’s drinking habits. The website begins with a self assessment which identifies whether the level of drinking is harmful and then provides practical support in reducing the harm.
Know your limits www.knowyourlimits.org.uk	Department of health website which provides practical information and support around alcohol. It includes practical information such as how many units of alcohol are contained in a range of drinks, advice on safer ways to drink, tips on cutting down and information on the harmful effects of drinking alcohol when pregnant.
Foetal alcohol syndrome aware www.fasaware.co.uk	The Foetal alcohol syndrome aware UK is the official website designed to raise awareness, give informed choice, provide information and support for people affected by/ interested in FAS

The **Choosing health white paper (2004)** set out the DoH principles in supporting the public to make healthier and more informed choices in regards to their general health. One of the focus areas specifically relates to reducing alcohol related harm and encouraging sensible drinking; not focusing on the impact of parental alcohol problems on the child. A Drinkaware Trust was established as an independent trust to change UK drinking culture through partnership working and £12 million funding has been committed to support this work; one of the health commitments was to develop a new and strengthened campaign to tackle the problems of binge drinking which can be evidenced through the Know Your limits campaign.

A national academy of parenting practitioners (info@parentingacademy.org) was formed in 2006 as one of a number of cross government measures to reduce anti social behaviour outlined in the Respect Action Plan. The

National Academy for Parenting Practitioners works to transform the quality and size of the parenting workforce across England so that parents can get the help they need to raise their children well. It offers training, research, practical support and information for practitioners to ensure that the support offered to parents is the highest quality and based on what is known works. This has resulted in an expansion of evidence based parenting programmes being rolled out across the UK. Although none of these are specifically designed for children and families affected by alcohol misuse, they are useful parenting programmes which have proven to be effective at improving parents skills and abilities and reducing the onset of child conduct disorders, particularly with vulnerable families.

- *Triple P- Positive parenting programme* – (<http://www1.triplep.net>) An Australian based model developed by Matt Sanders and colleagues from the University of Queensland. This programme targets the developmental periods of infancy, toddlerhood, pre school, primary school and adolescents.
- *Incredible years-* (www.incredibleyears.com) American based model developed by Carolyn Webster-Stratton. The programme is two elements; firstly to develop comprehensive treatment programmes for young children with early onset conduct problems and secondly to develop universal prevention programmes to prevent children from developing conduct problems in the first place
- *Strengthening families-* (www.strengtheningfamiliesprogram.org) American based model developed by Ashton 2004 which was primarily developed as a drug and alcohol problem prevention programme which combines family and child focussed approaches. The programme focuses on the development of protective factors and the reduction of risk factors and demonstrated that working in a more holistic way to address family difficulties, including substance misuse, brings benefits to parents, children and families.
- *Strengthening families: Strengthening communities-* American based model developed by Steele which was designed to promote some of the protective factors of good parenting. The programme has been adapted to be used in the UK (www.raceequalityfoundation.org.uk/sfsc)

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

There is limited official, standardised training provided for those who are considered to be frontline workers with ChAPAPs in the UK. Most of the training provided to professionals relating to ChAPAPs either through professional training or ongoing continuing professional development (CPD) falls under the wider umbrella of safeguarding children.

Profession	Brief description e.g, length and content
Health professionals including: <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	<p>There is general health national occupational standards- some of which specifically relate to working with those affected by someone else's substance use but these are optional</p> <p>All GP's receive training around their roles and responsibilities as doctors in the provision of treatment for drug and alcohol misusers. Some GP's can opt in to become a GP with a "special interest" around substance issue treatment and receive specialist training around this. For example, the Royal college of GP's deliver DoH funded training on the management of drug misuse in primary care. Since 2001, over 2000</p>

	<p>health care professionals have received part 1 training and in excess of 1,300 practitioners, including 900 GP's have attended part 2 advanced course.</p> <p>Some health authorities have developed locally enhanced schemes (LES) where all patients are screened for alcohol and then offered brief intervention. This has involved locally developed training to equip doctors with the skills to do this.</p>
Social workers	<p>The General Social Care Council (GSCC) is responsible for the regulation of the UK's social work training. All courses resulting in professional status must be accredited by the Council. For post-qualified social workers, continuing developing is compulsory for maintaining registration. Listed within this package of training are a number of modules relating to alcohol misuse, some of which specifically refer to the effects of parental misuse on the child and capacity for parenting, although this appears to be limited to only minor sections of the training and these were not mandatory.</p> <p>A GSCC Quality Assurance document demonstrates that in the year 2005-2006 less than 5% of the practice learning opportunity placements in higher education institution courses were in "drug/alcohol/substance misuse" services, although approximately 30% were in children and family services, which may capture the area of interest for the current survey.</p> <p>Furthermore a recent study carried out by Forrester/ Galvani (2008) entitled "<i>What works in training social workers about drugs and alcohol? A study of student learning and readiness to practice</i>" (Home Office funded) has demonstrated that most social workers did not consider themselves prepared for working with alcohol or drug issues following their training even though they estimated that over a half of their clients that they currently work (post qualifying) had issues relating to drug or alcohol use. Respondents also reported comparatively low levels of training on substance misuse since qualifying. This was particularly pronounced for those working in local authorities and for those working with children and families. This survey did suggest that a minimum of three days training on substance misuse would enable newly qualified social workers to feel some level of adequacy in terms of their preparedness to work with alcohol and drug issues at a non specialist</p>

	<p>level.</p> <p>As well as training provided as part of the qualification varying levels of continuing professionals development are provided by the employee (either a Local Authority or organisation). For example if we look at one London borough (Camden) there is a number of specific training relating to substance misuse which is open to all social work staff which includes alcohol misuse and motivational interviewing, working with children affected by parental alcohol problems and drugs and alcohol awareness training</p>
Police	<p>All police officers and police staff who in the course of their duty, deal or come into contact with children and young people must receive Child protection training</p> <p>Police force training varies across the country however we can look at the example of the Metropolitan London Police force (MPS) to demonstrate training and policies. The MPS is charged among other objectives, with making London safer for children and young people. This is achieved by crime prevention, crime detection and assisting in the assessment of the needs of children and their families and sharing information with partners and other relevant children support services. There are 31,000 Metropolitan police officers. A specific policy -<i>Child Abuse Investigation Policy of the Metropolitan Police (MPS)</i>-has been developed to ensure consistency of approach in regards to dealing with child abuse. All MPS police officers and police staff must be aware of and are required to comply with all relevant MPS policy and associated procedures. The Child Abuse Investigation Policy applies in particular to officers and staff in the following roles : -</p> <p>Officers and police staff within the Child Abuse Investigation Command.</p> <p>For the vast majority of MPS uniformed and nearly all detective officers there is no training provided other than an understanding of the legislation on licensing when it relates to children i.e. drunk in charge of a child etc. This would be received whilst undergoing initial recruit training and not repeated. The only exception might be the child abuse investigation command who are given specific training tailored to their role which only relates to an estimated 250 police officers out of a total of 31,000 MPS officers.</p> <p>www.met.police.uk</p>

Teachers	<p>Personal Social and Health Education (PSHE) Certification for community nurses and teachers is a jointly funded programme through the DCSF and DH which was implemented in 2003 with around 3,208 teachers and 604 community nurses successfully gaining the certification over the first four years. The focus is to improve the teaching of PSHE (a non statutory subject taught in schools) with specific focus on sex and relations education and drugs which contributes to the wider National Healthy Schools Programme (a national programme with minimum standards which schools have to achieve in order to be evidencing that they are providing good health programmes).</p> <p>In 2008, the format of the programme has been changed and is now an accredited programme run by teachernet and the teaching is undertaken by Roehampton University. The programme is recruiting around 1700 teachers and community nurses per annum and the programme has now extended to four modules which they can choose from which includes Sex and relationship education, drug education, emotional wellbeing and economic wellbeing. The emphasis of the programme is still on 75% of the cohort choosing the sex and relationship module as the funding for this programme continues to come from the teenage pregnancy unit within the DCSF. A new programme which is being piloted in 2008 is to extend the accredited programme to 400 other PSHE professionals such as youth workers, police officer and community leaders. If the pilot proves to be successful, the DCSF will roll out this programme further.</p> <p>www.teachernet.gov.uk</p>
Treatment* services	<p>Most drug and alcohol professions are not members of regulated professions and there is currently no statutory code of practice specifically relating to drugs and alcohol work. However there is a set of national occupational standards relating to working within the drug and alcohol field called Drug and Alcohol National Occupational Standards (DANOS). The NTA, the government agency responsible for performance management, expects that all commissioned services evidence that they are using the DANOS framework. Some of the specific DANOS competencies (expressed in units) relate to those affected by someone else's substance use, how to relate to families, parents and carers and contributing to assessing and act upon risk of danger, harm and abuse. www.nta.nhs.uk www.alcohol-drugs.org.uk/danos</p>
Youth workers	<p>All youth workers have to undertake child protection training as part of the core training; this may touch on the issue of substance misuse but</p>

	<p>there is no specific training around substance misuse. As part of the youth workers Continuing professional development once they are qualified, training varies dependant on Local Authority/ organisation they are based with. Local DAAT's provide various free training around substance misuse which they could access. www.nya.org.uk</p>
Parenting workers	<p>The National Academy for Parenting Practitioners (http://www.parentingacademy.org) has been developed to transform the quality and size of the parenting workforce across England so that parents can get the help they need to raise their children well. The Academy works focuses on four main areas – research, training, knowledge exchange and parenting policies. The Academy has a web based resource series called 'Focus On...' which charts various relevant topics. There is one specifically relating to parental alcohol and substance abuse. The web based resource includes information on parenting programmes, relevant news articles and policy developments, links to national organisations, training programmes and information on parenting programmes which are effective at working with substance misusing families- eg strengthening families and Parents under pressure.</p>
Other	<p>Most Drug and Alcohol Action Teams (DAAT's) roll out free multi agency training for professionals working in their areas. These vary in content and quality responding to local needs. However, we can draw on some of the findings made from a questionnaire completed by DAATS in 2006 which was looking at progression made in response to the Hidden Harm report. Just under a third of all DAAT's responded to this questionnaire of which 23 (work out %) stated they had organised Hidden Harm workshops, conferences and briefings in the last 12 months, 31 were undertaking/ have undertaken some form of needs assessment, mapping and/or audit of provision specifically relating to Hidden Harm and 25 of the DAAT's, had formed hidden harm task or sub groups to further look into this area.</p> <p>www.nta.nhs.uk</p>

Below is a list of supporting documents and toolkits which have been developed to improve the skills, abilities and knowledge of frontline workers in dealing with substance misuse related issues. It should be noted that these resources are freely available and accessible to professionals however they are not mandatory to use even though some eg Models of care are recommended to be followed. It is up to the individual organisation to decide which tool they use and how they implement them within their service:

Models of care for the treatment of adult drug misusers (DH/NTA) In 2002 (updated 2006), the National Treatment Agency issued a document that detailed the difference tiers of service for people with drug problems. It detailed which professionals were included in each tier and the types of treatment and intervention to be delivered at each

level. This outlines basic standards of knowledge and skills which professionals at the various tier level of support should be equipped with. A similar document was also published in 2006 called Models of care for adult alcohol misusers MOCAM (DH/NTA) and specifically relates to alcohol misuse.

Supporting children affected by parental alcohol misuse: A toolkit see <http://www.alcoholandfamilies.org.uk/toolkits.htm>]. Alcohol Concern's web-based collection of information and guidance for professionals was *funded by the Department of Health* as a way to support those professionals working with the children of alcohol misusing parents. Included within the toolkit is evidence of need and what helps children to cope, general alcohol misuse information and information about what can be done by specific professionals to help this vulnerable group. Signposting is also included towards other sources of information/support. *The toolkit acknowledges that few professionals receive specific training in this area.* The toolkit states that there is a general duty for the care and welfare of these children, and hence it is important that professionals feel comfortable and confident with the issues. It also states that there is considerable work that professionals can do to ensure that resilience is promoted in these children. Specific guidance and information has been collected for teachers, school nurses, GPs, health visitors, practice nurses, alcohol workers, and children and family social workers.

An additional toolkit has been produced by the MHRDU in Bath, Working with the children and families of problem alcohol users: A Toolkit , see <http://www.bath.ac.uk/mhrdu/Toolkit/>]. This web-based resource is designed to guide in the establishing and delivering of services for children and families of problem alcohol/drug misusers. Guidance and resources are provided for obtaining funding, staffing, supervision, training and so on.

A further document, related to, above, is Dealing with children whose parents have an alcohol problem: An approach to concerns about role legitimacy of a range of professionals working with children and child protection issues. This document addresses the issue that the children of alcohol misusing parents are treated differently from those of parents with different problems, and discourages immediate child protection referrals. Instead it encourages professionals to consider the child and their distress, and equip the child with skills to help them cope with the situation.

Stella Project Toolkit Update: The original Toolkit, published in 2004, aimed to offer those working in the domestic violence and substance abuse fields practical guidance and case studies to develop the skills and knowledge necessary to appropriately respond to the service users needs. The Update produced in 2007 contains a section specifically addressing the support required for children living with parental substance misuse and domestic violence.

Adult drug problems, Children's needs: assessing the impact of parental drug use NCB (2007). This was funded by the DH and aimed to help children's social workers and other practitioners to work together to protect children involved and improve life chances. www.ncb.org.uk

NSPCC toolkit- Resources developed to help professionals identify issues relating to parental substance misuse. This include listening to the voices of children affected by parental substance misuse issues. This was part of a much wider project to increase capacity amongst the voluntary sector -ADD

QCA (Qualifications and Curriculum Authority) Drug, alcohol and tobacco training packages (2003). QCA regulates, develops and modernises the English curriculum, assessments, examinations and qualifications. Their guidance specifically relates to the teaching of drug, alcohol and tobacco education for schools. The teaching toolkit looks at how teachers can identify the needs of children (including children of alcohol misusing parents). Some of the other units give guidance on the risk factors and reasons of why people use drugs, how risk can be managed and how and where people can get help from.

Section C please answer

- Which organisations/ professionals were involved in answering this section C?

Judith Harwin, Sally Heath and Nicola -Brunel University, Lorna Templeton ad Sarah Hart-Bath University, Central Government -Home Office and Department for Children, Schools and families, Metropolitan Police force, National Youth Agency, Government Office, Camden PCT Health promotion department, ChAPAPs Advisory network members*, National academy for parenting practitioners, London Borough of Camden parenting commissioner and practitioners, National Treatment Agency, Teachernet, London Borough of Camden legal department, Inner London Proceedings Court, Camden DAAT, Donald Forrester- University of Bedfordshire

- What references/sources of information/ literature were used in the preparation of section C?
Advisory Council on the Misuse of Drugs, *Hidden Harm: Responding to the needs of children of problem drug users*. 2003.

HM Government, *Drugs: Protecting families and communities - The 2008 drug strategy*. 2008.

Prime Minister's Strategy, *Alcohol Harm Reduction Strategy for England*. 2004.

Department of Health, et al., *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*. 2007, HMSO: London.

NICE, *PH007 Interventions in schools to prevent and reduce alcohol use among children and young people: Guidance 2007*.

Department of Health and Department for Education and Skills, *National service framework for children, young people and maternity services*. 2004, HMSO: London.

Department for Education and Skills, *National healthy school status – a guide for schools*. 2005, HMSO: London.

Department of Health and Department for Education and Skills, *Every Child Matters: Change for Children*. 2003, HMOS: London.

Department for Education and Skills, *The Common Assessment Framework for children and young people: Practitioner's guide*. 2006, HMSO: London.

Department of Health, *Framework for the assessment of children in need and their families*. 2000, HMSO: London.

Scottish Executive, *Good Practice Guidance for working with Children and Families affected by Substance Misuse*. 2003.

Welsh Assembly Government, *Working together to reduce harm: The substance misuse strategy for Wales 2008-2018*. 2008, Health Challenge Wales.

National Treatment Agency for Substance Misuse, *Models of Care for Alcohol Misusers*. 2006.

Baker, S., *Supporting children affected by parental alcohol misuse: A toolkit*. 2006, Alcohol

Concern: Alcohol and Families.

Templeton, L., S. Zohhadi, and R. Velleman, *Working with the children and families of problem alcohol users: A Toolkit*. 2006.

Velleman, R., *Dealing with children whose parents have an alcohol problem: An approach to concerns about role legitimacy of a range of professionals working with children and child protection issues* 2006, Alcohol Concern: Alcohol and Families.

General Social Care Council, *Social Work Education in England: Delivering quality, recognising success*. 2007, General Social Care Council: London.

Stella Project, *Stella Project Toolkit: Update*. 2007, http://www.gldvp.org.uk/C2B/document_tree/ViewADocument.asp?ID=77&CatID=154.

Forrester/ Galvani (2008) entitled “*What works in training social workers about drugs and alcohol? A study of student learning and readiness to practice*”

- How easy/ difficult has it been to collect this information for section C?

The policy elements of this section were easily available and there was a good network of professionals who inputted into this. The section around training was extremely difficult and time consuming.

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes

There is a dearth of adult treatment services available in the UK providing various treatment provisions. However two points should be noted. Firstly, there has been a far greater investment in adult drug treatment compared to adult alcohol treatment over the last ten years. This could be related to government policy which has historically predominantly focussed on tackling Class A illicit drug use (heroin, cocaine and crack cocaine) and reducing drug related crime by using coercive methods of treatment for adults involved in the criminal justice system. As a result of this, funding has been ring fenced to develop criminal justice drug treatment services rather than being directed to developing alcohol treatment services. However over the last two years, the government are now moving away from ring fenced funding and are devolving decision making powers to Local Authorities through the implementation of the Local Area Agreement (LAA). LAA's now give local authorities greater autonomy over how funding is spent locally which means that resources can be directed to where there is an identified local need rather being tied in to how central government dictates how the money is spent. This could be both beneficial and a threat to alcohol treatment services depending on how high priority alcohol provision is in that particular area. It should also be noted that central government still heavily scrutinises how Local Authorities are performing against targets which they set.

Secondly, very few treatment services- both drugs and alcohol- recognise the service user as a “substance misusing parent” and therefore adequate services are not in place to address family specific issues and needs. However

through the development of the new 2008 *Drugs Strategy- strengthening families and communities* it is hoped that adult treatment services will shift their approach and become more responsive to working with the whole family, will be better equipped to assess parenting capacity and work closer with children's social care services to protect children. Some positive steps can already be evidenced through specialist posts such as family support workers and specialist health visiting posts being developed within adult treatment services.

Below outline some examples of alcohol treatment services available specifically for parents. It should be noted not all of these have been externally evaluated:

Maya Project- Part of Addaction which is one of the UK's largest voluntary sector treatment services. This is a residential service for substance misusing mothers and their children in London. It provides assessment, treatment and parenting support for up to 12 mothers per annum. The team is made up treatment and social work staff and is funded through the referring agencies in Local authorities. CONTACT DETAILS: a.wells@addaction.org.uk, .

Breaking the Cycle- Part of Addaction which is one of the UK's largest voluntary sector treatment services. This project is currently being piloted across Cumbria, Derby and the London Borough of Tower Hamlets. There is a coordinator based at each pilot site within an adult treatment service that provides interventions with families where the parent has a substance misuse problem. The project aims to work with 150 families per annum and is being independently evaluated by bath University. The project has been funded through the Zurich Community Trust. CONTACT DETAILS: r.mckendrick@addaction.org.uk (regarding service) L.templeton@bath.ac.uk (regarding research)

Family Alcohol Service- A partnership between NSPCC which is a UK children's charity and ARP which is a voluntary sector London based alcohol treatment service. It is based in the London Borough of Camden and works with children and their families who have been harmed by adult alcohol misuse. All families are allocated an adult alcohol worker and a children's social worker. Length of engagement varies from brief intervention through to longer term work lasting up to 18 months. The work includes exploring risks of drinking and the impact on parenting, motivational sessions, direct work with the children and parenting assessment/work. The project works with around 45 families per year and the model of intervention has been externally evaluated by Bath University in 2003. The project is funded through the local authority and NSPCC and ARP. CONTACT DETAILS: pridpath@nspcc.org.uk (regarding services) L.templeton@bath.ac.uk (regarding research).

Family Drug and Alcohol Court Project (FDAC)- Delivered by the Tavistock and Portman NHS

Foundation Trust in Partnership with Coram. A pilot three year project across the London Boroughs of Camden, Islington and Westminster based in a family proceedings court. The pilot is based on a model which has been widely used across the US. A specialist District Judge plays an important role in encouraging and motivating parents to engage with services through regular court hearing reviews. Parent mentors (parents who have gone through similar experiences) form part of the FDAC team offering peer support and guidance to the families accessing the programme. The FDAC team is made up of adult substance misuse workers, mental health workers and children's social workers and provides intensive assessment, support interventions and coordination of care for families in the programme relating to their substance misuse and parenting and provide support and assessment to the children, signposting them into relevant services. The project aims to engage with a minimum of 60 families per year and is funded through Local authorities- London Boroughs of Camden, Islington and Westminster and central government- DCSF, Ministry of justice and DCSF. The project is being externally evaluated through Brunel University. CONTACT

DETAILS: skershaw.fdacteam@coram.org.uk (regarding services) Judith.harwin@brunel.ac.uk (regarding research)

M-PACT- Moving parents and children together the M-PACT intervention programme was influenced by concepts underpinning the Strengthening families programme. The M-PACT programme is a brief intervention, whole family approach working with parents and their children together and separately, it is available for any family who have children/young people aged 10-17 and where one or both parents are or have been substance misusers. The programme consists of 10 sessions and a reunion 12 weeks after programme completion. The programme is run by four clinical practitioners and by using a flexible, creative activity based approach the impact of substance misuse on family life and on the children in particular is addressed. The project works with around 8-12 families per programme. The M-PACT programmes that have been run in Wiltshire and have been independently evaluated by the Mental Health Research Development Unit in partnership with the University of Bath. M-PACT was jointly funded by the Headley Trust, Wiltshire Local Authority and Action on Addiction. The project was externally evaluated by Bath University. CONTACT DETAILS: nick.barton@actiononaddiction.org.uk zara.mcqueen@actiononaddiction.org.uk (regarding service) L.templeton@bath.ac.uk (regarding research)

Families First-Is a fully integrated team in Middlesbrough working with families affected by parental substance misuse issues. The team is made up of adult and children's workers, family support workers and health professionals. The service provides intensive solution focussed family interventions, adult social work interventions which undertakes assessments of residential and community based rehabilitation programmes and pre birth intervention and assessments for pregnant mums. The team provide one to one and group work interventions. The model is based on the Cardiff Option 2 model which explores strengths and values helping parents achieve measurable goals. Interventions last up to 12 months with the first four months focussing on crisis and then lower key support and maintenance thereafter. The team works with around 25 families on the intensive model and provides around 150 adult/carer interventions and is funded by the local authority and health authority through drug treatment funding. The project is being externally evaluated by LJMU on behalf of the Department of Health which is carrying out a longitudinal study. CONTACT: suzy_kitching@middlesbrough.gov.uk

D2. What other relevant services are there for parents who misuse alcohol?

As mentioned in C7 there are a number of specialist parenting programmes which work with at risk families including those where alcohol misuse may be the predominant issue. There are also universal services such as children's centres and sure start areas where alcohol misusing parents can seek relevant services including sure start services

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes

Specialist substance misuse services for young people in England is a new phenomenon, only really established in the last 10 years. Prior to this, young people requiring substance misuse treatment would access this through adult treatment services. The majority of treatment services for under 18s are jointly for addressing drugs and alcohol which differs from the adult treatment model which often separates drug and alcohol treatment services.

It is now a requirement that all local authorities are required to have dedicated specialist young people's substance misuse services separate from adults. However, due to the newness in this specialist field, there is a lack of research and evidence base around what is the most effective treatment models for young people and very little reliable data on the scale and prevalence of the problem. Below are examples of young peoples' treatment services:

Youngaddaction Derby- This is part of Addaction, which is one of the UK's largest voluntary sector treatment services. This service works with young people up to the age of 18 years who have concerns about their own use or someone's use. The project workers utilise a range of therapeutic interventions such as Cognitive behaviour therapy, motivational interviewing, and solution focussed therapy. The service provides drug/health education, detox programmes, counselling, sexual health- including pregnancy tests and Chlamydia screening, complimentary therapies, needle exchange and substitute prescribing. The team is made up of substance misuse workers and Child and adolescent worker. The project works with a round 180 young people per annum is evaluated through contract management arrangements. CONTACT DETAILS: a.sims@addction.org.uk

FWD (Forward) Drug and Alcohol Service for young people- Based in the London Borough of Camden is a treatment service for young people under the age of 18 years which is part of a Local Authority statutory service. FWD works with any young person who is affected by substance misuse. Referrals can be made through professionals or young people/parents can self refer. A therapeutic treatment approach is used including Cognitive behaviour therapy, motivational interviewing, solution focussed therapy and relapse prevention. Substitute prescribing is available and a needle exchange is under development. The core team is made up of substance misuse practitioners, child and adolescent mental health nurse and a child and adolescent psychiatrist. There is a wider network of practitioners attached to the team including social workers and access to a range of voluntary sector services. The team works with around 280 young people per year and is evaluated through contract monitoring and funded through the Local authority treatment budget. CONTACT DETAILS: Christine.daniels@camden.gov.uk (Service lead) and sally.heath@camden.gov.uk (commissioner) www.drugslife.org.uk

Hungerford Young people's substance misuse service - Based in the London Borough of Westminster is a treatment service for young people under the age of 18 years of age which is part of Turning Point, a large national voluntary sector treatment service. Hungerford works with young people who are affected by substance misuse. The team comprises of 7 substance misuse workers. Interventions include solutions focussed therapy, CBT, access to substitute prescribing and needle exchange. The services also provides a comprehensive drugs education programme in schools and non school settings and a 48 hour call out for drug related incidents in schools. www.thehungerford.org sookmun.chow@turning-point.org.uk

Middlegate Lodge tier 4 inpatient unit- Provides a specialist private inpatient drug and alcohol treatment for young people between the ages of 11 and 17 years on admission. The staff team includes a doctor, nurses, counsellors, social workers and teachers. They provide structured counselling and treatment. Young people can be referred to the service and funding for the placement would normally come from the referring local authority, DAAT or parents. www.middlegatelodge.co.uk

D4 Are specialist services available to support chAPAPs?

Yes

Below outlines examples of projects:

The Stars Project- Funded through the Department for Children, Schools and Families and run by The Children's Society which is a large voluntary sector children's charity. This a service which offers direct support and interventions to children affected by parental drug and alcohol problems. The service works with around 60-100 children per annum. CONTACT DETAILS: Jo Manning 0044 (0) 115 9422974

Youngaddaction Plus- Part of Addaction services this is a national pilot project in 5 Youngaddaction projects (Liverpool, Halton, Lincolnshire, Buckinghamshire, Cornwall). There is a family worker employed in each site to work alongside a Young Persons Intensive Interventions worker. The family worker provides support to the parent(s)/carer(s) of young people with substance misuse problems. The aim is to increase stability in the home and familial relationships, providing the young person with effective and comprehensive support from family and professionals. The project works with around 100 families per annum and is being externally evaluated by bath University. CONTACT DETAILS: j.cook@addaction.org.uk (regarding services) l.templeton@bath.ac.uk (regarding research)

COSMIC- Based in the London Borough of Haringey, COSMIC provides help and support for children and young people (0-16) whose lives are affected by their parents or carers alcohol or drug problem. COSMIC offers fun activities, after school clubs, Saturday family activities and direct work with children and young people. The team are made up of children and family practitioners (including an outreach worker) and works with around 100 children per annum. CONTACT DETAILS: kamini@haga.co.uk

As described above, various organisations are commissioned to deliver services to work with substance misusing families from both the statutory and voluntary sector. As demonstrated in the list of non-statutory organisations tackling the problem of mental and physical health of young people affected by parental alcohol problems, there are few national organisations dedicated to meet the needs of such individuals. As Alcohol and the family: A position paper from Alcohol Concern [36] states: "Services for children and families are patchy across the UK with many families often unable to receive support. Although the Every Child Matters agenda is striving to safeguard and promote children's welfare, the specific stressful impact of parents with alcohol problems on family members is often overlooked in the wider policy context" (p.4)

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

There is a range of targeted and specialist services to work with children at risk which children affected by parental alcohol misuse are often involved in as ChAPAPs often have a range of issues. This includes Child and adolescent mental health services, Youth Offending services (working with young people at risk of involved in the criminal justice system), social care and safeguarding and family support, programmes working with children at risk of exclusion from school or persistently truanting, young people's homeless services and young carers projects (providing respite and support for children who are caring for their parents' carers). This list is not exhaustive but does outline some of the other key services available.

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes

If yes, please describe using the table below.

Name of organisation	Description of support provided
Al-Anon www.al-anon.alteen.org	Offers understanding and support for the family and friends of “problem drinkers”, whether the individual is still drinking or not, or whether they recognise their problem or not. A Twelve-Step programme is used in weekly meetings. Although originating in the US, there are now in excess of 900 member groups throughout the UK and Eire. It is a cross-cultural multi-racial, non-religious, non-political organisation, run and organised by the individuals attending (albeit with regularly elected group officers) and reliant on voluntary contributions
ALateen www.al-anon.alteen.org	Is affiliated with Al-Anon, but specifically for adolescents aged between 12- and 17-years who are affected by another’s drinking. Although not exclusively, most members experience issues with parental alcohol misuse. Again, the Twelve-Step programme is used
National Association of Children of alcoholics (NACOA) www.nacoa.org	This charitable organisation offers advice, support and information to children of alcohol dependent parents, as well as promoting research into the area. It has a free telephone and email helpline, using trained counsellors, which have responded to an excess of 100,000 requests for help and information in its 18-year history. As outlined in the Section A between January – December 2007 a total of 17,983 requests for help were received. The top 3 concerns reported were: alcoholism (13.4%), mental well-being (11.9%), and relationship problems (11.5%).
Adfam www.adfam.org	Is a national charitable organisation that provides direct support to families affected by alcohol and drugs through outreach work, publications, training, prison visitors’ centres, sign posting to local support services and so on. Their website has been designed to support families on a daily basis. Adfam is involved in a number of projects, including those funded by the Department of Health and Big Lottery, although these generally are family rather than child focused and focus on substance misuse rather than alcohol specifically.
Childline www.childline.org.uk	A service of the National Society for the Prevention of Cruelty to Children (NSPCC), ChildLine is a charitable organisation that offers free telephone counselling to children. A report based on why children called ChildLine (during the year 1995-1996) [31] revealed 3,255 children and young people whose records revealed

	that there were issues of alcohol misuse by either one or both parents; approximately 5% of all the children counselled. Most did not reveal this as the primary issue they were calling about, with calls most often primarily focused on domestic violence, physical abuse and family violence. This study raises awareness of this non-statutory source of assistance and responsibility for ChAPAPs.
Children of addicted parents (COAP) www.coap.co.uk	www.coap.co.uk A website available to family members affected by substance misuse. This website is aimed at young people and provides a forum where young people can talk to each other and where they can get independent advice and guidance
Action on Addiction – Families Plus (www.actiononaddiction.org.uk)	Families Plus is a division of the charity Action on Addiction. They provide direct and dedicated support to families, partners, carers and others affected by someone else's substance misuse. Services include a brief residential 5-day programme (Family Programme) for individual adult members to learn how to cope more effectively and improve the quality of their lives, local family and carer support groups offering help to adults by providing time to talk, increasing their understanding and finding alternative coping strategies, local M-PACT programmes, a programme to support children (aged 10-17) affected by parental substance misuse alongside their parents.
NSPCC www.nspcc.org.uk	NSPCC A national organisation for the prevention and cruelty to children. There is a specific young people's site www.there4me.com which provides advice and guidance on a range of issues including substance misuse to young people aged between 12-16 years. It provides confidential phone and message board

Section D- please answer

- Which organisations/ professionals were involved in answering this section?
Judith Harwin, Sally Heath and Nicola- Brunel University, Lorna Templeton and Sarah Hart- Bath University, National Treatment Agency, Government Office, ChAPAPs advisory network, Adfam, Home Office, Various providers including Addaction, Tavistock and Portman NHS Foundation Trust, Turning point, Action on Addiction, NSPCC, Cosmic and the Children's society

- What references/sources of information/ literature were used in the preparation of this section? www.nta.nhs.uk was a useful website to find information about services. Every Government office and DAAT across England was also contacted to gather information on examples of best practice.

- How easy/ difficult has it been to collect this information?
Emails were sent out to all DAATs and Government offices requesting examples of good practice relating to treatment. The response rate was poor so existing literature and documents were used to find examples of good practice. The limitations of this approach are that some services providing support to ChAPAPs may not have been picked up.

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> • National policy commitment in Hidden Harm next steps, Every Child Matters Change programme, New 10 year Drugs strategy- strengthening families and communities, Children’s Plan- building brighter futures and Safe, sensible drinking- next steps in the alcohol strategy. • Development of local Drug and Alcohol Action Teams (DAATs) to develop services to reduce harms caused by drugs and alcohol on local communities. However some DAATs are not working as closely as they should be with children’s services and not addressing the impact of parental substance misuse as well as they could be • Greater autonomy for Local authorities to prioritise resources through the development of Local Area Agreement (LAAs). This could result in more funding being directed to support alcohol treatment and ChAPAPs however this also runs the risks of funding being diverted elsewhere if not identified • Young people’s specialist treatment services- however issues over evidence base 	<ul style="list-style-type: none"> • Lack of evidence based research and evaluation on what works with ChAPAPs <ul style="list-style-type: none"> • Lack of professional mandatory training for professionals around ChAPAPs • Disparity of services across regions- inconsistency in approach and quality based on where you live • Lack of specialist services to support ChAPAPs and to support substance misusing parents • In balance of resources and services relating to alcohol treatment compared to drug treatment • Lack of knowledge and research around specialist substance misuse treatment for young people and effective drug education programmes • Lack of clear data and recording around the prevalence of ChAPAPs • Need for better joint working between children and adult services

<u>Opportunities</u>	<u>Threats</u>
<ul style="list-style-type: none"> • Government's commitment to change the drinking culture in the UK through promoting sensible drinking • ChAPAPs now being the responsibility of DCSF which means that substance misuse can be more greatly embedded into children's services • Greater partnership collaboration, service planning and commissioning and earlier identification of children at risk through the development of the ECM agenda • Greater flexibility in LAA's to develop evidenced based and innovative approaches to address harms caused by alcohol 	<ul style="list-style-type: none"> • Change of political parties which may not focus on alcohol misuse • Reduction in public spending as a result of global recession

<u>Section E Please answer</u>
<ul style="list-style-type: none"> • Which organisations/ professionals were involved in answering this section? Brunel University, ChAPAPs advisory network, ADFAM, central government -DCSF and Home Office, Government Office and the National Treatment Agency • What references/sources of information/ literature were used in the preparation of this section? • How easy/ difficult has it been to collect this information?

Section F Case studies

Case study
<p data-bbox="58 1314 854 1346" style="text-align: center;"><u>Case study 1- Neo-natal</u></p> <p data-bbox="58 1377 711 1409">This case study was completed by social work staff and GPs.</p> <p data-bbox="58 1440 147 1472"><u>Stage 1</u></p> <p data-bbox="58 1503 1360 1619"><i>A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.</i></p> <ul style="list-style-type: none"> • How would this case be dealt with in your country? <p data-bbox="58 1682 1360 1858"><u>Annie-</u> The GP would probably ask Annie to tell him/her more about their drinking, ideally by taking a detailed last weeks history of consumption. If her response confirmed GPs concerns about her excessive drinking, the GP would ask permission to examine and arrange to take blood tests (LFTs, gamma GT and MCV) to look for evidence of alcohol related harm. The GP would most certainly tell Annie about their concerns and potential effects on the unborn child, and advise her to stop drinking altogether or cut down radically. If the GP had serious concerns about the risk to the unborn child (or</p>

any other family member) they would make a referral to children's social services using a common assessment framework (CAF) where it would be dealt with by the duty and assessment team who would carry out an initial assessment to assess further. The GP could also make a referral to a specialist alcohol treatment service for support and alert the health visiting service of their concerns to monitor closely.

Annie's Mother- The GP could encourage Annie's mother to make a referral to children's social services if she was that concerned about her daughter's drinking or take this information themselves and pass onto social services. The GP may also tell her about local services which support families and carers of substance misusers.

- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes

If yes, what steps would be taken and what information would be shared with whom?

Yes. If there are serious concerns about potential risks to the unborn child, the information must be shared with Social Services and other members of the general practice and antenatal team so that appropriate action can be taken.

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes No

If yes, please describe.

No- GPs do not routinely 'screen' or test for alcohol but would be required to discuss alcohol and the potential risks to the unborn child with all pregnant mothers. However some health authorities have schemes in place where general practices are incentivised to screen for excessive alcohol consumption using a questionnaire such as the AUDIT C- this relies on self reporting. This is known as a Locally Enhanced Service (LES). Pregnant women are among the "at risk" groups, prioritised for screening. Once a female discloses she is pregnant a referral is automatically made to the local ante-natal services where a health visitor is assigned to each case. At the initial assessment the health visitor does ask a series of questions to assess risk and this includes alcohol- again this relies on self reporting. If the health visitor is concerned about the risks to the unborn child they would be required to make a referral to children's social services.

- What services and support would be provided to [a] Annie and [b] her mother?

Annie would be offered extended intervention in the GP practice by the GP and/or a specialist alcohol counsellor. If dependant, she would be offered assisted withdrawal ("detox"). Annie would also continue to get support from the health visiting service. If a referral was made to children's social services, she would be offered ongoing support from the social worker. This could include such support from a family support worker or from a local specialist treatment service.

An example of the type of service Annie could received --*Family Alcohol Service* which provides support and counselling to families affected by parental alcohol problems. The team are made up of alcohol treatment workers and child social workers who would work intensively with the family to reduce alcohol related harm

Annie's mother could receive support from organisations providing help and support to substance misusing families and friends.

- Are there any practical, resource or administrative barriers to good practice?

Yes

If yes, please describe:

Lack of knowledge, negative attitudes, poor training, insufficient time, lack of incentives and limited availability of support services have traditionally all been barriers to good practice.

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past few months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes

Yes-during the pregnancy, the antenatal team, the GP and the social services will all have a duty to stay in contact. Immediately after the birth, the midwife, the health visitor and the GP should be involved in support together with a social worker if the child is deemed at risk. After the 6 week post natal period, The Health Visitor will have a prime responsibility for Annie and her young child, together with the GP. Support would include post natal support, health checks, support with home/breast feeding, parenting assessment and signs of post natal depression.

- What action, if any, would need to take place now to assess and protect mother and child? Please describe

A referral would be made to social care and safeguarding if not done beforehand where an initial assessment under section 17 of the Children Act would be undertaken which could lead to a child protection investigation. A case conference would also be convened which brings together all the relevant professionals involved with Annie with potential other family members such as her mother where her situation will be discussed in more detail and appropriate support put in place.

- Are there support services available for Annie's mother to seek help, support and advice?

Yes

Annie's mother could access support from specific support for families affected by substance misuse such as Alcoholics Anonymous and AL Anon. There may also be local specialist services providing support to families and carers of substance misusers eg Family Alcohol Service (for families affected by alcohol misuse) and CASA (support services for families and carers affected by substance misuse). These support networks would be identified at the case conference meetings

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her

mum drinks too much.

- How would this case be dealt with in your country?

All schools should have in place a drugs policy which outlines how to manage drug related incidents and all schools should have in place a designated child protection lead. All teaching staff should be trained around child protection and be clear about steps which need to be taken.

If a teacher/ teaching staff has a concern in regards to this incident then they should report this directly to the designated child protection lead without delay. The CP lead will then be responsible for assessing the situation and undertaking a Common Assessment Framework (CAF) which will involve a fuller investigation undertaken by the school to determine the level of need, monitoring child's progress, and referring for extra support if necessary, mentor, work with parents. The school should also attempt to speak to the mother and raise their concerns with her directly and try and offer her support. The schools may assess that the child is at risk and will make a direct referral to social services for them to carry out a formal initial assessment under s17 of the Children Act.

Below is extracts from a Local Authority's Drugs policy and management of drug related incidents policy relevant to this section:

MANAGEMENT OF DRUG-RELATED INCIDENTS

Definition of a drug-related incident

In this school, a drug-related incident includes any incidents involving any drug that is unauthorized and therefore not permitted within the school boundaries.

Drug related incidents can include emergencies, observations and discovery, disclosure, suspicion and rumour, such as Pupils smoking cigarettes in school, dealing in an illegal substance, being intoxicated on school premises, selling cigarettes to other pupils, misusing another pupils' asthma inhaler, disclosing concern about a family member who has a drug problem, sharing paracetamol

It may also involve a parent/carer collecting their child whilst drunk A teacher with information about the illegal sale of cigarettes at a local newsagents The school keeper finding used syringes in the playground A member of the public phoning the school to say they have seen pupils smoking/drinking

School responses to drug-related incidents

In all drug-related incidents the following principles will apply:

The Headteacher and senior teacher responsible for drug related incidents will be informed immediately

- All situations will be carefully considered before deciding on the response
- The needs of the pupil will always come first, whilst also taking account of the needs of the school as a whole
- Parents/carers will be involved at an early stage and throughout any investigation
- Support agencies and the police will be involved as appropriate and in keeping with legal requirements
- A range of responses will be considered including disciplinary and counselling/supportive responses.
- If at all possible, permanent exclusion will be the final resort
- Decisions about the response will depend on the severity of the situation, whether the offence is one of a series or a first time and whether the person involved is putting themselves and others at risk. The Headteacher, in consultation with key staff will decide whether a disciplinary and/or counselling action should take place
- Any action taken will be in line with the school's behaviour policy.

Possible responses might be:

(i) Supporting pupils in school and referral to specialist agencies

Support is provided for pupils who have concerns about their own or their family's drug use or who are at risk of drug misuse, as well as for those who have been involved in an incident which is in breach of school rules. Support is offered from our Connexions Personal Adviser, Education Social Worker, school nurse and the school counsellor. If specialist support is needed we will make referrals to a local drugs service for young people.

Pupils who have been involved in an incident will participate in a specific drug education programme led by Camden's School Inclusion Team, which helps young people address their substance use.

(ii) In-school behaviour programmes

In some circumstances a student involved in a drug-related incident will have a behaviour programme drawn up by the Head of Year in consultation with the parent/carer and pupils.

(iii) Counselling

Pupils may be offered counselling from our school counsellor, or if needed a referral to a specialist service.

(iv) Sanctions

Where a school rule related to drug use, is broken, sanctions will be given. The type of sanction will depend on the nature and degree of the offence. Decisions about sanctions will be made by the Headteacher and consistent with the behaviour policy. The school uses a range of sanctions including withdrawal of activities, internal exclusion, community service, fixed and permanent exclusion. Permanent exclusion will be considered and used only in exceptional cases, such as supplying illegal drugs. In most cases permanent exclusion will be used as a final resort, after all other approaches have been considered. If students are excluded, we will ensure they receive drug education with support from Camden's School Inclusion Team.

Procedures for managing incidents

Reporting a drug-related incident

All drug-related incidents are reported, in the first instance, to the Senior Teacher responsible for drugs issues, and then the Headteacher and Head of Year. These are the key staff involved in managing the incident.

Although there is no legal obligation to report an incident involving drugs to the police, we will inform Police immediately any incident involving a suspected illegal drug. Incidents involving legal drugs will remain school matters, although we will contact Trading Standards or the Police about the sale of tobacco, alcohol and solvents to under age pupils, from local shops.

Recording the drug-related incident

All drug-related incidents are recorded using a form. These are kept as confidential items in the school office. Key staff including the Headteacher, Head of Year or Senior teacher responsible for drugs issues will see the report.

In all drug-related incidents the key staff will decide on the responses, including the use of sanctions and/or counselling and support.

Medical emergencies when a student is unconscious as a result of drugs use

Staff with first aid qualifications should be called immediately but the person not left alone. The person will be placed in the recovery position and an ambulance called. Parents/carers will be informed and called to the school. An assessment of the incident started including finding out whether a substance has been taken and evidence gathered.

Intoxication, when a student is under the influence of a drug

The pupil will be removed to a quiet room and not left alone. The first aider and senior member of staff called. The person will be helped to calm down and medical assistance sought if necessary. Parents/carers will be informed and called to the school.

Discovery/observation

When a person is discovered using, supplying or holding a substance that is not permitted on school premises and which is described in this policy.

The Substance will be confiscated and the pupil and substance taken to the school office and the Senior member of staff with responsibility for drugs issues, called and the student questioned. Parent/carer will be informed and called to the school.

If the substance is legal (but unauthorised in school) it will be handed to the parent/carer.

If the substance is illegal (or suspected to be illegal) it will be stored securely and the Police called immediately to dispose of the substance. Parent/carer will be informed and called to the school. The student(s) involved will be internally excluded whilst investigations are carried out.

If a member of staff suspects that a student is carrying drugs on them or in their personal property, they cannot carry out personal searches but will ask students to voluntarily produce the substance, in the presence of two members of staff. In circumstances where a pupil refuses to do this the school will consider involving the police. Parent/carer will be informed if this happens.

Teachers can search pupils' lockers and in circumstances where a member of staff believes drugs have been stored there, they will seek the pupils' consent and search with a Senior member of staff present. If consent is refused the decision to search will be taken by the Headteacher.

Dealing with drug-taking materials

School site staff make regular checks of the school grounds and know how to deal with drug-taking materials, including needles, in line with health and safety advice.

Pupils are taught what to do if they come across needles on the school premises and know not to touch needles and to inform a member of staff immediately.

Disclosure when a pupil discloses to a member of staff that he/she has been using drugs, or is concerned about someone else's drug use.

In these situations, staff will be non-judgemental and caring and will show concern for the student's welfare. Pupils know that teachers cannot promise total confidentiality if further support is to be considered such as referral to a drug service or

counselling service, Information about the pupil will only be given to key staff and no one else unless the pupil gives their consent. Total confidentiality is maintained at all times in drug and counselling services. The school has strong links with local drug services and a system of referral to these agencies.

Suspicion/rumour. Staff should not assume use of drugs on the basis of rumours or behaviour alone. However, if there is a suspicion, evidence will be collected over a period of time before a decision is made to question the pupil(s) involved.

Intoxicated parents/carers

Our schools rules for drugs apply to all people who are on the school premises and we expect that parents/carers will adhere to these rules. If a parent/carer comes to school and appears to be under the influence of drugs or alcohol, they will be asked to leave. If they have come to collect their child, we will sensitively offer to phone for someone else to come and collect the child. If we are concerned that the child is at risk then we will follow the Child Protection procedures.

CONFIDENTIALITY

Pupils need to be able to talk in confidence to staff without fear of being judged or told off. The welfare of young people will be central to our policy and practice, however,

teachers cannot promise total confidentiality and this is made clear to students through the PSHE and citizenship programme.

If a pupil discloses to a teacher he/she is taking drugs the teacher will refer the student to the Head of Year and appropriate support will be offered. This information is given only to the Assistant head responsible for pastoral care and the Headteacher. In most circumstances parents will be informed.

The school displays information about local drug and alcohol services that offer confidential information, advice and treatment.

WORKING WITH PARENTS/CARERS

The school welcomes parents/carers who wish to share with us, their concerns about drugs. We involve parents/carers when reviewing the drugs policy and hold regular sessions/workshops to explain what is taught in drug education, as well as give up to date information about drugs and where they can get further information, help and advice.

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
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As outlined above, any professional who has concerns that a child may be at risk has a legal responsibility to report these to the relevant authorities. The CP lead in the school should be consulted with and will advise on the best course of action to determine whether this is a child at risk or a child in need

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
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If yes, please describe

All schools are required to have child protection policies in place to deal with such incidents. All schools are also encouraged to have drug policies and the management of drug related incidents policy in place as well although this is not a statutory duty.

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

As described above, a common assessment framework (CAF) should already be in place and there should already have been a team around the child meeting set up to provide ongoing support. The CAF is a live document and should be continually updated changes goals and actions to meet the needs of Joanne and her family. The school CP lead and the team around the child meeting should make a referral to social services on the basis of information disclosed by Joanne about her concerns for her young sibling for an initial assessment to be carried out.

- What services would now be offered to Joanne and her family?

The initial assessment carried out by Social services will determine the level of risk that Joanne and her sibling are subject to. The case would be referred to a children in need team where further assessment and monitoring would be undertaken.

- Are any of these services obligatory?

No services are obligatory however if the family refuses to cooperate with social services then this would head down into formal proceedings where the child would be placed on the child protection register where the family would then have to cooperate with social services.

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?

Following the phone call from the neighbours a uniformed police officer would attend the home address of the family in question. If entry was refused then police could possibly have a power of entry under Section 17 of the Police and Criminal Evidence Act 1984 for the purpose of saving 'life or limb'. The police would assess the situation and identify whether any further actions needed to be taken. This could result in the police passing this information on to the relevant authorities including raising concerns with the housing department, anti social behaviour team, social services if children are deemed at risk or a referral to the Youth Inclusion and Support panels (YISP's) which is a panel of professionals who identify support for children who are at risk/ involved in anti social behaviour. Local services could also be contacted to provide support such as parenting programmes.

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes

Yes- Under Section 46(1) of the Children Act 1989, if the police had 'reasonable cause to believe that a child (under 18 years) would otherwise be likely to suffer 'significant harm' then he or she may remove the child to suitable accommodation and keep him or her there – known as 'taking a child into police protection'. However, police protection should only be used in an emergency and when necessary. No child may be kept in police protection for more than 72 hours.

If one or all of the children were taken into 'police protection and/or there was evidence of 'neglect' or any other substantive offences then a Computerised Crime Report would be created by the uniformed initial investigating officer and the specialist police child abuse investigation team would investigate further. They would liaise with Children and Families Team in Social Services. If there was to be a joint police/social services investigation then a strategy meeting would be held. Possible attendees at any strategy meeting other than those already mentioned - given the scenario - would be education, housing, anti social behaviour teams and a safer schools officer from school/s in question.

Would the housing department have any role in this situation?

Yes

Yes housing would possibly make a referral to Children Schools and Families. Interview complainant if known. Interview family, get others to confirm allegations, refer to police, refer to Youth Inclusion and Support Panel, refer to police and take legal action for breach of tenancy if appropriate. If private sector family – would be referred to ASB Team with private sector ASB officer. Participate in case meetings, give evidence in court actions including possible injunctions, possession and ASBO's, and at all stages aim to work with the family to assist and refer to support agencies to address issues. Main aim to address behaviour issues with view to sustain successful tenancy but to take robust action if no change.

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes

In the London Metropolitan Police area, a computerised police 'merlin report' would be created for the young person following the police visit to the address. This report details the circumstances of the incident and addresses whether the five outcomes of 'Every Child Matters' are being met. The Merlin Report is reviewed by the Police Public Protection Unit and disseminated to other relevant agencies including the Youth Offending Team (YOT) for information and actioning as appropriate.

The Youth Offending Team would consider referring the children to the local Youth Inclusion Support Panel (YISP), which is attended by a Housing Representative who would take up any housing issues. The YISP could request the YOT to refer the 15 year old to their own Substance Misuse Worker or recommend that he engages with any other Substance Misuse Worker/Agency. However, this engagement would be voluntary on the part of the youth. A lead professional would be designated by the YIPS to action any recommendations/referrals and report back to the next monthly panel.

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in

the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe

If the 15 year old had never been arrested/cautioned previously then the likelihood is that if he admitted the offence then he would be bailed and referred to the YOT police for them to formally caution him. He would be seen jointly by a YOT police officer and YOT early intervention worker. The police officer would administer the caution. The early intervention worker would do an assessment of their needs and risks and do related research including with the Children and Families Social Services Team. As part of a caution programme the youth could be referred by the YOT early intervention worker to the substance misuse worker if this had not happened previously or for further engagement/assessment if it had. The details of the arrest would be conveyed to the YISP and as already described a Police Merlin would be created and appropriately disseminated. IN regards to the housing department, they would contact social services about the risks issues. Possible tenancy enforcement could be initiated by the housing department. Looking at possession or demotion action. .

- What action would be taken about the 15 year old's possible exclusion from school?

A truancy/education officer attends the YISP and would provide information regarding school attendance and other school issues. Again the YISP could make necessary referrals to address these issues. The YOT has its own educational psychologist and parenting team to whom referrals can be made to by the YISP or YOT early intervention worker. Also a parenting worker representative attends the YISP. Schools would possibly have looked at using legislation to prosecute parents due to non attendance.

- Are there any parenting support programmes which could be offered to the family? If yes, please describe.

Yes there are a number of parenting programmes available in areas which target families at risk. In addition to this all YOT's have their own parenting programmes which the family can be referred to. Also the YISP will identify suitable parenting support programmes that can provide support in that area.

UK ChAPAPs Report:

Special recognition to:

Louise Hill, Professor Neil Mckeganey and Professor Marina Barnard for coordinating and writing the Scottish Country questionnaire

Louise Hill for writing the research section of the England report

Keith Ingham, John Lenaghan, Sue Leake and Chris Tudor Smith for coordinating and writing the Wales Country questionnaire

Cliona Murphy and Louise Hill for coordinating and writing the Ireland Country questionnaire

Lorna Templeton who assisted and helped in the early stages of the ChAPAPs project and has continued to provide ongoing support throughout the term of the project

ChAPAPs Advisory Network membership:

University:

Professor Judith Harwin- Brunel University

Professor Nicola Madge- Brunel University

Lorna Templeton- University of Bath

Professor Richard Velleman- University of Bath

Sally Heath- Brunel University

Professor Marina Barnard- University of Glasgow

Professor Neil Mckeganey- University of Glasgow

Dr. Donald Forrester- University of Bedfordshire

Professor Moira Plant- UWE

Dr. Sarah Galvani- Warwick University

Louise Hill- University of Glasgow

Government:

Keith Ingham, John Lenaghan, Sue Leake and Chris Tudor Smith - Welsh government

Karen Gowler- Home Office

Matthew Scott- Department for Children, Schools and Families

Government Offices

Charity/Voluntary sector/other:

Addaction

Adfam- Viv Evans

Alcohol on Addiction- Zara Mc Queen

Alcohol Concern- Cliona Murphy

Children's Society- Jo Manning

Drugscope

NSPCC- Pat Ridpath

Turning Point

ESTONIA COUNTRY QUESTIONNAIRE

A Prevalence and background information

A1 Data showing how many children in Estonia are affected by parental alcohol misuse

In Estonia, there is no data which shows how many children in Estonia are affected by parental alcohol misuse.

A2 Data collected on children with foetal alcohol spectrum disorder

There are no special surveys for pregnant woman to diagnose foetal alcohol spectrum disorder.

Child psychiatrist Piret Visnapuu from the Tallinna Children Hospital said that we have “instruments” (other countries experiences-surveys) to research this area, but it would need extra work (like training for accoucheuses).

In Estonia, there is a non-profit association Estonian Abstention Alliance AVE (Eesti Karskusliit AVE, Estonian Temperance Union, www.ave.ee), which made a media-campaign “Mother, do not drink” in Estonia (<http://www.ave.ee/fas/plakat/>). This campaign focused on the harm caused to unborn babies through alcohol. AVE has done ongoing work around raising the issues associated with foetal alcohol spectrum disorder by drawing upon research from other countries literature and researches (Journal of Pediatrics, Neurotoxicology and Teratology e.t.c).

Organisations/professionals who were involved in answering section A:

- Ida-Tallinna Keskhaigla (East Tallinn Central Hospital) (<http://www.itk.ee/index.php?page=219&>). We had contact with Irena Pärtels (accoucheus, telephone number +372 6207154) and with doctor Andersson (child doctor).
- Eve-Mai Rao (main specialist in the National Institute for Health Development; <http://www.tai.ee/?lang=en>, eve-mai.rao@tai.ee, telephone number +3726593981).
- Wismar Hospital
- NIHD
- Statistics Estonia
- Tartu hospital
- Tallinn crisis centre for women.
- University of Tallinn

See Annex 1 at the end of this document for further information on the organisations contacted for this section.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older than this if they are particularly influential)?

Section B1. Research

We use those methodology and search engines to find out the information:

Tallinn University: email for Andres Rohtla who has access to researches which have been made by students of the Social Sciences. We had opportunity to peruse

some of those researches, which have been brought out in this section B in the table. But there were others studies more which are connected with those themes, for example M. Kaldaru “ Dependency and dysfunctional Family” (2000, BA).

Also we tried to get information from academic and national libraries.

We tried to get contact with Tartu University but they did not give no important feedback for us (and we had too few time to go to Tartu).

Some information (about TAI – National Institute for Health Development) we get from internet.

Also we asked information about researches from those institutions and people who are named in section A.

Reference	Summary and Research Question	Methodology	Findings	Recommendations
Karin Streimann Alcohol problems in the Family experienced by children from Tallinn. Master thesis. Tallinn University, 2007.	The main aim of this work: find out how many children are growing up in families with alcohol problems in	Empirical research is based on a quantitative method, the Children of Alcoholics Screening Test, which was administrated to children from 8-11	22% of children in Tallinn are growing up with alcoholics and 23% are growing up in families affected by alcohol abuse. Altogether, 45% of children are growing up in families which are affected more or less by alcohol problems. Problematic alcohol use is widely linked with fighting and arguing in families-between parents	In Estonia, there are not special services for children who are affected by parental alcohol misuse, even many foreign researches have proved the necessary of those services. Emanate from size of problems some children need counseling, information and somebody who they can trust and talk about their feelings. But if

	Tallinn. Also which kind of problems they experienced because of parents alcohol misuse.	classes in 3 high schools in Tallinn	and between children and parents. Alcohol abuse within family is causing different reactions among children – worrying about parents health, anxiety, fear, loneliness, anger, disappointment, shame. Children have lost sleep because of parents drinking and some parents are violent or/and aggressive. Those children belong to risk groups of different areas.	<p>problems are bigger, then children need group or family therapy.</p> <p>The most important thing is information for every child about alcoholism and problems which are caused of it, so children have chance to understand her/him feelings better, wishes and that what is going on in family. Also is important to improve professional knowledges and abilities to work with those children.</p> <p>Recommendations to Estonian research institutes and universities:</p> <ul style="list-style-type: none"> - Research the problems which are caused of alcohol misuse in Estonia – the connections between alcohol misuse and divorces, mistreatment and other problems. Also estimate those problems financial damages for country. - People have to be access to materials about alcohol effect to health, social consequences and about influence of alcohol misuse for family. - Complete professionals training programs with training about alcohol problems, methods of intervention and about family needs. <p>Recommendations for The Ministry of Social Affairs:</p> <ul style="list-style-type: none"> - To work out the alcohol policy which lessen alcohol use and problems which are caused of it, also count with link between alcohol misuse and possible
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				<p>family problems.</p> <ul style="list-style-type: none"> - To work out services for children who are affected of parents alcohol misuse: different support groups, therapies, counseling. - Free help telephone which workers are able to counseling children and other family members and also other professionals about alcoholism and problems which are caused of alcohol misuse.
<p>Riina Ots</p> <p>Alcoholism. Cure and Rehabilitations possibilities in present Estonia. Bachelor thesis. Tallinn University, 2000</p>	<p>To describe various helping strategies for alcoholics are currently available in Estonia. It is also being explored what is considered the most important issue by alcoholics in the process of palliation of their disease.</p> <p>Which are the main risk factors to</p>	<p>The group examined is divided into 2 groups:</p> <p>alcoholics belonging to AA and psychiatrics and psychologists working with problematic people.</p> <p>The paper itself is consisted in 3 sections: an interview with the psychiatrics (6) and psychologists (2), a written questionnaire of the alcoholics (38) and also interviews with alcoholics from AA group (4 workers).</p>	<p><u>The main risk factors to become alcoholic are:</u> their parental alcohol misuse, abundant alcohol use in coterie and starting regular drinking in the youth hood. Risk is higher if those factors were together.</p> <p>Even if questioned alcoholics did not believe in total cure they are able to stay sober for the years by the on-going self-control. Less than half of them have experienced relapses, often only 1 time, after joining with AA.</p> <p><u>The main aspects to become sober:</u></p> <p>Alcoholic has to make clear him/herself that he/she never will be able to use alcohol normally, he/she has to become absolutely nondrinker, learn to know her/himself and try to understand other</p>	<p>Only alcoholics can bring up the purpose of treatment and/or chancing. If it is brought up by others then this treatment do not work.</p> <p>Professionals find that medical treatment, psychotherapy, psychological counseling and self-help groups could help alcoholics.</p>

	become alcoholic.		<p>people around him/her.</p> <p>Also is important to communicate with other people who have drinking problems.</p> <p><u>What could help them dealing with alcohol problem:</u></p> <ul style="list-style-type: none"> -self-help groups (all respondents) - self-control (36,8%) - family members or friends support (13,2%) - medical treatment (5,3%) - psychological support/counseling (2,6%) <p>Most of the respondents have not searching help from professionals (because they think that professionals could not understand them completely, only other alcoholics can do it).</p>	
<p>Katre Lomp</p> <p>Alcohol Use Among Students, its relations to the Family in example of Lääne-Virumaa.</p>	The main aim of this research was to clarify the influence of the family on adolescents	Research method was questionnaire, selection was students from 3 schools in Lääne-Virumaa (5.-6. classes).	77% of respondents have tried to drink alcohol. 35% of them have tried alcohol the first time at the age 10-11. 49% of respondents drink alcohol, most of them drink rarely, but some students drink alcohol a couple time on a month till once a week.	<p>Alcoholism prevention: it is important to bring out families importance: raise parents role as a positive example for children</p> <ul style="list-style-type: none"> • In Estonia there is a campaign about this issue: parents as examples for children (http://www.sinamina.ee/eeskujju). <p>It is important to valuate more the family in</p>

BA, 2004	alcohol use.		Students drinking are linked with parents drinking (when parents drink often, then child think that it is normal), relations in family (bad relations in family cause negative emotions and bad self-confidence) and economical coping (bad economical situation causes stress in the family).	community level. - Alcohol use prevention and styling the attitude so early as it possible.
<p>Ulvi Seermaa</p> <p>The Mental Health of Alcohol Dependent People. Master degree. Tallinn University, 2006</p>	To give overview of mental health problems among the population with alcohol dependency in Estonia.	<p>Qualitative research methods: interviews and observation were used to collect data. The data was collected in 4 stages:</p> <p>1st stage – 15 subject interviews were conducted with alcohol misusers;</p> <p>2nd stage – various specialists opinions were sought regarding the collected data;</p> <p>3rd stage – the researcher attended an AL-Anon meeting and took part in a social workers summer academy</p>	The mental health of the alcohol dependant person is poor and they feel social outcasts. Problem drinkers live a dual existence. The majority of dependents admitted that they had tried to overcome these frustrations by drinking alcohol. The opinion of specialists and dependants was that Estonian alcohol policy actually encourages the use of alcohol.	<p>Our community ascribes alcohol misusers as a deviated people, but does not notice alcohol dependent people, so they just do not want to talk about their situation and problems.</p> <p>Drug prevention work is still in start phase and was not lead to expected results. The reason of it could be using ineligible methods or/and too narrow approach manner. Efficient prevention work assumes systematical and comprehensive action, which has directed to lessen the risk factors and increase protecting factors in different levels: individual, the family, contemporary, school, community.</p>

		<p>workshop about alcoholism (there were 14 specialists).</p> <p>4th stage – the comparative analysis of the single subject study (1 young woman).</p>		
<p>Merle Tomberg</p> <p>Alcohol dependent female client – services supporting coping.</p> <p>Master thesis. Tallinn Pedagogical University. The Faculty of Social Sciences.2001.</p>	<p>To describe coping problems of woman with alcohol dependence and therefore the necessity of services.</p> <p>Even though mental disorder, due to the usage of alcohol occurs more often on men, the dependence problem of women causes somewhat</p>	<p>The choice of the theme of the research and the methodology proceeds from the feminist philosophy (the moralizing attitude towards woman alcoholism, which makes it difficult to offer services as well as to ask for help).</p> <p>The empirical research consists of qualitative and quantitative parts. Theme interviews are used in the first part of the research and respondents were 10 women having</p>	<p>The results of the research indicate:</p> <p>- Female alcoholics do not form a unitary client group with similar problems, as they have different need for services and coping support. They need both health-care as well as social and labor market services. Comparing</p> <p>the respondents using health-care services with the clients of children protection workers with alcohol dependence, the latter had more difficulties with coping.</p>	<ul style="list-style-type: none"> - The need to work out special social services. - To improve the availability of health-care services - To co-ordinate the help offered to the clients in order to support the coping of dependents. <p>Main social services needed by women with alcohol problems are: rehabilitation, social counseling including the counseling of dependants, residence services, support-person services, services of day centers.</p> <p>In this area the optimal arrangement of health-care and rehabilitation of dependants need additional investigation in the future.</p>

	different meds of help. Women with alcohol problems are mainly the clients of workers of child protection	alcoholism therapy in Tallinn. In addition to the interviews 13 children protection workers were questioned, who described the coping problems of their female clients having alcohol dependence.		
<p>School-aged children and drugs. Students at the age 15-16, their illegal and legal drug using in Estonia.</p> <p>ESPAD (<i>The European School Survey on Alcohol and Other Drugs</i>) researches in 1995, 1999, 2003 and 2007.</p> <p>National Institute for Health Developments</p> <p>Airi-Alina Allaste</p> <p>Tallinn University</p>	<p>The main purpose was to give overview about drug using among school-aged children at the age 15-16.</p> <p>The purpose of those international researches were:</p> <ul style="list-style-type: none"> - adolescents experiences and attitudes about the issues of drug 	<p>The researches were carried out at the same time in different countries. The respondents were at the age 15 to 16.</p> <p>In 2007, the research was carried out among comprehensive schools students who were born in 1991 (random sampling). 35 Russian schools (in Estonia) and 77 Estonian schools. In 2007, there were 2381 respondents from classes 8, 9 and</p>	<p>The ESPAD research in 2007 shows that only 6% of the respondents have not tried alcohol. Those who drink regularly were in this research almost 30%, 32% of the respondents use alcohol 1-2 times in month and 28% of questioned students have used alcohol almost every week during last 30 days.</p> <p>The research shows that students do not drink only in weekends, they also drink in school days at least once in a week (13%).</p> <p>Students follow the example of their friends and families:</p> <p>more than half of respondents have close relatives who use alcohol (one-third of them have alcohol misuse), 62%- many friends drink alcohol, 12% all friends</p>	<p>Those research results can be used in working out the strategies of the drug prevention and policy, help to lessen the negative consequences of drug using and also be the basal material of different trainings.</p>

<p>http://www2.tai.ee/uuringud/Narkomaania/ESPAD2007pdf.pdf</p>	<p>using.</p> <ul style="list-style-type: none"> - factors which affect drug using -different substances amounts and the frequency of using those substances. 	<p>10.</p>	<p>drink.</p> <p>The questioned young people started drinking very early, mainly at the age 14. At the same age they often were drunk at the first time.</p> <p>Alcohol is still easily available for more than half of the adolescents (even now there is more strict control).</p> <p>Students ascribe to alcohol more positive than negative qualities: 61%-alcohol helps to relax, 47%-gives change to feel her/himself happy, 53% - helps to relieve worries, 58% - makes person friendly and accommodating, 81%- makes funny.</p> <p>Negative qualities are: 69% - bad influence to the health, over than one-third of the respondents named the risk to do something lamentable or to get hangover, one-fourth of the respondents named risk to get trouble with the police. Adolescents have noticed that if they had used alcohol, then there were many problems which were caused of drinking: problems with parents (23%) or/and with friends (21%), fights or brawl (19%), accidents or injuries (17%), problems with studying (16%), troubles with the police (13%), sexual relations without condom (6%) and not wanted sexual</p>	
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			<p>relations (5%).</p> <p>There is link between alcohol and drug use: in some areas where the drug using is growing there have been lessen the alcohol misuse (this process is especially detectable in big cities and places around them).</p> <p>Relations in the family and their economical circumstances have influence of the adolescents alcohol use: those respondents who use alcohol firstly at the age 10, were content with relations only 1% (with father) and 2% (with mother).</p> <p>The respondents get information about alcohol and alcohol misuse from school (39%), friends (32%), internet (www.narko.ee, 28%), TV-shows for young people (27%), journalism (24%), campaigns (23%).</p> <p>Those researches shows that using strong alcohol has been growing.</p>	
<p>Alcohol market, Consumption and harms in Estonia.</p>	<p>To analyze the alcohol market (legal and illegal) and</p>	<p>EKI (Eesti Konjukturiinstituut) has used data gathered from</p>	<p>According to surveys conducted by EKI inhabitants assessments of their own alcohol consumption has not changed much over 10 years.</p>	<p>Estonian inhabitants think that Government should implement alcohol policy which contains restrictions.</p> <p>Inhabitants are quite critically disposed to</p>

<p>Yearbook 2008.</p> <p>Estonian Institute of Economic Researches (EKI) (www.ki.ee)</p>	<p>conducted surveys of inhabitants assessments of their alcohol consumption and opinions about alcohol policy.</p>	<p>opinion polls, statistics collected by Statistics Estonia (ESA) as well as data that have been directly collected by EKI from alcohol producers. The Ministry of Agriculture and The Ministry of Economic Affairs and Communications have commissioned these studies. The Yearbook was commissioned by the National Institute of Health Development and The Ministry of Social Affairs. These studies have been done during past 10 years.</p>	<p>The main reasons for drinking are: tradition in celebrating, consumption of alcohol in a sense of keeping company, for relaxing and reducing stress and also because of taste.</p> <p>Estonians drink light alcoholic beverages more often than strong alcoholic beverages – wine and beer are consumed the most often.</p> <p>The most serious problem related to alcohol is drink driving (98%), followed by alcohol consumption by children and youth (96%), criminal assault (92%), alcohol-related home violence (88%) and health problems related to excessive alcohol consumption (98%).</p> <p>Alcohol is in general easily accessible in Estonia. One fourth of inhabitants find that alcohol is too easily accessible and 70% think that it is normally accessible. For one fifth of consumers the closest alcohol sales point is located in their dwelling-house or neighbouring building and 68% of the consumers would need up to 10 minutes for reaching the closest alcohol sales point. In Tallinn and other larger</p>	<p>advertising alcohol. The most critical are people toward large outdoors posters and think those should be banned. Also using TV and radio was disapproved among inhabitants. The most appropriate would be to use alcohol advertising at the sales points.</p> <p>According to people's assessment alcohol sales should not be allowed at sports contests and negative attitude prevails also towards alcohol sales at petrol stations and shops situated at dwelling-houses. Somewhat less disapproved are alcohol sales at concerts and other cultural events.</p> <p>Estonian inhabitants are disturbed by large alcohol consumption of people and they would like to see stricter alcohol policy.</p>
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			<p>towns every third inhabitant is able to buy alcohol in their dwelling-house or in the neighbouring building. In the rural settlements the alcohol retail network is not as dense as in towns, but also 2/3 of the people in rural areas do not need to spend more than ten minutes to reach the closest alcohol sales point.</p>	
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B2 Please indicate any results which have particular relevance for increasing understanding of the links between child health and parental alcohol misuse and policy, service and professional development

- Students drinking are linked with parents drinking (when parents drink often, then child think that it is normal), relations in family (bad relations in family cause negative emotions and bad self-confidence) and economical coping (bad economical situation causes stress in the family).
- The main risk factors in becoming alcoholica are: their parental alcohol misuse, abundant alcohol use in coterie and starting regular drinking in the youth hood. Risk is higher if those factors were together.
- Children have lost sleep because of parents drinking and some parents are violent or/and aggressive. Those children belong to risk groups of different areas.
- Children are often alcoholic dependents and it has influence to their mental and psychical health.
- a) Estonian inhabitants think that Government should implement alcohol policy which contains restrictions. Inhabitants are quite critically disposed to advertising alcohol. Estonia needs more strict alcohol policy: even if we have some limitations, alcohol problems are rising in our country.
- ESPAD researches results can be used in working out the strategies of the drug prevention and policy, help to lessen the negative consequences of drug using and also be the basal material of different trainings.
- Female alcoholics do not form a unitary client group with similar problems, as they have different need for services and coping support. They need both health-care as well as social and labor market services. At the moment we do not have specialist services for women with alcohol problems and no services for children and adolescents who are affected by parental alcohol misuse.
- Drug prevention work is still in start phase and was not lead to expected results. The reason of it could be using ineligible methods or/and too narrow approach manner.
- Reccommantations to Estonian universities and to the Ministry of Social Affairs (K.Streimann).

B3 What other useful research has been carried out which is relevant to this issue?

Information for this section was sought Estonian-Swedish Mental Health and Suicidology Institute (ERSI). Researcher Merike Sisask gave us a book "Essential papers on suicidology 1993-2008", edited by Airi Värnik, Merike Sisask and Kairi Kõlves, Tallinn 2008).

Alcohol commercial and adolescents. National Institute of Health Development 2008. AS Emor carried on analyze to chart children and adolescents (at the age 4-17) habits of watching television, the changes in volumes of alcohol commercials and how those commercials come to children and adolescents. The subscriber of this research was National Institute of Health Development. This research consist 2 parts/stages: 1) AdEx research. In Estonia, the AdEx (how much money we spent on commercials) survey has been carried out since the year 1994 as a standard research. In this research there are following media channels: television, magazines and newspapers, radio, inside media and extra media, internet. 2) TVM (research about Estonian television auditorium)

This research has been carried out since the year 2003 with the purpose to collect information about Estonian (onwards at the age 4 to 17) habits of watching television. This is panel research.

There are about 1290403 people (ESA 01.01.2006). The results found that children and adolescents at the age 4 to 17 were watching television for around 171 minutes (almost 3 hours) in a day, of which 71% of this time is spent on commercial channels. There has been an increase in alcohol advertising and between 6-37% of the children and adolescents see at least one alcohol commercial in day (depend on month). Practically every month (except January) alcohol commercial comes to 90% of children and adolescent at the age 4 to 17. The recommendations of

this research argued to limit the exposure of alcohol commercials on television and in other media channels to children.

The role of alcohol in suicide: a case-control psychological autopsy study.

Estonian –Swedish Mental Health and Suicidology Institute, Estonian Centre of Behavioural and Health Sciences, Tartu University, Swedish National and Stockholm Country Centre for Suicide Research and Mental Ill-Health, Psychological Medicine; Department of Public Health Sciences, Karolinska Institute, 1999 K. Kõlves, A.Värnik L.-M: Tooding D.Wasserman www.suicidology.ee. The purpose of this study was to estimate the proportion of alcohol abuse and dependence (AAD) among suicides and controls, and to compare the incidence of AAD documented by clinicians with diagnoses derived from research protocol. AAD according to DSM-IV was diagnosed on the basis of interviews with relatives of people who committed suicide and with controls. A total of 427 people who committed suicide during one year were paired by region, gender, age and nationality with controls randomly selected from general practitioners lists. The result of the study was that proportion of suicide victims involved in alcohol abuse or dependence was very high. Alcohol abuse was found in 10% and alcohol dependence in 51% of suicide cases. The corresponding figures for controls were 7% and 14% respectively. In many cases, AAD is associated with a variety of individual or family problems relating to people's social situation. The research indicated that an appropriate state alcohol policy, an enhanced public awareness that alcohol misuse is treatable and an increased competence among clinicians in diagnosing AAD may be crucial means of suicide prevention.

Research “Alcohol and Young People”, which purpose was to chart which way alcohol commercials is visible for children and adolescents (in age 4 to 17). Their habits to watch television, changes in volume of alcohol commercials and how those commercial come to children were analysed. This research was conducted by AS EMOR. http://www.tai.ee/?id=5288http://www.tai.ee/failid/Alkoholi_ja_sigarettide_tarbimise_riskid_2004.pdf

Section B:

- The University of Tallinn, National Institute for Health Development (NIHD), Ministry of Social Affairs, Piret Visnapuu, Andres Rohtla, AVE, Iiris Pettai, Ülle Kalvik, Airi Värnik and Merike Sisask from Estonian-Swedish Mental health and Suicidology Institute (www.suicidology.ee, merike.sisask@neti.ee, +372 651 6550).
- Internet
- It was difficult to get information about research because we had time problem.

C Country policy and practice

In Estonia we do not have all-in document about alcohol policy which gives us an unified vision about how to fight against alcoholism and in same time affirm concrete guidelines to different services.

A central government department with lead responsibility for alcohol misuse

C1 In our Government (www.valitsus.ee) there are ministries which have different roles of dealing the alcohol theme in Estonia (www.eesti.ee/eng/riik/asutused/ministeeriumid/). Outlined below are those ministries.

Justiitsministeerium (Ministry of Justice, www.just.ee): deals with criminality issues (subscribes researches and/or collect statistics), like how many crimes have been committed under alcohol influence (driving car, violence). The main objective of the Criminal Policy Department is preparing for the government its decisions related to criminal

policy. A good political decision is one where the effects, possible side effects, the risks of implementation, and of course the costs, can clearly be determined. With every decision, the government must – among other things – know how much means it will take to get results. So the task of the Criminal Policy Department is to develop such alternative decisions, and to carry out the necessary analyses and research for it. In order that decisions would be made according to what somebody heard somewhere, or what seems to be right in somebody's own eyes. All steps taken in criminal policy must be founded on reliable information. The second objective of the Criminal Policy Department is the execution of performance inspection, i.e. analysis of the activities of criminal institutions, in order to find out whether and how the policy of the government is carried out. This is accomplished through statistical analysis, activities audit, and scientific research. The inspection is not for controlling purposes only, but it also yields necessary information on what kinds of changes need to be made in the plans.

Ministry of Social Affairs (www.sm.ee) is responsible for Health, Labor and Social issues in Estonia. This Ministry has responsibility to notice alcohol problem in Estonia and has to find the opportunities to deal with it (create new services, subscribe the researches and so on): treatment and rehabilitations, coordinating, researches and analysis.

The National Institute for Health Development is governmental organisation under the Ministry of Social Affairs of Estonia which main activities are the research, development and implementation of activities in the health and social sectors (including alcohol problem). There are 6 overarching strategic priorities:

1. to provide economical subsistence and good job;
2. to provide social subsistence and development;
3. to provide better development changes for children and health protection;
4. to improve caring between people and the equality of genders;
5. to provide long and qualitative life for people;
6. to provide necessary country support for families.

Ministry of Agriculture (www.agri.ee): Issues that this ministry addresses includes alcohol policy, national register of alcohol, supervise the quality, overview of this sector (researches) – market, competitiveness, percentage of tourists, inhabitants assays to alcohol policy and alcohol consumption.

Ministry of Economic Affairs and Communications (www.mkm.ee) also supports the alcohol policy: law of commercial, customer protection.

Estonian Ministry of Education and Research (<http://www.hm.ee/?1>): education and researches take part of creating the base to raise young people knowledges about alcohol – health education and form values.

Estonian Ministry of Interior (<http://www.siseministeerium.ee/?404>): supervisory, sanctions, discipline protection.

Ministry of Finance of the Republic of Estonia (<http://www.fin.ee/?lang=en>): taxation policy and tariff.

C2 In Estonia, there is no one government department with responsibility for chAPAPs. However this issue is covered by other activities which purpose is to protect children (activities, which originate of Child protection Law of the Republic of Estonia and Strategy of assuring the Rights of Children – comes out of ÜRO Convention of the Rights of Children).

Tallinn city has chosen **the Social Welfare and Health Care Department** (Sotsiaal- ja Tervishoiuamet) to be a holder of chAPAPs project. Tallinn Family Center is city institution which is administered by the department named above.

Tallinn Social Welfare and Health Care Department one task is to co-ordinate Tallinn Family Center work. At the moment this ENCARE project is the only project which is meant to children who suffer because of parent alcohol misuse. Tallinn Social Welfare and Health Care Department is a holder of this project, Tallinn Family Center does the practical work. In Estonia there are no other projects which are for ChAPAPs.

C3 Estonian government, regional/local and voluntary sector organisations work together to support children affected by parental alcohol misuse. Ministry of Social Affairs does co-work with different voluntary sector organizations, like AVE, supporting their prevention projects and campaigns. Also in Estonia, there is opportunity to apply finances for projects from Estonian Health Insurance Fund and local government.

There are just some initiative projects which are/were organized by AVE (Estonian Abstention Alliance AVE, Estonian Temperance Union, www.ave.ee).

AVE - the Estonian Temperance Union in Estonia. During the Soviet Time all non-governmental work was banned and Temperance Union was reestablished in 1989. ETU (AVE) works in the field of alcohol-policy, youth work, prevention of alcohol related harm etc. (all over Estonia). This organization is funded by donations and projects.

Organization AVE belongs to Eurocare (The European Alcohol Policy Alliance, www.eurocare.ee), which is a network of some 50 voluntary and non governmental organisations working on the prevention and reduction of alcohol related harm across 20 countries in Europe. Eurocare is the only major European network that focuses on alcohol policy issues.

In Estonia, there have been some actions for example: in 2007- conference “Children, family and alcohol” (organized by Estonian Union of Child Welfare), which purpose was to give overview about the influence and effects of alcohol problems to children, adolescents and families.

AVE made a conference “Child in a danger zone” (in 2006, www.ave.ee/laps/), which have become some kind of movement (For Alcohol-free Childhood”), developed by Estonian Union for Child Welfare (Marika Ratnik – marika.ratnik@mail.ee -was responsible for this movement, but she does not work with it at the moment).

Other examples of preventative projects include (organized by AVE):

- movement “Child in a dangerous ground”, which was originally just a conference (11.11.2006; <http://www.ave.ee/laps/>): different organizations try to minimize consumption of alcohol among children and adolescents. But this movement does not concentrate directly to the links between parental alcohol misuse and children and adolescents consumption of alcohol (how children are affected by parental alcohol misuse).
- media-campaign “Mother, do not drink” in Estonia (<http://www.ave.ee/fas/plakat/>). This campaign expands upon alcohol influence for unborn child. Media was across Estonia (by media). AVE purpose was to talk about how woman drinking influences unborn child, how to prevent FAS syndrome (pregnant women). They made folder (<http://www.ave.ee/fas/voldik.pdf>), poster (<http://www.ave.ee/fas/plakat/>), television clip (<http://www.youtube.com/watch?v=6zAB913wDo4>) and also homepage in internet (www.ave.ee/fas/).
- Alcohol free Youth Café (<http://www.ave.ee/kohvik/?pg=whyeng>). The main purpose was to create café where young people could have fun without alcohol and tobaccos: To have a place where to chill. And to have tea or coffee or hot chocolate. Or to eat something good and healthy. Place where to listen good

music, to have performances, to have parties. This café is mostly meant to young people aged 10-25. There is an opportunity for working also (as an organizer, waiter/waitress or cook). Youth cafe is run by young people themselves. This café is mostly meant to young people aged 10-25. There is an opportunity for working also (as an organizer, waiter/waitress or cook). Youth cafe is run by young people themselves. They have been working to achieve their goal since april 2005. They have made many different events, like alcohol and tobacco free party for youngsters in nightclub Hollywood, „Day in youth cafe“ in Cafe Moskva, Health day in middle town on Tallinn, carried out some questionnaires about youngsters opinion about youth cafe. They have made different projects to get support for our idea, our supporters have been European Youth program, Sports and Youth Department of Tallinn and City District Administration of Centre. There are 14 members in project team (young people). At the moment there is only one café in Tallinn, there was café in Tartu too, but it is closed. <http://www.ave.ee/kohvik/?pg=video> .

The supporters are: **Estonian Temperance Union, AS Espak, Estonian Union for Child Welfare, NGO AIDS Prevention Centre, The Charities Foundation, Tallinn Youth Work Centre, Cafe Moskva, Advertising Agency Focus AD, Sports and Youth Department of Tallinn, European youth programme , national agency), EMT ,City administration of centre Tallinn**

Other projects, which had organized by AVE:

- Media-campaign for women “PER mile Life” (PROmilline elu”) (http://www.ave.ee/nouandla.php?page_id=15): “Per mile life” (2006): meant for young women to lessen and prevent their drinking. This is a social campaign: the campaign message is that woman who drinks lose her beauty and often things go other ways as she expected. There were posters and video clip (posters were in magazines and streets in bigger Estonian cities). The project ran from 12th Dec- 5th Feb 2006.



The poster of campaign “Per mile Life”

- In Estonia, there was a newspaper for adolescents “Be sober” (http://www.hot.ee/kainus/Ole_Kaine.htm), which was supported by AVE. This was across the whole Estonia, in schools. To inform young people about the dangers of drinking, to advocate alcohol-free life and also give information about different projects and campaigns.

Estonian Union for Child Welfare (www.lastekaitseliit.ee) is union which contributes to assure children rights and developing child-friendly community. It is non-governmental non-profit organization. This union works with and for parents (information, helping activities, listening, parents as professionals to help their children), children (listen, notice and care, help, inclusion, actions), public and business sectors (information, how they could help, union actions).

Case Study 3-stage 2/D5: Crime Prevention Foundation (www.kesa.ee) is a foundation which activities are main and also special preventive, comprise all 3 main stages of criminal prevention. In client-work they are orientated mainly to adolescents, who have different problems.

KESA main purposes are:

- 1) To collect means for the actions of criminal prevention and give them over or let use to other organizations which act in areas of the criminal prevention or social rehabilitation.
- 2) To develop pro social thinking and help to create the community where every individual is valued.

- 3) To facilitate the special youth work and work with tortuous and offences deviants.

C4. National strategies relating to alcohol

In Estonia, there are national strategies to shape healthy lifestyles and attitudes. National strategy of Estonia which is connected with alcohol issue is cancer strategy. This strategy contains to some degree redact the prevention and counseling materials, notification work in educational institutions and notification campaigns and projects. Theretofore we have deal with prevention work in few volume and mainly by one strategy, but we have plan to do prevention and notification work by the strategy of preventing injuries (this strategy is still creating process, we have the base document). We do not have any strategy which deals with alcohol issue in depth, but Estonian Health Insurance Fund (funding activities) have started some activities, like the campaign “Alcohol destroys your brain and life” in 2008.



Kampaania „Alkohol hävitab su aju ja elu“ plakatid. Eesti Haigekassa, 2008.

The campaign “Alcohol destroys your brain and life”: May to June in 2008, the purpose of this campaign was to change positive image what people get of alcohol commercials based on scientific information. The campaign was meant to young people and young adults (across the whole country).

Estonian Health Insurance Fund have created health furtherance action plan in 2008 to 2010 (alcohol is one issue there).

C5 Legislative and /or regulatory duties to protect child at risk on harm and children affected by parental alcohol problem

In Estonia, there are no special legislative and/or regulatory duties to protect children affected by parental alcohol problem, but there is **Lastekaitse seadus** (The Law of Child Protection) (<https://www.riigiteataja.ee/ert/act.jsp?id=1027736>), which principle is to act always in the interests of a child. When a child is in risk on harm (violence in home, dereliction and so on) then specialists (police, social workers, child protection workers and so on) have the right to step in to this situation by offering different services to this family or if it did not help and children are still in risk on harm, then child protection workers have rights to remove this child from the family (temporarily or permanently).

Legislative/regulatory duty	Description
Lastekaitse seadus (The Law of Child Protection)	<p>Enacts child rights, duties and liberties and their protection in The Republic of Estonia.</p> <p>This law contains also children right to get help if he/she is in risk of harm.</p>
<p>Perekonnaseadus (The Law of Family)</p> <p>https://www.riigiteataja.ee/ert/act.jsp?id=1011053</p>	<p>This law also contain family responsibility to take care of their children:</p> <p>Parent has the right and responsibility to raise his/her child and protect him/her. If parents can not take care of their child and/or put the child in risk of harm, then they could loose their rights to raise their child (guardianship).</p> <p>There are described situations where children are in risk of harm (alcohol problem too).</p>
Sotsiaalhoolekande seadus (The Law of Social Welfare)	<p>Social Welfare main principles are:</p> <ul style="list-style-type: none"> • following the human rights • person’s responsibility for the subsistence of his family and for himself • responsibility to give help if person or/and family opportunities were not enough for living • to conduce the subsistence of person and family. <p>Social services, opportunities for the subsistence, social protection.</p>

<p>ÜRO Laste Õiguste Konventsioon</p> <p>Convention of the Rights of the Child</p> <p>Estonia united with this convention in 1991</p> <p>+ <u>Strategy of assuring the Rights of Children</u></p>	<p>There are all rights which every child has to have from the moment when he/she born.</p> <p>Also there are some articles which are tied with parents and family: for example – Child has right for protection for every kind of violence, unfairness, abuse, default, cruel treatment (article 19.)</p>
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C6 Major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood

National Institute for Health Development had a prevention program “Alcoholism and Drug Abuse Prevention Program for 1997-2007” (this was valid to year 2004), but it was changed: Drug Abuse Prevention Governmental Strategy until year 2012. So at the moment, there is no major education/health promotion programs aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood (this issue is involved with other programs, as one of the social/psychological problem, but there are is no special program for it).

In the year 2005 Estonian Health Insurance Fund (<http://www.haigekassa.ee/>) financed 2 projects (<http://www.haigekassa.ee/raviasutusele/tervisedendus/2005/projektid/>):

1) The Young people media project: the purpose of this project was to raise young people’s awareness, whereby there are less young people who need hospital treatment because they have harmed by alcohol misuse. The campaign was in television and magazines (Idea AD AS, Katrin Remmelkoor, eurorscg@eurorscg.ee).

2) How to inform schools about the consequences which are caused by alcohol misuse:

The main purpose of this project was to improve students knowledges about consequences of alcohol misuse by the staff whose mission is to promote school health. They made video film and DVD (“The enemy number one” and “We talk about alcohol”; in Estonian and Russian) with instructions (educational material for schools). This project was made by Freyja Film OÜ (project manager Jüri Tallinn, freyjafilm@hotmail.ee). 2 films for young people (“The enemy nr 1”, “We talk about alcohol): in 2006 students from some Estonian schools and volunteers from AVE took part of making those films. In those films, there were brought out some examples of history, how alcohol affects person, what young people know about alcohol and what are their attitudes. It is very important to instigate young people creativity and spirituality to find out some alternatives for alcohol. Also they gave out the book for teachers “Alcohol. How to save yourself for the future”.

Those materials were distributed to schools in different Estonian counties.

- Newspaper for young people “Be sober” (C3): The purpose of this newspaper was to inform young people about alcohol issue, how it affects them (AVE project). At the moment this newspaper is currently not in print due to resource issues.
- Alcohol free Youth Café

- Juvente in Tartu (http://www.juvente.ee/juvente/?page_id=217): Youth organization (young people at the age 12-25) which advocates democracy, tolerance/internationality and abstinence.

C7 Major education, health promotion or parenting programs that address the impact of parental alcohol misuse on a children's health and wellbeing

We do not have any major program, but AVE (www.ave.ee) made prevention program ("Mother do not drink) to avoid or reduce pregnant women drinking. Media campaign "**Mother, do not drink**": this campaign was across Estonia (by media). AVE purpose was to talk about how woman drinking influences unborn child, how to prevent FAS syndrome (pregnant women). They made folder (<http://www.ave.ee/fas/voldik.pdf>), poster (<http://www.ave.ee/fas/plakat/>), television clip (<http://www.youtube.com/watch?v=6zAB913wDo4>) and also homepage in internet (www.ave.ee/fas)

C8 Professional training which addresses the impact of parental alcohol misuse on children: We do not have any special professional training for named criteria. Universities give some knowledge about alcoholism, but there are no special educational and practical trainings how to help these children. The main way to get information about alcohol issue (how to deal with it) is to take part of public discussions and meeting (where all professionals could take part, also parents).

National Institute of Health Development trains different specialists who work with children and families. But when this assembles the action plans of trainings, there were not centered to one special problem (like alcoholism): those trainings give basic knowledge about many different problems (how to notice those problems, how to rate problem situations and instructions how to deal with them).

Tartu Child Support Center trains specialists that are engaged in work with children (medical practitioners, social workers, pedagogues, psychologists, juvenile police officers, prosecutors, judges etc.) and also establish network of specialists in Tartu and spreading the particular model throughout Estonia.

D Service delivery

D1 Specialist alcohol treatment services for parents:

In Estonia compared to other European countries we do not have compulsory treatment for alcoholics, we also do not have alcohol treatment which is covered by treatment insurance (and treatment is expensive).

Wismar Hospital (www.wh.ee): outpatients department (about 4000 clients in a year) and inpatient treatment department (about 2500 clients in a year, 25 bed). Inpatient treatment department is mainly specialized to treatment for people with alcohol and/or drug problem, who are in state of withdrawal with complications (withdrawal psychosis and pre psychosis). There are 2 departments in inpatient treatment department: A department for clients who have easier disorders, B department is closed and for people who have harder disorders (psychosocial sick person, drugs attic). Services include:

- Psychiatric or psychological consultation: clear up client condition, make necessary surveys, choose treatment method and so on. Client has opportunity to consult with special pedagogue and/or neurologist.
- Ampulant surveys.
- Ambulant procedures: individual and group therapy, when person is in state of alcohol extinction, then there is medicament treatment.

- Special treatment procedures (addiction)
- Acupuncture (stress, depression, sleepless, pain, addiction e.t.c).

The outpatients department (Wismari 15) is open for people who are worried about their mental balance (nervousness, dispiritness, fears) or if they need some information about consumption of alcohol and drugs, also gambling problems. Person who is worried about her/his family member or friend can also come for counseling. There are visit fee in outpatient department and some services are priced too (<http://www.wh.ee/index.php?page=21>). This hospital belongs to Tallinn city, so it is funded by the city.

A-Clinic in Tartu – established by institutions, organizations and individuals in 1992. A-Clinic is treatment and counseling service. Clients are addicted persons (alcohol, tobaccos, gambling, medication) and their close relatives and friends. Also this clinic treats others mental health problems like stress, depression and sleeping disorder. They arrange seminars about addiction disorders and treatment (medicaments, psychotherapy).

D2 Other relevant services for parents who misuse alcohol

Estonian Labour Market Board (<http://www.tta.ee/index.php?t=2>) has a program called “Kvalifitseeritud tööjõu pakkumise suurendamine 2007-2013” (The Enlargment of skilled labor force in 2007-2013), which gives also help for people who are listed in Estonian Labor Market Board and who have alcohol-addiction. Those people have opportunity to get hypodermic ampul (virtue 1 year) and three psychiatric consultations, which have connected with the ampul emplacement.

Program from Estonian Labor Market Board: contact with Karin Andre (Karin.andre@tta.ee, +372 6257773), who is program manager.

Tallinn Family Center – Family Service: most of their clients have alcohol problem.

D3 Special alcohol treatment services for young people (under18)

Tallinn Children Security Center (<http://www.lasteturva.ee/content/view/111/49/>)

There are 2 centers: Nõmme tee Center and Lilleküla Center. The Lilleküla Center works with children whose families can not take care of them (children are in age 3 to18). The service more specifically relating to treatment services is Nõmme tee, which provides support to 10-18 year olds who have addiction problem (alcohol, drugs). There are three units of which two are for boys and one for girls. In Nõmme tee, the service is provided by a multi disciplinary staff made up of psychologists and social workers and referrals are made through the juvenile commission. A range of interventions are offered including get medical, psychological and pedagogical support. Nõmme tee center (intensive rehabilitation) also provides a structured program which supports young people with their long term goals. The service provides a temporary refuge for them. Workers co-operate with families, if possible (also giving psychological counseling). The interventions are child focused and interventions last between 10-12 months. Aftercare is provided once the young person has left the up to 6-12 months after discharge where they can seek ongoing support form the psychologist. Nõmme tee center works with up to 60 children per annum. In Lilleküla center, there had been ca 2200 children from the year 1993 (this number is higher now, because this data has been taken at the year 2007). Mostly children who get into Lilleküla Center are in age 10 to 14. The service is funded through central government funding and by partners and supporters.

Tallinn Children Hospital: Provides a treatment program for children/adolescents (usually they get into this hospital because they have delirium tremens) and if it necessary then hospital sent those children/adolescents to Tallinn Children Security Center. In this hospital, there is department for children and adolescents who have addiction disorders. This department belongs to the school of psychiatry services. The staff team is made up of psychiatrists, clinical psychologists, social workers, youth workers and nurses. In the process of treating child they tried to give their best that the child find her own motivation and belief for healing. The child is supported in primary aversion process. Beside medical treatment they also use psychotherapy: individual, solution centre therapy, family therapy, cognitive-behavioral psychotherapy. It is important to work with supporting network (meetings). Every client has her own day plan, also individual treatment and rehabilitation plan. At the moment, hospital has opportunity to help only 4 clients at the same time.

Therapy groups for adolescents: for adolescents who have problems in schools, smoking, using drugs and alcohol. Because of those habits/problems they had got into troubles in school, home and other places. Work with adolescents consist group meetings (about 12) and where they can discuss about those themes: why they are in this meeting, what they going to do together, why those meeting are important for them, how to understand myself and how to analyze behavior and other themes. Co-operation with families (probably it would not work with families where are serious alcohol misuse problem). Contact: Urmas Nurk and Marileen Olenko (+372 53019099/6977164, marileen.olenko@lastehaigla.ee)

D4 Specialist services to support Chapaps: In Estonia there are no specialist services to support Chapaps. Only non-governmental An-Anon groups for families but these are not specialized for children and adolescents. But some people in Haapsalu have noticed the necessity to create supporting service for children and adolescents who are affected by parents alcohol misuse, even it is in idea level at the moment.

D5 Relevant services for children affected by parental alcohol misuse

Tallinn Family Center (www.pk.ee) – Families who are targeted to Family Center are usually multiple-problematical families.

There are many services in Family Center:

- Family service (<http://www.pk.ee/?id=22&gid=17&view=page&keel=En>) is for all family (there are social workers and family workers): when in family is alcohol misuse, then social worker tries to find out reasons why parent/s drink/s and he/she or/and family worker gives practical advises (information about opportunities to deal with alcohol problem, which treatment we have in Estonia, services, everyday living). Usually alcohol misuse is one of the main reason why those families get on Family service, others problems (like inability to cope with everyday life, unemployment, violence in family and so on) were usually caused of it.
- Alcoholism is all family disease, so all family members are affected of this. Family members have a threat to become co-addict. So other family members need some kind of therapy or psychological counseling too (how to deal with this problem, how to handle with own emotions) – Psychological counseling service (<http://www.pk.ee/?id=21&gid=17&view=page&keel=En>)
- Day Center (<http://www.pk.ee/?id=23&gid=17&view=page&keel=En>) for children.
- “Big Brother, Big Sister” service and counseling children and youth by internet (www.lapsemure.ee) and phone helping.
- Professional support person (this service belong to Family service).

Children are supported by :

- Helping their parents (counseling, practical advices)
- Working with their emotions (it is important that child understand his/her feelings and also know it is normal to feel bad emotions too, study to cope with those emotions).
- Improving their social skills
- Teaching them how to spent their free time persistently
- Prevention work

Tartu Child Support Center was established as NGO in 1995. It is the first of its kind in Estonia, where a multidisciplinary team is involved in work with abused or/and neglected children and their family members.

Child Support Center aims to prevent child abuse and domestic violence in Estonia, by raising awareness of community, providing professionals with training, and by counseling and treating abused children and their family members.

Center functions are following:

- providing psychological, social and medical counseling, psychotherapy and acute aid in emergency cases to the children and their family members that are exposed to/suffer from violence;
- training of specialists that are engaged in work with children (medical practitioners, social workers, pedagogues, psychologists, juvenile police officers, prosecutors, judges etc.);
- establishing network of specialists in Tartu and spreading the particular model throughout Estonia;
- shaping public opinion towards domestic violence and child abuse issues in our society.

D6 Network help groups for families affected by alcohol misuse

Name of organization	Description of support provided
Family Clubs (http://www.hot.ee/pereklubid/) in the South – Estonia, Tartu and Võru	The purpose is to be support each others, create strong connections and share experiences. Everyone (individual or all family), who has motivation to work with her/himself or/and who is connected with others by having same problems which were caused by alcohol. The club consists of 2-12 families and club assistant, who is neutral observer.
Al-Anon family groups, also internet group	Alcoholism is a family illness, so changing our attitude could help to heal): The first Al-Anon meeting was in Estonia in 1993. In those groups, there are together people, whose relatives or friends have alcohol misuse. Everyone who suffer or have suffered because his/her friend or close relative is

	<p>drinking can join with those groups.</p> <p>Al-Anon group meetings take place in Tallinn, Viljandi and Paide. There are also internet group (alanoon_eesti@yahoo.com Sharing experiences and emotion.</p>
<p>ATL – Alcoholics Adults Children (http://www.hot.ee/atlaps/sisuleht.htm)</p>	<p>Sharing their experiences, strength and hopes. anonymous coterie between men and women to share their experiences, strength and hopes (groups in Tallinn, Tartu and also internet group).</p>
<p>CoDA- Co-Dependents Anonymous (www.health.groups.yahoo.com/group/CoDA-Estonia).</p>	<p>Self help group. There are people who try to get rid of co-dependency and relation dependency. Members are encouraged to discuss the general topic of recovery and to provide a warm and loving place to share how recovery is being carried out in their lives.</p>
<p>Alcoholics Anonymous</p>	<p>is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.</p> <p><i>Contact phone of AA in Estonia: +372 52 999 55</i></p> <p><i>The meeting places of Estonian AA groups: Tallinn (Endla group, Rahu group, Wismari group, Finnish group), Haapsalu (2 groups), Hiiumaa, Jõgeva, Karksi-Nuia, Paide, Põltsamaa, Rakvere, Saaremaa, Tartu, Türi, Virtsu, Võru, Narva.</i></p>

Section D:

- Contact with social worker and family worker in Tallinn Family Center, AVE, self-help groups, Estonian Labor Market Board, Tallinn Children Hospital, Wismar hospital.
- Internet
- It was quite hard to get this information.

E Critique of country response

<p>Strengths</p> <ul style="list-style-type: none"> • Changes in alcohol policy: rising the price of alcohol excise, time limits in selling alcohol, strengthening the supervisory that alcohol is not sold to juveniles and other changes. • Some (media) projects to reduce alcohol consumption (prevention programs). 	<p>Weaknesses</p> <ul style="list-style-type: none"> • There are many programs to prevent and reduce drug and HIV/AIDS distribution, but no understanding in governmental level that alcohol misuse can be the reason why we have so huge problems with HIV/AIDS and drugs and also with gambling addiction (those problems are connected) • Mostly Estonian people have still opinion that alcoholism is a family own problem, so there is no need to make some huge prevention and training programs. • There are very few services for children who are affected by parental alcohol misuse (no special service for them at the moment). Children do not come to Al-Anon family groups. • We cannot help children whose parents are alcoholics in family center until parents are alcoholics (they need treatment, other supportive services, motivation to deal with this problem). • Few services for children/adolescents who have alcohol misuse problem. Alcohol is still easily gettable for them. • Alcoholism is an illness which needs treatment and every kind of supporting, but in real life, alcoholics often do not look some help and if somebody offers that to them, then they could refuse: for example “I do not have money for treatment”, so it is important that there are some educational programs for professionals who tries to help alcoholics and their families. • The legislations do not support children whose parents are alcoholics until alcohol is a legal. The legislation can only “break on”, if parent did something criminal being drunk.
<p>Opportunities</p> <ul style="list-style-type: none"> • To understand that there are some ways to deal with alcohol problem if we could 	<p>Threats</p> <ul style="list-style-type: none"> • Children alcohol misuse is bigger problem as we afraid

<p>understand, that alcoholism is not just a family problem.</p> <ul style="list-style-type: none"> • Create new services for families who already have alcohol misuse problem (all family need attention) or/and promote already existing services. • Some informative/prevention projects: children need information where they can get help and support if there were an alcohol misuse problem in family. • To learn something from others countries experiences and practice them in Estonia. • Government support is needed to make changes. • General regulation of alcohol consumption is an effective way to control negative consequences. 	<ul style="list-style-type: none"> • More drug users and HIV/AIDS positives • Country has lost its control over those huge problems which had been named before. • All those can be consequences if the government cannot understand that we can not solve this problem only by making limits/prohibitions. Alcoholics do not care about those limits: for example – we have alcohol selling prohibition from 22 a.m to 10 p.m, but is not hinder real alcoholic, if he wanted alcohol he finds it some how (new problem – salic vodka). • We cannot only work with person who has alcohol misuse problem, because all family need support. • Services (especially medical treatment) are expensive, so everyone cannot afford them and it is good apology for alcoholics to not deal with this problem.
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F Case studies

Case study 1-Neo-natal

Stage 1. In Estonia, doctors do not have the legal rights to do anything before the child is born. They could talk with pregnant women how their drinking affects their unborn child and they could inform hospital social worker about this woman and advise a mother to be to go to consultation.

Health professionals do all those routinely screen what they always have to do, but they do not make any special screen for pregnant women who have alcohol problem.

Doctors can make suggestion to Annie to visit hospital social worker.

Doctors have only right to direct their clients to others professionals.

Stage 2. There is routinely control when some health professional make home visits or/and mother comes to hospital. If professional noticed that someone has to intervene to this situation, then she/he has right to suggest mother to visit some professional who could help the baby and her mother. Usually hospital social worker keeps contact with mother if she knows that there are problems. Sometimes social worker has to inform child protection worker if she suspected that child could be/is in harm (violence, negligence): this is her/his legal duty to intervene to this situation if child was in a risk of harm.

In Tallinn Family Center there is group for mothers who have lack of knowledges about how to take care of their children. It is one opportunity for Annie and her son.

Annie needs support and counseling (practical, social and psychological): different kind of self-help groups or social workers or psychologist could help her and her child.

Case study 2 – Young child

Stage 1. The most important thing in this case is that teachers notice that something is wrong. Sometimes schools think that if they did not talk about those problems, then there no problems at all. Usually teachers firstly try to talk with this child. If the child did not want to talk about her problems, then usually there are psychologist or/and social workers in the school who are informed about the problem and who also try to talk to the child. When they find out what is wrong or if the child did not want to talk about her mother drinking problems, then school has rights or even duty to take contact with local child protection worker, who finds out the family situation and what kind of services they need. School has duty to notice the situation where child may be at risk because of parental alcohol misuse, but they can not do the investigation (they have no right to do home visits without any child protection workers).

In Tallinn area these kind of families are mostly sent to Tallinn Family Center: to psychological counseling, to the Day Centre (child) and to the Family Service.

Stage 2.

Teacher could:

- ask more questions about this situation
- offer to Joanna to go to talk with school psychologist or social worker
- if it was necessary (when Joanna and her sister are in risk) then the school can give information about this situation to the local child protection workers
- notice the problem, talk about it with Joanna, be there for her, direct.

Joanna needs probably some help from social worker, social pedagogue (help in studying, to improve her behavior and so on) and psychologist can help her too.

Joanna's mother needs psychologist to be able to solve her psychological problems and to be faced with her drinking problem too. Probably they need family service too or some kind of family therapy to improve the relations between family members. Those services are obligatory to family if these were ordained/fixed by child protection worker.

Case study 3- Teenager

Stage 1. If there were not any criminal actions then police can only make a warning to the family and visit this family occasionally to control the situation. Attending school, bullying and drinking is social workers and child protection workers issues, so the police have to inform them about this problematic family.

The housing department cannot do much in this situation, they only can inform the police or child protection about this family.

15 year old adolescent: social workers, child protection workers, juvenile commission – who make clear what kind of treatment and support he needs (usually they ordain to him some community work or Day Center).

Stage 2.

Usually those families are clients of some social services (for example Family service) and things go worse despite of those services then rises up the guardianship issue. If social workers, child protection worker and/or other professionals found that parents are not able to take care of their children, than they could lose their guardianship rights. Children could be sent to hospice.

Exclusion from school: School has the right to do it if he did not complete his duties or ruin constantly school rules. Sometimes there is a chance to avoid the exclusion if boy could prove that he is able to change his behavior, but in this situation and when he lives with his family then it is unlike. He also has drinking problem. Firstly he needs some treatment and psychological support.

Parenting support programs: we have only some supporting services like The Family Center services, support groups but no special programs for those families.

Annex 1

Information on Tallinn Hospital- There are six clinics at the heart of the **East Tallinn Central Hospital**. As the modern hospital the East Tallinn Central Hospital has been constructed to follow a functional organisational structure. The activity is focused around the clinics whose operation is supported by many services and administration. The clinics are built up according to specialities and comprise both inpatient and outpatient care.

Departments of the Women Clinic are: Ante Partum Department, Maternity Department, Newborns Intensive Care Room, Gynaecology Department, Daycare Department, Antenatal Classes and Breastfeeding Counselling, In Vitro Fertilisation Laboratory and Women`s Outpatient Clinic and Youth Counselling.

The Women`s Clinic of the East Tallinn Central Hospital is the oldest maternity hospital in Estonia.

- Piret Visnapuu from **Tallinn Children Hospital** (www.lastehaigla.ee) who suggested us to contact with psychiatrist Anne Kleinberg (anne.kleiberg@lastehaigla.ee; +372 6977312). They both said that in Estonia, there have not made surveys (no statistics) about that how many children in Estonia are affected by parental alcohol misuse and how many children are with foetal alcohol spectrum disorder.

Tallinn Children Hospital is only higher phase specialised child hospital in Estonia, in which are paediatrics departments and also all surgical departments (except cardio-surgery) and children anaesthesiology-intensive care unit department. The main task for this hospital is to give stationary and outpatient specialist help for Tallinn and the North Estonia children.

Beginning from year 2002 this hospital belongs to the network of World Health Organization Regional Office for Europe (WHO) and to the Estonian Health Promote Hospitals (<http://www.terviseinfo.ee/web/?id=2473>).

National Institute for Health Development (NIHD) was established on 1st of May 2003 as a governmental organisation under the Ministry of Social Affairs of Estonia.

The mission of NIHD is the consistent promotion of the health of the Estonian population and the permanent rise of the quality of life through the knowledge-based development and applied research activities.

The main objective of NIHD is the ongoing development of health and continuing improvement of the quality of life of the Estonian population.

The main activities of the NIHD are the research, development and implementation of activities in the health and social sectors:

- fundamental, applied and evaluation research on public health and life quality (including carrying out researches on biomedicine, epidemiology, bio statistics, health economics, occupational health

- and behaviour, measurement of the health status of population groups, examination of impact of health hazards resulting from outdoor environment);
- creation and maintenance of databases needed for the performance of research, development and management of health and social protection, the collection of data for research, analysis and organisation of accessibility of data;
 - making of proposals for the creation of policies necessary for achieving the objective, the preparation of relevant forecasts and development plans, participation in creating strategies for implementing policies within the administration of the Ministry of Social Affairs;
 - development, coordination and implementation of national programs under order of or through agreement with the Ministry of Social Affairs, development and implementation of the action plans needed for implementing strategies;
 - participation in national and international research and development activities through national and international programs, agreements and contracts, and by applying for research and development grants;
 - representation of the state, if needed, in the work groups, networks and committees of the European Union and international organisations related to the areas of health development, social protection and quality of life;
 - collection and analysis of data on health promotion, social protection, health care and their management, publishing and disclosure of that data to the public, ministries and other institutions;
 - organisation and coordination of the evaluation of activities in the area of health promotion and social protection;
 - analysis of the possible impact of legislation and draft legislation, programs and projects dealing with the fields of activity of the NIHD on health;
 - analysis of in-service training needs in the areas of health promotion, social protection, health care and their management, preparation of curriculum and organisation of training, elaboration and publishing of relevant study material;
 - development of quality assurance standards for social and health services and competency requirements for specialists;
 - organisation of research and training events.

NIHD is the partner in Estonian Centre of Behavioral and Health Sciences in the program of Centers of Excellence of Estonian Science.

Wismar Hospital (www.wh.ee): outpatients department (about 4000 clients in a year) and inpatient treatment department (about 2500 clients in a year, 25 bed), circadian (24 hours) doctor in charge, a lab, the instrumentality of command and economy. In the hospital, there are 10 doctors, 2 psychologists, other economic and medicine personal (50 workers). Some services are priced. There are treatment for people who are addicted (drugs, alcohol) and others not mental illness disorders.

Contacted with dr. Jänes (main doctor; +3726620763; valdur.janes@wh.ee), who said that their area is treatment not researches.e-mail: wismari.haigla@wh.ee

Statistics Estonia (abbreviation SE; www.stat.ee) is a government agency at the area of administration of the Ministry of Finance. The main task of Statistics Estonia is to provide the public institutions, business and research spheres, international organisations and individuals with reliable and objective information service on economic, demographic, social and environmental situation and trends in Estonia. Official statistics is in compliance with international classifications and methods. Official statistics is in accordance with the principles of impartiality, reliability, relevancy, profitability, confidentiality and transparency. In producing statistics, Statistics Estonia is guided by the Official Statistics Act. The values that the work of the office is based on are quality, openness and transparency, co-operation and orientation to customers.

Statistics Estonia works in close co-operation with many other institutions, such as the Statistical Office of the European Communities (Eurostat), the UN Economic Commission for Europe (UNECE), the Bank of Estonia, the

University of Tartu, ministries, county governments and local governments. Data providers are important partners of co-operation. Statistics Estonia is a part of the statistical system in Europe and contributes to the development of international statistics.

For providing the information service, official statistical surveys are conducted. A survey means the whole process necessary for producing statistics of a certain field - data collection, processing and publication of statistics. About 150 surveys are conducted annually, besides special orders for users of statistics in Estonia and in foreign countries.

All official statistics are subject to publication and are made available for all users.

We had contact with Aime Lauk (aime.lauk@stat.ee, +372 6259300), who said that they do not have any statistics about how many children in Estonia are affected by parental alcohol misuse and how many children have foetal alcohol spectrum disorder. Aime Lauk advised us to contact with National Institute for Health Development (www.tai.ee).

We tried to get information from **Estonian Alcoholics Anonymous** (<http://www.aestonia.com/index.php?id=27>) and from groups who working with relatives/families of alcoholics (An-Anon family groups, <http://www.hot.ee/alanon/tutvustus.htm>).

We had contact with Ülle (ulleku@hot.ee) who said that they do not have statistics (because it is not their area, anonymity aspect).

Non-profit organisation **Tallinn Crisis Centre for Women** (www.naisteabi.ee) which helps women who fall victims of violence in the close relationships, in case of need – together with their children.

They can offer:

- the safe shelter where to spend the night in case of danger of violence or after the impact of violence
- psychological aid in crisis and the following advice after leaving the asylum, in case of need – up to three months
- psychological aid in crisis for those women and their children who suffer from violence in the relations of partnership, but who are not in need of the temporary shelter
- aid in contacts with the official institutions (the Social and Healthcare board, the Police, the Office of public prosecutor, etc.), in case of need – legal advice in making statements and applications
- information about the judicial problems and opportunities for solving them (children's allowance, divorce, contacts with the court, division of property).

The staff of the Crisis Centre have united people of different background and training, whose mutual target is to offer the professional aid at the good practical level to the women who fall victims of violence in their close relationships.

Contacted with Ülle Kalvik (member of the board, psychologist; tallinn@naisteabi.ee) who said that we can contact with psychologist Helve Kase and Iiris Pettai (from Institute of Estonian Open Society), where they did the research about the violence against pregnant women. Also she recommended to ask information from the Union of Midwives (<http://www.ammaemand.org.ee/>). We had contact with Iiris Pettai (iiris.pettai@neti.ee) who have not made any research about alcoholism. We did not get any information from the Union of Midwives (elina@ammaemandakeskus.ee).

The Hospital of Tartu University (<http://www.kliinikum.ee/eng/>): we had contact with Kristiina Rull (Kristiina.Rull@kliinikum.ee, +372 5073035, doctor and academician): they have not made any research about alcoholism, but the study the determinants which have influence for child birth weight (and there is a question about using alcohol when women were/are pregnant).

The Hospital of Tartu University mission is to ensure the continuity and development of Estonian medicine through high-level integrated medical treatment, training and research. In brief, the Hospital is the flagship of Estonian medicine.

The goal of the Hospital is to provide high-quality medical care for patients and training facilities for University students and medical staff and to develop medical science in co-operation with the University.

In order to achieve its goal, the Hospital:

- Provides institutionalised and outpatient medical care and related services for all Estonian citizens, residents and visitors to the country on terms and conditions and to the extent specified in appropriate laws and contracts;
- provides other healthcare-related services under contracts signed by it;
- ensures the high quality of health services and if necessary conducts appropriate examinations;
- works out, develops and tries new diagnostic and treatment methods and tries new medications;
- co-operates with other Estonian institutions involved in healthcare, professional unions of health and social workers and other voluntary associations and international organisations operating in the same area;
- allows Tartu University to use its premises for training and scientific purposes on the basis of a contract between the University and the Hospital, gives the academic staff of the Faculty of Medicine a chance to work in the Hospital as practising doctors and develops co-operation with the health institutions of other countries' universities;
- Conducts healthcare research and methodical work;
- Ensures compliance with health protection, labour healthcare and labour safety conditions necessary to provide health services;
- Develops technical facilities and infrastructure necessary for its work and ensures their proper functioning;
- Acts as an employer for its staff;
- Keeps accounting and statistics;
- Provides possibilities for the self-realisation of the staff in their profession, art, culture and sport, thereby increasing their efficiency.

Ministry of Social Affairs: We had contact with different people (sirje.bunder@sm.ee), but they all suggested us to ask information from National Institute for Health Development (NIHD). Ülla-Karin Nurm (she is a chairwoman of National Health Department) gave information about ministries.

It was not quite hard to find those institutions and people who might know something about the issues from section A. We found out that in Estonia there are many statistics and researches about the policy of alcohol and about Estonian drinking habits, but there are no information (data) about how many children in Estonia are affected by parental alcohol misuse. Also we do not have any overview about how many children are with foetal alcohol spectrum disorder.

Students from The University of Tallinn (<http://www.tlu.ee/?LangID=2>) have done some research about alcoholism:

- Alcoholism, the treatment and rehabilitation opportunities in contemporary Estonia (2001, Riina Ots)
- Person who has co-addiction of alcohol misuse: his/her mental health (2006, Ulvi Seermaa)
- Alcohol problems in the family among children experiences by Tallinn example (Karin Streimann, 2007).
- Rehabilitation opportunities to adolescents who have addiction problems in Estonia (Meelis Zujev, 1999).
- Alcohol dependent female client – services supporting coping (2001, Merle Tomberg).

These researches are in the University. Unfortunately we did not get any information from the University of Tartu, but these are students works. We did not find some major/national research about this issue (children who are affected of parents alcohol misuse).

FINLAND COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	
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Surveys conducted in 1994 and 2004 by the Fragile Childhood Programme in the A-Clinic Foundation

The A-Clinic Foundation's Fragile Childhood programme conducted a survey in 1994, interested in the prevalence of children living in alcohol families. The sample consisted of 491 men (weighted 482) and 519 women (weighted 528), 1010 respondents in all. It was then determined that far more many Finns were exposed to excessive use of alcohol by their parents than was suspected before. The main finding was that one in every ten Finns had been through this experience.

The survey was repeated in 2004. The data represents Finns aged 15 and over, excluding the population of the Aland Islands. The sample consisted of 473 men (weighted 485) and 532 women (weighted 520), 1005 respondents in all.

The questions of the new survey were phrased in the same way as in the previous survey, albeit some of the conventional background questions had changed. The new tables, based on the two data sets, have been calculated in a uniform manner, using more decimals for weighted values than in the 1994 reports.

The main, practically unchanged, finding shows that one in every ten Finns has grown up in a home where excessive use of alcohol or some other parental abuse problem caused problems or harm. In other words, the survey reveals that approximately half a million Finns have as a child been exposed to harm caused by the excessive use of alcohol or other drugs by their father, mother, or both.

Limitations to the data: The sample is rather small in size, and the answers are based on the respondent's subjective experience, meaning that it is left to respondent to assess whether or not they have grown up in an alcohol family (although some may say that this is an adequate indicator).

Type of information	Prevalence and brief description*
Survey data	One in every ten Finns had grown up in an alcohol family. The information was collected in two surveys in 1994 and in 2004, and the sample in both consisted of just over 1, 000 respondents.

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	
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According to chief physician Seppo Heinonen of the Kuopio University Hospital (a presentation at a substance abuse seminar in 2008), less than ten FAS-cases has come into the knowledge of the deformity register in the last decade. According to research only 10 % of FAS-children are correctly diagnosed. This would mean that one in every 1, 000 newborns would have FAS (a total of 60) and two in every 1,000 would have partial FAS (a total of 120).

Calculated via international assessment and data, there would be 520 FAS-, FAE- and ARDS-children in Finland. Another research, from Turku, suggests that 6 % of pregnant women have a substance abuse problem, which would mean 3000 fetus exposed to substances per year.

According to Halmesmaki & Autti-Ramo (2005), 70 babies with classis FAS, 130 with FAE or partial FAS and 400 with a central nervous system diorder or a deformation due to an occasional intoxication during pregnancy.

Section A- Please answer

- Which organisations/ professionals were involved in answering section A?

The employees of the Fragile Childhood project (Teuvo Peltoniemi, Shirley Hubara and Minna Ilva), researchers and professors from Helsinki University Hospital (Taisto Sarkola), and the experts in the Social Insurance Institution in Finland (KELA) (Ilona Autti-Rämö).

- What references/sources of information/ literature were used in the preparation of section A?

Halmesmaki, E. & Autti.Ramo, I (2005; 121): Fetaalialkoholisyndrooma: voidaanko lapsen ennustetta parantaa?

Heinonen, S. (2008): Päihteiden aiheuttamat sikiovauriot ja tahdonvastainen hoito – ojasta allikkoon? Presentation for a seminar organised by Finnish Centre for Health Promotion in Kuopio 17 September 2008.

Peltoniemi, T. (2005): Fragile Childhood 1994–2004 (<http://www.lasinenlapsuus.fi/f/english/>)

- How easy/ difficult has it been to collect this information for section A?

The data for A1 was readily available, so it was easy to collect, A2's data was rather limited (*see also under weaknesses*)

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)? Please explain in detail using **Appendix A** attached. If you are including details on large-scale and/or influential/important studies, please also attach relevant abstracts in English.

Appendix A (B1) Research

1. Please briefly describe what methodology and search engines you used to find out the information

Numbers 1-4 were known, as there are very few made on ChAPAPs in Finland. 1-3 are based on Doctoral thesis. Number 4 is a survey conducted by Fragile Childhood. Number 5 was found with a search engine of the Helsinki University library.

2. Complete the table below filling in as much details in regards to the various headings.

Reference	Summary and Research Question	Methodology	Findings		Recommendations	Limitations
			<i>Mental Health</i>	<i>Physical Health</i>	Finding:	
1) Life of Children Exposed to Alcohol or Drugs in Utero. Koponen, Anne. Publishers: The Kotu Research Publications 5 Finnish Association on Mental Retardation. ISBN 951-580-417-5 [Research in	This study focused on the the growth environment, physical development and socio-emotional development of children, aged 16 and under, who had been exposed to alcohol (n=78) or drugs) in utero. The aim of the study was to obtain a comprehensive picture of the living conditions of these children and to examine the role of the growth environment in their	The study was carried out using questionnaires written life stories and interviews (from child protection social workers and care takers of the children). The kvantitative data consists of children	Four of the children exposed to alcohol were mentally handicapped and 9 % were mentally impaired. Language and speech problems and attention, concentration and social interaction problems were typical among both the children exposed to alcohol an those exposed to drugs. All of the children who had	Over half of the children exposed to alcohol were diagnosed with foetal alcohol syndrome (FAS), one quarter was diagnosed with foetal alcohol effects (FAE) and one fifth had no diagnosis. One in two of the children exposed to alcohol had been found to have at least one chronic illness or disability. The most common of the illnesses or disabilities among children exposed to	From the point of view of children's development, the three most critical issues were 1) the range of illnesses and handicaps that had impaired their functional capacity as a result of their	Recognising and finding children exposed to substance misuse in utero is problematic. Not all children have been diagnosed and registered so exact numbers are unknown. Representative

<p>Finnish, only abstract available in English]</p>	<p>development.</p>		<p>lived with their biological parents had traumatic experiences. In biological families there had been neglect, violence, mental health problems, crime and unemployment, and many parents were already dead. Two of the children has been sexually abused and four were suspected of having been abused.</p>	<p>alcohol were congenital hear defects, eye and sight diseases and disorders, and various physical malformations.</p>	<p>prenatal exposure to alcohol 2) the child's age at the time of placement on a long-term basis and 3)the number of their traumatic experiences.</p> <p>Children at foster parents did not receive as much therapy for the children and support for the upbringing as they appear to have needed.</p> <p>In Finland, transfer to long-term custody is based on strict criteria. The</p>	<p>sample is unimpossible to get. Small size of data did not allow for multivariate analysis. Collecting data from kindergardens or schools was not possible due to limited resources.</p>
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					rights of children prescribed in the child protection law are not fulfilled in practice	
<p>2) Twelve year follow-up of children exposed to alcohol in utero. Autti-Rämö, Ilona.</p> <p><i>Developmental Medicine & Child Neurology</i> (2000), 42 : 406-411 Cambridge University Press</p> <p>doi:10.1017/S0012162200000748</p>	<p>Eighty-two women who were consuming alcohol while pregnant attended a special clinic at the University Central Hospital, Helsinki with the aim of reducing heavy drinking during pregnancy. The children born to these women were followed up regularly. During their preschool years the children were assessed to have fetal alcohol syndrome, fetal alcohol effects, alcohol-related neurodevelopmental disorder, pre- and/or postnatal growth retardation, or they were assessed to have normal cognitive and somatic growth. Of the original children, 70 of 82 could be traced at the age of 12 years.</p>	<p>Through semistructured interview and contact with the health and social care authorities, information was gathered about schooling, family structure, whether help had been sought for behavioural difficulties and major adverse events in the family.</p>	<p>The longer the intrauterine alcohol exposure and the more severe the diagnosis related to prenatal alcohol exposure, the more often the children required special education, were temporarily or permanently taken into care, and had behavioural problems.</p>		<p>There is a considerable need for prolonged multidisciplinary follow-up and support of all children whose mothers have not been able to reduce drinking in early pregnancy, whether or not cognitive disturbances are evident in early childhood.</p>	

<p>3) Childhood experiences of living with problem-drinking parents.</p> <p>Maritta Itäpuisto. Kuopio University Publications E. Social Sciences 124. 2005. 156 p.</p> <p>ISBN 951-27-0363-7 [Research in Finnish, only abstract available in English]</p>	<p>This research deals with the question, "What kinds of experiences arise from living one's childhood with problem-drinking parents (PDP)?".</p> <p>The first aim of the research is to describe what it is like to live with drinking parents. Secondly, coping and the activity of the child is considered. The results are reflected against earlier research and the idea of co-dependency. The third aim of the research is to look critically at the terms that are used to describe this problem. The theoretical background is drawn from C. Wright Mills' sociology and the sociology of childhood.</p>	<p>The empirical data consist of interviews and written material produced by people who have personal experience of this issue. They have lived their childhoods with either one or two problem-drinking parent/s</p>	<p>Informants say that people outside the family have not been very supportive.</p> <p>'Labelling' and 'rejection' are the terms used in this research to describe their behaviour.</p> <p>Both adults and other children have labelled the child of the PDP. One of the main tasks of the research was to look at the activity of the child him/herself. Informants tell of many things they have done in their childhood in order to cope, to protect themselves, to protect other people and to handle different kinds of tasks.</p>		<p>In the discussion section, attention is paid to the fact that childhood is not visible in alcohol research. Relevant, important research questions are introduced in the last section. As the last task of the research, the practical questions of helping the children of PDPs is considered.</p>	<p>The informants for this research can be thought to be assorted (they wished to write on their experiences)</p> <p>A sensitive issue being in question, some people did not wish to be interviewed. The cultural and historical context has to be considered as limitation as well (some people interviewed had experienced childhood decades ago).</p>
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<p>4) Children in alcohol and drug abusing families in Finland 1994 and 2004</p> <p>Teuvo Peltoniemi. A-Clinic Foundation, Tiimi 2; 2005 supplement. [translation to English]</p>	<p>The most important research question of the Fragile Childhood surveys deals with the prevalence of the phenomenon of substance abuse problems in childhood homes and harms related to it.</p> <p>The question is approached through subjective experiences, that is, the respondent him/herself assesses whether there was a substance abuse problem in their childhood home and whether it caused them harm during childhood and possibly. also as an adult.</p> <p>The substance abuse family is a very common, yet an underestimated problem. It has not been widely understood how much parental substance abuse influences the children's emotions, life choices and</p>	<p>The new Fragile Childhood survey was conducted with the help of TNS-Gallup Spring 2004. The data represents Finns of the age of 15 and over, excluding the population of the Aland Islands. The sample consisted of 473 men (weighted 485) and 532 women (weighted 520), 1005 respondents in all. The new data is very similar to the data of 1994, which was collected by the Finnish Gallup in August and September of 1994.</p> <p>The 1994 sample consisted of 491 men (weighted 482) and 519 women (weighted 528), 1010 respondents in all. The questions of</p>	<p>Having to witness family fights and disagreements were the most common harms during the childhood of Finns who lived in an alcohol or drug abusing family. They were mentioned by one in two in 1994 and one in three in 2004. Decreased feelings of security were also common, especially in 2004 (42%).</p> <p>Other strong themes included fear of one's parents as well as feelings of anxiety and depression. The problems can be divided into four groups: 1) insecurity and fear, 2) general negative feelings about oneself, 3) harms experienced outside of the family, such as doing poorly at school, and 4) harms related directly to</p>	<p>The relationship between the respondents' own alcohol consumption and living in an alcohol family is analysed in Figure 11. It reveals the expected connection, albeit the differences are not large. Children of alcohol families use more alcohol than children who grew up in families where alcohol was moderately consumed. Descriptions of alcohol use would, however, require more extensive data and analyses.</p>		
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	<p>later substance use, both during childhood and later in life.</p> <p>One in ten Finns has lived in an alcohol family. When compared to the overall increase of alcohol consumption, it may seem that the situation has improved slightly, but in practice the continuing prevalence of alcohol families is worrying.</p>	<p>the new survey were phrased in the same way as in the previous survey, albeit some of the conventional background questions used by Gallup had changed. The new tables, based on the two data sets, have been calculated in a uniform manner, using more decimals for weighted values than in the 1994 reports.</p>	<p>substance abuse, which are relatively rare with children. Living in an alcohol family is depicted as a time of insecurity, fear and loneliness.</p>			
<p>5) "It's harder for that kind of child to get along". The life situation of the children exposed to alcohol in utero and taken care of by society, their risk and protective processes.</p>	<p>The research task was to describe and to assess the life situation of the individual child exposed to alcohol in utero and to assess holistically the risk and protective processes with the mediating mechanisms in the life situation of the group of the children. The mediating mechanisms in</p>	<p>The research is multiple case-study, and in the data there were eight children. All the children were being taken care of by society. The child's developmental context was studied with ecological</p>	<p>The mediating mechanisms that might increase the risk processes to all children were focused on the child protection system, the exposure to alcohol in utero as a problem for children and special education as increasing their deviance. The mediating mechanisms in protective processes were the personal qualities of the children, foster care and the positive features in special education. To study these processes and ecological assessment it is possible to capture the basis of child-centered assessment when the problems are seen, but the mediating mechanisms and the strong, protective poles, too. Then it is possible to plan other interventions than medical to prevent problems and to educate and to teach children in a natural environment, especially to change the</p>			

<p>Viittala, Kaisu</p> <p>Jyväskylä Studies in Education, Psychology and Social research 180. Jyväskylä 2001, ISBN 951-39-0932-8.</p>	<p>protective process are reduction of risk impact, establishment and maintenance of self-esteem and self-efficacy and opening of opportunities.</p> <p>The mediating processes for risk processes are called vulnerability; they are the negative pole of the same processes.</p>	<p>assessment in a natural setting by interviewing fosterparents, teachers, social workers and therapists. The data was gathered, although limited, with non-participatory observations, too. There were 35 interviews, 6 of the children were interviewed. Because of the social workers` recommendation 2 children were excluded from these data collections. The data was gathered over a period of six months in 1995 and 1996. The data were analysed inductively and qualitatively by using the model developed in the themes in the data. It is interpreted</p>	<p>environments.</p>
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		<p>from adulthood, making a stand for the child. The life situation of every child is described in the case studies and an assessment of the risk and protective processes with mediating mechanisms was made for all the children.</p>	
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B2 Please indicate any results which have particular relevance for:-

- i) increasing understanding of the links between child health and parental alcohol misuse
- j) policy, service and professional development

Anne Koponen (2006) has concluded in her doctoral thesis that children who had been affected by their parents' alcohol abuse and who lived with foster parents did not receive therapy and support in their upbringing as they would have needed.

According to Fragile Childhood surveys conducted 1994 and 2004 the substance abuse family is a very common, yet an underestimated problem. It has not been widely understood how much parental substance abuse influences the children's emotions, life choices and later substance use, both during childhood and later in life. One in ten Finns has lived in a family where substance misuse has caused harms as a child or has affected later life. (Peltoniemi 2005 Appendix A)

Erja Halmesmäki and Ilona Autti-Rämö (2006), both medical doctors and researchers specialised in FAS syndrome, have concluded that in their knowledge there is no case where alcohol misuse of mother-to-be would have led treatment actions against mother's will. The Act on Welfare for Substance Abusers (article 10) enables involuntary treatment for 5 days when persons own health or life is in danger. According to the Finnish law, fetus is part of mother and has full human rights only when born. However, based on this article, the law applies to the involuntary treatment of pregnant mothers. Based on researchers' experiences, substance abusing pregnant mother often does not understand fully how much alcohol harms the baby. Halmesmäki and Autt-Rämö conclude that child who has been diagnosed with FAS should be helped by organising a safe and good environment to grow up in, and support and rehabilitation should be organised based on his/her individual needs.

According to a survey conducted by the trade union of social workers, Talentia, and the Central Union for Child Welfare in Finland (2008), in which social workers were asked to evaluate the implementation of the new Act on Child Welfare which came into effect January 1, 2008, 86.9 % of the respondents felt that children are not taken into consideration enough in alcohol and substance abuse services provided to their parents (http://www.talentia.fi/files/4765_Lastensuojelulaintoteutuminen.pdf).

Another survey conducted by Finnish Centre for Health Promotion among the municipal and NGO leaders shows that 90% of the respondents predict that rising alcohol misuse will have especially a harsh effect on the child protection. 70% of the respondents see the costs for child protection will rise in the future. The concern over the resources in child protection, substance treatment, and health is mutual. There is no positive development in sight the survey report states. In a years time the problems have escalated and this trend seems to continue. "The bigger the municipality the bigger is the anguish of the children" headlines the survey.

Substance barometer was published in 2007 for the 8th time by Finnish Centre for Health Promotion and 136 Municipal and leaders had taken part of it.

<http://www.tekry.fi/timage.php?i=100638&f=2&name=P%E4ihdebarometri+2007+tiedote.pdf>

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health. Please use **Appendix B**

Appendix B (B3) Other relevant Research

1. Please briefly describe the methodology and search engines you used to find out the information

The information was brought forth in the form of a press release by the Police Academy.

2. Complete the table below filling in as much detail as possible.

Reference	Research Question	Methodology	Findings	Recommendations	Limitations
<p>Ellonen, N., Kiviuri, J., Kääriäinen, J.: Lapset ja nuoret väkivallan uhreina</p> <p>A research on children and adolescents as victims of violence</p>	<p>The purpose of this study is to pull together the current, rather patchy, quantitative data on violence against children in Finland. Based on the available data, this report aims to reveal how common violence against children is in Finland and to which way trends are evolving. In addition to actual violence, this study</p>	<p>A school survey to 12 and 15-year-old sixth and ninth-graders. 13 515 responses.</p> <p>This study approaches the issue through register-based data and data gathered from direct questionnaires. Register-based data</p>	<p>Violence by unfamiliar adults towards children is extremely rare. Many children see violence at home. Every seventh sixth-grader and every sixth seventh-grader says that they have seen violence at home towards their mother, father or sibling. The research shows that violence between parents and violence towards children are connected: if there is violence in the family, each member gets their share.</p> <p>Substance abuse of the child or the parent, arguing of the parents and a low economic status of the family predict the build-up of violence. The child's criminal behavior increases his/her risk of becoming a victim of violence. However, educational level, employment status, ethnicity and structure of the family explain experiences of violence weakly.</p> <p>Finnish children and adolescents experience violence</p>	<p>On the basis of the research, a mean of consistent monitoring of violence towards children is under development.</p>	

	<p>also examines punishing children, attitudes toward punishing, as well as children's fears and feelings of insecurity.</p>	<p>is produced as an offshoot of activities engaged in by the authorities and therefore provide a picture of the activity level of authorities, and of how actively citizens resort to services provided by the authorities.</p> <p>This information needs to be taken into consideration also when we examine violence against children with the help of register-based data.</p>	<p>more often than Finnish adults.</p>		
<p>Mäkelä Pia, Österber, Esa, Upward trends in alcohol consumption and related harm in Finland <i>Nordic</i></p>	<p>Aim was to study whether the development in the rates of harm still follows the development in per capita alcohol consumption, and to clarify the relationship between alcohol consumption and related harms by paying attention to</p>	<p>DATA</p> <p>Statistics on alcohol consumption and alcohol-related harm associated with the maintenance of public order and safety, alcohol-</p>	<p>No particularly useful statistics exist on the alcohol-related harms to the drinker's family. Information on the occurrence of foetal defects is available only from individual studies; child neglect cannot be measured; and time series on domestic violence are not available. Although statistical information is available on the number of children placed outside the home and taken into care, cases involving alcohol are not distinguished from other cases. Specific studies have shown that sub-</p>	<p>One way in which harm rates could grow less than per capita consumption would be that the distribution of alcohol consumption would become more even.</p>	

<p><i>Studies on Alcohol and Drugs</i> vol. 24. 2007 . Supplement</p> <p>http://nat.stakes.fi/NR/rdonlyres/F262251-CB5E-4814-A024-9B52A33A0405/0/NAT_Supplement_07_web.pdf</p>	<p>third factors affecting this relationship.</p> <p>ANALYSIS In the last 15 years, alcohol consumption in Finland first decreased during the economic recession of the early 1990s, and then increased almost constantly. Some harm series roughly followed these consumption trends, and for some others the connection with alcohol consumption became obvious when the effect of some third factor was taken into account. Harm rates also increased in 2004 when alcohol consumption increased by 10% after a decrease of alcohol excise duty rates of 33% on average.</p>	<p>related deaths and hospitalizations, and treatment for alcohol problems</p>	<p>stance abuse of parents is among the most important factors contributing to the need for child welfare interventions (Kivinen & Heinonen 1990; Heino et al. 2002; Mellin et al. 2006).</p> <p>In the observation period, child welfare interventions have increased constantly. The number of children taken into care increased by a third, and the number of other children placed outside the home increased one-and-a-half fold from 1990 to 2004. Trends in the number of children placed outside the home do not follow trends in alcohol consumption, particularly not in the first half of the 1990s. During this period, a more significant contributory factor to the number of children placed outside the home was certainly the economic recession with its consequences. Nevertheless, the number of children taken into care is increasing more rapidly in the 2000s than in the first half of the 1990s, coinciding with the development of per capita alcohol consumption.</p>	<p>Finland</p> <p>However, the evidence of the growth of serious alcohol-related harm in 2004 seems to suggest that rather than being more evenly distributed, alcohol consumption may after the tax cut be even more concentrated than before.</p> <p>Alcohol-related harm could also increase less than expected if drinking habits became less harmful and less intoxication-oriented. Such developments have been awaited and desired by politicians and the media alike, but so far no convincing evidence exists in Finland of such</p>
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				changes.	
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The Effective Family and Beardslee Preventive Family Intervention research

The research conducted in the Effective Family project compares the Beardslee Preventive Family Intervention and the 'Let's Talk about Children' working model. An outcomes study aims to find out which families benefit most from the more resource-intensive Beardslee Preventive Family Intervention and which families receive sufficient support through the shorter Let's Talk about Children intervention. The research data are collected in co-operation with psychiatric and primary health-care units around Finland. The study, a follow-up study based on questionnaire data, involves 118 families, all with a parent receiving treatment for an affective disorder and a child aged 8-16. The families are randomised into the research groups. .

The project also runs a study on family intervention processes, drawing on video and audio recordings of Beardslee Preventive Family Intervention sessions.

Furthermore, it conducts research on and assesses the embedding of new preventive working methods targeted at children and families, analysing their impacts on the service delivery system and work practices.

The research on preventive interventions involves on-going thesis work with special research groups: Talismaani. The group is led by Professor Raija-Leena Punamäki from the Psychology Department of Tampere University and Tytti Solantaus, a Development Manager from STAKES.

<http://info.stakes.fi/toimivaperhe/EN/research/research.htm>

School Health Promotion Study

The aim of the School Health Promotion (SHP) Study, launched in 1995, is to strengthen the planning and evaluation of health promotion activities at the municipality and school levels. While The National Research and Development Centre for Welfare and Health (STAKES) takes care of the data collection and reporting, the responsibility for the interpretation and practical use of data lies with municipalities and schools.

Contact information: Senior Researcher Minna Pietikäinen tel. + 358 9 3967 2636 or 050 3407 933, e-mail firstname.lastname@stakes.fi

The questionnaire covers living conditions, school as working environment, health-related behaviour (e.g. nutrition, smoking, use of alcohol and drugs, sexual behaviour) and health (e.g. diseases and symptoms, depressive mood).

The data is gathered by an anonymous classroom questionnaire in all 8th and 9th grades of secondary schools and 1st and 2nd grades of high schools. The data is gathered biannually in April. The age range of the respondents is 14 to 18 years. About 90% of the municipalities join in the School Health Promotion Study: even-numbered years: provinces of Southern Finland, Eastern Finland and Lapland odd-numbered years: provinces of Western Finland, Oulu and Åland 158 200 respondents in 2004/2005; 80% of all pupils in comprehensive schools, 69% of all students in high schools.

Note: New In the 2008 survey is that there is also a question: "Does any one of your close-ones misuse substances, and if yes does it cause harms to you?"

<http://info.stakes.fi/kouluterveyskysely/EN/index.htm>

Finnish Drinking Habits Survey

The Drinking Habits Survey gathers information on the patterns, effects and consequences of alcohol use and alcohol attitudes among Finns. The Drinking Habits Surveys are closely linked to the alcohol policy pursued in Finland. The first surveys in 1968 and 1969 were specifically aimed to assess the impact of the 'Medium Beer Act' and other reforms of the alcohol legislation, effective in early 1969.

The Drinking Habits Surveys have given rise to a multitude of research reports and other publications. In 2002, a compact table report appeared that presented the principal findings of the 2000 Drinking Habits Survey and comparisons with the previous surveys (STAKES, Aiheita 3/2002). The Drinking Habits Surveys have provided information for comparisons in several international projects, including the International Research Group on Gender and Alcohol (IRGGA); Gender, Alcohol, and Culture: An International Study (GENACIS); and ECAS projects. The survey datasets are still being analysed based on new research questions. Responsible researcher: Heli Mustonen. Other members of the project group: Leena Metso and Pia Mäkelä.

<http://groups.stakes.fi/WebPage.aspx?NRMODE=Published&NRORIGINALURL=%2fAHTU%2fEN%2fDrinking%2ehtm&NRNODEGUID=%7bA28D6075-5225-4EEE-AF7B-312977D4DE6C%7d&NRCACHEHINT=NoModifyGuest>

Alcohol and Drug Monitoring Surveys

The Alcohol and Drug Monitoring Surveys aim to provide information on changes in the prevalence and use patterns of alcohol and drugs. They also gather information on various perceived harms, alcohol attitudes and drug-policy views.

The Alcohol and Drug Monitoring Surveys appear in a series where the emphasis alternates between alcohol and drugs in different years. The first survey was conducted in autumn 2002, with a drug emphasis, and the second in autumn 2004, with an alcohol emphasis. The next surveys are to be conducted in 2006 and 2008.

The surveys target Finns aged 15-69. The information is collected by mailed questionnaires that are returned anonymously. The participants are selected by random sampling from the population register. The information is collected by Statistics Finland, and the researchers are not aware of the respondents' identity at any stage.

The Alcohol and Drug Monitoring Surveys provide monitoring information for administrative purposes, as well as material for scientific analyses of alcohol and drug trends and background factors. The results of the surveys have been presented in, for instance, the Yhteiskuntapolitiikka journal (3/2003 and 3/2005).

Researchers: Pekka Hakkarainen, Leena Metso, Heli Mustonen and Pia Mäkelä

<http://groups.stakes.fi/AHTU/EN/Alcohol.htm>

Research articles

Severe alcohol-related problems in Finland

The number of deaths from alcohol-related liver cirrhosis has accelerated in Finland, increasing by some 50 per cent from 643 to 978 between 2003 and 2006. In Norway and Iceland the number of deaths per capita is much lower. Also in Finland the number of deaths due to alcoholic poisoning clearly exceed that of the other two countries.

Nordic alcohol statistics 2003–2007 <http://nat.stakes.fi/NR/ronlyres/BF1B2AA4-B7F8-446B-B5B6-1CBF03A7D06A/0/NodricStatistics.pdf>

Is growing alcohol consumption without an increase in harms possible?

It has been a matter of great puzzlement and debate in Sweden that the growth of alcohol consumption since the late 1990s has not led to an equivalent increase in alcohol-related deaths. Is the well-known link between overall alcohol consumption and related harms eroding?

The development of alcohol-related harms in the Nordic countries is dealt with in [Nordic Studies on Alcohol and Drugs NAT](#). New light is also shed on the situation in Sweden by examining not only deaths but also other types of harms, and the regional development of harms. The table below summarises the key findings for the most common harms. Stakes Newsletter 3/2007. <http://info.stakes.fi/uutiskirje/EN/0703/e2e.htm>

Master thesis titles

A Child's perspective on services for substance abusers. A study on how to take a child of substance abuser family into consideration while giving specialist services for substance abuser. Saila Kallio, Master thesis, University of Kuopio, Faculty of Social Sciences, May 2007.

That adult won't betray me – views from the occupational therapy with children living in a risky environment. Bachelor of occupational therapy. Virpi Anttila and Piia Hänninen, Helsinki Polytechnic health care and social services, Spring 2007.

Multiprofessional Co-Operation in the Field of Child Welfare. Riitta Kyllönen, Jaana Pynnönen. Faculty of Social Sciences University of Kuopio, April 2007.

Section B Please answer

- Which organisations/ professionals were involved in answering section B?
Minna Ilva, Shirley Hubara and Teuvo Peltoniemi who all work in the Fragile Childhood programme.
- What references/sources of information/ literature were used in the preparation of section B?
There is very little research in Finland on the health effects of parental alcohol use on children. The research could be searched easily either from our own book shelves or by using search engines. We mainly used the very few doctoral theses there is. Ms. Hubara also sent emails to Universities to see whether there are theses in the making on these issues.
- How easy/ difficult has it been to collect this information for section B?
Some articles on FAS related issues we could not gain access to in time but these are listed in Appendix A (B1).

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	
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The Ministry of Social Affairs and Health -> the National Research and Development Centre for Welfare and Health (Stakes) -> the National Alcohol Programme <- Finnish government

In Finland, the Ministry of Social Affairs and Health has the main responsibility for alcohol misuse. Under its supervision functions the National Research and Development Centre for Welfare and Health (Stakes), an expert agency whose key functions are research, development and statistics. Stakes is the responsible for coordinating the National Alcohol Programme, which is the most important strategy in increasing preventive work to limit the harm caused by alcohol abuse.

The first Alcohol Programme was introduced in 2004, and it ended in 2007. It was based on a government principle decision to address the main negative trends of alcohol use and consumption. Its main aims were to create a strong base of cooperation throughout society to moderate alcohol use and diminish the harmful impact of alcohol use on child and family welfare. Although the government was the initiator and Stakes the coordinator, many actors were involved in the planning and implementation of the programme. These included municipal authorities, churches, NGOs, health and social sector professionals and the restaurant trade.

The new Alcohol Programme will run from 2008 to 2011. In the Government Programme of Prime Minister Matti Vanhanen's second Cabinet, it is stated that the National Alcohol Programme will be continued to be pursued by improving the efficiency of preventive measures by adopting early intervention as a permanent policy in primary and occupational health care. Taxes on alcoholic beverages and tobacco products will be raised in an attempt to promote public health.

The Ministry of Social Affairs and Health -> the Advisory Board for Substance and Sobriety Affairs

The Advisory Board for Substance and Sobriety Affairs also functions under the supervision the Ministry of Social Affairs and Health. Its main tasks are to keep up with substance and sobriety affairs, offer statements on plans and development programmes concerning them and deal with general planning and development issues of substance and sobriety policies. The Advisory Board can also compile or order reports and publicity material, generate research and development programmes, make necessary initiatives and presentations and statements on issues in its field.

The National Public Health Institute (KTL) -> the Alcohol Research Centre (ATY)

The National Public Health Institute (KTL), that will soon undergo a merging with the aforementioned National Research and Development Centre for Welfare and Health (Stakes), is the home of the Alcohol Research Centre (ATY). Its objective is to provide Finnish society with scientific information about alcohol and drugs. The Alcohol Research Centre (ATY) studies the relationship between heavy alcohol and drug use and general health, functional capacity and quality of life. It also studies new substance abuse treatments and evaluates currently used therapies.

Responsibility for alcohol misuse taken at regional rather than central level:

The Pakka Project for Local Alcohol Policies

Pakka is an alcohol policy-oriented research and development project and it is a part of the National Alcohol Programme. Its main objective is to optimize regional and local prevention of harm caused by alcohol.

The Pakka project's means to reaching its goal include controlling formal and informal availability of alcohol, intensifying the supervision of the alcohol trade, education, activating citizens, authorities and decision-makers.

The actors include municipal and provincial organizations, municipal federations, NGOs, trade organizations and the police.

C2 Is there a government department with responsibility for chAPAPs?

Yes	
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The Ministry of Social Affairs and Health -> the Ombudsman for Children <- an Advisory Board

The Ombudsman for Children is an independent authority working in conjunction with the Ministry of Social Affairs and Health. The Ombudsman promotes, together with other authorities and NGOs, the implementation of the best interests and rights of the child. Finland's first Ombudsman for Children is Ms Maria Kaisa Aula.

The Ombudsman evaluates the implementation of the best interests and rights of the child, and monitors the living conditions of children and young people. She also monitors the implementation of legislation and decision-making in Finnish society and evaluates their impact on children's wellbeing.

Developing the decision-making in society by means of initiatives, advice and guidelines, as well as promoting the implementation of the child's best interests in society are also her duties. The Ombudsman keeps in contact with children and young people and conveys information she receives from them to decision-makers, and develops forms of co-operation between various actors. She conveys information regarding children to children, those working with children, authorities and the population at large; and promotes in various ways the implementation of the Convention

on the Rights of the Child adopted by the United Nations' General Assembly.

The Ombudsman for Children does not deal with issues of single children or families. Those tasks are managed by, i.e., the social and health care authorities and the judicial system.

The Ministry of Social Affairs and Health -> the National Research and Development Centre for Welfare and Health (Stakes) -> the Early Intervention Programme and Network (Varpu) <- the Central Union for Child Welfare in Finland

The National Research and Development Centre for Welfare and Health, under the coordination of the Ministry of Social Affairs and Health, has convened the Early Intervention Programme and Network (Varpu). Other partners are relevant administrative bodies, and child protection, substance abuse and mental health organizations. The implementation of the programme on organizational level was the responsibility of the Central Union for Child Welfare in Finland.

The main objectives of the Early Intervention Programme and Network are to support early interventions of professionals and families alike, to clarify the cooperation between families, professionals and other actors, and to advance open and inclusive interaction between the parties.

The network has developed dialogical methods that aim at addressing early a worry concerning a child, and creating an inclusive cooperation between families, loved-ones and professionals.

The Central Union for Child Welfare in Finland is an umbrella organization for NGOs and municipalities. Its main objectives are to speak in the best interests of the child, influence child policy, bring together different actors and organizations in the field of child welfare and show responsibility for the development of the field. Its main activities are offering information, training, conducting research, releasing publications and lobbying.

The Ministry of Social Affairs and Health -> the Department for Promotion of Welfare and Health -> the team responsible for developing and ensuring treatment for pregnant women with substance abuse problems

The Department for Promotion of Welfare and Health, in the Ministry of Social Affairs and Health, is the headquarters of a team responsible for developing and ensuring treatment for pregnant women with substance abuse problems. The team works on a legislation reform, and its proposal for new measures is due by the end of the year 2008. The team's duties are to map out the current state of services for pregnant women with substance abuse problems, and assess the needed developments to ensure children's rights. It is expected to offer proposals as to how to ensure adequate support services for the children of substance abusers and assess the expedience of involuntary treatment for pregnant women with substance abuse problems.

The Ministry of Education -> Development programme for Child and Youth Policy <- Advisory Council for Youth Affairs

The Ministry of Education is responsible for the Development Programme for Child and Youth Policy. It is prepared according to the Youth Act (72/2006) under which the Government shall adopt a youth policy development programme every four years.

The programme includes national youth policy objectives and also outlines those for regional and local authorities. The implementation of the development programme is evaluated annually by the Advisory Council for Youth Affairs. One of its main objectives is to prevent the passing on of mental health and substance abuse problems across

generations, seeing as they are the main reason for why underage children are taken into custody by the child welfare workers.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

The way the government, regional/local and voluntary sector organisations work together varies between the 416 municipalities of Finland. Basically, the government gives a certain amount of money to each municipality, the local council of which then decides where the funds are directed to.

On a more concrete level, one of the most common forms of cooperation is outsourced service contracts. For example, the Helsinki Youth Centre is an outpatient substance abuse treatment centre for youth, their parents and loved-ones and it is provided by the A-Clinic Foundation. The funding comes from surrounding municipalities that have outsourced their substance abuse treatment to the Youth Centre, thus using money from the government budget.

Initiative on reducing the use of alcohol and the problems caused to children from parental drinking

On January 31, 2007, the ombudsman for Children, executives from the A-Clinic Foundation, the Federation of Mother and Child Homes and Shelters, Nuorten Ystävät, the Mannerheim League for Child Welfare, the Central Union for Child Welfare and the Finnish Blue Ribbon handed in an initiative on reducing the use of alcohol and the problems caused to children from parental drinking to the Minister of Health and Social Services, Liisa Hyssälä.

The initiative proposed that the Ministry of Social Affairs and Health decides to make the reduction of parental alcohol use and the support of children who suffer from their parent's alcohol problems a focal point of its strategy and practical activity. In particular, this needs to be recognised in the planning of existing National mental health and drug and alcohol programmes.

It was also proposed that the Ministry should ensure the promotion of the measures for the necessary national coordination mentioned in this memorandum, the commitment of municipalities to act and the necessary results-based guidance of the provincial administrations, the National Research and Development Centre for Welfare and Health, the National Public Health Institute and the Institute for Occupational Health.

The Ministry should also promote the funding of activities on this focal area by organisations working on public health and alcohol abuse issues. This emphasis should be taken into account in the funding policy of the Finnish Slot Machine Association and other similar funding organisations.

The reform of the Act on Welfare for Substance Abusers should pay special attention to the support and care needs of children of parents with intoxicant problems. The law will contain regulations concerning the treatment of pregnant women who are intoxicant abusers, and will clarify last resort measures, including compulsory ones, stipulating their treatment.

In addition, there should be forthcoming action to ensure the funding of Internet and hotline services for children who suffer from parental alcohol problems as well as for expanding information and other prevention activities for the whole population and for professionals.

Progress: The initiative was taken into account while formulating the Substance Abuse Policy in the Government Programme of Prime Minister Matti Vanhanen's second Cabinet, as it was emphatically stated that "a determined substance abuse policy will be pursued to reduce alcohol consumption by parents and its detrimental effects on children" (as seen above).

C4 Are there any current national government initiatives or strategies which address chAPAPs ?

Yes	
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The Government Programme

The Government Programme of Prime Minister Matti Vanhanen's second Cabinet was released in April, 2007. The programme includes several strategic passages on the well-being of ChAPAPs: a principle decision to continue the Alcohol Programme, the Substance Abuse Policy, and the Policy Programme for the Well-being of Children, Youth and Families.

The Alcohol Programmes 2004-2007 and 2008-2011

The first Alcohol Programme was introduced in 2004, and it ended in 2007. It was based on a government principle decision to address the main negative trends of alcohol use and consumption. Its main aims were to create a strong base of cooperation throughout society to moderate alcohol use and diminish the harmful impact of alcohol use on child and family welfare. Although the government was the initiator and Stakes the coordinator, many actors were involved in the planning and implementation of the programme. These included municipal authorities, churches, NGOs, health and social sector professionals and the restaurant trade.

The new Alcohol Programme will run from 2008 to 2011. In the Government Programme of Prime Minister Matti Vanhanen's second Cabinet, it is stated that the National Alcohol Programme will be continued to be pursued by improving the efficiency of preventive measures by adopting early intervention as a permanent policy in primary and occupational health care. Taxes on alcoholic beverages and tobacco products will be raised in an attempt to promote public health.

Progress: Tax raises on alcoholic beverages will be decided in January, 2009. Early intervention for child and family welfare is emphasized in the new Child Welfare Act.

The Substance Abuse Policy (within the Government Programme)

A determined substance abuse policy will be pursued to reduce alcohol consumption by parents and its detrimental effects on children. In order to secure the rights of children, steps will be taken ensure adequate care of pregnant women with substance abuse problems. At the same time, adequate support services will be provided for the children of parents with substance abuse problems.

The responsibility for its delivery is on the Finnish Government, relevant ministries and the Parliament with all their advisory groups and committees.

Progress: Legislation reforms are in the works, as seen below

A legislation reform for developing and ensuring treatment for pregnant women with substance abuse problems (STM083:00/2007)

The Department for Promotion of Welfare and Health, in the Ministry of Social Affairs and Health, is the headquarters of a team responsible for developing and ensuring treatment for pregnant women with substance abuse problems. The team works on a legislation reform, and its proposal for new measures is due by the end of the year 2008. The team's duties are to map out the current state of services for pregnant women with substance abuse problems, and assess the needed developments to ensure children's rights. It is expected to offer proposals as to how to ensure adequate support services for the children of substance abusers and assess the expedience of involuntary treatment for pregnant women with substance abuse problems.

The reform of the Act on Welfare for Substance Abusers (LA 59/2008)

The initiative for the reform proposes that an amendment be added to the 1st clause of the 10th article of the Act on Welfare for Substance Abusers. This amendment will regulate that as a prerequisite for involuntary treatment, a pregnant mother must gravely endanger the life or health of an unborn fetus with her substance abuse. Involuntary treatment can be determined for three months at a time (13 a §). At the moment, the Act on Welfare for Substance Abusers is un-applicable to unborn children.

The amendment is proposed by Christian Democrats (KD) MPs from the opposition and it will be approved by the Parliament in its ordinary legislative process.

The Policy Programme for the Well-being of Children, Youth and Families

The focal points of the policy programme are preventive work and early intervention. Support services for children and young people are secured, especially in the case of violence, mental health problems or intoxicant problems in families.

The Development Programme for Child And Youth Policy 2007 - 2011 adopted by the Government in December 2007 in accordance with the Youth Act creates a basis for the Policy Programme and the cross-sector objectives.

Progress: In September, 2008, the Ministry of Education assigned a cross-administrative team for investigation of multi-professional authoritative work and its legislation, to map out early intervention services provided to children and youth on regional level, and to propose changes and developments to these services.

Initiative on reducing the use of alcohol and the problems caused to children from parental drinking

On January 31, 2007, the ombudsman for Children, executives from the A-Clinic Foundation, the Federation of Mother and Child Homes and Shelters, Nuorten Ystävät, the Mannerheim League for Child Welfare, the Central Union for Child Welfare and the Finnish Blue Ribbon handed in an initiative on reducing the use of alcohol and the problems caused to children from parental drinking to the Minister of Health and Social Services, Liisa Hyssälä.

The initiative proposed that the Ministry of Social Affairs and Health decides to make the reduction of parental alcohol use and the support of children who suffer from their parent's alcohol problems a focal point of its strategy and practical activity. In particular, this needs to be recognised in the planning of existing National mental health and drug and alcohol programmes.

It was also proposed that the Ministry should ensure the promotion of the measures for the necessary national coordination mentioned in this memorandum, the commitment of municipalities to act and the necessary results-based guidance of the provincial administrations, the National Research and Development Centre for Welfare and Health, the National Public Health Institute and the Institute for Occupational Health.

The Ministry should also promote the funding of activities on this focal area by organisations working on public health

and alcohol abuse issues. This emphasis should be taken into account in the funding policy of the Finnish Slot Machine Association and other similar funding organisations.

The reform of the Act on Welfare for Substance Abusers should pay special attention to the support and care needs of children of parents with intoxicant problems. The law will contain regulations concerning the treatment of pregnant women who are intoxicant abusers, and will clarify last resort measures, including compulsory ones, stipulating their treatment.

In addition, there should be forthcoming action to ensure the funding of Internet and hotline services for children who suffer from parental alcohol problems as well as for expanding information and other prevention activities for the whole population and for professionals.

Progress: The initiative was taken into account while formulating the Substance Abuse Policy in the Government Programme of Prime Minister Matti Vanhanen's second Cabinet, as it was emphatically stated that "a determined substance abuse policy will be pursued to reduce alcohol consumption by parents and its detrimental effects on children" (as seen above).

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	
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If yes, please use the table below

Legislation/ Regulatory duty	Description
Please specify if this refers to (a), (b) or both	

<p>Child Welfare Act (both)</p>	<p>Came into force January 1, 2008 and is much more detailed than its predecessor for 1983. There are several new obligations for the authorities and practices and measures for child protection workers, as well as new statutory duties.</p> <p>The main principles of Finnish child welfare and child protection work are effective early intervention, systematic work, i.e. plans, targets and assessment for every level of the work, equality for all clients and the right timing for all interventions and measures.</p> <p>The co-operation of all municipal authorities in child welfare and protection issues is strongly emphasized, and their responsibilities local clarified. Furthermore, improving the rights of the child as well as the parents, particularly in the decision-making processes, is an important principle.</p>
<p>Child Protection Notification (both)</p>	<p>The duty to give a child protection notification is recorded in the Child Welfare Act and concerns authorities in a broad sense. Those include people who work in the field of social services, health care, education, youth work, police force or churches, or those are in a position of trust in the aforementioned bureaus.</p>
<p>Act on Welfare for Substance Abusers</p>	<p>A person with a severe substance abuse problem can be submitted to involuntary inpatient treatment if he/she either putting his/her health at risk or is violent towards others, meaning that he/she puts the health, safety or mental development of a family member or an other</p>

	person at risk.
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C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	
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Name of programme	Brief description
<p>The Pakka Project for Local Alcohol Policies</p> <p>http://info.stakes.fi/pakka/FI/index.htm</p>	<p>Pakka is an alcohol policy-oriented research and development project and it is a part of the National Alcohol Programme. Its main objectives are to reduce the amounts of alcohol drunk by youth and young adults and to increase the starting age of drinking, as well as reducing harm caused by drinking to the point of intoxication.</p> <p>The Pakka project's means to reaching its goal include controlling formal and informal availability of alcohol, intensifying the supervision of the alcohol trade, education, activating citizens, authorities and decision-makers.</p> <p>The partners include municipal and provincial organizations, municipal federations, NGOs, trade organizations and the police.</p> <p>The Pakka research indicated that restaurants served less alcohol to intoxicated customers after supervision and education on the issue. Control over selling alcohol products to underaged customers in retail dealerships tightened. Adolescents said that attaining alcohol products had become more difficult and people's estimations on the odds of getting caught for violating liquor laws rose.</p>

	<p>The Pakka-concept is widely supported by the Finnish population</p>
<p>Health Promotion Policy Programme in the Ministry of Social Affairs and Health</p> <p>http://www.stm.fi/Resource.phx/hankk/t e-ohjelma/index.htx.i371.pdf (In Finnish)</p>	<p>In addition to other policy programmes mentioned in this document, Government has also set up in it's strategy in 2007 a Health Promotion Policy Programme governed by the Ministry for Social Affairs and Health. One of main goals is diminishing the use of substances and tobacco.</p> <p>It states that resources should be diverted into promoting health and welfare of children and young people and families. One of the indicators for reaching the target of promoting better health and welfare for children is that Follow up system for Children's and Adolescents' health will be set by National Public Health Institute by year 2011.</p>
<p>Preventive substance abuse (EPT) project: to supporting the well-being of children, adolescents, and families</p> <p>www.mll.fi</p> <p>Evaluation</p> <p>http://www.jyu.fi/sport/laitokset/tutkimu syksikot/ tetk/en/projects/preventive</p>	<p>The Mannerheim League for Child Welfare started a preventive substance abuse project in autumn 2006: The Preventive substance abuse (EPT) project to support the well-being of children, adolescents, and families.</p> <p>The purpose of the project is to support the well-being of families and to prevent adolescent substance use by focusing, for example, on peer support in schools, cooperation between home and school and the free-time of adolescents and families.</p> <p>The timetable for the project is 2006-2010 in three locations (Kirkkonummi, Mikkeli. and the Vaasa region) and in cooperation with five schools. The project is focused on one age cohort (born in 1994), with whom the work continues for four years.</p> <p>The research project is an evaluation study of the Mannerheim League's EPT project. In the study, questionnaire data is collected from adolescents and their parents in two stages; in the initial stage of the project in autumn 2007 and in the final stage in autumn 2010. The purpose of the initial charting is to offer support for the planning and execution of the project. In the final stage, the aim is to evaluate the executed project.</p>

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C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	
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Name of programme	Brief description	Evidence of effectiveness
<p>The Think About the Company You Get Drunk in campaign online and on Tv</p> <p>(Mieti kenen seurassa humallut -kampanja)</p>	<p>The Finnish Association for Child and Family Guidance is responsible for this Internet and radio campaign that wants to get the attention of parents and show them what drinking looks like through a child's eyes.</p> <p>http://www.totuustuleelastensuusta.fi/index.php?s=s</p>	<p>Media analysis, according to which 2.1 million listeners over the age of 18 (52.58 %) were reached via radio, and 201 thousand listeners with children under the age of 18 (65,56 %).</p> <p>Every listener under the age of 18 heard the infomercial three times during the campaign.</p> <p>19 drawings from kindergartens were received as feedback.</p> <p>On television, the infomercials were shown on prime time on the channels Nelonen and JIM. The campaign video was awarded a third place in the non-profit category of Effie Finland. The rights of the film were sold to Sweden, and requests from Norway and Denmark have been received recently.</p>

<p>The Fragile Childhood Programme, The A-Clinic Foundation</p>	<p>The A-Clinic Foundation's Fragile Childhood Programme's main objective is to address the issue of parental alcohol misuse via means of communication, namely a web service for both professionals who work with children and people who experience the issue in their own lives, as well as a poster campaign with childrens' thoughts on adult drinking.</p> <p>http://www.lasinenlapsuus.fi/fi-FI/english/</p>	<p>Great and continuous sales of the Fragile Childhood books and other materials, (Reprints of books and other materials), Very successful training (About 150 training sessions, about 15 000 professionals trained), A great number of media coverage (more than 100 articles, radio & television interviews), Good network of cooperating and funding partners: (A-Clinic Foundation, City of Helsinki, Finnish Alcohol Monopoly (ALKO), Finnish Centre for Health Promotion (TEK), Finnish Slot Machine Association (RAY), Ministry for Social Welfare and Health, National Research and Development Centre for Welfare and Health (STAKES), large number of cities, companies, NGOs and individuals)</p>
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C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	
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If yes, please use table below

Profession	Brief description e.g, length and content
<p>Health professionals including:</p> <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	<p>Pramedics: no specific courses, the subject is discussed on a general level, not from a child-parent perspective.</p> <p>Nurses: Course SXXXE03 on children at risk, in which students have a panel discussion on a given case (usually a child with parents who have a substance abuse problem) and a course on nursing a child and a family, in which students are taught how to recognize children whose parents have a substance abuse problem in</p>

	maternity and child welfare clinics. Students give presentations on the subject and they're followed by discussion.
Social workers	Addressing the issue depends on the student, if he/she wants to focus on it and research it for applicable courses and assignments.
Police	
Teachers	No specific courses on parental alcohol misuse, but there is teaching on recognizing children at risk and communication between school and home.
Treatment* services	
Early years/ Child care workers*	
Housing officers	
Youth workers	
Parenting workers	
Other	Fragile Childhood training for professionals focuses on finding new inspiration for working with and confronting

	children who suffer from their parents' drinking and bringing professionals of different fields and organizations together for new approaches.
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Section C please answer

- Which organisations/ professionals were involved in answering this section C?

Juhani Johansson (The Finnish Association for Child and Family Guidance), Iira Lankinen (Metropolia University of Applied Sciences, paramedics), Suvi Routasalo (University of Turku, teacher training), Irma Kunttu (Metropolia University of Applied Sciences, nursing) and the staff of the Fragile Childhood Programme.

- What references/sources of information/ literature were used in the preparation of section C?

<http://www.stm.fi/Resource.phx/eng/index.htm>

<http://www.stakes.fi/EN/index.htm>

<http://info.stakes.fi/alkoholiohjelma/EN/index.htm>

<http://www.vn.fi/hallitus/hallitusohjelma/en.jsp>

http://www.hare.vn.fi/mHankePerusSelaus.asp?h_ild=12425

http://www.ktl.fi/portal/english/research__people__programs/mental_health_and_alcohol_research/
<http://www.stm.fi/Resource.phx/eng/subjt/famil/ombuds/index.htm>

<http://www.lapsiasia.fi/Resource.phx/lapsiasia/english/index.htm>

<http://www.stm.fi/Resource.phx/orgns/neuvt/lapsiasia.htm>

<http://groups.stakes.fi/VERK/FI/Varpu/index.htm>

http://www.lskl.fi/showPage.php?page_id=38

<http://www.stm.fi/Resource.phx/eng/orgis/depar/promotion.htm>

http://www.hare.vn.fi/mHankePerusSelaus.asp?h_ild=13363&tVNo=1&sTyp=Selaus

<http://www.minedu.fi/OPM/?lang=en>

<http://www.minedu.fi/OPM/Nuoriso/nuorisopolitiikka/kehittaemisohjelma/index.html?lang=en>

http://www.minedu.fi/OPM/Nuoriso/nuorisoasiain_neuvottelukunta/?lang=en

<http://info.stakes.fi/alkoholiohjelma/EN/index.htm>

<http://www.vn.fi/hallitus/hallitusohjelma/pdf/en.pdf>

http://www.hare.vn.fi/mHankePerusSelaus.asp?h_ild=13363&tVNo=1&sTyp=Selaus

http://www.eduskunta.fi/faktatmp/utatmp/akxtmp/la_59_2008_p.shtml

<http://www.vn.fi/toiminta/politiikkaohjelmat/lapset/ohjelman-sisaeltoe/en.pdf>

<http://www.lapsiasia.fi/Resource.phx/lapsiasia/english/topicals/statements/alcoholinitiative.htx>

<http://info.stakes.fi/pakka/Fl/index.htm>

<http://www.finlex.fi/fi/laki/ajantasa/2007/20070417>

<http://www.finlex.fi/fi/laki/ajantasa/1986/19860041>

<http://www.totuustuleelastensuusta.fi/index.php?s=s>

- How easy/ difficult has it been to collect this information for section C?

In Finland, nearly all memos and program papers concerning services, legislative reforms, political decision-making and so on are public and can be found online in at least Finnish and Swedish, so the information for this section was fairly easy to collect.

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes	
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Family Unit, Järvenpää Addiction Hospital, A-Clinic Foundation sosiaalisairaala@a-klinikka.fi - An addiction treatment service for whole families, couples, single parents and pregnant women with their children. Maternity and child welfare clinic treatment and school for children is provided during treatment. The treatment focuses on the child's, couple's and parenthood perspectives, as well as upbringing, early interaction and day to day life. The staff team is made up of 1 Chief physician, 1 Resident nurse, 5 specialized nurses, 2 social workers, 1 specialized kindergarten teacher, 2 family workers, a nurse's aid as well as sessions from psychologist, director, physical therapists, priest and psych. consult shared with other units. Interventions include community treatment which are meetings, learning to take responsibility;

Group treatment: discussion groups, active groups and Informative groups: family, couple's or individual discussions, networking, learning to live as a family day to day. The service can work with 10 families at a time: 4 for alcohol and/or prescription drug use and 6 for alcohol, narcotics and/or prescription drug use. In 2004 the service worked with 85 adult patients and 49 children. The hospital has hired a researcher to develop criteria for evaluation. every family fills out a structured feedback form. Every family gets a treatment plan, and the progress is constantly assessed. The staff has a development day twice a year, during which the work and structures of treatment are being evaluated. The service outsourced and there is a contract with the city of Helsinki and other municipalities.

Espoo A-Clinic Family Unit, A-Clinic Foundation kirsti.aalto@a-klinikka.fi - The work in Espoo is family-oriented assessment and mapping in the event of a crisis concerning alcohol or other substances. It is not rehab and detoxification treatment, but a follow-up for those. Staff consists of a director, doctors, social therapists, psychologists, nurses, directors, secretaries and a hostess. Treatment package includes the following: A 10-day stay in the facility in a 3-bedroom apartment for the family, although depending on whether the children are in custody; crisis work; 2-hour discussions every day; 1-2 hours of writing; network meetings; planning future treatment;

consultation if needed; physician's services and others if needed; assessment and control of medical treatment; screening of the use of narcotics if needed. This year, 75 days of treatment were purchased by child welfare, but only 24 days have been used so far (three families). One family at a time, the goal was to serve 20 families per year. The service has not been formally evaluated, but feedback from patients has been positive. The services are funded by substance abuse services, child welfare only pays an excess of 30, 30€/day/person (children are half the price). The municipality pays 490€/day.

Pidä kiinni – the Hold On treatment for pregnant women and families with substance abuse problems
Maarit.andersson@etu.inet.fi- A national treatment service for pregnant women and families with substance abuse problems. The main objectives are to prevent and minimize defects in fetus by supporting the mother to stay clean during her pregnancy and to advance the healthy development of the babies by supporting early interdependency between mother and child. Interventions are based around a reflective treatment method, peer support, supporting of early interdependency of mother and child. There are seven units (in Helsinki, Turku, Jyväskylä, Rovaniemi, Espoo, Kuopio and Kokkola), in each there is a mother and child home and an outpatient unit. A total of 79 inpatients and 111 outpatients were treated in 2007. The service is funded by Finland's Slot Machine Association (RAY).

Policy relevant information regarding organising treatment services

Recommendations concerning the quality of services for substance abusers. Helsinki, 2002. 61p. (Handbooks of the Ministry of Social Affairs and Health, ISSN 1236-116X; 2002:3) ISBN 952-00-1198-6. The joint recommendation concerning the quality of services for substance abusers of the Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities forms a base for high quality services for substance abusers. The recommendations have been drawn up by the broadly based expert group appointed by the Research and Development Centre for Welfare and Health (Stakes) which included representatives of the Ministry of Social Affairs and Health, the Association of Finnish Local and Regional Authorities, Stakes, municipal and private service producers as well as client representatives. In the recommendations, attention has been paid separately to special growing groups, such as the needs of minors or women who are substance abusers and especially of mothers and families with substance abuse problems.

<http://pre20031103.stm.fi/suomi/pao/paihdepalvelu/paihdepalv.pdf> (summary in English)

Reaching for the quality start. Quality criteria for substance abuse prevention

This brochure describes the quality criteria applied in substance abuse prevention. The model presented will provide help in assessing and targeting one's own actions and in linking them within the broader context of substance abuse work. Substance abuse work enables the reduction of substance-related harm burdening both individual citizens and our affluent society. The quality criteria have been drawn up by a broad-based working group of experts set up by STAKES, National Research and Development Centre for Welfare and Health in Finland. In the beginning of 2006, the working group published its comprehensive report, which forms the basis of the present brochure. Publisher: STAKES 2006 National Research and Development Centre for Welfare and Health, Finland / Development of Alcohol and Drug Intervention; Editors: Heikki Jokinen & Markku Soikkeli; Available in English at: <http://neuvoa-antavat.stakes.fi/EN/index.htm>.

D2. What other relevant services are there for parents who misuse alcohol?

Maternity and child welfare clinics are a part of health centres in Finland. They are intended to support the health of the mother, unborn child, infant and the whole family. They are in key position in recognizing and supporting parents with alcohol misuse problems.

There is also some units in hospitals specialized in mothers who have substance abuse problems. Mother and child homes and centres take in and support both battered wives and children, but also young families with different problems, including substance abuse.

Family homes, provided by both municipalities and NGOs, are key places for longer-term adjusting to day-to-day life after rehab and detoxification treatment.

In addition to these, normal services and treatment paths that are open to all adults, are naturally open to parents. These “regular” places are often the most obvious choice, and they are not always able to consider the child in the midst of the treatment.

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	
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The A-Clinic Foundation’s Youth Centre, Helsinki helsinginnuorisoesema@a-klinikka.fi - The Helsinki Youth Centre is an outpatient substance abuse treatment centre for youth, their parents and loved-ones. It consists of a walk-in unit, an acupuncture clinic and a treatment policlinic. Its tasks are based on the Act on Welfare for Substance Abusers and the Act on Social Welfare, as well as an outsource service contract with the city of Helsinki. All services are voluntary, confidential and free of charge. The staff consists of social therapists, nurses and doctors. In addition to their basic education, the staff has specialized in different therapeutic methods, such as psychodynamic psychotherapy, NLP and body acupuncture. Interventions offered include emergency treatment, assessments, ear acupuncture as outpatient rehabilitation, different therapy groups and courses and individual, couples and family therapy. In 2007, there were 581 customers and 9706 visits. This is an outsourced contract with the city of Helsinki and other municipalities, as well as additional funding via offering education, consultation and other expertise.

The A-Clinic Foundation’s in treatment centre for youth (Stoppari), Lahti

markku.kautiainen@a-klinikka.fi- Offers 24h inpatient treatment to 12-17-year-old child protection customers with substance abuse problems or other addictions. The treatment is based on a social approach, and many different hobbies and group activities are used for the rehabilitation of the patient. Stoppari’s main philosophy is that the treatment is unmedicated. The staff consists of 15 employees that have formal training in either social services, healthcare or therapy, or a some combination of these. The treatment is based on a social approach, and many different hobbies and group activities are used for the rehabilitation of the patient. Stoppari’s main philosophy is that the treatment is unmedicated. A treatment period’s aim is to offer a young person positive experiences of life. The environment is home-like and the daily routine consists of normal things, such as cleaning, cooking and shopping with the addition of different therapeutic sessions. The centre can accommodate eight (8) patients at a time, as well as outpatient services according to needs. Stakes has issued a quality assessment form, which the unit has to fill out. The service is being continuously developed.

The unit has also been active in a quality assessment project by the A-Clinic Foundation. An outsource service contact with the city of Vantaa and other municipalities.

D4 Are specialist services available to support chAPAPs?

Yes	
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As mentioned above there is the **A-Clinic Foundation's Youth Centre, Helsinki** helsinginnuorisoasema@a-klinikka.fi. As well as the interventions mentioned above for ChAPAPs, the most important intervention offered are different peer discussion groups with other children with the same problem.

Fragile Childhood Programme online discussion group for ChAPAPs pilot, A-Clinic

Foundation shirley.hubara@a-klinikka.fi.- A closed online peer discussion group for ChAPAPs under the age of eighteen.

It loosely follows assessment and working methods of child welfare social work, but is mostly based on the topics and needs of the children. The service is provided by 1 x worker specialized in child welfare social work and 1 x psychiatric nurse. No interventions per se, the work is based on discussion, but includes different themes and a foundation in child welfare social work. The service has worked with approximately 10 children, 3 active writers in 7-month period. The work is under development and will hopefully branch out The Fragile Childhood Programme funds the group as a part of its activities to reaching more children and forming more specified peer groups.

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

Guidance counsellors in schools are often the link between a troubled child and social work and the family, as well as healthcare centres, maternity and child welfare clinics and schools, daycare centres etc.

There is also a growing number of internet and mobile phone services that are designed for children with worries and problems in the family. These include the www.nuortennetti.fi and helpline by the Mannerheim League for Child Welfare that enables children to contact voluntary workers with any concern.

Internet and mobile services that offer help specifically to ChAPAPs, are, for example, www.varjomailma.fi (Shadow World) where children can tell their own story and find contact information on where to turn for further help and support, www.voimapiiri.fi where they can sign up to a text message group of peers and talk to them on the go, as well as subscribe to automatic support and info messages, such as contact information and empowering reminders.

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	
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If yes, please describe using the table below.

Name of organisation	Description of support provided
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<p>The A-Clinic Foundation, www.voimapiiri.fi</p>	<p>A person can sign up under a nickname for a text message group of peers and talk to them on the go, as well as subscribe to automatic support and info messages, such as contact information of places that offer help and services related to their addiction and empowering reminders.</p>
<p>Alcoholics Anonymous</p>	<p>Peer therapy and discussion groups separately offered to families, parents, grandparents, children and other relatives who have been affected by alcohol misuse.</p>
<p>The A-Clinic Foundation, www.paihdelinkki.fi</p>	<p>Discussion forums (one of them being the Fragile Childhood forum for adults who grew up with parents who used alcohol excessively), free information on alcohol, self-help tools for assessing one's relationship with substances and mobile phone services that help control one's use of alcohol.</p>

Section D- please answer

- Which organisations/ professionals were involved in answering this section?
Staff of the Fragile Childhood Programme, Markku Kautiainen (Stoppari inpatient unit for youth), Eija Ruokonen (Family Unit, Järvenpää Addiction Hospital), Kirsti Aalto (Espoo A-Clinic Family Unit).

- What references/sources of information/ literature were used in the preparation of this section?
<http://www.sosiaalisairaala.fi/>

<http://www.a-klinikka.fi/espoo/perhe.html>

<http://www.stm.fi/Resource.phx/eng/subjt/famil/fpoli/maternityclinic.htx>

<http://www.lasinenlapsuus.fi/tietoa/raskausjapaihteet/eap>

<http://www.a-klinikka.fi/helsinginnuorisoasema/esittely.htm>

<http://www.a-klinikka.fi/lahdenstoppari/>

http://www.lapsitieto.fi/palve/uploads/1610_ORG_Maarit_Andesson.pdf

www.nuortennetti.fi

www.varjomaailma.fi

www.voimapiiri.fi

<http://www.paihdelinkki.fi/english>

- How easy/ difficult has it been to collect this information?

In Finland, nearly all memos and program papers concerning services, project, programmes and so on are public and can be found online in at least Finnish and Swedish, so the information for this section was fairly easy to collect.

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<u>Strengths</u> <ul style="list-style-type: none">- good and thorough legislation both concerning substance abuse and child welfare- A vast number of services for ChAPAPs offered by municipalities, organizations, NGOs etc.	<u>Weaknesses</u> <ul style="list-style-type: none">- too many municipalities (415 in total), whom all decide how they use state-funds on their own, often leaving resources for social issues (especially child welfare) undersized.- not enough academic research and consistent data (e.g. on the FAS figures) on the health effects of parental substance abuse.
<u>Opportunities</u> <ul style="list-style-type: none">- efficient cooperation between the associate ministries, organizations, service providers and workers <i>and</i> ready involvement of the children and families in the development processes.	<u>Threats</u> <ul style="list-style-type: none">- lack of resources and lack of “earmarked” funding for child welfare services- private healthcare becoming more common, which can leave marginalized groups (e.g. pregnant mothers with substance abuse problems) without proper care

Section E Please answer

- Which organisations/ professionals were involved in answering this section?

The staff of the Fragile Childhood Programme

- What references/sources of information/ literature were used in the preparation of this section?
The other sections of this questionnaire, especially C and D.

- How easy/ difficult has it been to collect this information?

The information has been collected from the other sections, and these main critiques resurfaced rather effortlessly.

Section F Case studies

Case study

Case study 1- Neo-natal

Stage 1

A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.

- How would this case be dealt with in your country?

Hospital districts of Finland have designed own models for service guidance of substance abusing pregnant mothers with a funding from Ministry of Social Affairs of Finland.

In Turku University Hospital district: If the doctor has enough information that Annie has longstanding serious drinking problem doctor will fill in a questionnaire together with a patient. Attached to questionnaire the doctor has guidelines on how to proceed. Based on the questionnaire, the mother will be referred to the maternity policlinic specialised in substances in the area's district hospital. In Finland a mother-to-be will visit the clinic 12-15 times during a normal pregnancy. With a substance abusing mother there would be a doctor at maternal policlinic specialised in substance abuse following the pregnancy. A midwife specialised in working with substance abusing mothers will be present during all doctor visits. Midwife will take care of appointment bookings, referrals, drug testing in addition to other tasks. Midwife's role is to motivate the mother to come to maternity policlinic for her check ups.

- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes	
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If yes, what steps would be taken and what information would be shared with whom?

Based on the article 10 in substance welfare act, the chief doctor based on what Annie's doctor has written could appoint the patient to an involuntary treatment for 5 days. However, as explained in B2. this action never seem to have taken place in Finland.

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes	No
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If yes, please describe.

It is recommended* to ask routinely every year from each client family coming to the child health clinic about their alcohol use. For self-assessment parents should be asked to fill in the Audit-questionnaire. The parental alcohol use would then be discussed if there seems to be need and/or in a case the score in AUDIT test is 8 or higher.

*Source: Child health clinics in support of families with children. A guide for staff. Helsinki 2004. 318p. (Handbooks of the Ministry of Social Affairs)

- What services and support would be provided to [a] Annie and [b] her mother?

Annie would have been made a treatment plan at the Maternity policlinic specialised in substance abuse. In some hospital districts there would have been network meetings organised around Annie, where social worker perhaps Annie's mother and also a therapist from A-Clinic Foundation for example would have been present. Also a worker from the *Federation of Mother homes and shelters* might have invited to this consultation where the overall situation of Annie would have been looked at. Annie could have been offered a place in mother and child home or referred to the outpatient unit (see *Holding tight* good practice example in Appendix e) to support her to cut drinking during pregnancy and develop a health relationship with the baby. Annie's mother would have got a referral to the nearest A-Clinic for treatment.

- Are there any practical, resource or administrative barriers to good practice?

Yes	No
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If yes, please describe:

The service models for the treatment referrals from maternal health clinics to the hospital districts' maternity clinic specialised in substance abuse seem to be well organised in Finland. However, recognising mother's alcohol abuse at the health centre is a challenge. The Audit-test is still not widely in use. And even if it was, mother's alcohol abuse still can go unnoticed.

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes	
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All children and parents in Finland are automatically patients of the maternity and child welfare clinics, which are responsible for keeping contact and evaluating the health and development of the child both in mental and physical terms. Seeing as Annie has suffered from substance abuse problems throughout pregnancy, she and her baby are most likely customers in both a maternity and child welfare clinic specializing in substance abusing mothers and child welfare social work.

- What action, if any, would need to take place now to assess and protect mother and child? Please describe

The health professionals should file a child protection notification if Annie's baby is not already in care. If the child is in immediate danger because of the mother's drinking and thus abandonment, he/she will be taken into custody. The mother

could be submitted to involuntary inpatient treatment for five days according to the Act on Welfare for Substance Abusers if she either putting her health at risk or is violent towards others, meaning that she puts the health, safety or mental development of a family member or an other person at risk.

- Are there support services available for Annie's mother to seek help, support and advice?

Yes	
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If yes, please describe

Annie's mother is entitled to help, support and advice for herself, e.g. peer groups, therapy etc.

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?
The teacher could first try to meet with the parents and notify them of her concerns. If there would be no change and the teacher would continue to be worried for the pupil and there would be consistent evidence that there is something wrong with the child's situation (such as untidy clothes and odd behavior), she would have the legal obligation to make a child protection notification.
- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	
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The duty to give a child protection notification is recorded in the Child Welfare Act and it concerns all authorities including teachers. She would either contact the school social worker (if there is one) whom would contact child welfare, or the teacher could do it herself. Once the notification has been made, the child welfare social workers have seven workdays to begin assessing the need for child welfare work and three months to complete the evaluation. After the notification the teacher's work is done, unless the social workers decide to take the child under protection at which time they would interview the teacher as a part of the child's network.

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

	No
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If yes, please describe

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried

about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?
- What services would now be offered to Joanne and her family?
- Are any of these services obligatory?

(As an answer to all three questions) the teacher should have given the child protection notification in stage 1, and she would still be obliged to do so now. If the situation appears to be an immediate emergency, the teacher would be obliged to call the emergency social workers, who could go to the child's home and assess on-site if the children should be taken into custody there and then. If not, then the emergency social workers would file a notification and the child's family will be contacted within seven workdays.

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?

If there isn't an emergency, e.g. an outburst of violence, it is unlikely that the police would react. They should encourage the neighbour to file a child protection notification or transfer the information they received during the phonecall to child welfare social worker. Re-housing would not be the first option in working with the family, a thorough assessment is required first.

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

The police are obliged to file a child protection notification, but that would require that they pay a visit to the family, which would only happen if there was an emergency. It is likely they would only encourage the neighbour to file the notification, and the neighbour is not legally bound to do so, he has a right but no obligation.

- Would the housing department have any role in this situation?

	No
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If yes, what action would they take and could they provide any support? Please describe

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	
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If yes, please describe what type of service this would be.

If no, are there alternative services where he could receive help?

A child protection notification should be filed, and child welfare authorities may refer him to substance abuse assessment and following treatment, depending on their assessment of the child's situation.

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe
- What action would be taken about the 15 year old's possible exclusion from school?

(As an answer to both questions) the base for all action is the child protection notification. If the children have been caught committing crimes and being drunk, they should be taken into custody immediately because they put themselves and other people in risk. This would be executed by child welfare social workers.

- Are there any parenting support programmes which could be offered to the family? If yes, please describe.

The parents will be assessed under the same process of child welfare evaluation as the children, and the services offered to them depend on the bigger picture and the situation as a whole.

GERMANY COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes X	No
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If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Research studies	An estimated 2.65 million children below 18 years have lived with a parent affected by alcohol misuse or dependency in their life time. This number is based on a study by Lachner and Wittchen (1997) which revealed that in Germany every 7 th adolescent is living together with a parent with alcohol problems. The lifetime prevalence is 15.1%.
Other administrative sources- please describe	

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No X
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If yes, please briefly describe these data and the prevalence they suggest.

The following information is taken from Spohr HL & Steinhausen HC (2008). Fetale Alkohol-Spektrum-Störungen. *Dtsch Arztebl*, 105(41), 693-698.

For Foetal Alcohol Syndrome, no substantiated information on incidence or prevalence in Germany exists. Based on internationally comparable numbers, the incidence of FAS, as in all industrialised countries, is estimated at 0.5 to 2 newborns affected per 1,000. Therefore, 600 to 1,000 newborns with full-blown FAS can be assumed. For the full spectrum of FASD – so in particular FAS and partial FAS – the frequency of occurrence is considerably higher and amounts to an estimated 4 to 6 children affected per 1,000 births. In total, about 3,000 to 4,000 newborns suffer from FASD in Germany. No follow-up studies on incidence are available anywhere in the world, so that no statements on a possible increase of FASD can be inferred. An apparent increase of incidence results from heightened attention to this syndrome, so that more children than in the past are diagnosed. Diagnosis is hampered further by two additional factors. Firstly, many affected women show poly-drug use, misusing nicotine, pills and illegal drugs alongside alcohol. Secondly, the large majority of FASD children do not live with their parents but in foster or adoption families. These children have generally been taken from their biological parents because of neglect or abuse. The foster parents are

rarely informed on the reasons for the separation of the children from their biological parents – namely the chronic alcohol misuse. For this reason, the only trace leading to diagnosis is lost, particularly with older children or adolescents.

Section A- Please answer

- Which organisations/ professionals were involved in answering section A?

Prof. Dr. Michael Klein (KatHO NRW)

Axel Budde (KatHO NRW)

Diana Moesgen (KatHO NRW)

- What references/sources of information/ literature were used in the preparation of section A?

Barr, H.M., Streissguth, A.P. (2001). Identifying maternal self-reported alcohol use associated with foetal alcohol spectrum disorders. *Alcoholism*, 25, 283-287.

Klein, M. (2008). *Kinder und Suchtgefahren [Children and Risks for Addiction]*. Stuttgart: Schattauer.

Lachner, G. & Wittchen, H.-U. (1997). Familiaer übertragene Vulnerabilitätsmerkmale für Alkoholmissbrauch und –abhängigkeit [Hereditary vulnerability for alcohol misuse and dependency]. In H. Watzl & B. Rockstroh (Eds.), *Abhängigkeit und Missbrauch von Alkohol und Drogen [Alcohol and drug dependency and misuse]* (S.43-89). Goettingen: Hogrefe.

Sidentopf, J.-P., Nagel, M., Büscher, U. & Dudenhausen, J.W. (2004). Alkohol konsumierende Schwangere in der Schwangerenberatung: Prospektive, anonymisierte Reihenuntersuchung zur Abschätzung der Prävalenz [Alcohol Consumption in Antenatal Classes]. *Deutsches Ärzteblatt*, 101 (39), A 2623 – 2626.

Spohr HL & Steinhausen HC (2008). Fetale Alkohol-Spektrum-Störungen. *Dtsch Arztebl*, 105(41), 693-698.

- How easy/ difficult has it been to collect this information for section A?

Easy.

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)? Please explain in detail using **Appendix A** attached. If you are including details on large-scale and/or influential/important studies, please also attach relevant abstracts in English.

Appendix A (B1) Research

3. Please briefly describe what methodology and search engines you used to find out the information

Search engines used:

- PsychINFO
- PubMed
- Internal bibliography databases

4. Complete the table below filling in as much details in regards to the various headings.

Reference	Summary and Research Question	Methodology	Findings		Recommendations	Limitations
			Mental Health	Physical Health		
<p>a) Barnow, S., Schuckit, M., Smith, T.-L., Preuss, U., & Danko, G. (2002). The real relationship between the family density of alcoholism and externalizing symptoms among 146 children. <i>Alcohol and Alcoholism</i>, 37 (4), 383-387.</p> <p>b) Preuss, U., Schuckit, M., Smith, T.;</p>	<p>The “Greifswalder Family Study” is an associated study of the large population study “Study of Health in Pomerania (SHIP)”. Most earlier epidemiological studies investigate the prevalence and incidence of diseases and their risk factors and focus on a few individual, specific diseases only. However,</p>	<p>In SHIP, approx. 4300 women and men between the age of 20 and 79 from the German federal state Mecklenburg-Western Pomerania were comprehensively assessed concerning medical and psychosocial variables. From this sample, all persons between the ages of</p>	<p>a) One aim of the study was to evaluate the prevalence of externalizing symptoms, such as attention problems, aggression and delinquency in the offspring of alcoholics. A total of 146 children (aged 7-18 yrs) were split into three groups with no (group 1, n = 28), one or two (group 2, n = 103) and three or more (group 3, n = 15) first- or second-degree relatives with an alcohol use disorder. Group comparisons revealed that children of</p>			

<p>Barnow, S., & Danko, G. (2002). Mood and anxiety symptoms among 140 children from alcoholic and control families. <i>Drug and Alcohol Dependence</i>, 6, 235-242.</p> <p>c) Barnow, S., Schuckit, M., Smith, T., Spitzer, C., & Freyberger, H.-J. (2006). Attention Problems among Children with a Positive Family History of Alcohol Abuse or Dependence and Controls. <i>European Addiction Research</i>, 13 (1), 1-5.</p> <p>d) Barnow, S., Ulrich, I., Grabe, H.-J., Freyberger, H.-J., & Spitzer, C. (2007). The influence of parental</p>	<p>one's health status does not only depend on the presence or absence of disease, but is also determined by a number of other influencing factors which often interact and have complex effects. These factors include social and job-related factors, detrimental health behaviours as well as many mental and physical disorders and diseases.</p> <p>Because all over the world, there exist only a few studies that examine health all-embracing, a main reason for initiating the Study of Health in Pomerania (SHIP) was to shed light on the complex nature of health.</p>	<p>30 and 50 indicating a) living together with children in one household and b) drinking alcohol, at least occasionally, were chosen. In total, 311 families including 387 adolescents and 527 parents were investigated. Parents and their adolescent offspring were interviewed in their households with the following instruments: e.g. Diagnostic Interview for Mental Disorders (DIA-X; Wittchen, 1997), Structured Interview about the Genetics of Alcoholism (SIGA), Structured Clinical Interview for Axis II-disorders (SKID-II) and Hamburg Wechsler Intelligence Test (HAWIE) and</p>	<p>group 3 had significantly higher values for the Child Behaviour Checklist scales of attention and delinquent behavioural problems. The results remained significant after controlling for additional factors such as parental antisocial personality disorder and drug dependence.</p> <p>b) The study also examined the effects of parental mood disorders, anxiety disorders, and alcohol use disorders on internalizing symptoms in children. Parents of 140 children (mean age 10.2 yrs) completed behavioural checklists and structured interviews; 15 years previously, the fathers of these offspring had participated in a prospective study involving alcoholic and non-alcoholic families. Results show that children attaining higher scores for one of four measures of</p>		
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<p>drinking behaviour and antisocial personality disorder on adolescent behavioural problems: Results of the Greifswalder family study. <i>Alcohol and Alcoholism</i>, 42(6), 623-628.</p>		<p>Hamburg Wechsler Intelligence Test for Children, 3rd edition (HAWIK-IIIR) respectively. In addition, the families received several self-report questionnaires to assess variables like e.g. educational behaviour (Questionnaire for Educational Behaviour (EMBU)), emotional and conduct problems in children (Child Behaviour Checklist and Youth Self Report), self-worth (Rosenberg Self-Worth Scale), substance use in peer group, personality traits (Temperament and Character Inventory (TCI) and Five Factor Inventory (NEO PI-R)) and complications at</p>	<p>internalizing symptoms have a higher number of alcoholic relatives; however, this pattern was more robust in those children of parents with mood or anxiety disorders. A family history of alcohol use disorders did not significantly predict any of the four internalizing scores in children after controlling for a family history of independent mood and anxiety disorders. The authors conclude that internalizing symptoms in children of alcoholics are more strongly influenced by a positive family history of mood and anxiety disorders than a family history of alcohol use disorders.</p> <p>c) Another sub-project of this large study was to investigate the scope and course of attention problems over a period of time from preteen (ages 7-12 years) to early teen years (ages 13-</p>		
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		<p>birth. Moreover, a DNA-database with approx. 650 samples was established.</p> <p>The first time of measurement (funded by the Bundesministerium fuer Bildung und Forschung (BMBF) [Federal Ministry for Education and Research]) took place between 1998-2001; all families were assessed a second time between 2004 and 2007 (funded by the Deutsche Forschungsgemeinschaft (DFG) [German Research Association]). At this second time of measurement, all adolescents (N=387) were examined neuropsychologically and neurophysically</p>	<p>17 years) longitudinally. Symptoms in subjects with and without a family history of alcohol abuse or dependence from among families without evidence of antisocial personality disorder were assessed. Evaluations of attention problems for the offspring were based on the Child Behaviour Checklist and a validated semi-structured interview carried out with the mother. The findings indicate no higher risk for attention problems and attention-deficit hyperactivity disorder (ADHD)-like symptoms in the children of families with an alcohol use disorder. Regarding the course of problems, the ADHD symptoms tended to decrease over time, especially for children without a family history of alcohol abuse or dependence. Further research will be needed to determine whether the results can be replicated</p>			
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		<p>(TMS). A further follow-up study is planned.</p>	<p>with families from different social classes and for subjects with an antisocial personality disorder.</p> <p>d) As there are contradictory results in previous research concerning the question to what extent children affected by parental alcohol problems differ in measures of externalizing symptoms from unaffected children, another sub-goal of the study was to determine whether children affected by parental alcohol problems are characterized by more behavioural problems than unaffected children, and to determine the influence of a paternal antisocial personality disorder (ASPD) in this context.</p> <p>To answer this question, 340 children and adolescents between the ages of 11 and 18 years and</p>			
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		<p>their parents were included. In this sample, 76 adolescents showed a positive family history of alcoholism (FHalc) and 47 adolescents a positive history of a paternal ASPD (FHaspd). Externalizing symptoms were measured on the basis of maternal ratings and self-assessment scales.</p> <p>Results revealed that only children with paternal ASPD showed significant higher scores in attentional problems, self-rated aggression/delinquency and disruptive behaviour, while there were no differences for FHalc and for the interaction effect. These findings indicate that behavioural problems primarily relate to a higher prevalence in both cases of ASPD among fathers. These results are important when considering a potentially mediating role of a paternal ASPD for the</p>		
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			differences in behavioural problems in children affected by parental alcohol problems and unaffected children. Moreover, children with FHalc and/or FHaspd represent high-risk groups and should become the focus of prevention and intervention measures.			
Hinze, K. & Jost, A. (2006). <i>Kindeswohl in alkoholbelasteten Familien als Aufgabe der Jugendhilfe. Ergebnisse einer empirischen Studie in Jugendaemtern des Landes Brandenburg</i> [Children's well-being in families affected by alcohol problems. Findings of an empirical study in youth welfare services in the federal state Brandenburg]. In: K. Hinze & A. Jost (2006). <i>Kindeswohl in alkoholbelasteten Familien als Aufgabe</i>	The project "Children's well-being in families affected by alcohol problems as a task of youth welfare service" was conducted by Klaus Hinze from "Aktion Kinder- und Jugendschutz, Landesarbeitsstelle Brandenburg e.V. (AKJS) [Operation Child and Youth Protection in Brandenburg]" and Prof. Annemarie Jost from the University of Applied Sciences Lausitz. This empirical study was implemented in three different youth welfare services in the Federal	Two different methods were used in this study: (1) Group discussions (on nine questions) with social workers from three youth welfare services (duration: 70-100 minutes). (2) A standardized questionnaire to be filled in by social workers of the youth welfare services. In total, 34 social workers participated	Results with respect to the children's health reveal that - according to the estimates of the social workers - many children affected by parental alcohol problems (N=167; mean age 12.5 years) seemed to have problems with school achievement (74 children), aggressive behaviour (41 children), depressive symptoms (34 children) and substance misuse (22 children). Further problems were experiencing neglect (16 children) and/or sexual abuse (11 children), and having a hyperkinetic syndrome (11 children), psychosomatic symptoms	Eight children (age range 4-18 years) seem to suffer from Foetal Alcohol Syndrome (FAS), seven of them with lighter symptoms and one of them with severe symptoms.		Although the findings of the study make an interesting contribution to research in the field of children affected by parental alcohol problems, one must interpret the data on the children's health cautiously, as they are merely based on assumptions of the social workers.

<p>der Jugendhilfe (S. 23–96). Freiburg: Lambertus.</p>	<p>State of Brandenburg (period: 2001-2002).</p> <p>The general aim of the study was to obtain information about quantitative and qualitative interrelationships between potential alcohol problems within the family and educational help according to the Sozialgesetzbuch (SGB) VIII [German Social Security Code]. One specific aim was to gain a deeper insight into the special situation of affected children.</p>	<p>in the group discussion sessions. The discussions were recorded with audio tape and analyzed with regard to content, structure, argumentation and results. 435 social workers took part in the questionnaire study. The questionnaire consisted of six open questions with a special focus on the situation of the children.</p>	<p>(11 children) and other psychiatric symptoms (6 children). In general, boys more often show aggressive behaviour and girls more depressive symptoms ($p < .05$). These findings replicate results of other, older German studies. Results of the group discussion also indicate a connection between familial alcohol problems and juvenile delinquency.</p>			<p>Neither the children themselves nor other relevant persons (e.g. parents) were involved in the study, so there is no self-report or clinical data available. However, one must acknowledge that the main focus of the study was not the children's health, but the connection between potential alcohol problems within the family and educational help according to the SGB VIII.</p>
<p>Klein, M. (2005). <i>Kinder und Jugendliche aus</i></p>	<p>The project "Children of (un)treated addicted parents – analysis of the</p>	<p>In total, 251 children between 11 and 18 years of age were</p>	<p>Results of the study show that children affected by familial alcohol problems -</p>	<p>Other results of the study show that there was a significant difference</p>	<p>Taken together, all results of the</p>	

<p><i>alkoholbelasteten Familien. Stand der Forschung, Situations- und Merkmalsanalyse, Konsequenzen.</i> In M. Klein, T. Hoff & A. Pauly (Hrsg.), Schriftenreihe Angewandte Suchtforschung (Band 1). Regensburg: Roderer. [Children and Adolescents from families with alcohol problems. State of research, analysis of the situation and of symptoms, consequences]</p> <p>Klein, M., Ferrari, T. & Kuerschner, K. (2003). <i>Kinder unbehandelter suchtkranker Eltern – Eine Situationsanalyse und moegliche Hilfen.</i> Unveroeffentlichter Forschungsbericht im Auftrag des Bundesministeriums</p>	<p>situation and possible interventions” was a project coordinated by the Centre of Applied Addictions Research from the Catholic University of Applied Sciences in Cologne and funded by the former Bundesminsiterium fuer Gesundheit und Soziale Sicherheit (BMGS) [German Federal Ministry for Health and Social Security] (period: 2001-2003).</p> <p>One objective of the study was to understand the living situation of children affected by parental alcohol problems. Of special interest was the exploration of differences between children of untreated and children of treated addicted parents as well as differences between</p>	<p>interviewed. Among these, 175 came from families with one or both parents showing a problematic use of alcohol. All children were interviewed in-depth, using a structured questionnaire with standardized procedures and open-ended questions.</p>	<p>compared to the control group - had both significant problems and symptoms and showed resilience. However, negative aspects clearly prevail: 37% of affected children with one or two <u>untreated</u> alcoholic parents showed considerable symptoms of affective disorders compared to 33.3% of affected children with one or two treated parents and only 18.4% of the control group. In total, girls more often suffer from affective disorders than do boys. One could therefore conclude that children affected by parental alcohol problems – whether with treated or untreated parents- react significantly more often with depressive symptoms to familial stress than unaffected children. This is especially true if affected children with <u>untreated</u> parents are compared directly to the control group: these children suffered twice</p>	<p>between the group of affected children as a whole and unaffected controls concerning domestic violence: affected children reported more experiences with domestic violence than unaffected controls (8.6% vs. 1.3% resp.). These results show that there is a need for action concerning domestic violence in prevention and intervention activities, especially in families with alcohol problems.</p> <p>Results on respondents’ own substance use show that 34.3% of the group of affected children as a whole can be regarded as daily smokers compared to 37.7% of the control group. However, this difference is statistically not significant. There was also no statistically significant difference between the two groups of affected children.</p>	<p>study show that children of addicted parents turn out to be a group of high heterogeneity. The situation with respect to helpful interventions for these children in Germany still is unsatisfactory. Increased efforts for better and earlier interventions have to be made. With regard to the results of the study it seems especially important to address interventions towards children of untreated and</p>
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<p>fuer Gesundheit und Soziale Sicherung. Koeln. [Children of untreated addicted parents – a situation analysis and possible assistance. Unpublished research report on behalf of the Federal Ministry for Health and Social Security. Cologne].</p>	<p>these two groups and children of non-addicted parents (control group).</p>		<p>as much from affective disorders than unaffected controls (37% vs. 18.4% resp.). Thus, it is assumed that especially these children suffered from their unresolved family situation “in silence”.</p> <p>There were no differences found between the three groups regarding eating disorders, expressive disorders and obsessive-compulsive disorders. However, there were significant differences with regard to expressive disorders when affected children with <u>untreated</u> parents were directly compared to affected children with treated parents.</p> <p>Results on resilience show that most affected children understood that they could not change their parent’s</p>	<p>Likewise, no significant differences for alcohol consumption between the groups were found.</p>	<p>co-morbid parents although this is quite a challenging task. However, as a new approach to improve the situation and help for children in need a “familial motivation case management” is suggested. This combination of psychoeducation, family therapy, motivational interviewing, and case management is assumed to bring forward decisive improvements for the high risk children among the children</p>
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			<p>alcohol drinking (58.7%). However, most of them didn't see that their parents were suffering from an illness, especially those children whose parents were untreated. Many children from treated parents reported they were not having creative thoughts very often, only 66.7% reported having these thoughts at all. It is noteworthy that many affected children regard these thoughts as unhelpful daydreaming.</p>		<p>affected by parental alcohol problems.</p>	
<p>Klein, M. & Quinten, C. (2002). Zur Langzeitentwicklung von Kindern stationaer behandelter alkoholabhaengiger Eltern [Long Term Development of Children of Treated Alcohol Dependent Parents]. <i>Suchttherapie</i>, 3, 233-240.</p>	<p>The study "Long Term Development of Children of Treated Alcohol Dependent Parents" was conducted by Prof. Michael Klein from the Centre of Applied Addictions Research from the Catholic University of Applied Sciences in Cologne and Claudia Quinten from the inpatient rehabilitation centre "Kliniken Daun,</p>	<p>The sample consisted of 98 young adults (age range: 18 years+) from families with one addicted parent who has completed an inpatient treatment programme for alcohol addiction (on average: eight years ago) in the rehabilitation centre</p>	<p>35.6% of all respondents reported frequent or (almost) daily psychological aggression such as threatening, yelling or debasing. Mothers with alcohol problems in general show more psychological aggression than non-alcoholic mothers. Most psychological aggression, however, was experienced by children with two alcoholic parents or with one</p>	<p>In general, results indicate that physical violence more often occurred if the father had alcohol problems. 9.2% of all respondents reported frequent (more than 5 times per month) or (almost) daily domestic violence (e.g. hitting, kicking, etc.). From those who had a father with alcohol problems, 14.6% reported frequent or (almost) daily domestic violence. 9.1% of the</p>		<p>The results of the study show that affected children are a very heterogeneous group that needs differential diagnoses and prevention activities. In addition, the findings of the</p>

	<p>Thommener Hoehe" in Darscheid (period: 1999/2000). This study investigated whether inpatient treatment of alcoholic parents has long term effects on the children's development. In this context, clinically relevant symptoms and experiences with domestic violence of children affected by parental alcohol problems were assessed.</p>	<p>"Kliniken Daun, Thommener Hoehe" in Darscheid. In addition, the young adults themselves had taken part in the children's and adolescents' seminar of the rehabilitation centre at least two years ago (maximum age for these seminars was 16 years).</p> <p>The young adult children affected by parental alcohol problems completed a paper-and-pencil questionnaire which was sent to them per mail. This questionnaire focused on – among other things - domestic violence and clinical problem behaviours.</p>	<p>parent that has not reached permanent abstinence after treatment.</p> <p>With regard to clinically relevant problem behaviours, results show that 25.5% of the respondents suffered from anxiety disorders; 21.4% from depression; 19.4% from problematic eating behaviour, and 18.4% from obsessive-compulsive disorders. According to the respondents' self-reports, one can conclude that one fifth to one fourth of the respondents had mental health problems.</p> <p>The group with most clinically relevant problem behaviours are respondents with parents that have never reached total abstinence: 34.6% of this subgroup showed symptoms of anxiety disorders and</p>	<p>respondents with both an alcoholic father and mother reported at least frequent domestic violence. Interestingly, 0% of the respondents with an addicted mother reported experiences with domestic violence.</p> <p>Moreover, 18.4% of the respondents suffered from insomnia and 14.3% reported having permanent somatic complaints.</p> <p>6.1% reported problematic alcohol use themselves and 3.1% reported problematic drug use. When looking more closely at the subgroup of respondents with alcoholic mothers, actually 9.5% reported own problematic alcohol use. Those numbers are even higher for respondents with two alcoholic parents: 20% reported problematic alcohol</p>		<p>study reveal that children with two alcoholic parents or with a parent, who have/has never reached total abstinence, could be considered as a special risk group.</p>
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			problematic eating behaviour; 38.4% were affected by social dependent behaviours and 38.5% reported obsessive-compulsive behaviours.	use. Moreover, 27.3% of them suffered from problematic eating behaviour.		
<p>Reuber, D. (2007). <i>Erfahrungen von Jugendlichen mit elterlichen Alkoholproblemen und innerfamiliärer Gewalt: Ergebnisse des Projekts ALC-VIOL in Deutschland [Adolescents' experiences with parental alcohol problems and familial violence: Results of the project ALC-VIOL in Germany]</i>. Presentation held at the 2nd ENCARE-Symposium on 19./20. April 2007.</p> <p>Velleman, R. & Reuber, D. (2007). <i>Domestic Violence and</i></p>	<p>The project ALC-VIOL was an EU-project coordinated by the Centre of Applied Addictions Research from the Catholic University of Applied Sciences in Cologne and financially supported by the DAPHNE-II-programme of the European Commission (period: 2005-2007).</p> <p>One major aim of this study was to provide the opportunity to talk to young people (age range: 12 and 18 years) in different EU-countries about their experiences of living with parental alcohol misuse and domestic violence. The</p>	<p>19 adolescents affected by parental alcohol problems were interviewed by trained interviewers with the ALVI-T (Alcohol Violence Teenager Version), which is a semi-structured interview guideline including open and closed questions as well as various self-report scales. This instrument assessed – among other variables - externalizing (incl. rule-breaking and aggressive behaviour) and internalizing (anxiety/depression, social withdrawal</p>	<p>58% of the German sample reported having experienced psychological aggression (insulted or sworn at; destroyed possession, threatened to hit or throw something at) by their father. 68% reported to have experienced psychological aggression by their mother.</p> <p>26% of the sample fell within the clinical range of internalizing symptoms and 26% of them reached borderline clinical levels of externalizing symptoms. The results of the research project also showed that affected children very often used “wishful thinking” as a coping strategy although they admitted that this approach was not very</p>	<p>With regard to domestic violence, 16% of the children reported having experienced severe physical assault (e.g. punched or hit with a hard object, choked, burned or scalded, beat up, etc.) by their father and another 16% reported having experienced severe physical assault by their mother.</p>	<p>The project has shown that further research about the coincidence of parental alcohol misuse and domestic violence is difficult to undertake, but very necessary. In the future, it would also be recommended to discuss the special situation of affected children and the issue of domestic violence within the treatment</p>	<p>Although these results are very interesting, one must acknowledge that the sample size is very small and the results therefore not representative.</p>

<p><i>Abuse experienced by Children and Young People living in Families with Alcohol Problems. Results from a Cross-European Study.</i> Bath/Cologne.</p>	<p>research hypothesis was that children living in families with alcohol are more often affected by domestic violence.</p>	<p>and social complaints) symptoms (with the Youth Self-Report) as well as aggression and violence between the parents and the young person (measured with the Conflict Tactics Scale). In addition, the instrument assessed various coping strategies affected children used when dealing with familial problems (with the KIDCOPE).</p>	<p>helpful. However, more useful strategies like seeking social support, active problem solving, distraction or emotional regulation were also used by the children when coping with familial alcohol problems.</p>		<p>of parents with alcohol problems.</p>	
<p>Löser H, Bierstedt T, Blum A (1999). Fetal alcohol syndrome in adulthood. [A long-term study]. Dtsch Med Wochenschr. 9,124(14):412-8</p>	<p>Maternal alcohol addiction in pregnancy causes fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE) in children. At present, little is known about the physical, mental, and social long-term consequences in</p>	<p>Since 1974, 52 children with FAS and FAE, all born to alcohol dependent mothers, were prospectively followed up from birth to adulthood. Height, weight and head circumferences were based on</p>	<p>They mostly lived in foster families, only 6/52 were able to live independently. In 56% special schools for handicapped and mentally disabled were attended. In most cases (37/52), simple occupations without vocational training were practised.</p>	<p>Growth retardation continued mainly in severely affected adults with underweight in 26%, underheight in 30%, and microcephaly in 46%.</p>		

	adulthood.	percentile standards; mental and school development were assessed by school reports and by intelligence subtests. By structural interviews, occupational and social follow-up were assessed.				

B2 Please indicate any results which have particular relevance for:-

- k) increasing understanding of the links between child health and parental alcohol misuse
- l) policy, service and professional development

All studies increase listed in Appendix A and B increase the understanding of the links between child health and parental alcohol misuse.

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

Reference-Buehler, A. (2007). *Suchtpraevention mit Kindern von suchtkranken Eltern [Addiction prevention for children affected by parental substance abuse]*. In LANDESSTIFTUNG Baden-Wuerttemberg (Ed.): Suchtfrei ins Leben. „Suchtpraevention mit Kindern von suchtkranken Eltern und “Suchtpraevention mit jugendlichen Spaetaussiedlern/Migranten”. Stuttgart: LANDESSTIFTUNG Baden-Wuerttemberg. The project “Addiction prevention for children affected by parental substance abuse” was coordinated by the Institute for Therapy Research in Munich and funded by the LANDESSTIFTUNG [Federal Foundation] Baden-Wuerttemberg (period: 2004-2005).

Research question- The aim of this exploratory study was to investigate the effects of the participation in special prevention projects on the development of children affected by familial substance abuse problems.

Methodology- In this context, 16 different prevention projects (children groups) for children affected by parental substance abuse participated in this project. Data about participating children were assessed by the group leaders of the prevention projects and the children’s parents on two different measuring times (pre- and post-test design). Next to contents and goals of the projects, quality and effect of participation, potential conduct disorders of participating children, general life skills and general coping strategies were assessed with the Child Behaviour Checklist (CBCL 4-18, parent version) and TRF (teacher version of the CBCL for the group leaders) and a coping strategy instrument created by Seiffge-Krenke (2000).

Findings- Results came from 115 children and adolescents between 5 and 18 years (mean age: 10.9 years), most of them were girls (59.1%). Those children participated in different prevention projects for at least 1 up to 26 months (M= 8.5 months). At the beginning of the project, less than 10% of the children showed clinical levels of delinquent and aggressive behaviour (from their parent’s point of view). 14% reached borderline or clinical levels of social problems. However, 18% of the children had clinical levels of social withdrawal and 29% had clinical symptoms of anxiety and depression. In general, those results did not deviate significantly from the group leaders’ ratings. At the second measurement, one year after participation in the prevention projects, parents indicated a slight decrease in depression and anxiety symptoms for both boys and girls as well as less social withdrawal for boys. However, these differences were statistically not significant. More striking changes were observed by the group leaders: there were significant decreases in internalizing symptoms for both boys and girls. In addition, the children showed significantly less social problems, less symptoms of anxiety and depression and less social withdrawal. General life skills increased for boys during the period of the study while they decreased significantly for girls. Coping strategies also changed during the period of the study: active, constructive strategies increased significantly for both boys and girls from their parent’s point of view. However, there is no statistically significant decrease in avoidant strategies

Recommendations- The results of this project have important implications for future prevention programmes for children affected by parental substance abuse:

- The needs of affected children have to be assessed in more detail in representative studies.

- Different concepts of prevention programmes should be less heterogeneous and should focus on the enhancement of the children's protective factors.

- A more homogeneous approach of prevention activities could also achieve a better evidence-based evaluation of effectiveness.

- Children and adolescents with especially noticeable problems should receive more intensive help, e.g. therapy of conduct problems

Limitations- Although the results of the study reveal that there are positive signs for the effectiveness of prevention activities, one cannot judge whether these results are indeed effects of taking part in a prevention project or whether this is part of a "normal" development.

For further research, the inclusion of a control group is recommended.

Section B Please answer

- Which organisations/ professionals were involved in answering section B?
 - What references/sources of information/ literature were used in the preparation of section B?
- How easy/ difficult has it been to collect this information for section B?

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes X	No
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice

Federal Ministry of Health

Within the scope of disease control, the prevention of dangers related to drugs and addiction is a central area of responsibility for the Ministry of Health.

Commissioner of the Federal Government on Drug-related Issues

The Commissioner of the Federal Government for Drug-related Issues is assigned to the Federal Ministry of Health. She co-ordinates the work of the Ministry in the field of drug policy and represents the policy towards the public. At the same time, she advocates the advancement of German drug policy with initiatives, campaigns and projects. She strives to promote a societal and political consensus in the containment of addiction problems. Among her focal points are the development of addiction prevention and the help system, a reduction in the consumption of alcohol, tobacco and pharmaceuticals but also the combat of addiction to illegal drugs. As Commissioner on Drug-related Issues she represents German drug policy on an international level such as in the Commission on Narcotic Drugs, the Pompidou Group of the Council of Europe and the Horizontal Drug Group of the Council of Europe.

Dangers of alcohol misuse to public safety fall into the authority of the **Ministries of the Interior** of the federal states. The competent authorities are the municipal **public order office** and the **Police**.

C2 Is there a government department with responsibility for ChAPAPs?

Yes X	No
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice relating to ChAPAPs.

The **Federal Ministry of Health** and the **Federal Ministry of Family Affairs, Senior Citizens, Women and Youth** both have responsibility for ChAPAPs. The Health Ministry's responsibility is based on its mandate for disease control described above and the latter has a mandate for child welfare.

In her 2002 Report on Drugs and Addiction, the **Commissioner of the Federal Government for Drug-related Issues** (Ministry of Health), addressed the issue of children living in families affected by addiction for the first time. At an expert conference (4-5 December 2003) hosted by what was then the Ministry of Health and Social Security, 12 guidelines for the improvement for children affected by familial alcohol problems were drawn up. On June 15, 2005, the **Commission for Children** of the Committee on Family Affairs, Senior Citizens, Women and Youth of the German parliament released a statement on the issue of children and addiction. Special attention was drawn to children from families affected by addiction. The statement included calls for measures aimed specifically at addiction within the family.

Federal Centre for Health Education (BzGA)

The Federal Centre for Health Education (BZgA) is a specialist authority within the portfolio of the Federal Ministry of Health.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

By the Code of Social Law (§ 4 Sozialgesetzbuch VIII) the public youth welfare services are required to "work in partnership" with independent youth welfare providers and "respect their independence". If adequate facilities, services and activities are run by independent youth welfare services or can be provided in due time, public youth welfare services are required to abstain from actions of their own.

Public youth welfare services are required to co-operate with other bodies and public utilities by § 81 Sozialgesetzbuch SGB Achtes Buch.

C4 Are there any current national government initiatives or strategies which address ChAPAPs?

Yes X	No
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If yes, please describe.

Nationales Zentrum Frühe Hilfen (National Centre for Prevention of Neglect and Maltreatment in Early Childhood). The following is an edited excerpt from the Goethe-Institut website (<http://www.goethe.de/ges/mol/thm/idd/en3514944.htm>)

The **Federal Ministry of Family Affairs, Senior Citizens, Women and Youth** founded the *Nationales Zentrum Frühe Hilfen* (NZFH) to provide better protection for infants and young children from neglect and abuse. It is part of

the national initiative *Frühe Hilfen für Eltern und Kinder und soziale Frühwarnsysteme* (Early intervention and help for families, child protection and social warning systems), for which a total of 10 million Euro is being made available by the end of 2010. The centre supports and co-ordinates the work of nine pilot projects nationwide and collates the results. They are also to go into a handbook to provide guidelines for local authorities as to how the different professions within the field of child welfare and health services can work together better than before.

One of the projects is called *FrühStart* (Early Start). Family midwife Manuela Nitschke from Halle in Saxony-Anhalt looks after so-called "families under stress", for instance a young woman who wasn't far from having a breakdown. She has five children and her husband is working away on a construction job. This woman's day began at four o'clock and ended at midnight. That was too much. Nitschke (45) changed the daily routine. How can the older children help, how can they bring order into the flat, what can take the pressure off the mother? After consulting the Child Welfare Office, the little ones are allowed to stay at the nursery for two more hours. "That was one of the easier cases", says Nitschke.

Unusually the midwives, who have additional qualifications, spend a year supporting the families. Before a child is even born they establish contact especially with parents who have problems with addiction, unemployment, violence or psychological disorders, for example. *FrühStart* is also working on improving networks between maternity clinics, doctors, midwives and non-municipal advice centres, as well as nurseries, the Child Welfare Office, the police and family courts.

Improving communication and networking- One major problem up to now has been that the parties involved are frequently unaware of each other – or do not communicate with each other. For instance some paediatricians don't know the family midwives; the Child Welfare Office social workers don't know the church toddler groups. A further difficulty: if the doctor for instance picks up signs of abuse in a child and gives a young single mother the address of a midwife, he can't check whether she really does seek help there.

Norbert Könné, head of the Child Welfare and Social Services Office in Pforzheim, has found out how it can work better. His local authority is one of eight in four German states to take part in the project *Guter Start ins Kinderleben* (good start to a child's life). Here, video recordings are used to reinforce parents' child-rearing skills; the "baby welcoming service" visits their homes. Experts now meet each other at round table conferences and discuss cases that have been made anonymous.

Definite backlog demand- "It's very important that the subject of "early help" is taken up nationwide" says Paula Honkanen-Schoberth, national director of the *Deutscher Kinderschutzbund* (German Association for the Protection of Children). "We have a definite backlog demand in Germany." Admittedly the projects are limited in time and geographically. For instance, there is a family midwife working in half of all local authority areas in Lower Saxony. "But does that mean the glass is half full or half empty?" asks Honkanen-Schoberth. "Where children are concerned, the glass is half empty."

Something else demanded by family midwife Manuela Nitschke is that "a universal solution must come from these projects". However even then it wouldn't be possible to achieve 100% certainty. Not everyone needing help wants support. And no-one can supervise a family round the clock. "There will always be cases of infanticide and child abuse."

Whilst not being specifically aimed at ChAPAPs, given the considerable co-occurrence of alcohol misuse with neglect and abuse, ChAPAPs should also benefit from the programme.

Multi-modular prevention concept for children from families affected by addiction

Aim of the project is the development of a new supra-regional prevention concept for children from families affected by addiction and its evaluation in different environments. The project has a duration of three years and consists of a concept development phase and a field work phase. During the two-year field work phase, the applicability of the modular prevention concept at institutions with different settings (addiction treatment, youth welfare service and social-work family assistance) is scientifically tested and evaluated in different federal states by means of a controlled study. The project is jointly run by the Centre of Excellence on Applied Addictions at the Catholic University of Applied Sciences North Rhine-Westphalia German and the Centre for Addiction Research in Childhood and Adolescence at the University Medical Centre Hamburg-Eppendorf (UKE) and financed by the **Ministry of Health**.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes X	No
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If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
(a) § 1631 Abs. 2 BGB	<i>Civil Code: children have a right to a non-violent upbringing. Physical punishment, emotional harm and other degrading measures are inadmissible.</i>
(a) § 1666 BGB	<i>This is the central legal norm of the Civil Code. If the parents can not assure child welfare, the family court must take the necessary measures, specifically in case of:</i> <ul style="list-style-type: none"> - abusive exercise of parental care - neglect of the child - failure through no fault of their own - acts of third parties
(a) §8a SGB VIII	<i>This is the central legal norm of the Social Code requiring and enabling youth welfare services to protect children from harm.</i>
(a) Police acts of the federal states	<i>The police are required to act in case of imminent danger, but may only do so under this condition. This includes the prevention of offences and the protection of victims.</i>
(b)	<i>There are no specific legal norms for children affected by parental alcohol problems.</i>

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes X	No
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Name of programme / link to resource	Brief description
Are you stronger than alcohol? (Bist Du starker als Alkohol?) www.bist-du-staerker-als-alkohol.de	The campaign wants to encourage adolescents to look into their own consumption of alcoholic drinks. Among others, the website offers information on the effect of alcohol on the body, a quiz about alcohol and recipes for non-alcoholic cocktails.
Alcohol - Responsibility sets the limits	This alcohol prevention campaign is conceived as a multi-level campaign and is aimed at promoting as safe a level of alcohol consumption as possible. With the aid of traditional print media, as well as in the form of training manuals, it provides supportive measures, e.g. for children (on holiday), for (young) parents, for doctors (giving advice on health) or for midwives (in their role as consultants for parents-to-be).
Make children strong www.kinderstarkmachen.de	A campaign targeted at equipping children and young people, as well as adults with whom they have contact, with the biological/psychological/social skills for living a drug-free life. This campaign, currently focussing on the leisure and sports sphere, is conducted in close co-operation with the major public sports associations and with organisations involved in youth work and addiction prevention.
Drugcom.de www.drugcom.de	Drugcom.de is a low-threshold Internet project that addresses drug-endangered young people via the leisure sphere. The aim is to promote communication with young people who already have experience with drugs. With the aid of Internet-based anonymous information and advice, young drug consumers are encouraged to think critically about their consumption and if possible modify it
PrevNet www.prevnet.de	The Prevnet network is a co-operation between the Federal Centre for Health Education (BzGA) and the state co-ordinators for drug prevention from twelve federal states (Hamburg, Brandenburg, Bremen, Lower-Saxony, Mecklenburg-Western

	<p>Pomerania, Berlin, North Rhine-Westphalia, Hesse, Rhineland-Palatinate, Saarland, Saxony, Bavaria). On the portal measures for drug prevention by the federal government and the federal states are presented and experts are connected with each other. Information on services, activities, stakeholders, studies and materials on drug prevention is consolidated and made available. Through the interactive part of the portal with forums, mailing lists and the working group area with functions of a virtual office, the exchange experts and the co-operation between experts across federal state borders are facilitated.</p>
<p>HaLT</p> <p>Local websites such as:</p> <p>www.hart-am-limit.info</p>	<p>HaLT is a federal secondary prevention pilot project in eleven locations in nine states for adolescents with binge drinking experience. It is subdivided into two key elements – a reactive and a proactive element.</p> <p>Goals</p> <ul style="list-style-type: none"> • Collection of exact data and trends on the development of comatose alcohol poisonings at a regional level • Development of activities and services for the support of deviant adolescents and their families <p>Awareness raising in the general public</p>
<p>Exemplary strategies of communal drug prevention (Vorbildliche Strategien kommunaler Suchtprävention)</p> <p>www.kommunale-suchtpraevention.de</p>	<p>All German cities, administrative districts and municipalities are called to enter their contributions in the competition “Drug Prevention for children and Adolescents on-site”. The competition is held by the Federal Centre for Health Education (BzGA) and the Commissioner of the Federal Government on Drug-related Issues, with support from the local government central organisations and the central organisations of the statutory health insurance companies. The prize money is €70,000.</p>

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children’s health and wellbeing?

Yes	No X
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There are no major education, health promotion or parenting programmes but there are some parenting programmes that could be modified. Such as Mutterunterstützungstraining MUT (Support Training for Mothers. There are some brochures available on pregnancy and addiction by the BzGA (the Federal Centre for Health Information) and the Charité University Hospital, Berlin.

The **Commissioner of the Federal Government on Drug-related Issues** plans to introduce mandatory warning labels for alcohol. To the *Rheinische Post* newspaper she said “Before the federal election in 2009, we want to regulate warning labels on alcohol bottles by law that specifically address pregnant women who, by alcohol consumption during pregnancy, can seriously harm their children.” Planned are printed pictograms showing a crossed-out silhouette of a pregnant woman, similar to the ones that already exist in France.

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes X	No
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If yes, please use table below

Profession	Brief description e.g, length and content
<p>Health professionals including:</p> <ul style="list-style-type: none"> • Doctors • Mental health workers • Psychiatrists • Psychologists <p>Social workers</p> <p>Teachers</p> <p>Treatment services</p> <p>Early years / child care workers</p> <p>Youth workers</p> <p>Parenting workers</p>	<p>Connect – Help for Children from Families Affected by Addiction – Co-operation and Networking Büro für Suchtprävention der Hamburgischen Landesstelle gegen die Suchtgefahren e.V.</p> <p><i>Office for Drug Prevention of the Hamburg State Office on the Dangers of Addiction</i></p> <p>The project „Connect“ aims at a comprehensive co-operation, cutting across fields of work. Not only do addiction and advise centres work together closely and orientated at the social environment, but in an alliance of all services that “work with children and families” co-operate bindingly. This includes day care centres as well as midwives, parenting support centres or general practitioners and many others.</p> <p>The needs of professionals are assessed, the staff are trained and trans-sectoral co-operation is supported by further education, workshops and case reviews. Professionals are sensitised for the issue “children from families affected by addiction”, receive qualification and become part of a support network. In the future, it will be possible reacting to early signs of stress in children in a professional and networked fashion.</p> <p>The pilot project has reached the following results: the</p>

	<p>issue of “children from families affected by addiction” has a strong presence present in the region. 30 co-operating partners working with children and families have been motivated to bindingly work together by a co-operation agreement. It succeeded in developing a new instrument – unbureaucratic co-operative peer consulting with regular involvement of competence from addiction treatment – and in embedding the instrument.</p> <p>Thanks to the stakeholders from the district youth work, the alliance survived the project phase (August 2003 to August 2005). The work is integrated into the regional development of services for social environments, peer consulting and co-ordination have been taken over as standard services in the pilot region. The regulations for continued work are part of the co-operation agreement.</p>
<p>Health professionals including:</p> <ul style="list-style-type: none"> • Doctors • Mental health workers • Psychiatrists • Psychologists <p>Social workers</p> <p>Teachers</p> <p>Treatment services</p> <p>Early years / child care workers</p> <p>Youth workers</p> <p>Parenting workers</p> <p>Press</p> <p>Awareness raising among professionals</p>	<p>Early diagnosis and early intervention for children from families affected by addiction Drogenberatungs- und Behandlungsstelle im Sozialdienst Katholischer Männer e.V. (SKM), Köln</p> <p><i>Drug counselling and treatment services of the Social Services of Catholic Men (SKM), Cologne</i></p> <p>The project contains different components:</p> <ul style="list-style-type: none"> - Further education for professionals in youth welfare service institutions (youth welfare office, parenting programmes, day care centres, etc.) - peer consulting on request by above institutions - training of experts for leading groups for children from families affected by addiction - networking: creation of services close to the social environment in the respective districts of Cologne by local integration of services
<p>Social workers</p> <p>Teachers</p> <p>Treatment services</p>	<p>Assistance for children from families affected by addiction: further education, children’s groups, network building Landeszentrale für Gesundheitsförderung in Rheinland-</p>

<p>Early years / child care workers</p> <p>Youth workers</p> <p>Parenting workers</p>	<p>Pfalz e.V. (LZG)</p> <p><i>State Centre for Health Promotion in Rhineland-Palatinate (LZG)</i></p> <p>1. Working group „Assistance for children from families affected by addiction in Rhineland-Palatinate“</p> <p>This working group consists of experts who work with the target group in their daily professional life and it primarily meets for expert exchange. This forms the basis for reviews of further education offers and the development of regional services.</p> <p>2. Regional networks for children from families affected by addiction</p> <p>Adopting the pilot project “Connect” from Hamburg (see above), regional networks are presently developed for children from families affected by addiction in Rhineland-Palatinate</p> <p>3. Disseminator training for drug prevention professionals in Rhineland-Palatinate</p> <p>In co-operation with the SKM Cologne (see above), the Office of Drug Prevention of the LZG developed a disseminator training for drug prevention professionals in drug prevention. The training enables them to offer further education on the subject “children from families affected by addiction” and addresses persons in who are in contact with the target group in a professional context. Presently, 16 disseminators have been trained in Rhibneland-Palatinate. An expansion is planned.</p> <p>4. Children’s group leader training</p> <p>In 2007, the Office on Drug Prevention started offering further education for children’s group leaders, composed of multiple components. In addition to assistance with regards to the contents are at the focus of a group for</p>
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	<p>children from families affected by addiction, assistance is provided with the implementation of concepts.</p> <p>5. Materials/media</p> <p>At the Office of Drug Prevention of the LZG, disseminators have a variety of materials and media at their disposal.</p>
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Section C please answer

- Which organisations/ professionals were involved in answering this section C?
 Prof. Michael Klein (KathO NRW)
 Axel Budde (KathO NRW)
 Diana Moesgen (KathO NRW)
- What references/sources of information/ literature were used in the preparation of section C?
www.bzga.de
www.gesundheitliche-chancengleichheit.de
www.dhs.de
- How easy/ difficult has it been to collect this information for section C?
 Relatively easy but hard to say if the information is complete

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes **X**

Please see table below:

Name of service, organisation and contact	Brief description of the service (including criteria)	The staff make up of the teams	Interventions offered	Where funded
Schritt für Schritt (Step by step)	Project for addicted pregnant women	Non-profit association	Counselling; referral;	

Therapiehilfe Bremen gGmbH 28197 Bremen	and women with children			
VIOLA 45127 Essen belladonnaessen@aol.com www.belladonna- essen.de/fachstel/docu ments/violaabschlussberi cht.pdf	Pilot project for drug-addicted pregnant women and women with children	Non-profit association for drug addicted women	Accompanying the pregnant women; ambulatory help for drug-addicted women with children; individual and group services for the children; creation of co- operative networks	State Ministry for Women, Youth, Family and Health
Drogenhilfe Tannenhof e.V. 12307 Berlin info@tannenhof.de www.tannenhof.de		Non-profit association	Counselling & training parents; individual and group work with children	Stay of children financed by youth welfare office or other funding agency
Special clinic Altburg 54552 Salkenmehren altburg@ahg.de www.ahg.de	Treatment	Clinics Daun- Altburg Therapy centre for young adults	Joint admission of parents and children (0-6 years); psychological care; counselling parents	
Special clinic for addicted women Haus Kraichtal 76704 Kraichtal- Oberacker info@kraichtal- kliniken.de www.kraichtal- kliniken.de	Treatment	Addiction treatment services of the Lutheran City Mission Heidelberg	Educational counselling; children's group; leisure time activities	

<p>Special Clinic Fürstenwald 34379 Calden- Fürstenwald</p> <p>info@fachklinik- fuersetnwald.de</p> <p>www.fachklinik- fuerstenwald.de</p>	Treatment	Deaconry Foundation Fürstenwald	Joint admission of parents and children (1-16 years); parent-child group	
<p>Fontane Clinic 15749 Mittenwalde</p> <p>info@fontane-klinik.de www.fontane-klinik.de</p>	Treatment service for women and men addicted to alcohol or medical drugs	Fontane Clinic – psycho-somatic special clinic	Joint admission of parents and children (0.2-12 years); educational counselling; care for toddler, leisure time activities; therapeutic services for children if needed	For the child: separate financing by funding agency
<p>Special clinic for women Scheifeshütte</p> <p>47906 Kempen-St. Hubert</p> <p>scheiufeshuette@diak oniewer-duisburg.de</p> <p>www.diakoniewerk- duisburg.de</p>		Deaconry fund Duisburg	Joint admission of parents and children	
<p>Friedrichshof 74182 Obersulm- Friedrichshof</p> <p>Z3.seketar@drogenhilf e-tue.org</p> <p>www.drogenhilfe- tue.org</p>	Rehabilitation for drug-addicted women and men – aid for their children	Non-profit association	Joint admission of parents and children	
Klinik Daun –		AHG Allgemeine	Seminars for	

<p>Thommener Höhe</p> <p>54552 Darscheid</p> <p>Thommener_hoehe@ahg.de</p> <p>www.ahg.de</p>		<p>Hospitalgesellschaft AG</p>	<p>children and adolescents</p>	
<p>Preventive offer</p> <p>88212 Ravensburg</p> <p>kontakt@psychberatung.dw-rv.de</p> <p>www.psychberatung.dw-rv.de</p>		<p>Psychological counselling services of the Lutheran church district Ravensburg</p>		<p>Federation of the state of Baden-Württemberg</p>
<p>Klinik Werraland</p> <p>Eltern-Kind-Zentrum für Familiengesundheit (Parent-child-centre for family health)</p> <p>37242 Bad Sooden-Allendorf</p> <p>info@klinik-werraland.de</p> <p>www.klinik-werraland.de</p>		<p>Werraland Foundation for Family Health</p>	<p>Therapy offer for parents and children</p>	
<p>Rehabilitationseinrichtung Four Steps "Haus 99" (Rehabilitation services Four Steps "House 99")</p> <p>73614 Schorndorf</p> <p>Haus99@reha-fourstep.de</p> <p>www.vfj-bb.de</p>		<p>Non-profit association for youth support</p>	<p>Joint admission of parents and children (up to six months)</p>	
<p>Rehabilitation clinic Freilsheim</p>		<p>Professional association for</p>	<p>Joint admission of parents and</p>	

AGJ 7651 Gaggenau- Freiolsheim Rehaklinik- freiolsheim@agk- freiburg.de		prevention and rehabilitation in the archdiocese Freiburg	children	
Rehabilitation clinic Lindenhof 79227 Schallstadt		Professional association for prevention and rehabilitation in the archdiocese Freiburg	Joint admission of parents and children (6-10 years)	
Schloss Bettenburg 97461 Hofheim bettenburg@drogenhilfe- tue.org www.drogenhilfe- tue.org		Drug treatment services Tübingen (non-profit association)	Joint admission of parents and children; day care and therapeutic offer (0-10 years)	
SHG – Fachklinik Tiefental (special clinic) 66130 Saarbrücken- Brebach Adaption.tt@web.de www.shg-kliniken.de	Adaption, medical rehabilitation for addictive diseases	Saarland- Heilstätten GmbH mit Gesellschaftern	Joint admission of parents and children (1.5-6 years); day care	
Suchttherapiezen-trum Hamburg 22529 Hamburg Nachsorge.stz@matha- stiftung.de www.marthastiftung.de	Aftercare centre for women and mothers with children	Martha Foundation Hamburg	Day care	Stay of the children financed by youth welfare office
Synanon Leben ohne Drogen (Life		Synanon Foundation – addiction treatment	Joint admission of parents and	Donations

without drugs) 10963 Berlin info@synanon.de www.synanon.de		service association	children; self-help	
Therapeutic association Steyerberg 31595 Steyerberg steyerberg@step-hannover.de www.step-hannover.de		Step gGmbH	Joint admission of parents and children	Pension insurance providers; health insurance funds; social services department or youth welfare office
Therapeutic association Wilschenbruch 21377 Lüneburg wilschenbruch@jugendhilfe-luenburg.de www.jugendhilfe-luenburg.de		Jugendhilfe e.V. Lüneburg (non-profit youth welfare association)	Individual and group offers for children; family therapy for parents	Youth welfare office as part of educational offers
Therapie mit Kindern – THEKI / Therapy with children) 22765 Hamburg theki@jugend-hilft-jugend.de www.jugend-hilft-jugend.de		Jugend hilft Jugend e.V. (non-profit youth welfare association)	Joint admission of parents and children (0-6 years); support and counselling of addicted parents; day care	
Therapieeinrichtung Böddiger Berg	Therapeutic offer for drug addicts	Drogenhilfe Nordhessen (non-profit drug treatment	Day care; group work; rehabilitation; educational offers	Stay of the child is normally

34587 Felsberg Boeddiger-berg@t-online.de www.drogenhilfe-nordhessen.de/boeddigerberg		service)		funded by youth welfare office
Therapiezentrum Hohehorst 28790 info@hohehorst.de www.hohehorst.de	Individual inpatient therapy for drug addicted parents with their children	Hohehorst gGmbH	Group work; parenting programme; leisure time activities	Stay of the child is normally funded by youth welfare office
Therapiezentrum Römhild 98631 Römhild info@therapiezentrum-roemhild.de www.therapiezentrum-roemhild.de		KTE AG Kliniken und Therapieeinrichtungen	Joint admission of parents and children (0-7 years); therapeutic offer; support for parents	
Therapiezentrum Schaumberger Hof für Drogenabhängige 66630 Tholey info@schaumbergerhof.de www.schaumbergerhof.de	Therapy centre for drug addicts	Hilfe für Junge Menschen Saar e.V. (non-profit youth welfare association)	Joint admission of parents and children; educational offers	
Villa Maria 76831 Villigheim-Ingelheim Info-villa.maria@t-online.de www.ludwigsmühle.de/		Therapiezentrum Ludwigsmühle gGmbH	Joint admission of parents and children (0-7 years); therapeutic offer; support for parents	Stay of the child is normally funded by youth welfare office

vilakonz.htm				
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D2. What other relevant services are there for parents who misuse alcohol?

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes

Specialist clinic Come-In Moorfleeter Deich 341 22113 Hamburg-Moorfleet come-in@therapiehilfe.de www.come-in-hamburg.de- A treatment service for young people between 12-18 years (exceptions possible) old who consume alcohol, cannabis, crack cocaine, ecstasy, heroin, cocaine, etc. Prerequisites: application with curriculum vitae and addiction history; completed detoxification before admission (assistance with finding a place is provided); assumption of costs; drug-free appearance; duration flexible and depending on personal development; in case of previous therapy experience, lateral entry re-integration possible. The staff are made up of physicians, psychologists, psychotherapists, social workers, occupational therapists, educators with additional addiction-specific qualification, an **ecotrophologist**, teachers, a conscientious objector performing alternative service; some staff are former drug users or dry alcoholics. The interventions are delivered over 2 phases; Phase I (medical rehabilitation) includes therapy for adolescents (mult-step system); crises and conflict training, anti-violence training; boy and girl groups; occupational therapy and handicrafts; health education, stop smoking training; cultural and leisure time offers; music theatre dance groups, excursions, sports (canoeing, voleeyball, yoga, etc.); annual group trip; in-house school (external "Hauptschule" graduation possible); individual and remedial teaching (e.g. in case of ADHD, difficulties of learning and concentration); assistance with preparing for and referring to state schools, internships and apprenticeships; support with debt management; parenting programme. Phase II (re-integration) includes attendance of state schools, apprenticeships, internships; stepwise teaching of independent life skills; individual support in "learning how to learn"; drug-free leisure time activities; relapse prevention; journeys home (pedagogically prepared and followed-up); intensive preparation for living alone; annual group trips; if required manifold support can be offered (sports and leisure time groups, crisis intervention, referral to ambulatory therapy, self-help groups; assistance with finding appropriate aftercare or a flat). The project works with up to 30 patients per year and is funded through the Youth welfare office, statutory health insurances and pension providers.

Dietrich Bonhoeffer Klinik Diakonisches Werk Suchthilfe gGmbH Dr.-Eckener-Str. 1-5 26197 Großenkneten-Ahlhorn dbk@diakonie-ol.de dbk@diakonie-ol.de www.dietrich-bonhoeffer-klinik.de- *This is a specialist withdrawal therapy for young patients between 14 and 25 years old lasting over 4-6 months. A detoxification programme must have been completed. The staff are multi disciplinary and there is a range of interventions used including psychotherapy, medical treatment, treatment of young women, addiction and psychosis, nursing and education services, sports therapy, occupational therapy, social work ad aftercare. The project works with up to 40 patients per year and the service is run by the*

the Lutheran church in Oldenburg

Fachklinik Bokholt Hanredder 30-32, 25335 Bokholt-Hanredder Tel.: 04123 / 9016-0 Fax: 04123 / 901612
kontakt@fachklinik-bokholt.de<http://www.fachklinik-bokholt.de>. This programme is a qualified withdrawal treatment for young people between 14-21 years old

Prerequisites: registration by phone; weekly notification until admission date; assumption of costs. The team is multi-professional staff including physicians; social workers; nurses. Interventions include medial/psychiatric diagnostics and treatment of withdrawal syndrome and secondary disorders; conventional medicine, traditional Chinese medicine (particularly acupuncture as a special offer); psycho socio-therapeutic individual and group talks. The service sees up to 15 patients per year and is funded through statutory health insurances and welfare providers.

A10 Station Stoffwechsel LWL-Klinik Hamm inder- und Jugendpsychiatrie | Psychotherapie | Psychosomatik
eithofer Allee 64 59071 Hamm telefon 02381 893-0 Telefax 02381 893-202 **westf.institut.hamm@wkp-lwl.org**www.jugendpsychiatrie-hamm.de. A service for 14-18 years old (exceptionally up to 21 years); duration of treatment: around four weeks, depending on indication, substance and set of problems. Team is multi-professional: nursing staff, educators, physicians, psychologists, psychomotoric therapists, remedial teachers, occupational therapists, speech therapists, teachers of the "school for the ill". Structured interventions including structuring of everyday life and activation; individual and family therapy based on depth- psychology-orientated, behavioural and systemic approaches; once daily group therapy session. Project works with up to 10 patients and is funded through donations.

Four Steps: Outpatient, Partial Residential and Residential Occupational Therapy Service For Drug Addicts In Schorndorf (Stuttgart)- Set up in 1974 initially as a therapeutic community, over the years the programme has widened to include long-term residential therapy and aftercare living groups, programme for parents and pregnant women, short and middle term therapy, day clinic and expert ambulance, and most recently treatment with youth welfare services for 15-21 year old people. The target group of this intervention were characterised by; high degree of stress by early alcohol consumption (< 14 years); high degree of familiar stress (loss of father or mother before 12 years); 40% without conclusion of professional training; 70% without job, among them 80% long term unemployed persons. protection factors: clean, social and familiar relations, Form of consumption: young clients with mostly mixed drug consumption (alcohol, hashish, ECSTASY; cocaine, heroine); increase of amphetamines and cocaine. Staff make includes physicians, psychologists, social workers and occupational therapists. Interventions include psychotherapy of drug addiction, systemic therapy, self management of the cessation process; increasing life competences through the therapy community and occupational therapy; modification of behaviour by specific Information. The service works with 210 people per annum. The service has been externally evaluated by the University of Tübingen which showed a high level of treatment acceptance by the clients; Follow-up: 0,5-2 years after treatment end: 81% improved consumption (with hard illegal drugs, problematical consumption and consumption free substitution) or clean (65%). Treatment supply is highly appreciated and has high acceptance. Results of the use of acupuncture for the decrease of withdrawal symptom, drug hunger and increase of well-being: After 8 weeks with 2 treatments per week all participants had optimum results at state of health and well-being. Katamnese: 79% on the job or in job trainings, 89% in further trainings, Treatment supply is highly appreciated and has high acceptance. The project is funded by the Deutsche Rentenversicherung DRV (German Pension Fund). In June 2007, the financier instructed Four Steps to hire physicians and nurses in lieu of social workers, to cut occupational therapy positions and has repeatedly threatened to stop the referral of patients.

Relapse Prevention Training Programme Youth Aid and Advisory Association (registered society) Corneliusstraße 15 60325 Frankfurt am Main- The "Training in relapse prevention" programme of the Youth Aid and Advisory Association, a treatment centre for drug addiction, was developed in a research project (Kamp et al.) on the basis of the "training in interpersonal problem- solving" by Platt et al. The training intends to improve the patients' abilities to solve problems and to communicate, and to improve their perceptive faculty. The aim is to convey new and effective coping strategies for situations of acute danger of relapse. The target group of the project is drug addicts. The methods used include role-playing, video recordings and the analysis/modification of behaviour. An internal evaluation study revealed improved communication skills, improved knowledge and fewer psychological problems in situations of stress as a result of the programme. Age group: 13-18 Substances addressed: tobacco, cannabis, opiates, alcohol, ecstasy, cocaine and derivatives, amphetamines, methamphetamines, inhalants/solvents community work, crisis intervention, drug action group, education (skills, abilities, etc.), group therapy, long-term treatment, press features, psychotherapy, reinsertion/social insertion, short-term treatment, sociotherapy, teaching packages, teaching/training, therapeutic community, video. The service works with over a 1000 patients per annum. Independent evaluation has shown that the patients' communication skills have improved; the patients' knowledge has improved; patients experienced less psychological problems in situations of stress.

Therapeutische Einrichtung für junge Abhängige Eppenhain Schloßbornerstraße 27-31

65779 Kelkheim Phone 06198 5898-0 Fax 06198 5898-29 E-mail eppenhain.@jj-ev.de www.drogenberatung-jj.de
The therapeutic services Eppenhain offer medical rehabilitation of young drug or poly-drug addicted people between 14 and 20 years old. The services work with 30 patients per year. There are three tyoes of interventions offered:-
1)Therapy-Medical treatment; psychological and social diagnostics; individual therapy planning and design in agreement with the patient; group and individual therapy; occupational therapy; concentration and brain training; family talks; relapse prevention training; trauma therapy; anger management training. 2) School and occupational therapy: class in the on-site state-certified school; work and occupational therapy in the office; home economics, garden and workshop. 3) Living groups and reality testing: group talks for the organising and instructing living together; living group for girls and young women; shared or individual recreational activities; experiential educational activities; holiday camps; sports; preparation of activities within and outside of the service; or weekend trips home; planning and preparation of subsequent support.

D4 Are specialist services available to support ChAPAPs?

Yes

Projects for ChAPAPs have not been systematically evaluated; this following list is based on information provided by Judith Bürger (social worker) and gives a non-exhaustive overview. These are not all examples of good practice because most of these projects have not been evaluated formally.

Familien Mosaik (Family Mosaic) Badischer Landesverband für Prävention und Rehabilitation e.V. Villa Schöpflin 79541 Lörrach-Brombach Villa-schoepflin@blv-suchthilfe.de www.blv-suchthilfe.de/villa-schoepflin. Drug prevention project for supporting children of addicted parents and their foster families.

Interventions include children's group, counselling for foster families, counselling and therapy for parents. The project is funded through the Foundation of the state of Baden Württemberg Schöpflin Foundation Fundraising

Fitkids Verein Information und Hilfe in Drogenfragen Stiftung Wohlfahrtspflege NRW 46483 Wesel
info@drogenberatung-wesel.de www.drogenberatung-wesel.de- Pilot project for children of addicted parents. Interventions include stabilising parents, Individual and group services for children and leisure time activities. The project is funded through the Association for welfare work North Rhine-Westphalia

Starke Kids (Strong Kids) 77399 Wipperfürth Eb.wipperfuert@t-online.de www.beratung-caritasnet.de/wipperfurth.html- Group for children from families affected by addiction. Interventions include group therapy for children and parenting programmes. The project is funded by the non-profit association M.DuMont Schauberg; Aktion "Traurige Helden", non-profit association "Wir helfen

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If yes, please describe using the table below.

Name of organisation	Description of support provided
NACOA Deutschland	http://www.nacoa.de
Anonyme Alkoholiker (Alcoholics Anonymous)	http://www.anonyme-alkoholiker.de/
Blaues Kreuz	http://www.blaues-kreuz.de/
Kreuz-Bund im Caritas-Verband	http://www.kreuzbund.de/
Guttempler (Good Templars)	http://www.guttempler.net
Al-Anon-Gruppen (Al-Anon Groups)	http://www.al-anon.de/

Alateen	http://www.al-anon.de/subdomains/alateen/www/
Freundeskreise Sucht	www.freundeskreise-sucht.de
Help line for ChAPAPs in acute distress and crisis	Hilfe! Meine Eltern trinken! (Help! My parents drink!) Such(t)- und Wendepunkt e.V. Hamburg 20099 Hamburg info@suchtundwendepunkt.de www.suchtundwendepunkt.de

Section D- please answer

- Which organisations/ professionals were involved in answering this section?
Prof. Dr. Michael Klein (KatHO NRW)
Axel Budde (KatHO NRW)
Diana Moesgen (KatHO NRW)
- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information?

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> • Services exist that are child-centred and employ well-trained social workers • These services provide conditions that are suited for children: they provide reliable and continuous support • There is public awareness for ChAPAPs, including government agencies 	<ul style="list-style-type: none"> • There is little focus on children of untreated parents • An arbitrary separation between alcohol and other drugs of abuse is made • There is a lack of evidence-based interventions
<u>Opportunities</u>	<u>Threats</u>

<ul style="list-style-type: none"> • The next step to be taken would be embedding services for ChAPAPs in the youth welfare service • The chance for systematic service provision • ChAPAPs obtaining a right to help 	<ul style="list-style-type: none"> • There is too much dependency on sources of financing that are not statutory welfare service provisions • Reach: target group is not adequately addressed
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Section F Case studies

Case study

Case study 1- Neo-natal

Stage 1

A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.

- How would this case be dealt with in your country?
- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If yes, what steps would be taken and what information would be shared with whom?

The legal status of the unborn child

In principle, physical persons have **constitutional rights** only from birth to death. However, the Federal Constitutional Court (BVerfG) has acknowledged an extension of protection by the constitution to pre-natal life. In its judgement from 25/02/1975 (BVerfG, Aktenzeichen 1 BvF 1, 2, 3, 4, 5, 6/74), the Constitutional Court ruled that pre-natal life is subject to the constitutional right to life and physical integrity in article 2 of the German constitution (Art. 2 Absatz 2 Satz GG).

Under the **Criminal Code**, the unborn child is only protected from abortion (§§ 218 ff. StGB). Even if pre-natal harm has post-natal effects to the born person, this is not punishable because relevant under criminal law aspects is not the time of birth but the time of causation.

Under the **Civil Code** (§ 823 ff. BGB) the unborn child is protected from prenatal harm and may claim damages for post-natal effects of pre-natal harm.

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes, please describe.

- What services and support would be provided to [a] Annie and [b] her mother?

They would be referred to a drug advisory service.

- Are there any practical, resource or administrative barriers to good practice?

Yes	No
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If yes, please describe:

Confidentiality - data protection could be an issue.

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes X	No
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If yes, please describe the professionals who would have been involved and the support Annie would have received

After having been informed by someone, the youth welfare office would have to ensure the child's welfare (§ 1666 BGB) and take the necessary measures such as providing social work assistance for the family. In case of mental illness, Annie would be referred to a mental hospital for inpatient detoxification.

- What action, if any, would need to take place now to assess and protect mother and child? Please describe
- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No
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If yes, please describe

Yes, she could get in touch with a drug advisory service.

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?

Most likely, this case would be approached unsystematically, with possible actions ranging from ignoring the problem completely to complete sensitisation. Ideally, the teacher would consult the school psychologist or the school social worker, if available and, alternatively, seek external advice.

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

YesX	No
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If yes, what steps would be taken and who and what information would be shared?

§ 42 school law of North Rhine-Westphalia (NRW Schulgesetz)

„The care for the well-being of pupils requires to the pursuit of any appearance of neglect or abuse. The school decides in due time about the inclusion of the youth welfare office or other bodies.”

If no, please describe the actions the teacher /school staff member would take?

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
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If yes, please describe

§ 42 NRW Schulgesetz

„The care for the well-being of pupils requires to the pursuit of any appearance of neglect or abuse. The school decides in due time about the inclusion of the youth welfare office or other bodies.”

Stage 2

Joanne’s behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

The teacher would praise the child for opening up, encourage her and try to disburden by telling her that none of this is her fault. The teacher would then try to speak to the parents but only after previously having consulted the child. The youth welfare office would not have to be engaged yet.

- What services would now be offered to Joanne and her family?

When speaking to the parents the teacher would probably offer to work together with a drug advisory service. For Joanne, the teacher might suggest joining a children’s group for ChAPAPs.

- Are any of these services obligatory?

All states in Germany have school laws. Excerpts from the on for North Rhine-Westphalia follow below.

Yes: § 41 NRW Schulgesetz

(1) Parents register and unregister their school-age child at the school. They are responsible for the child's attendance of class and other mandatory activities and equip him/her adequately.

(3) "Teachers and principals are required to urge school-age children who do not fulfil their school attendance to attend school regularly and to act upon the parents and those jointly responsible for vocational education."

(4) Should the pedagogic action remain unsuccessful, school-age children may be coercively referred to the municipal public order office administration enforcement law under §§ 55 to 65 administration enforcement law (Verwaltungsvollstreckungsgesetz). The youth welfare office must be informed about the intended measure."

(5) Parents may be urged by legal coercives under §§ 55 to 65 administration enforcement law law (Verwaltungsvollstreckungsgesetz) to fulfil their obligations under (1).

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?
The police would have to inform the stand-by of the youth welfare office who would decide what actions are necessary. The police would only be allowed and required to act in case of immanent danger to public safety, i.e. laws being broken (e.g. child welfare).

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No X
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

The police may only take action if there is a threat to public safety (and then they have to do so).

- Would the housing department have any role in this situation?

Yes	No X
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If yes, what action would they take and could they provide any support? Please describe

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes X	No
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If yes, please describe what type of service this would be.

If no, are there alternative services where he could receive help?

He would be referred to a youth drug advisory service run by a social service provider (e.g. Kiff & Co.) where young consumers can reflect on their drug consumption and the risks involved. If necessary, detoxification and treatment would be included. As an ultimate measure, individual case support would be offered. This would entail a social worker regularly coming by at his home, one-on-one-interviews or referring him to a living group (only voluntarily). For youth welfare services and addiction treatment services, a wide range of options exist – the problem is the dependence on the willingness of the adolescent.

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe
See above In addition, the FreD programme could be an option (FreD is an early intervention for first time juvenile offenders, is a clearly structured and defined intervention programme which aims to prevent further marginalisation and re-offending). Regarding the 15 year old, the matter could be taken to juvenile court (the age of criminal responsibility is 14 in Germany). The judge would refer him to a youth welfare service to gain a clear assessment of the situation.
- What action would be taken about the 15 year old's possible exclusion from school?
He could be sent to another school or referred to a assisted living, provided he agrees. As a last measure, **intensive social and educational counselling on an individual basis** might be considered
- Are there any parenting support programmes which could be offered to the family? If yes, please describe.
Child guidance centres exist but tend not to be utilised much. There are also support programmes such as „breakfasts for mothers“. The problem is getting people to go there. This is tried by the youth welfare office pitting on pressure, e.g. by requiring proof of attendance at certain intervals or of having started a treatment.

The last measure would be separating the children from the family. Often, the co-operation between the youth welfare service and the juvenile court is difficult because the judge tends to assess the situation differently, due to the limited insight gained during the court proceeding (people “behave”).

IRELAND COUNTRY QUESTIONNAIRE

Completed by: Cliona Murphy, Policy Development Officer, Alcohol Action Ireland, Butler Court, 25 Great Strand Street rear, Dublin 1, Ireland

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

	No
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No valid reliable data are available for Ireland from our Health Services Executive (HSE) which is the state agency with responsibility for providing health and personal social services for every person living in the Republic of Ireland.

Type of information	Prevalence and brief description*
Survey data	No prevalence data
Medical records	No prevalence data
Children in public care* data	No prevalence data
Research studies	<p>One study from 1999 found that 43% of children in care from one county in Ireland were there due to parental drinking problems (Butler, 2002)</p> <p>The Eurocare/COFACE Report (1998) <i>Alcohol Problems in the Family</i> estimates that between 61,000 and 104,000 children in Ireland aged under 15 are living in families negatively affected by alcohol. This estimate was calculated by applying Danish and Finnish estimates (7% and 12% respectively) to the Irish population aged under 15.</p>
Other administrative sources- please describe	None that I am aware of

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

	No
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However, there exists concern as to the potential extent of FASD in Ireland due to our high consumption rates of alcohol and our harmful patterns of drinking. A study of women who attended the one of the three main maternity hospitals in Dublin found that only 13.2% stopped drinking during pregnancy. Almost two-thirds (63%) of the 43,318 women surveyed said they drank alcohol during their pregnancy.

In 2007, the Department of Health and Children's Chief Medical Officer provided clear advice on drinking alcohol during pregnancy:

Given the harmful drinking patterns in Ireland and the propensity to binge drink, there is a substantial risk of neurological damage to the foetus resulting in Foetal Alcohol Spectrum Disorders (FASD). Therefore, it is in the child's best interest for a pregnant woman not to drink alcohol during pregnancy.

Section A- Please answer

- Which organisations/ professionals were involved in answering section A?

Dr Shane Butler, School of Social Work and Social Policy, Trinity College, Dublin; Michele Savage, founding member of Foetal Alcohol Support Ireland

- What references/sources of information/ literature were used in the preparation of section A?
Barry S, Kearney A, Lawlor E, McNamee E and Barry J (2006) *The Coombe Women's Hospital study of alcohol, smoking and illicit drug use, 1988–2005*. Dublin: Coombe Women's Hospital

Butler, S. (2002). *Addiction Problems, Addiction Services, and Social Work in the Republic of Ireland*, *Journal of Social Work Practice in the Addictions*, 2, 31-48

Eurocare/COFACE Report (1998) *Alcohol Problems in the Family: A Report to the European Union*. England: Eurocare

Fitzgerald, E. (2004) *Counting Our Children: an Analysis of Official Data Sources on Children and Childhood in Ireland*. Dublin: Children's Research Centre

Hope, A. (2008) *Alcohol Related Harm in Ireland*. HSE – Alcohol Implementation Group

Mongan D, Reynolds S, Fanagan S and Long J (2007) *Health-related consequences of problem alcohol use*. Overview 6. Dublin: Health Research Board

Office of the Minister for Children and Youth Affairs/Department of Health and Children (2008) *State of the Nation's Children*. Dublin: Stationery Office

www.dohc.ie [website of Department of Health and Children]

- How easy/ difficult has it been to collect this information for section A?

Not too difficult as there is so little data available.

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)?

The Keeping it in the Family Survey conducted by market research firm Behaviour and Attitudes and commissioned by Alcohol Action Ireland in April 2009 was the first study of the prevalence and impact of parental drinking in Ireland

B2 Please indicate any results which have particular relevance for:-

- m) increasing understanding of the links between child health and parental alcohol misuse
- n) policy, service and professional development

None

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

The key text in this area is Hope, A. (2008) *Alcohol Related Harm in Ireland*. HSE – Alcohol Implementation Group

Section B Please answer

- Which organisations/ professionals were involved in answering section B?

Dr Shane Butler, School of Social Work and Social Policy, Trinity College, Dublin

Dr Hilda Loughran, Lecturer, School of Applied Social Sciences, University College Dublin

Dr. Angela Veale, Department of Applied Psychology, University College Cork, Ireland

Eilis Hennessy Ph.D., C.Psychol., Reg.Psychol., Senior Lecturer, UCD Fellow in Teaching and Academic Development, University College Dublin,

Elizabeth Nixon, Ph.D, Lecturer in Developmental Psychology, School of Psychology, Trinity College, Dublin

- What references/sources of information/ literature were used in the preparation of section B?
PubMed

Mercer library, Royal College of Surgeons in Ireland

- How easy/ difficult has it been to collect this information for section B?

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	
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The Department of Health and Children has the role of supporting the Minister and government by

- Advising on the strategic development of the health system including legislation and policy
- Supporting their parliamentary, statutory and international functions
- Evaluating the performance of the health and social services
- Working with other sectors to enhance people's health and well-being

C2 Is there a government department with responsibility for chAPAPs?

Yes	
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The Department of Health and Children's statutory role is to support the Minister in the formulation and evaluation of policies for the health services. It also has a role in the strategic planning of health services. This is carried out in conjunction with the Health Service Executive, voluntary service providers, Government Departments and other interested parties.

The Health Service Executive (HSE) is responsible for providing Health and Personal Social Services for everyone living in the Republic of Ireland. The HSE was set up as part of the provisions of the **Health Act, 2004**, which states the objective of the HSE is to provide services that improve, promote and protect the health and welfare of the public. Under the Child Care Act 1991, the HSE has a statutory duty to promote the welfare of children in its area who are not receiving adequate care and protection. In the performance of this function, the HSE is obliged to take the necessary steps to identify children who are not receiving adequate care and protection, and to co-ordinate information from all sources relating to children in its area. The HSE is also obliged to provide child care and family support services.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

Yes	
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Data available but this section has not been completed.

C4 Are there any current national government initiatives or strategies which address chAPAPs ?

	No
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C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes (a)	No (b)
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If yes, please use the table below

Legislation/ Regulatory duty	Description
Please specify if this refers to (a), (b) or both	

Child Care Act 1991	<p>Provides for the care and protection of children and for related matters</p> <p>Places a legal duty on the HSE to promote the welfare of children not receiving adequate care and protection. In practice, HSE social workers are designated responsibility for responding to reports about child welfare and protection. Service delivery is a statutory duty of the HSE and services are delivered through local HSE offices</p>
<p>Children First: National Guidelines for the Protection and Welfare of Children</p> <p>[Department of Health and Children, 1999]</p>	<p>Not on a statutory basis – provides guidance for staff and managers of services on how to recognise indicators of child abuse and provides guidelines on how to respond when a concerns about children are reported. The Minister for Children announced in July 2009 that compliance with Children First by staff of publicly funded bodies is to be put on a statutory basis following the introduction of the necessary legislation.</p>
Children Act 2001	<p>The Act governs state responses to children who come into contact with the justice system. It has a focus on diversion from the criminal justice system and contains a number of provisions concerned with family support.</p> <p>A number of provisions for community sanctions are contained in the Act, some of which involve the court ordering parents to engage with interventions aimed at improving parenting, e.g., mentoring, courses.</p>

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	
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Programme	Brief description
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<p>Walk Tall programme</p> <p>www.dwec.ie/walktall/</p>	<p>Developed and launched in first level schools in the 1990s. Evaluation in 2003 found that teachers believed the programme had positive outcomes for children including safety, drug prevention, self-esteem, personal responsibility and decision-making (Morgan, 2003). In the survey, over 95% teachers said the extent of alcohol abuse among adults was a 'very important' reason in bringing about the need for the programme.</p>
<p>Social Personal and Health Education (SPHE) programme</p> <p>Department of Education and Science/Department of Health and Children/Health Services Executive</p> <p>http://www.sphe.ie/info.htm</p>	<p>The Education Act 1998 places an obligation on schools to promote the social and personal development of students and to provide health education for them. A module on substance misuse is included in each year of the three year junior cycle at second level. Alcohol use is addressed as one element of the module on substance abuse in the SPHE programme. Alcohol is included in the first two of three yearly modules. The stated outcomes of the modules are that students will have an understanding of the implications of alcohol use for personal health and social interaction. They also aim to increase students' understanding of the physical and psychological effects of drugs, legal and illegal.</p> <p>A programme of SPHE which includes a module on substance use, is also available for senior cycle, i.e., the final two years of second level school.</p> <p>At first level, in the final two years, the programme has as one objective that children will be enabled to understand the effects of various substances including alcohol, and to explore relevant influences.</p> <p>Not all schools teach the programme</p>
<p>Health Services Executive/Health Promotion Unit</p> <p>http://www.healthpromotion.ie/alcohol/alcohol-and-young-people/</p>	<p>The HSE launched an alcohol awareness campaign in 2008 aimed at delaying the age at which young people start to drink. The campaign features a TV advertisement, which shows young people in a variety of situations where they have the opportunity to get alcohol or drink alcohol. The aim of the campaign is to convey to parents that teenagers need clear messages from parents that underage drinking is unacceptable. Parents are offered guidance on what they can do to delay the onset of teenage drinking.</p> <p>The campaign is supported by a booklet Know the Facts</p>

	About Alcohol
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C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children’s health and wellbeing?

	No
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Data available but this section has not been completed.

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

	No
--	----

Not specifically. Professional training in this regard is generally provided as one element of addiction training. Education and training on chAPAPs would tend to be a peripheral matter.

Section C please answer

- Which organisations/ professionals were involved in answering this section C?

Dr Shane Butler, School of Social Work and Social Policy, Trinity College, Dublin

Paula Mayock PhD, Lecturer in Youth Research, School of Social Work and Social Policy and Children’s Research Centre, Trinity College, Dublin 2

David Lane, Co ordinator Drug and Alcohol Services, HSE South

Rolande Anderson, Alcohol Project Director, Irish College of General Practitioners, Dublin

- What references/sources of information/ literature were used in the preparation of section C?
- How easy/ difficult has it been to collect this information for section C?

D) Service delivery Data available but this section has not been fully completed.

D1 Are there specialist alcohol treatment* services for parents?

Yes	No
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Strengthening families project Cork Local Drugs Task Force (LDTF), Southern Regional Drugs Task Force and Drug and Alcohol Services HSE SA- Parenting and family strengthening programme for high risk families. The Strengthening Families Programme is designed to allow parents and their children build new, healthy parent/child

communication skills that build up positive relationships within families. Evidence-based family skills programme found to significantly reduce problem behaviours, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance in 12-17 year old children. The service has been in operation in Cork for two years now.

In addition, in 2009, 12 Strengthening Families programmes will be delivered nationally

D2. What other relevant services are there for parents who misuse alcohol?

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	
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D4 Are specialist services available to support chAPAPs?

	No
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D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	
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If yes, please describe using the table below.

Name of organisation	Description of support provided
Al-anon	
Al-ateen	

Section D- please answer

- Which organisations/ professionals were involved in answering this section?
Dr Shane Butler, School of Social Work and Social Policy, Trinity College, Dublin

David Lane, Co ordinator Drug and Alcohol Services, HSE South

- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information?

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

Strengths

- Alcohol Action Ireland, the national charity for alcohol-related issues, has a key focus on raising awareness of the impact of problem alcohol use by parents on children and in building a coalition of multiple credible voices on this issue
- There has been an increase in media focus on chAPAPs following a roundtable meeting of key NGOs, HSE staff and other key influencers, which was planned and facilitated by Alcohol Action Ireland in December 2008. The roundtable meeting also highlighted the fact that a number of national NGOs have had the issue show up on their radar, some of whom were unsure of how to frame the problem
- A key children's NGO is planning to collect data on children affected by parental alcohol use and to focus on this issue in 2009
- The forthcoming (2010) National Substance Misuse Strategy will combine alcohol and drugs

Opportunities

- The role of the Office of the Minister for Children and Youth Affairs (OMCYA), set up in 2007 is to improve the lives of children under the National Children's Strategy 2000-2010, and to bring greater coherence to policy making for children
- *The Agenda for Children's Services; A Policy Handbook* was published by the OMCYA and the Department of Health and Children in 2007. It sets out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland. Its aim is to assist policy-makers, managers and frontline practitioners to engage in reflective practice and effective delivery of evidence based, needs led and outcomes focused services. Supporting families is central to the whole child/whole system approach to meeting the needs of children
- A National Data Strategy on Children's Lives is being led by the OMCYA. The aim of the Strategy is to "set out an overarching strategic roadmap for the identification, collection, compilation and dissemination of data which will facilitate the utilisation of good quality easily accessible, internationally comparable information about children in Ireland and will ultimately improve the lives of all children in Ireland" [State of the Nation's Children (2008) OMCYA/Department of Health and Children]. A commitment to developing such a strategy was made in the most recent social partnership agreement *Towards 2016*
- The National Longitudinal Study *Growing Up In Ireland* includes questions on parental alcohol consumption for each cohort participating in the study. The study will track the lives of 10,000 nine month old children and 8,000 nine year olds and is funded by the Department of Health and Children

Weaknesses

- ChAPAPs are not recognised as a distinct group in Ireland
- No information collected at a national or regional level about chAPAPs
- There are regional disparities in thresholds of risk at which HSE social work services will intervene, as well as in service provision and access to services across the country
- Poorly designed data collection strategies in relation to children who use child care and family support services in Ireland means that the data gathered is of very limited use for planning and responding to the needs of children about whom welfare and protection reports are made to the HSE
- For example, under section 8 of the Child Care Act, 1991, there is a requirement on the HSE to review the adequacy of child care and family support services on an annual basis. Under the heading 'Primary Reason for Welfare Concern' the category which includes parental alcohol problems is actually a number of categories collapsed. The category used is 'family member abusing drugs/alcohol'. As such it is not possible to say how many child welfare and protection reports are made with parental alcohol problems as the primary welfare concern

- The lack of documented and publicised examples of good practice in service provision to chAPAPs makes it difficult to see what can be achieved
- Professionals are, in general, not adequately trained to identify and work with families where parental alcohol problems are impacting on children's health, development and welfare
- Many alcohol services provide interventions for parents engaged in problem alcohol use but most do not provide services to their children, or family based interventions. Also, it is often the case that HSE social workers focus on the child's needs and refer the parent to alcohol treatment services. Thus, families can often receive a fragmented response to their needs
- Ireland has no effective implementation of its National Alcohol Strategy (1996). Nor has the Strategy been reviewed

Threats

- Economic downturn, reduced government revenue and cutbacks in public spending
- The government is a major recipient of alcohol revenue
- In Ireland, we have a powerful drinks industry and an indigenous drinks industry. The industry has been very successful at promoting its legitimacy as a social partner, and in presenting the case that there is no dissonance between its corporate social responsibility role and its role in maximising shareholder profits by increasing sales and consumption of alcohol through marketing, etc.
- The drinks industry highlight job losses within the industry during economic downturn
- Social services are under resourced and understaffed and are unable to adequately respond to many of the demands made upon them
- Home drinking has increased partly as a result of the increase in cheap and below cost alcohol sold in supermarkets [now possible due the abolition of the Groceries Order in 2006] the ban on smoking in pubs, restaurants and hotels, and economic recession. This change increases the exposure of children to alcohol use and problematic alcohol use in the home.

Section E Please answer

- Which organisations/ professionals were involved in answering this section?
- What references/sources of information/ literature were used in the preparation of this section?
Buckley H., Whelan S., Carr N. & Murphy C. (2008) Service Users' Perceptions of the Irish Child Protection System. Office of the Minister for Children and Youth Affairs, Department of Health and Children. Dublin: Stationery Office
- How easy/ difficult has it been to collect this information?

Section F Case studies

Case study

Case study 1- Neo-natal

Stage 1

A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the

same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.

- **How would this case be dealt with in your country?**

Annie's doctor has a number of options. He/she would ask Annie about her alcohol use, talk about his/her concerns about her use and refer her on to alcohol treatment services. The doctor would also talk to Annie about making contact with the doctors and social work department of the maternity hospital she attends to make them aware of his/her concerns.

Regarding Annie's mother, the doctor may suggest that she persuade her daughter to engage with alcohol treatment services and/or that she contact the social work department of the maternity hospital with her concerns. He/she may suggest a support network such as Al-Anon for Annie's mother herself to make contact with. Finally the doctor would write to Annie's consultant in the maternity hospital with these concerns and seek further advice as to the management of the case.

The example mentions that Annie is a mother. If Annie's mother has concerns about her daughter's ability to care for her children, the doctor could suggest that Annie's mother make contact with the local HSE to report her concerns about her grandchildren's care.

- **Are there any legal requirements and/or regulations for a doctor or other health professional to take action?**

<input type="checkbox"/>	No
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However, many doctors would feel compelled to report the concerns, as in a case such as above, directly to the HSE Child Care Manager/social work department and/or the Hospital based maternity team social workers.

If yes, what steps would be taken and what information would be shared with whom?

- **Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?**

<input type="checkbox"/>	No
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However, the answer depends on what 'screening' means. Most doctors would ask about alcohol use if looking after a woman who is pregnant and give her advice. It is doubtful whether the majority would use formal screening tools though at this stage. The current advice that the Irish College of General Practitioners (ICGP) puts out is that no amount of alcohol is 'safe' during pregnancy and the vast majority of GPs would give such advice.

If yes, please describe.

- **What services and support would be provided to [a] Annie and [b] her mother?**

[a] The services and supports provided to Annie would depend wholly (unless the GP referred case to HSE) on her willingness to engage. The hospital social worker would probably be asked to be notified when Annie attended the hospital and would have set up appointments to meet with Annie prior to the birth of her baby. Alcohol treatment services in the form of counselling, detox, or brief intervention are examples of interventions that could be offered, counselling being the most likely service/support to be provided. In the case example GPs are likely to seek advice from the Obstetrician involved in the case. In some rare cases the mother may be admitted to maternity services if the risk of harm was deemed to be imminent.

[b] Annie's mother could access support from Al-Anon. There may be family support services for relatives of those using drugs/alcohol in her area that she could access. Also, if her daughter engaged with alcohol treatment services,

Annie's mother may also be able to access support through the treatment service.

- **Are there any practical, resource or administrative barriers to good practice?**

Yes	
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There are a range of current resource issues in this area. There may be waiting lists in certain areas and the sheer volume of patients means that GPs have very little quality time for screening and/or preventative work. There is also little specialist help/advice available for pregnant women who are abusing alcohol and/or other drugs and no specialist services for this specific group. Finally in certain areas there are long waiting lists for treatment services.

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- **Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?**

	No
--	----

If yes, please describe the professionals who would have been involved and the support Annie would have received

If there were clear concerns about Annie's child's welfare and development, these concerns and any assessments made would have been communicated by maternity hospital personnel (doctors and social workers) to the HSE PHN and to the HSE social work department. The maternity hospital social work team would have made an assessment prior to discharge. The HSE social work department would make an initial risk assessment before deciding on the priority the referral would be assigned.

However, if the case had been reported at the earlier stage and if the social work department in the HSE or in the maternity hospital deemed the child to be at considerable risk, the social workers would still be monitoring the case at this stage. They would be obliged to follow through on such cases. Alternatively the case could now be referred by any of the professionals involved in the care of Annie and her child.

The local Public Health Nurse (PHN) who is employed by the HSE provides child health and family support services to all children under five years within available resources. Although the resource of the PHN service is usually overstretched, PHNs visit all babies to conduct developmental tests in the home in the first few months. If there are additional concerns, a PHN would prioritise a child and family for a home visit.

Also, babies (and where necessary, mothers) attend either the maternity hospital or the GP for a check-up at six weeks. If there were particular concerns about a child's health, welfare or development, additional appointments with the hospital would be made, as appropriate.

- **What action, if any, would need to take place now to assess and protect mother and child? Please describe**

Depending on the priority assigned to the case following initial assessment by the local HSE and the resources available, a social worker may be assigned to make a full assessment which would involve home visits to the mother and child, meetings with other professionals involved as well as a child protection conference involving both professionals and family. If, at any point, there are concerns there is an immediate and serious risk to the child's health or welfare, the HSE can apply to the courts for an emergency care order under the Child Care Act 1991 to place the child with a relative or in foster care, as appropriate. This action is rarely taken, as placement of a child in care can often be negotiated with a parent.

If the baby continues to live with Annie but is considered by the HSE to still be at continuing risk, his name and details would be entered onto the Child Protection Notification System (CPNS) which is a HSE record of all children about whom there is a child protection risk following an initial assessment. It is expected that a written child protection plan be drawn up in a process involving all parties, and that this plan be reviewed on a six monthly basis (Children First).

- **Are there support services available for Annie's mother to seek help, support and advice?**

Yes	
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As described above.

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?

The teacher would, most likely, meet with the Designated Liaison Person (DLP) for the school to talk about her concerns about Joanne and basis for her concerns. Each board of management is required to designate a senior member of staff, normally the Principal, as the Designated Liaison Person (DLP) for the school. The DLP acts as a liaison person with the health authorities and other agencies (e.g. the Gardai [police]) and as a resource person to any staff member who has child protection concerns. School child protection guidelines state that once there are reasonable grounds for a child abuse suspicion or allegation, the matter should be reported without delay to the health authorities.

In practice, however, many schools would invite Joanne's mother to the school so they could make known their concerns, and to make her aware that the school will be referring their concerns to the HSE social work department/Child Care Manager. If the referral is made to the HSE by phone the school would be advised to follow up their concerns in writing before the HSE would act, unless there exists a serious risk to the protection and welfare of the child.

- **Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?**

Yes	No
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There are no legal requirements on teachers/school staff to report concerns about child abuse and neglect.

However, all employees of the Department of Education and Science are obliged to follow Departmental guidelines and

procedures which are based on Children First. The main aim of the Department Guidelines and Procedures is to give direction and guidance to school management and staff in dealing with allegations or suspicions of child abuse, with the protection and well-being of the child being the most important consideration.

Steps described above

In addition, a child protection notice, which is a set form, may be completed and sent to a designated liaison person in the Department of Education. Sometimes, the referral is made directly to the designated person in the department who then refers the case to the HSE.

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

<input type="checkbox"/>	No
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It is not the role of schools to investigate such cases. Such investigations are the statutory responsibility of the HSE. However, schools are required to adhere to the Department of Education and Science guidelines and procedures for responding to cases where children may be at risk, and to refer such cases to the HSE.

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

The teacher would be expected to ensure the HSE are made aware of the additional information she had received from Joanne. This information may be conveyed directly by the teacher, principal or by the DLP. The teacher would, most likely, tell Joanne what action the school would take. If Joanne has an allocated HSE social worker, it is also possible that the teacher may be able to talk to the social worker and tell Joanne what action the social worker will take.

- What services would now be offered to Joanne and her family?

The HSE would carry out a risk assessment with regard to Joanne and her sister, followed by a more in-depth assessment of whether and how their needs are being met. It is on the basis of these assessments that the HSE would decide what services to offer Joanne and her family. It is not clear how involved Joanne's father is in her care, and that of her sister. His capacity to meet their needs would also be assessed. Joanne's mother would need a psychiatric assessment. Services offered could also include a range of family support services, as well as alcohol treatment and counselling for Joanne's mother. If there existed an immediate and serious risk, the children could be placed in the care of their father or another relative (if suitable care could be provided) or in foster care until a more complete assessment of their needs could be made. This agreement could be made on a voluntary basis or, if agreement was not forthcoming, the HSE would need to apply to the courts for such an order.

- Are any of these services obligatory?

The only obligatory service would be where a court makes an order on application of the HSE in relation to Joanne or her sister. For example, placement of the children in care where the court makes a care order. The HSE also have the option of applying to the courts for a supervision order under the Child Care Act 1991 which would authorise the HSE to visit the children periodically. The court may also give directions as it sees fit regarding the care of the children and may require the

parent to undergo medical/psychiatric examination/assessment/treatment.

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?

The Gardai (police) would refer the case to the HSE. The HSE social work department would then make an initial assessment before deciding on how best to respond the children's needs. If the children are rarely attending school it is likely that the National Education Welfare Board would be involved in providing support to the children and family. The NEWB is the national agency with responsibility for encouraging and supporting school attendance. Where appropriate, the NEWB will ensure a child receives alternative education that meets their needs, or will support their participation in training. Education Welfare Officers are likely to be allocated to these parents to support them to help their children attend school.

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No
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The Gardai would be obliged to act on the neighbour's concerns if the neighbour indicated that an offence had been committed and they wished to make a complaint. For example, if they alleged that one of the children had assaulted another child, breached the public order, etc.

With regard to the issue of rehousing the family, this would be a matter for the local authority. The Gardai would inform the caller that they need to contact the Local Authority. The Gardai could also provide information to the Local Authority on complaints received about the family's anti-social behaviour.

- Would the housing department have any role in this situation?

Yes	
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If the housing is local authority housing, a social work service in the form of housing welfare officers could be provided. However, housing welfare officers do not have statutory responsibilities for child protection and would need to refer the case to the HSE.

As a last resort, the local authority could take proceedings to evict the family under the Housing (Miscellaneous Provisions) Act 1997 which was developed to respond to serious anti social behaviour in housing estates, especially drug-related activities.

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	
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If yes, please describe what type of service this would be.

The kind of service would depend on the catchment area in which the young person lived.

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe
Again the HSE are delegated statutory responsibility for promoting the welfare of children who are not receiving adequate care and protection. It is the statutory responsibility of the HSE to take steps to identify such children and to provide child care and family support services. It is likely that a Child Protection Conference would be called by the HSE Child Care Manager. The meeting would involve all those working with the family and the child's parents with the aim of sharing information and making plans as to how best to meet the needs of the children.
- What action would be taken about the 15 year old's possible exclusion from school?
The NEWB would have a role in supporting parents and child in the process. Support may be sought from additional services such as the National Educational Psychological Service (NEPS), Child and Adolescent Mental Health Services, the National Behavioural Support Service. Legal protections for the individual's right to education mean that the decision to expel is open to appeal. Schools are required to have policies and procedures in place regarding expulsion as it is considered to be a step warranted only by very serious misbehaviour.
- Are there any parenting support programmes which could be offered to the family? If yes, please describe.
As it is likely that at this stage, the children are involved with the juvenile justice system, community sanctions legislated for in the Children Act 2001 could be used by a court. A court may direct that the parents engage in parent training and support programmes.

ITALY COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	No
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If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Survey data	<p>Source: National Centre for Epidemiology, Supervision and Promotion of Health – Higher Institute of Health</p> <p>In 2004, alcohol intoxication caused 72% of the total number of road accidents linked to alterations in the psychophysical state of the driver, with 4,140 cases (compared to 3,548 in 2003).</p>
Medical records	<p>Source: National Centre for Epidemiology, Supervision and Promotion of Health – Higher Institute of Health</p> <p>According to parliamentary data, the national level of hospitalisation for diagnoses completely attributable to alcohol was 167.2 (per 100,000 inhabitants) in 2003, slightly less than the figure of 171.1 in 2002. In 2004, 53,914 alcohol-dependent persons (41,829 men and 12,085 women) were in the care of territorial services for alcohol dependency.</p>

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No
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If yes, please briefly describe these data and the prevalence they suggest.

There is no systematic data collection on the prevalence of foetal alcohol spectrum disorder. However, research by the Lazio Region Alcohol Reference Centre, found an incidence of alcohol-related neonatal pathologies in Italy of between 3.7 and 7.4 of every 1000 born.

The Italian Physicians Union has published the following data: out of every 620.000 Italians born annually, 27,000 are affected by Foetal Alcohol Syndrome.

Section A- Please answer

- Which organisations/ professionals were involved in answering section A? The Higher Institute of Health (reports, publications and websites), and Physicians' Associations and Unions.
- What references/sources of information/ literature were used in the preparation of section A? Report by the Higher Institute of Medicine, publications and research by medical associations and Pubmed
- How easy/ difficult has it been to collect this information for section A? Very difficult. There is little data and it is not systematic.

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre-birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)? Please explain in detail using **Appendix A** attached. If you are including details on large-scale and/or influential/important studies, please also attach relevant abstracts in English.

Appendix A (B1) Research- ITALY

1. Please briefly describe what methodology and search engines you used to find out the information
2. Complete the table below filling in as much details in regards to the various headings.

Reference	Summary and Research Question	Methodology	Findings		Recommendations	Limitations
			<i>Mental Health</i>	<i>Physical Health</i>		
Clinical delineation of foetal alcohol spectrum disorders (FASD) in Italian children: Comparison and contrast with other racial / ethnic groups and implications for diagnosis and prevention, Ceccanti M., Spagnolo P.A., Tarani L., et al., Neuroscience & Biobehavioral Reviews. Volume 13, Issue 2, 2007, p. 270-277	In Italy, little is known about the spectrum of adverse fetal effects related to maternal alcohol use during pregnancy. In this paper, we report on the phenotype of Italian children with fetal alcohol spectrum disorders (FASD). These data were gathered as part of a field study assessing the prevalence of FASD in children in an in-school study in a rural area near Rome. The purposes of this paper are: (1) to completely characterize the clinical phenotype of a large cohort of Italian children with FASD; (2) to correlate and contrast the phenotype of this population with that observed in other populations and	The children studied represented all children enrolled in first grade at randomly selected schools in Lazio, for whom consent to participate was provided for by parents and/or other guardians. Consent forms were signed and returned by a little over half (51%) of the parents; therefore, exactly half of the children eligible to participate were enrolled. The height, weight, and head circumference (occipitofrontal circumference—OFC) were measured for each child by the local school physicians for the schools in the study. School performance and behavior were assessed by the teachers, by means of the Teacher Disruptive Behavior Disorder Rating Scale (Italian translation). Also the children's parents were also systematically queried about signs of attention deficit and hyperactivity. The children with impaired growth (height,		Of the 181 studied children, 22 (12%) received a diagnosis of FASD. Four of those subjects (18%) were assigned a diagnosis of FAS; 17 (77%) a diagnosis of PFAS; and 1 (5%) a diagnosis of ARND. Fifty percent of children diagnosed as FAS exhibited all 3 facial features: short palpebral fissures, thin vermilion border of the upper lip, and a smooth philtrum; 36% of PFAS children had all 3 facial features.	Awareness of the problems related to prenatal exposure to alcohol may be increased only by a careful assessment of FAS and FASD risk in our country (currently unknown) and by a nation-wide public education campaign, with widespread media support, targeted at the promotion of the health of pregnant women and unborn children. Women of childbearing age, not pregnant and not on contraceptive treatment, should be advised to drink no	

<p>reported in the medical literature; (3) to discuss the drinking habits of Italian women, before, during and after pregnancy; and (4) to suggest mechanisms for intervention and prevention of FASD based on data gathered from this study.</p> <p>Keywords: Foetal alcohol syndrome; Foetal alcohol spectrum disorders; Dysmorphic features; Maternal drinking; Prevention</p>	<p>weight, occipitofrontal head circumference <10% centile) or impaired learning attitude (learning deficit and/or attention and hyperactivity) were advanced to the next tier of screening for dysmorphology assessment. Controls from the same 1st grade classes were chosen via a random number table from all children for whom there were signed consent forms. Control children underwent the same screening and testing simultaneously with the index cases. Maternal alcohol consumption during pregnancy was investigated by a standard interview; the interviewer also obtained family, medical and developmental histories.</p> <p>Each child who met screening criteria as set forth above (181 subjects and 75 controls) underwent a standardized dysmorphology assessment. The sample was well matched in terms of sex balance and age: 51% of all subjects were male and the mean age was 80 months (6.7 years).</p>			<p>more than seven drinks per week and no more than three drinks on any one occasion. All women should be advised that a safe level of drinking during pregnancy has not been determined, and that abstinence during pregnancy is the safest course. This is a difficult task in Italy, since Italy is a major international wine producer, and all campaigns aimed at a reduction of wine drinking (at any rate and in any population subsets) are strongly opposed by the lobbies of wine growers and wine producers.</p> <p>In Italy, clinicians and psychologists should be advised of the need to take a thorough history to</p>	
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					<p>determine alcohol use in all women of childbearing age. During pregnancy, obtaining a careful drinking history is mandatory. Screening tests to detect at risk pregnancies, such as T-ACE (Tolerance, Annoyance, Cut down, Eye-opener) may be helpful (King, 1986; Sokol and Clarren, 1989; Kaskutas and Graves, 2000; Sobell et al., 2001; Jacobson et al., 2002). Also the assessment of common markers of alcoholism (γ-GT, MCV, GOT/GPT ratio, CDT) in at risk mothers may be useful.</p>
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B2 Please indicate any results which have particular relevance for:-

o) increasing understanding of the links between child health and parental alcohol misuse
Risks that alcohol consumption by parents, in particular pregnant women, can pose to the physical and mental health of their children are often underestimated in Italy, by the population at large as well as by many doctors and health workers. Awareness of the risks of alcohol abuse seems the first, fundamental objective to be achieved. (Association of Physicians).

p) policy, service and professional development
More training, starting at university, for health workers and doctors on the risks to the health of children when parents consume alcohol (Foetal Alcohol Syndrome in newborn babies, violence within the family, neglect and the development of pathological dependency in children, etc.)

Section B Please answer

- Which organisations/ professionals were involved in answering section B? The Higher Institute of Health
- What references/sources of information/ literature were used in the preparation of section B? Publications and research by medical associations, Pubmed.
- How easy/ difficult has it been to collect this information for section B? Difficult. There are projects/prevention action and collections of literature, but very little research. The problem of the lack of data is also underlined in the book: Mezzani L, I figli degli alcolisti: un problema in cerca di ascolto, Fondazione Istituto Andrea Devoto, Florence, 2008

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	No
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice

The Ministry of Labour, Health and Social Policy is responsible for reducing alcohol-related damage to society and health (prevention, diagnosis and treatment). State competences co-exist in actions to monitor data related to alcohol abuse and alcohol-related problems and in information and prevention action, with specific appropriation in order to create them. The Ministry of Health has the task of caring for and reintegrating alcohol-dependent persons into society.

In recent years in particular, since 2003, a specific strategy has been identified and carried out to reduce risks linked to alcohol, which has identified avoiding alcohol consumption in the very young, reducing abuse and reducing the risks linked to incorrect behaviour as its main objectives (in line with the principles of the *“WHO declaration on alcohol and young people”* drawn up in Stockholm).

The Regions: in line with the resources destined for health care, provided by the National Health Fund, they carry out prevention, cure, rehabilitation and social reintegration for persons with alcohol-related problems and pathologies and

identify services and structures – also of hospitals and universities – that implement this action. They also provide on-going training for sector professionals.

The National Council on Alcohol: this body is part of the "Framework Law on Alcohol and Alcohol-Related Problems" (30th March 2001, n. 125). The Councils draws up proposals for competent Ministers and Regions for monitoring, preventing and caring for alcohol-related problems; it collaborates with international organisations and bodies concerned with the subject of alcohol and alcohol-related problems, with special reference to the WHO, according to guidelines defined by the Ministry of Health. It provides competent ministers and the Regions with opinions on every area related to alcohol and alcohol-related problems.

C2 Is there a government department with responsibility for chAPAPs?

Yes	No
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice relating to chAPAPs.

The Ministry of Labour, Health and Social Policy finances prevention projects aimed at the children of drug and alcohol-addicts. It provides funds for structures/therapeutic communities for the drug and alcohol-addicted, which are used for reconversion to house underage children together with parents affected by pathological dependency.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice. **Yes**

The assessment of cases of alcohol dependency is the responsibility of the Drug Addiction Service (Local Health Authority).

In some cases, alcohol dependency is treated directly at an out-patients clinic by the Drug Addiction Service. In other situations, the Drug Addiction Service invites the patient to visit the therapeutic community it believes most suitable (therapeutic communities are private, accredited bodies, which have financial arrangements with the public health service). Therapeutic Communities and the Drug Addiction Service, in addition to the recovery and rehabilitation programme for the alcohol-dependent, have a support programme for relatives and a support programme for children of the alcohol-dependent. Both therapeutic communities and the Drug Addiction Service use volunteers for the rehabilitation process of the alcohol-dependent and to support relatives and children.

C4 Are there any current national government initiatives or strategies which address chAPAPs?

Yes	No
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If yes, please describe.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	No
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If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
Article 403 – Intervention on the part of a public authority in favour of minors	When a minor is morally or materially abandoned or brought up in an unhealthy or dangerous atmosphere, or by people who are as a result of negligence, immorality, ignorance or other motives incapable of providing for his/her education, the public authority, through child protection bodies, will place the child in a safe place until it can wholly provide for his/her protection.

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	No
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We would like to stress that there have been numerous initiatives related to the prevention of alcohol abuse in the young in Italy, in particular during the last 10 years and especially at a regional and provincial level. There are far fewer initiatives on a national scale.

Name of Programme	Brief Description
Alcohol Prevention Month http://www.lsw.ni.it/eventi/convegna/2008/alcohol_prevention_day	A campaign promoted by the Ministry of Health involving the Regions and Municipalities. During the month of April each year, initiatives aimed at preventing alcohol consumption (especially in the young and very young) take place. Leaflets are produced (for young people, parents, GPs,...). Competitions for young people, dinners and non-alcoholic aperitifs are organised, together with meetings to spread information in schools, public conferences, seminars for professionals
Primary health promotion and prevention aimed at young people on the themes of alcohol and tobacco http://www.ausl.re.it/Home/DocumentViewer.aspx?ID=1693&TIPODOC=IAP#286,6,STRUMENTI	Regional programme from the Emilia Romagna Region. Experimentation in schools of a DVD entitled "Landscapes of Prevention", on alcohol and tobacco prevention, produced by the Emilia-Romagna Region and the League Against Tumours. Distribution of the DVD in schools (if effective) - the project is currently underway.

<p>Know what you're drinking</p> <p>http://www.ausl.pc.it/dedicato/dedicato_giovani/campagna_e_saicosabevi/esaicosabevi.asp #1</p>	<p>A provincial project promoted by the Ministry of Health and created by the Piacenza Health Authority Drug Addiction Service together with the Emilia-Romagna Region, a high school and the Italian Alcoholism Society. The project involves creating and distributing a multimedia kit aimed at providing information (using methods and language suitable for high school students) on the damage caused by alcohol to the human body, on its psychoactive effects, the social consequences of alcohol abuse and centres to contact in case of need</p>
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C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	No
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There are some self-help parenting groups in Italy, for example the parents of drug addicted children, separated parents and parents of the differently-abled,... Groups could be set up for alcohol-addicted parents, where members can discuss amongst themselves what it is like being parents with health problems that can sometimes have a serious effect on their parenting duties.

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	No
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If yes, please use table below

Profession	Brief description e.g., length and content
<p>Health professionals including:</p> <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	<p>Workshops as part of the Encare Project, promoted by the Reggio Emilia Health Authority, particularly focussed on the link between alcohol dependency and violence within the family; e.g. "Alcohol-related violence within the family: phenomenology and action" and "Treating perpetrators of domestic violence" (May – June 2008).</p> <p>In conferences on alcohol-related themes, there is often a session on the impact of parents' alcoholism on children, e.g. "First National Conference on Alcohol", Rome 21st and 22nd October 2008 and "Alcoholism, Dependency and New Addictions"; Savona 17,18 and 19 April 2009</p>
Social workers	See above (the workshops were also aimed at social

	workers)
Early years/ Child care workers*	See above (the workshops were also aimed at paediatricians)

Section C please answer

- Which organisations/ professionals were involved in answering this section C? Higher Institute of Health, voluntary associations (Alcoholics Anonymous, the Club of Treated Alcoholics,...), LHAs and documentary centres on pathological dependency
- What references/sources of information/ literature were used in the preparation of section C? Publications of magazines and articles on the Internet.
- How easy/ difficult has it been to collect this information for section C? It was not difficult

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes	No
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La Rupe Women's Shelter http://www.centriaccoglienza.it/index.asp?qs=cons_pres&id=3

rupefemminile@centriaccoglienza.it- A therapeutic community for women with problems of substance addiction (illegal substances and alcohol addiction), also with underage children. Interventions include Therapeutic action and rehabilitation, individual psychotherapy and psychotherapy for couples that aims to work also on parenting skills, workshops (assembly and building, etc), Sports and cultural activities and corporeal expression/

D2. What other relevant services are there for parents who misuse alcohol?

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	No
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Adolescents who abuse alcohol or who have illnesses related to alcohol dependency are currently treated by the Drug Addiction Service or by Young People's Advisory Services (outpatients services for adolescents) with individual and family psychotherapy and, if necessary, with pharmacological treatment. A special workgroup (team) could be set up to deal with adolescent drug and alcohol addicts. This team could develop specific treatment plans that take the young age of patients into account and differentiate them from adult and/or chronic patients. Adolescents who use legal and illegal psychoactive substances rarely use Drug Addiction Services as they refuse to attend the same places as chronic drug addicts, in particular heroin addicts, who currently represent the highest percentage of users of Services for Pathological Dependency. The Emilia-Romagna Region has approved Council Resolution n. 1533 of

6th November 2006, “Regional guidelines on preventing and combating the consumption/abuse of drugs and psychoactive substances” on this theme. The resolution and the operative indications attached (Circular n. 12 of 30th November 2006) underline “the need to consolidate or develop, in all territories, services aimed at young people, at their backgrounds and at adults of reference, which are easily accessible, appealing and do not have specialist connotations, but are strongly qualified from the point of view of competencies, with the partnership of professionals from the Drug Addiction Service, psychiatry, advisory bureaux, social services and the private social sector...These services must be strongly linked to local community services, and able, if necessary, to achieve themselves forms of contact in outh lifestyle places”.

D4 Are specialist services available to support chAPAPs?

Yes	No
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D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	No
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If yes, please describe using the table below.

Name of organisation	Description of support provided
Alcoholics Anonymous	Group meetings for alcoholics who want to stop drinking, based on the “12 step” method
Al-Anon Alateen	Group meetings for the families and friends of alcoholics, based on the “12 step” method. Alateen is a programme especially dedicated to adolescents who have an alcoholic friend or family member.
Club of Treated Alcoholics	Meetings for families with alcohol-related problems (each Club has a maximum of 12) and a professional. Self/mutual help and solidarity between families. Based on the method of founder Vladimir Hudolin

Section D- please answer

- Which organisations/ professionals were involved in answering this section? Higher Institute of Health, voluntary associations (Alcoholics Anonymous, the Club of Treated Alcoholics,...), LHAs and documentary centres on pathological dependency
- What references/sources of information/ literature were used in the preparation of this section? Magazine publications and articles on the Internet, LHA websites, self-help association websites and therapeutic community websites.
- How easy/ difficult has it been to collect this information? It was difficult.

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<p><u>Strengths</u></p> <p>In recent years, a growing number of therapeutic communities for the treatment of pathological dependency have developed specific programmes for alcohol-dependent women with underage children.</p> <p>The fact that the mother enters a community allows, on one hand, the child to remain with the mother and, on the other, the psychological and physical health of both mother and child to be protected.</p>	<p><u>Weaknesses</u></p> <p>There is no national strategy for children of parents who abuse alcohol, nor is there a national screening programme that can intercept a decent percentage of these cases. Only in some situations of serious alcoholism of one or both parents, which often is brought to the attention of services by chance (recourse to medical care, a hospital stay, requests for help to social services for economic reasons...), do children who have one or more alcohol-addicted parents enter a treatment programme or, if the situation is very serious, are removed and entrusted to the care of foster or adoptive families.</p>
<p><u>Opportunities</u></p> <p>Some areas of Italy have recently developed protocols for managing pregnancy in alcohol-dependent women. The application of these protocols, which aims to reduce the incidence of Foetal Alcohol Syndrome and the frequency of abuse and violence towards children, is very recent and data on its effectiveness is not yet available.</p>	<p><u>Threats</u></p> <p>In Italy, 1 million 500 thousand young people between the ages of 11 and 24 are at risk of alcohol, with a strong incidence of growth especially amongst females. 22.4% of males and 13% of females between the ages of 11 and 18 are at risk, while 25.3% of males and 10.4% of females between the ages of 19 and 24 are at risk (data from the Higher Institute of Health).</p>

Section E Please answer

- Which organisations/ professionals were involved in answering this section? Higher Institute of Health, voluntary associations (Alcoholics Anonymous, the Club of Treated Alcoholics,...), LHAs and documentary centres on pathological dependency
- What references/sources of information/ literature were used in the preparation of this section? Magazine publications and articles on the Internet
- How easy/ difficult has it been to collect this information? It was not difficult

Section F Case studies

Case study

Case study 1- Neo-natal

Stage 1

A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.

- How would this case be dealt with in your country?

A doctor who discovers an alcohol-related problem in a pregnant woman first tries to encourage her to use the Drug Addiction Service, to begin specific treatment for pathological dependency. Firstly, it is important that she understand the serious risks that the foetus will be exposed to if she continues to consume alcohol. Alcoholism is considered an illness that the woman is not responsible for, but she must be rendered responsible as regards treatment and the importance of beginning a suitable course of treatment immediately. With the patient's consent, the doctor will contact the Drug Addiction Service to give her easy access to the Service. If the doctor also knows the patient's mother, it is advisable that the doctor also involves the mother (if the daughter consents) so that she is a resource and possible aid to the treatment programme. Once the Drug Addiction Service has received this information, it contacts the clinic that is following the woman throughout her pregnancy (or, if the woman is not attending a clinic, it helps her to access one). The Drug Addiction Service and the clinic plan meetings to monitor the development of the treatment for alcoholism and the progress of the pregnancy together. The woman is also informed of the fact that if she continues to have serious problems of alcoholism when the baby is born, Child Social Services will be informed. They will evaluate whether it is necessary to take steps to protect the newborn baby (for example, requesting the Juvenile Court to entrust the child's care to Social Services, deciding to place the mother and child in a protected structure or entrusting the child to a foster family). A few weeks before the birth, the obstetrician who has been treating the woman during her pregnancy informs the Obstetrics and Gynaecology Department of the hospital that an alcohol-dependent woman is about to give birth and that there is a risk of Foetal Alcohol Syndrome. The department then prepares for this eventuality.

- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes	No
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If yes, what steps would be taken and what information would be shared with whom?

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes	No
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If yes, please describe.

In pregnant, alcohol-dependent women, not only are obstetrical problems investigated, but also liver damage, pancreatic

damage, neurological illness and psychiatric illnesses.

- What services and support would be provided to [a] Annie and [b] her mother?
The Drug Addiction Service, the Family Clinic (pregnancy checks, pre-natal courses,...), the family doctor; in the case of psychiatric comorbidity also the Mental Health Centre and in the case of economic problems and/or accommodation problems, also Adult Social Services.
- Are there any practical, resource or administrative barriers to good practice?

Yes	No
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If yes, please describe:

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes	No
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If yes, please describe the professionals who would have been involved and the support Annie would have received

Professional figures involved in Annie's pregnancy are the clinic's obstetrician and gynaecologist, the Drug Addiction Service team, her GP and hospital staff from the Department of Obstetrics and Gynaecology. The tasks and obligations of these professionals are: to inform her of the seriousness and consequences of alcohol abuse, to encourage her to seek treatment for alcoholism, to agree on and create a course of treatment for alcoholism with her, to monitor the progress of the pregnancy, also investigating possible alcohol-related problems (for example, liver problems), informing her of the possible involvement of Child Social Services when the baby is born and trying to involve family members (in this case her mother) in her course of treatment.

At the moment of birth, if there continues to be serious alcohol abuse, the Department of Obstetrics and Gynaecology contacts Child Social Services, who carry out a psychosocial investigation of the family unit. If the investigation shows that the family and its environment have adequate resources to guarantee the development and care of the child (for example, the presence of suitable grandparents), Social Services monitor the development of the situation and checks that adequate care is being provided for the child. If, however, family and environmental resources are insufficient or inadequate, Child Social Services reports the situation to the Juvenile Court, which emits an urgent provisional decree to entrust responsibility for the child's protection to Social Services and prescribes means of protection for the child, according to the seriousness of the situation (placing the mother and child in a protected structure like a community, entrusting the child to a foster family with supervised meetings with the mother, or starting procedures for adoption).

- What action, if any, would need to take place now to assess and protect mother and child? Please describe
A psychosocial investigation to understand the situation and to create a personalised project for the mother and child: psychological interviews with the mother, observation of the child, evaluation of mother-child interaction, home visits to

assess the home environment, interviews with Annie's mother, acquisition of data on the physical and psychological health of mother and child (through clinical records and information from professionals).

If Annie agrees to enter a mother-child community, Social Services and the Drug Addiction Service cover the cost of the project and, together with the team from the community, create a course of treatment and reintegration for Annie and the child: alcohol abuse therapy for Annie (psychological interviews, medical visits and eventual pharmacological treatments), regular checks on the child's physical and psychological development, educational support with parenting skills and support for Annie's autonomy in terms of accommodation and employment (reintegration).

- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No
-----	----

If yes, please describe

The Drug Addiction Service and Child Social Services involve Annie's mother in the course of treatment to help her support Annie and the child. If the mother also requires support, she can contact the Clinical Psychology Service or groups for the families of alcoholics (Al-Anon).

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?

The teacher would meet with colleagues and with the head of school. She would try, first of all, to ascertain whether others of the children's teachers have noticed the same behaviour. If there is agreement that there may be a problem in the child's family the school calls the parents (both, if possible). The child's teachers tell the parents about the unhappy behaviour that the child is demonstrating at school. If the parents collaborate (for example, if they recognise that there are problems in the family and express their intention of embarking on an educational and therapeutic course of treatment) the teachers will offer their support and suggest meeting the parents again after some time has passed, to assess together how the situation is developing. If the parents take a defensive position, deny that their child has difficulties or do not come to the meeting at all, the head of school informs the appropriate department of Social Services about the situation. Social Services begin a psychosocial investigation (they speak to the parents, visit the home, ask for information from the child's paediatrician and teachers,...) and try to encourage the family to seek treatment. If the family appears uncooperative or the child's problems persist, Social Services reports a situation of risk for the child to the Juvenile Court.

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
-----	----

If yes, what steps would be taken and who and what information would be shared?

Teachers must report child mis-treatment, abuse or neglect to the competent authorities. They must present a written report, detailing all problematic elements observed (the child's behaviour, what he/she says, absences from and late arrivals at school, lack of hygiene, etc.) This report, signed by the head of school, will be sent to the relevant department of the Social Services, which will begin an accurate psychosocial investigation.

If no, please describe the actions the teacher /school staff member would take?

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
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If yes, please describe

In some areas (e.g. in the province of Reggio Emilia) there are training courses and conferences on the abuse and mistreatment of minors, aimed at GPs, paediatricians, nursery and primary school teachers, area health professionals and hospital workers. The arguments dealt with are: recognising early signs of problems in children, methods for understanding situations of risk for minors and procedures for reporting this. A large part of training and conferences is dedicated to risk factors for mis-treatment and abuse of minors, such as dependency on psychoactive substances on the part of parents.

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

If the teacher has not previously reported the situation, she must now do so. The head teacher is informed and must send a written report to the area Child Social Services.

- What services would now be offered to Joanne and her family?

Social Services call Joanne's mother and invite her to contact the Drug Addiction Service as soon as possible to seek treatment for alcoholism. Children have various forms of support: regular home visits by an educator to monitor the situation, placing the child with a part time or full time foster family (if possible a family that will care for both sisters), after school activity, sessions with child development psychologists or with the child neuropsychiatrist.

- Are any of these services obligatory?

Joanne's mother must agree on a course of education and treatment with the Social Services, which she must follow. If she refuses to do so, her parental authority will probably be removed and the children will be entrusted to the care of Social Services.

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15

years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?

The police would intervene directly when they are informed of an episode causing damage or disturbance or that could pose a danger to someone. If the neighbour called the police, for example, during a fight between the neighbour's children and others, the police would arrive as soon as possible and, once they had calmed down the disturbance, try to assess the situation and see if there was a situation of neglect or abandonment on the part of the parents. If this is the case, they would notify the competent Social Services, who would conduct a psychosocial investigation of the family unit.

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

The police can decide to speak to the parents of the three children informally and advise them to contact Social Services and the Drug Addiction Service to seek help.

- Would the housing department have any role in this situation?

Yes	No
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If yes, what action would they take and could they provide any support? Please describe

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	No
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If yes, please describe what type of service this would be.

If no, are there alternative services where he could receive help?

The 15 year old could receive help for alcohol abuse from the Drug Addiction Service or from the Young People's Advisory Bureau.

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe

The competent Child Social Services must receive a written report. Given the gravity of the situation, Social Services would probably report it to the Juvenile Court, which would issue an urgent order to entrust the children to the care of Social Services and remove them from their parents. In all probability, the children would be placed in a community for minors and Social Services would assess whether to organise supervised meetings with the parents. The children will follow an

educational and therapeutic course of treatment in the community.

- What action would be taken about the 15 year old's possible exclusion from school?

Social Services would meet with the head of school and the boy's teachers. If the situation was serious enough to warrant expulsion, this would take place as it was part of a programme of re-education towards legality and respect for rules. In all probability, Social Services would try to re-admit the child to school the following year. Completing education is a protective factor against returning to criminal activity and developing substance abuse.

- Are there any parenting support programmes which could be offered to the family? If yes, please describe.
Parents are invited to agree on a programme of education and therapy for the treatment of substance abuse with the Drug Addiction Service and a course of parenting skills with Social Services and the Psychology Service.

During the period in which the children are in the community, parents can see them in organised, supervised meetings in the presence of at least one professional, who will observe developments in the child-parent relationship.

LITHUANIA COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	
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If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Survey data: Government Drug control department survey 2002-2008	There are 18941 children, growing alcohol abuse families (Data 2007)
Medical records: medical statistical data from government statistical department	There are 5400 children in foster care and 7663 children at institutional care (date from 2006)from 0-17 years old., total in public care 13063ch.
Children in public care* data	
Research studies	
Government social report 2007	

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

	No
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If yes, please briefly describe these data and the prevalence they suggest.

Section A- Please answer

- We used official statistical data from ministry of health, ministry of social security and labour, statistical data from survey of government drug department. The data are published and spread through internet : http://www.lsic.lt/html/sv_statistika.htm, <http://www.nkd.lt/index.php?id=0-52-0>
- Social report 2006-2007, <http://www.socmin.lt/index.php?-1351634479> [http://www.stat.gov.lt/lt/pages/view/?id=2516&PHPSESSID=.](http://www.stat.gov.lt/lt/pages/view/?id=2516&PHPSESSID=)

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)?

There has been no relevant research found

B2 Please indicate any results which have particular relevance for:-

- q) The number of children, living with alcoholic parents
- r) The growing number of children, living with dysfunctional families.
- s) **Drug use among the general population and young people** Before 2005, Lithuania was among a few countries, where the prevalence of drug use in the general population was not surveyed. The general population survey on the prevalence of drug use in the country was carried out according to the methodology of the European Monitoring Centre for Drugs and Drug Addiction (hereinafter referred to as EMCDDA). The target group of the study was permanent residents of Lithuania aged 15 to 64. 8.2 percent of Lithuanian population used drugs at least once in their lifetimes. 13.1 percent of men and 3.8 percent of women indicated that they had tried drugs at least once in their lifetimes. Younger Lithuanian population (aged 15 to 34) more frequently than older population (aged 35 to 64) indicated that they had tried drugs at least once in their lifetimes (14.1 percent vs. 3.8 percent, respectively). It was noted that young men three times more frequently than young women indicated that they had used drugs at least once in their lifetimes (20.8 percent vs. 7.3 percent, respectively). Increasingly more young women tried drugs at least once in their lifetimes compared to older women. Cannabis is the most prevalent drug, 7,6 percent of Lithuanian population reported having used it at least once in their lifetimes. Besides cannabis, in Lithuania the most prevalent drugs are amphetamine and ecstasy. 1,1 percent of Lithuanian population used amphetamine at least once in their lifetimes, 1,0 percent - ecstasy, 0,5 percent – hallucinogenic mushrooms, 0,4 percent – cocaine, 0,3 percent – heroin and LSD each. The most prevalent hallucinogenic substance is hallucinogenic mushrooms tried by 0,5 percent of Lithuanian population.

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health. Please use **Appendix B**

Appendix B (B3) Other relevant Research

5. Please briefly describe the methodology and search engines you used to find out the information

6. Complete the table below filling in as much detail as possible.

Reference	Research Question	Methodology	Findings	Recommendations	Limitations
<p>Each Child is important. (Ed. By Social Research Institute)Vilnius: Firida, 2005</p> <p>ISBN9955-531-16-9</p>	<p>What is the health and care state of Lithuania children under 3 years of age placed in public institutions</p>	<p>DOCUMENT ANALYSES</p> <p>MEDICAL AND SOCIAL HISTORY ANALYSES OF EACH CHILD, PHYSICAL AND PSYCOSOCIAL DEVELOPMENT DATA</p>	<p>The youngest mother who abandoned her child was 13 years old.</p> <p>The majority mothers were unemployed</p> <p>On November 1, 2004 six infants homes was 365infants and children under 3</p> <p>The main reason for leaving child at infant home was dysfunctional, disorganised family and alcohol use, poverty, demoralisation;</p> <p>The poor health status was mentioned about 50% children</p>	<p>Children under 3 should not be placed into children care institutions for more than 3 months</p>	<p>There is no parent history and risk factors;</p> <p>Lack of community perspective or possibility to take care of such children</p>
<p>Radzeviciene L. Emotional development of infants brought up in care institutions. Šiauliai, 2006.</p> <p>ISBN9986-38-715-9</p>	<p>To identify emotional reactions common for infants in care institutions and to test the effectiveness of education during the processes of changes of emotional reactions about infants home wards.</p>	<p>INTERVIEW WITH EXPERTS (CHILD PROTECTION SERVICES WORKER, NGO, MEDICAL AND SOCIAL WORKERS)</p> <p>ANALYSES OF SCIENTIFIC STUDIES, PRELIMINARY OBSERVATIONS OF INFANTS</p>	<p>The emotional phenomenon was defined during the observational process and not described in the studied scientific works such as controversy satisfaction of contact with adults need.</p>	<p>The infants emotional reactions reflect the level of his psychic comfort therefore they should be developed from the first days in care institutions.</p>	<p>There is no evidence, how infants family history (f.e alcoholism) influenced infant emotional status</p>

<p>The reasons of children injuries and deaths in Lithuania (Research report, Vilnius, 2007.</p> <p>Eurobarometer:</p>	<p>The hypothesis that educational based on close emotional interactions may be effective developing infants' emotional reactions was raised.</p> <p>What are the main reasons of children's (1-17y a.) death in Lithuania in the period 2001-2005.</p> <p>What are</p> <ul style="list-style-type: none"> • Past and potential information sources about illicit drug use and the related risk and effects • Perceived health 	<p>EMOTIONAL STATUS AND THE ASPECTS OF THEIR EMOTIONAL DEVELOPMENT INDICATED IN THE CHILD'S DEVELOPMENT PROFILE.</p> <p>THE PEDAGOGICAL EXPERIMENT WAS INVOLVED.</p> <p>QUALITATIVE – INTERVIEW WITH EXPERTS AND CONTENT ANALYSE, QUANTITATIVE- DESCRIPTIVE STATISTICAL DATA ANALYSES</p>	<p>The main Reasons of childrens (1-17years old) death in Lithuania are: transport accident, drown, Electric trauma and falling down.</p>	<p>There are recommendations for prevention and intervention</p> <p>(Trainings, parenting programs, school education programs, alcohol use control)</p>	<p>There are not data of alcohol use and children's death. But the fact is, that many transport accidents are related with alcohol use and children's death.</p>
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<p>Young people and drugs 2008</p> <p>No 233</p>	<p>risk associated with using various forms of drugs</p> <ul style="list-style-type: none"> • Opinion about the effectiveness and alternative drug policies • Attitudes toward banning or regulating illicit drugs alcohol and tobacco 	<p>12000 RANDOMLY SELECTED 15-24YEARS OLD PEOPLE WAS INTERWEAVED FACE TO FACE USING SURVEY IN 27 EU COUNTRIES</p>	<p>Potential sources of information about drugj in Lithuania Internet:73%, friends-17%, parents 16%, school-8%, telephone help line- 4%</p> <p>Channels information about the risk: media campins-30%, school preventive programs-35%,Internet -41%, friends 25%, parents-6%</p> <p>Only 29% respondents in Lithuania perceives alkoholj high risk for health, 63% - medium risk alkohol for health.</p> <p>87% respondents think, that alkoholj should be regulated by the authorities</p> <p>85%-access to alkoholj is ease in Lithuania</p>		
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Section B Please answer

- The published official statistical data
- Focus group method with social workers, working with families and children
- Universities libraries

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	
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Drug control department at the Lithuania Government Drug control department under the Government of the Republic of Lithuania was established on the 21st August 2003.

Regulations of the Department were approved on 27 November 2003 by the decision No. 1478 of the Government of the Republic of Lithuania

Tasks. The most important tasks of the Drug Control Department are as follows:

- to implement drug prevention and drug control policy after an identification of the principal directions of the implementation of the said policy;
- to organize an implementation of the measures of drug prevention and drug control, to coordinate other activities of state and municipal institutions and organizations in the sphere of drug prevention and drug control.

Functions. On an implementation of its tasks, the Drug Control Department shall perform the following functions:

- settle the problems related to an implementation of the drug prevention and drug control policy, provide proposals on the trends of priority of the activities in drug prevention and drug control and an improvement of such activities to the Government of the Republic of Lithuania, as well as state and municipal institutions and organizations;
- within its competence, develop conceptions, strategies, programmes and projects of other legal deeds, provide proposals on an improvement of the relevant legal deeds;
- analyze and assess reports of state and municipal institutions and organizations on an implementation of the measures of drug prevention and drug control;
- coordinate exchange of information on an implementation of the measures of drug prevention and drug control among interested state and municipal institutions and organizations;
- within its competence, liaise with the relevant institutions of the European Union and foreign states;
- organize monitoring of consumption of narcotic and psychotropic substances, collect and analyze information on an implementation of the measures of drug prevention and drug control, its trends in the country and abroad, the consequences of consumption of narcotic and psychotropic substances and provide it to interested institutions, develop methodical recommendations;
- Co-operation with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA):

C2 Is there a government department with responsibility for chAPAPs?

Yes	
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The ministry of social security and labour involved in assistance for families and children, Protection of children rights, adoption and foster care services, social services and social provision.

The ministry of health has the public health and family health departments responsible for physical, psychological, mental health care.

Children's Right ombudsmen institution of the republic of Lithuania, responsible for protection children's right, quality of institutional and foster care.

C3 National NGO Programme of Day Care Centres for Children

The National Programme of Day Care Centres for Children 2005-2007 continued the National Programme of Day Care Centres for Children 2002-2004. The Programme is aimed at creating the conditions for families at social risk and children raised by these families to receive social and education services, to enable the children to be raised in a family and not to be separated from their parents in foster care. In 2002–2004, LTL 5.1 million were appropriated for implementation of the Programme. These funds were used to solve the problems of socially weak, problematic families and children raised by these families. The funds appropriated from the national budget to NGOs day care centres for children allow to involve children at social risk into useful and meaningful activities, help them change their system of values, adapt in the society and distract from harmful influence of the street.

C4 Are there any current national government initiatives or strategies which address chAPAPs ?

	No
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If yes, please describe.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	
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If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
Conceptual Framework of the State Policy on Child Welfare (A+B)	In 2003, the Seimas approved the Conceptual Framework of the State Policy on Child Welfare. Later, a draft strategy of the Conceptual Framework of the State Policy on Child Welfare and its implementation action plan 2004–2012 were drafted. The strategy of the Conceptual

	<p>Framework of the State Policy on Child Welfare is aimed at ensuring the welfare of all children living in the Republic of Lithuania providing for the long-term strategic measures for the state policy on child welfare and the relevant financial resources for implementation of these measures. In the strategy, the child's welfare is understood as creating the conditions for the child to live a full life ensuring his right to protection, maintenance and participation in the public life.</p>
<p>Law of the Republic of Lithuania on Fundamentals of Protection of the Rights of the Child (Žin., 1996, No 33-807)(A+B)</p>	<p>The purpose of this Law is improvement of legal protection of children within the country, through establishment of principles in defence of the rights and freedoms of the child, co-ordinated with the Constitution of the Republic of Lithuania and international law norms and principles.</p>
<p>Republic of Lithuania Law on the Control of Narcotic and Psychotropic Substances (Žin., 1998, No 8-161)</p>	<p>This Law shall establish the principles of the classification of narcotic and psychotropic substances, for lawful circulation of these substances when they are used for health care, veterinary and scientific purposes and circulation control, in accordance with the requirements of international agreements</p>
<p>Law of the Republic of Lithuania on the Control of Precursors of Narcotic Drugs and Psychotropic Substances (Žin., 1999, No 55-1764)</p>	<p>This Law shall regulate the activities related to the precursors of narcotic drugs and psychotropic substances and their control in the Republic of Lithuania.</p> <p style="padding-left: 40px;">2. The aim of this Law shall be to prevent the use of precursors for the illicit manufacture of narcotic drugs and psychotropic substances.</p> <p style="padding-left: 40px;">3. This Law shall not apply to products containing precursors which cannot be recovered and used for the illicit manufacture of narcotic drugs</p>

	and psychotropic substances.
Resolution No IX-1569 of Seimas of the Republic of Lithuania, as of May 20, 2003, on the Approval of the Concept of State Policy on Child Welfare (Žin., 2003, No 52-2316) (A)	The goal of the Concept of State Policy on Child Welfare (hereinafter referred to as the "Concept") is to reach a political understanding regarding the values and provisions governing child welfare and to foresee the guidelines of implementation of child welfare. The Concept serves as an insight into the future of the policy on child welfare. Guided by the Concept, consistently implementing the United Nations Convention on the Rights of the Child, Consistent reforms are being brought about and strategies, plans of implementation and amendments to laws and subordinate legislation are being developed.
Resolution of the Seimas of the Republic of Lithuania "National Programme for Control of Drugs and Prevention of Drug Addiction 2004–2008" (Non-official translation) (Žin.,2004, Nr. 58-2041)	<p>The Seimas of the Republic of Lithuania, according to provisions of Article 5 of the Law on the Basics of National Security of Lithuania (<i>Valstybės Žinios (the Official Gazette)</i>, 1997, No. 2-16; 1998, No. 55-1520; 2004, No. 39-1270) and supporting efforts of the Government to perform control of drugs and prevention of drug addiction, hereby r e s o l v e s :</p> <p style="text-align: center;">Article 1.</p> <p style="text-align: center;">To adopt the National Programme for Control of Drugs and Prevention of Drug Addiction 2004–2008 (attached).</p> <p style="text-align: center;">2 Article.</p> <p style="text-align: center;">To propose the Government to organise implementation of the National Programme for Control of Drugs and Prevention of Drug Addiction</p>

	<p>2004–2008.</p> <p style="text-align: center;">3 Article.</p> <p>To recommend county managers and municipal institutions to prepare and implement, according to provisions of the National Programme for Control of Drugs and Prevention of Drug Addiction 2004–2008, programmes for control of drugs and prevention of drug addiction.</p>
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C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	
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Name of Programme	Brief description
<p>National programme for control of drugs and prevention of drug addiction 2004–2008</p> <p>http://www.nkd.lt/index.php?id=1-0-0</p>	<p>Primary drug addiction prevention is co-ordinated with alcohol and tobacco use prevention based on sustainable education in the family, school and in the community, and it is carried out in the following main directions: by promoting and supporting drug addiction prevention projects carried out by the community, and activities of non-governmental organizations and mutual assistance groups; by enhancing the role of municipalities in planning and co-ordinating social assistance to families, by improving the protection of children's rights, implementing the prevention measures of the police power; by including into curricula of comprehensive schools a course on the harm of narcotic drugs, alcohol and tobacco on the human health and the public at large by fostering pupils' social resistance to the use of drugs and by developing after-school activities and children's occupation; by preparing and implementing drug abuse prevention measures, taking into consideration the age of persons belonging to risk groups, culture, family traditions and other features.</p>
<p>Snowball http://www.zingsnis.lt/OLD/sg.php</p>	<p>Primary prevention program for school children and youth, Snowball is a program founded in 1977 on the belief that teenagers can make responsible decisions when provided with</p>

	factual, accurate information. If one person has a positive effect on another, that person will have a positive effect on yet another person and this "snowballs". In Lithuania program start in 1994. NGO initiative, suported by government. Seminars, group work, discussions and summer camps are popular in schools youth organizations
Know your self www.lcn.lt/kaunas/centrai/seimos http://www.vasc.lt/content/view/18/70/	Primary prevention for teenagers NGO family center initiative, trainings, camps, seminars about body, spirit, social, spiritual and intellectual aspects of human being, communication skills, community creation, support
Healthy school http://www.nkd.lt/	Health promotion program for school children and youth in schools
My child doesn't use drugs http://www.nkd.lt/visuomene/index.html	Information for parents in internet: information about drug addictions, how to talk to child , psychologist consultaion
	Internet
Ents without drugs http://www.benarkotiku.lt/	Internet page for youth, how to have good time without drugs
Baltu Ainiai (Baltic antecedents) http://www. Baltuainiai.net	Primary prevention promoting live withouth alcohol, education, popular literature about alcohol publishing

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

	No
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C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	
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If yes, please use table below

Profession	Brief description e.g, length and content
Health professionals including: <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	<p>Special topics about drugs and alcohol in different course integrated (physiology, pharmacology, pathology)</p> <p>There is no specialised courses about alcohol and drugs in the curriculum of medical university and medical college on BA level.</p> <p>There are 12 credits course about addictions at postgraduates program for psychiatrist and children psychiatrist.</p> <p>For psychologist there are -3-4 credits courses about addiction on both BA and Ma level. (Data from study programs at Vilnius university, Vytautas Magnus university, Kaunas medical university)</p>
Social workers	4 credit course about alcoholism and drugs, special topics in different courses (social politics, social welfare, social work with individuals and families,) in bachelor program, Counselling addict persons and motivational interview at Master program at Vytautas Magnus university Social Welfare department
Police	
Teachers	Not specified

Section C please answer

- Official data – programs of universities
- Official sources of information (Statistical department data, Social report, information from drug control department, ministries of social security and labour, ministries of health)
- It was neither easy no difficult.

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes	
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Vilnius center for addictive disorders vpplc@vpplc.lt- This is an out-patient and in-patient unit based on the Minnesota program (28days). The service provide, counselling and social support for family members, residential treatment at in patient department, medical treatment, social support and psychological treatment for alcoholics and other addictions. Referrals are made through social services and the programme staff are made up of psychiatrists, social workers and psychologists. There are 14 places for residential treatment and about 329 patients a year. The project has been internally evaluated via data and outcome and shows that about a third of patients become sober in a year. The project is funded through the government, patients and various trusts

Kaunas center for addictive disorders info@kaplc.lt jaunimas@kaplc.lt- This is an out- patient and in- patient unit based on the Minnesota program (28days). The service provides counselling and social support for family members, residential treatment at in patient department, providing medical treatment, social support and psychological treatment for alcoholics and all kind of addiction. Referrals are made through social services, There is a specialist in patient residential treatment for children and teenagers with addiction and eating disorders. The staff are mae up of ppsychiatrist, nurses, social workers, psychologists. The service is contracted to work with 10 teenagers per annum. The project has been internally evaluated via data and outcomes and shows that about a third of patients become sober in a year.

Gyvybes versme <http://www.gyvybesversme.org/>- This is a residential treatment program for alcohol addicted mothers with children and men. The team is made up of psychiatrist, social workers, psychologist, Pastor and a paediatrician if needed. The service provides assessment, motivation, rehabilitation, parenting skills training, spiritual training, support

There are 39 places (14 places for women with children) available and the project is internally evaluated and funded through Christian project.

Klaipeda center for addictive disorder info@kplc.lt – This is an out- patient and in- patient departments, Minnesota program (28days). The service provides counselling and social support for family memnbers, residential treatment at in patient department, providing medical treatment, social support and psychological treatment for alcoholics and other kinds of addiction. Referrals to the service are made through social services. There is a speiclist in patient residential treatment for children and teenagers with addiction and eating disorders. The team is made up of ppsychiatrists, nurses, social workers and psychologists. There are 16 places for residential treatment. The project is internally evaluated and funded through the government, patients and various charitable trusts.

D2. What other relevant services are there for parents who misuse alcohol?

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	
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Kaunas center for addictive disorders jaunimas@kaplc- A treatment service for young people under the age of 18 years which is part of Kaunas centre for addictions. Referrals can be made through professionals or young people and parents can self refer by calling or emailing. The team is made up of paediatricians, child psychiatrists, nurses and social workers. Interventions include assessments, medical treatment, motivational interview, psychotherapy, art therapy, bibliotherapy and group work. The service works with around 10 teenagers per year and is government funded. There has been no external evaluation undertaken on this intervention.

Klaipėda center for addictive disorders Department for teenagers- A treatment service for young people under the age of 18 years. Referrals can be made through professionals or young people and parents can self refer by calling. The team is made up of paediatricians, child psychiatrists, nurses and social workers. The service works with around 10 teenagers per annum and is government funded. There has been no external evaluation undertaken on this service.

D4 Are specialist services available to support chAPAPs?

Yes	
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Children Welfare center “Pastoge” pastoge@kalnieciai.lt The service provides direct support temporary residential care, counselling, and interventions to children affected by parental drug and alcohol use, violence, abuse and neglect in Kaunas city and Kaunas district. The team is made up of social workers, pedagogies and psychologists. Interventions include temporary residential care for children, parenting programs, foster care and working with foster parents, adoption service. The service works with around 50-100 children per annum and is funded through local government and various other projects.

Kaunas Archdiocese Family center Program for children from addiction families- This is a day centre for children. They can come with parents or could be referred from city child right protection service or parishes or different professionals. Interventions include **group work , using different methods, growing self esteem, working with parents(parenting program), education, support. The team is made up of social workers and psychologists.** The service works with around 20 children per annum and is evaluated through Local government and Vytautas Magnus university student research. The project is funded by local government and various other projects.

Programa “Rafaelis”www.rafaelis.lt- This service helps children from alcoholics families and violence using painting – art therapy. Referrals are from schools, parents and professionals. The service is delivered by **social** workers, psychologists, art therapists and teachers. Interventions include counselling, group work, group therapy, games therapy and painting. The service works with around 120 children a year and has been externally evaluated by Vilnius University which showed that the interventions were effective in 80 percent of cases

Šeimos santykių institutas (Institute of family relations) pagalba@ssinstitut.lt- This provides psychological services, counselling for children and families with various problems. Referrals can be made from city child right protection service or different professionals or parents. Interventions provided at the day centre include individual psychotherapy; Group psychotherapy; Family psychotherapy; Game therapy; Milieu, art and work therapy; Counseling by a social worker and psychosocial rehabilitation for a child and his/her family. The project works with 50-60 children per annum

Matulaitis social center (Vilnius) soc.centras@takas.lt- This is a day center with different programs for children and teenagers for Matulaitis parishes in Vilnius. Interventions include Group work, educational program, counselling. The service works with 50-60 children and the service is provided by social workers and psychologists. The project has not been evaluated and is funded through the church.

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	
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If yes, please describe using the table below.

Name of organisation	Description of support provided
AI-ANON	Group for family members of addicts self support
A A	Alcoholics anonymous self support
Adults alcoholics children	Self support and self esteem growing
ALATEEN	Self support group for teenagers growing with alcoholic families

Section D- please answer

- Interview with organizations leaders, social workers
- Internet sources
- There many available sources trough internet and face – to face meeting with social workers at the university.

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> • Juridical basis and government institutions controlling drug use, organising research, prevention and treatment programs • Network of NGO working with addictions problem • Network of self support groups • Relations with organizations institutions, 	<ul style="list-style-type: none"> • Because of post soviet situation in mezzo and mikro level law administration is incompetent • Lack of community support in prevention • Lack of help programs in rural areas, professional incompetence (Social workers and protection child sevice workers)

<p>agencies EU and other countries</p> <ul style="list-style-type: none"> • National program of drug Prevention and control • At the universities level are specialised courses for professionals • There are some steps for creating family and child help system • Child protection service agencies try to organise trainings for social workers to be more competent working with addicts and children 	<ul style="list-style-type: none"> • False understanding of prevention and ineffective, non-systematic prevention implementation • Supporting programs without real evaluation and non-systematic • Project finances are temporary and programs frequently interrupted • Blaming of victims and stigmatising them • Many cases of addictions, deficient programs and services • Inappropriate services because of no professionals • There is not working flexible and effective inter-professional communication
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Thanks to positive relations with professional from different countries to create system with help process continuity: prevention, intervention like prevention, early intervention, treatment, rehabilitation, adaptation. 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Growing numbers not only alcohol addicts but drug users, especially in rural part.

Section E Please answer

- Which organisations/ professionals were involved in answering this section?
- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information?

Section F Case studies

<p>Case study</p>
<p><u>Case study 1- Neo-natal</u></p>
<p><u>Stage 1</u></p>
<p><i>A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.</i></p>
<ul style="list-style-type: none"> • How would this case be dealt with in your country? • Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

	No
--	----

If yes, what steps would be taken and what information would be shared with whom?

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

	No
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If yes, please describe.

- What services and support would be provided to [a] Annie and [b] her mother?
- Counselling, address to social worker and psychologist, intensive care for family nurse, if needed use NGO sources. For mother – make a recommendation to join AI- ANON group and psychologist counselling
- Are there any practical, resource or administrative barriers to good practice?

	No
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If yes, please describe:

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes	
-----	--

If yes, please describe the professionals who would have been

involved and the support Annie would have received: family nurse visits and family doctors visit, information to social worker and child right protection service agency

- What action, if any, would need to take place now to assess and protect mother and child? Please describe. Social worker and child protection service worker will make an assessment, trying to use treatment fascillities "Gyvybes versme" for mother addiction problem If she will motivate she can stay on treatment with child for 6 months.If mother will not be on treatment and drinks heavily, under the court decision child will be in family foster care
- Are there support services available for Annie's mother to seek help, support and advice?

Yes	
-----	--

If yes, please describe: Psychologist counselling at NGO family center or other institution, self support group

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her

mum drinks too much.

- How would this case be dealt with in your country?
- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

	No
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe the actions the teacher /school staff member would take?

They will inform school social worker or social pedagogy, use day center after lessons, ask for meal and clothes from NGO (Charity)

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	
-----	--

As mention above. Social worker or social pedagogy will make an assessment and will inform about the case Child protection service. Sometimes they could decide to begin helping process for mother, without referring to child protection agency.

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now? To use child protection agency and social workers service
- What services would now be offered to Joanne and her family? Day centre for Joanna, if necessary – foster care for 2 years old baby. Visits of social workers, trying to help mother to motivate her for solving addiction problem, NGO recourses or services for addiction
- Are any of these services obligatory? Sometimes yes, sometimes no, if mother refuse help- than court will decide about mothers right temporary limitation

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?
- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	
-----	--

If yes, what steps would be taken and who and what information would be shared? To inform child protection agency , to visit the family, making assessment together with child protection service agency

If no, please describe what action/steps the police would take?

- Would the housing department have any role in this situation?

	No
--	----

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	
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If yes, please describe what type of service this would be. To the center for addictive disorders for counselling and treatment, day center for children and social service agency

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? To put children to foster care (Pastoge) if they are living in Kaunas.
- What action would be taken about the 15 year old's possible exclusion from school? He can go to another type of school for youth or vocational training
- Are there any parenting support programmes which could be offered to the family? If yes, please describe. No

NORWAY COUNTRY QUESTIONNAIRE

WORK PACKAGE 5: COUNTRY QUESTIONNAIRE

FINAL NORWAY

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	No
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If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Survey data	160-230 000
Medical records	
Children in public care* data	150-200 children with FAS
Research studies	
Other administrative sources- please describe	

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No	Don't know
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There are born about 60 children with FAS annually (1 per 1000) , and 120-180 who suffer from only parts of the syndrome. If we include all minor damages it could be as much as 600 (1 per 100). The numbers are partly based on clinical practice, but mainly on estimations based on numbers from other countries. There are little Norwegian research on this question.

One problem is that the diagnosis often is set too late – many times after the child is 3 years old. The official numbers of FAS in Norway are probably too low.

B) Research

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older than this if they are particularly influential)?

In Norway we have very few studies at the required level that are directed exclusively towards CHAPAPS – especially if they should be in English or with an English summary. We exclude studies that mainly are designed to focus e.g. family violence, but where parental alcohol use is a very important factor. With this last comment in mind, we have got some studies – at the time being from National Knowledge Center for the Health Services; University of Bergen; NTNU – Norwegian University for Technical and Natural Sciences; Regional Center for Childrens Psychic Health and Borgestad Specialized Center for Children Affected by parental Substance Abuse.

Haugland, B.M.(2003) Parental alcohol abuse. Family functioning and child adjustment. University of Bergen, Department of Psychology- The study shows that children of alcoholic fathers, as group, have more psychological problems than other children. In addition to the extent of the alcohol misuse, the children's functioning will depend on both the psychological status of the fathers and the interaction in the family. The children that came from families with a relatively low conflict standard and that were positive emotionally managed best. The children's function was also better if the drinking did not dominate the routines and rituals in the family, and when the children in less degree witnessed their parents alcohol consume, hangover and conflicts.

Astrid Alvik (2007) Alcohol use before, during and after pregnancy, a population based study in Oslo, University of Oslo, Faculty of Medicin, Department of Psychology- The study found that pregnant women generally reduce their alcohol consumption considerably, although 40% not to abstinence. The reduction occurs mostly at pregnancy recognition, also for the 78% of women with planned pregnancies. Binge drinking (at least 5 drinks after pregnancy recognition was reported by 59% pre-pregnancy, and by 25% during pregnancy week 0-6. The drinking pattern before pregnancy recognition may in 25% or more cause suboptimal foetal development, according to other studies. Binge drinking after pregnancy recognition was reported by 1-3%. Half a year after birth, it was reported by 29% and 6% reported 12 drinks or glasses on at least one drinking occasion. A screening instrument, either T-ACE or Tweak, should be implemented in the prenatal care of all pregnancies, to improve the detection of risk drinking. Pregnant women should be abstinent, and the change of drinking pattern should occur when planning the pregnancy.”

B2 Please indicate any results which have particular relevance for:-

- t) increasing understanding of the links between child health and parental alcohol misuse
- u) policy, service and professional development

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

Prof Lars Wichstrøm Project Leader *The Research Council of Norway. Ongoing project, 2008-11* “The effect of parental alcohol and drug abuse on children's future psychiatric disorders: modes of influence- evidence for the fact that children of alcohol and substance abusing parents (ASAP) suffer a long range of mental health problems. Identifying potential adverse effects of ASAP on children's development is important for variety of rea sons, including legitimating societal restrictions on alcohol and substance use, and to inform preventive efforts. However, to what extent do these statistical associations convey actual causality? There are three possible interpretations of these

results : (1) Causation, viz. ASAP is causing psychosocial problems in the child; (2) Reversed order of cause and effect, viz. the child's problems causes (increased) ASAP; and (3) Spurious effects, viz. a 3rd variable is causing both ASAP and child problems. We propose a theoretical model and a corresponding research design that allows for a comparison between these three explanations: (1) ASAP may lead to distortions in parent-child interactions that in turn may foster children with insecure/disorganized attachment. Insecure attachment may increase the risk of future psychopathology as may deviant parent-child interactions, even when contextual factors and child characteristics are controlled. (2) Children's psychiatric disorders and problems, disruptive ones in particular, may increase parental stress and thereby increase alcohol and drug use in parents. (3). Potential 3rd variables need to be controlled, most notably children's temperament and language skills, prenatal alcohol and drug exposure, parental psychopathology. These competing hypotheses have not been previously contrasted with any conclusiveness. We intend to remedy this situation by carrying out a 2-wave study on 1000 4-year olds, their parents and their day-care personnel/teachers. After screening for mental health problems (with oversampling of children with problems) parents are interviewed with a structured diagnostic interview. The parent and the child then meet at NTNU for observation and testing.

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	No
-----	----

In Norway there are two Ministries that have responsibility for this area. They are the *Ministry of Health and Care Services* and the *Ministry of Children and Equality*. The *Minister of Children and Equality* holds responsibility for the interests of the consumers, family- and parenthood policies and schemes, multi-sectorial policies directed towards children and youth, all anti discrimination laws, directed towards people with disabilities and ethnic minorities, and multi-sectorial policies for gender equality.

In addition the *Ministry of Labour and Social Inclusion* partly has some areas, as Drug and Alcohol Abuse (hereafter I will use the term Substance abuse when it includes both drug and alcohol) often includes poverty. This Ministry also has a special interest when it comes to substance abuse at workplaces and connected to different immigration groups.

But the lead Ministry is the *Ministry of Health and Care Services*. They have the overall responsibility, and the *Norwegian Directorate of Health* as well as other sub-committees and groups, are placed under them.

C2 Is there a government department with responsibility for chAPAPs?

Yes	No
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Our *Directorate of Health* is the central body to execute any national strategies and initiatives. They also function as a coordinator of all initiatives – private as well as Governmental. Their activity is described to be

- **Professional skill:** The work is knowledge-based and relies on exercising good professional judgment.

- **Openness:** The work is distinguished by clarity, open processes and good communication.
- **Cooperation:** The work entails a comprehensive, interdisciplinary approach and a good dialogue.
- **Effectiveness:** The work is distinguished by pragmatic, targeted efforts and good utilisation of resources.
- **Commitment:** The work is distinguished by interest, inspiration and idealism.

At present they are engaged in establishing 114 achievements from a governmental action plan – developed two years ago. Unfortunately our project was not established in time to reach the deadline, and today they are so occupied with the other achievements that they have no time for this project. But some of the 114 objectives include Chapaps. In addition to the superior Governmental administrations, we have established seven Competence Centres with expertise on different areas of substance abuse and problems related to such. Two of these focus on children that are affected by parental substance misuse. They differ in age: one is responsible for children from pre-birth till 7, the other children/youth from 7-18. They also focus on children of psychiatric parents. And, again, often it is a question of co morbidity. All these seven Competence Centres are closely connected to the Government and are fully financed by public means.

In Norway are – in addition to children affected by parental substance abuse – also the field of Children affected by parents with psychiatric or psychic problems, areas of priority. (Of course, very often those problems are closely tied.)

Many of the initiatives that are started are administrated from the *Ministry of Children and Equality and Norwegian Directorate for Children, Youth and Family Affairs*.

A part of our problem is that we have no superior national coordination agency. Therefore it can be difficult to get an overview of the diverse areas of activities and initiatives.

The prioritized areas might therefore seem fragmented and somewhat invisible.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice models.

We also have several private or semi-private organizations and networks in the field. One of these are *National Competence Network for Babies and younger Children's Psychic Health* and another *Competence network for Children of Psychiatric or Parents with Substance Abuse Problems*. Also an idealistic organization – *Adults for Children* – seems to get different tasks for the Ministries without any of the other Competence Centres knowing anything about it. This could be the commission to help develop a brochure, possibly at the same time as the Competence Centre is developing their own. Then these two brochures might tell the story about a specific area of initiate in two different way. And they are both Public.

C4 Are there any current national government initiatives or strategies which address chAPAPs ?

Yes	No
-----	----

If yes, please describe.

As said above that the most extensive program nationally – 114 in number – is set up these days. The escalation plan terminate in 2010.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	No
-----	----

If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
<p>“Lov om omsetning av alkoholholdig drikk m.v.” (“Alcohol trade and distribution Act”) (my translation)</p>	<p><i>The Law regulates all conditions around alcohol use, the trade, regulations, age limits and so forth. It also contains several paragraphs that are meant to protect ChAPAPs and youth and other minors in general.</i></p> <p><i>With several regulations it is a good tool to limit great damages.</i></p>
<p><i>Some relevant issues in the law:</i></p>	
<p>§ 1-5. Aldersgrense. (Age limits)</p>	<ul style="list-style-type: none"> • <i>No person under the age of 20 should not come in contact with alcohol with a higher percentage than 22.</i> • <i>No person under the age of 18 is not allowed to have any contact with any alcohol – regardless of percentage (cannot buy beer in the shops).</i>
<p><i>In general the Law states that</i></p>	<ul style="list-style-type: none"> • <i>No alcohol more than 8 % (from strong ale, alcohol popup, table vine etc) can be sold in the shops. Only state monopolies have the right to sell that alcohol (and there are not too many of these state monopoly shops. This greatly improve the conditions for Chapaps.</i> • <i>The local governments must develop an alcohol action plan for their municipality. Here the closing time for e.g. sale of beer in the shops is set. In Tromsø any shops is not allowed to sell beer – of higher alcohol percentage than 2,5 – after 4 pm.at weekdays, Saturdays 3 pm – Sundays not allowed at all. These regulations are, in large extent, motivated with respect to youth and minors – especially Chapaps.</i>
<p>“Lov om barneverntjenester” (“Child Care Act”) (my translation)</p>	<p><i>In addition to many regulations for the help of children suffering from any kind of neglecting, it</i></p>

	<i>also states that any person that get to know about the child's condition have an obligation after law to give notice to proper authorities.</i>
Social Services Act § 6.2a	<i>In 1999 § 6.2a passed Parliament. It is an amendment to § 6.2, that gives health personnel permission to keep persons, at specified criteria, in treatment by force. By the new amendment these criteria was extended to include mothers that are pregnant and (mis)use substances. In fact this criterium is are used towards all pregnant women in this category.</i> <i>It is reckoned the most important initiative to prevent FAS, and also to identify possible ChAPAPs, that would be visible at a later state.</i> <i>This system has potential, but the follow-up of these families through many years are too weak.</i>
<i>Several other laws and regulations includes instructions how to act in regard to ChAPAPs.</i>	

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset future harmful drinking in adulthood?

Yes	No
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C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	No
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C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	No
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If yes, please use table below

Profession	Brief description e.g, length and content
Health professionals including:	The TIGRIS project (An abbreviation that translated to English would be: "Early Intervention at Pregnancy and in

<ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	<p>early years")</p> <p>It is a 2 year project with two primary goals</p> <ul style="list-style-type: none"> • Prevent alcohol use under pregnancy • Prevent harmful use as parents of minor children. <p>The project focuses at developing functional internal routines and multidisciplinary routines for cooperation, and develop a manual for actions in local communities.</p> <p>The TIGRIS project is a project that is a cooperation between some local communities and it includes primarily midwives, nurses, school nurses and community nurses , child care workers</p>
Social workers	Child care workers
Police	No

D) Service delivery

This section is concerned with understanding services available in your country to support children and families affected by alcohol misuse. We realise that there may not be a consistent and central approach in your country and that services may vary by region or local area. However, please provide examples of good practice to demonstrate what is in place.

D1 Are there specialist alcohol treatment* services for parents?

Yes	No
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There is next to nothing. No such specialized programs – the nearest we have are some family programs – and they are also buildt down now. Example: Two years ago we had 10 places for family treatment in Northern Norway (close to 500 000 inhabitants). Today we have none.

D2. What other relevant services are there for parents who misuse alcohol?

Unfortunately, next to none. But there are two programs that are developing.

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	No
-----	----

D4 Are specialist services available to support chAPAPs?

Yes	No
-----	----

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	No
-----	----

If yes, please describe using the table below.

Name of organisation	Description of support provided
Adult Children of Alcoholics (VCA)	<p>A group of former children of alcoholics that builds on their own version of 12-step. They claim to be independent of any religion schools, which is highly unbelievable because of their constant reference to God and Him. Number of member not known.</p> <p>http://www.acanorge.org/</p>
<p>Barn og unge</p> <p>(<i>Children and youngsters – my translation</i>)</p>	<p>This is a website where children that lives in families affected by substance abuse (alcohol and other drugs) can meet, discuss, get information etc.</p> <p>It is an independent site, but is owned by AEF "<i>Arbeiderbevegelsens Rus- og Sosialpolitiske Forbund</i>" (The labour movement's social politics union towards alcohol and other drugs) (my translation).</p> <p>The website had last year 21 000 hits, and is reckoned maybe the best forum for ChAPAPs.</p> <p>https://www.barnogunge.no</p>
Trygg	Is a relatively new site that is owned by Blue Cross Norway. It directs both towards

(Safe – my translation)	http://www.800trygg.no/
Voksne barn av alkoholikere (VBA) Adult Children of Alcoholics	Not to be mixed up with VCA. This is also a twelve step organization under Al-Anon/Alateen.

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> • A variety of professionals that cooperates good at the local level, and also between local level and regional/central institutions. • We have a well functioning, -organized professional area, with a variety of different professionals and NGOs – but with serious shortcomings in term of a well-functioning Central Coordination. • An important strengths is that there really are very many participants in the field. • The Ministries are very good at spreading the areas of initiatives to many organizations and institutions. Also they prioritize. In addition many professionals participate in the others network and so forth. And it is always good to share and discuss ideas with other professionals. The Directorate also is very good at bringing together a variation of different people and organization when they put down a Work Group or similar. 	<ul style="list-style-type: none"> • We will need a new type of coordination and a clarification of mandate and areas of intervention, to prevent overlapping of areas or initiatives. There is not much point in many different bodies doing the same job, while other areas, that have a need for initiatives, might be left without necessary intervention. • But the weakness is that the before mentioned national coordination unit are missing. Therefore it is not always easy to accomplish a clear and distinct focus when so many actors choose different pieces of the problems, usually in accordance with their own background, program or ideology. • A weakness also that the Ministry of Health and Social Care has difficulties with the authority of their instructions because the Health institutions in each region have a lot of independence in their priorities. Therefore it is difficult to obtain a powerful and coordinated achievement, ruled by united aims and objectives. • The services' focus on head areas of intervention. Children with special needs have in this system difficulties to be a prioritized group in any part of the area. Many have co-existing problems as family violence or psychiatric diseases in addition du substance misuse. It might

	<p>therefore be a problem what part of the Health system could deliver the best service.</p> <ul style="list-style-type: none"> • For children of substance misusers – there are no extra reimbursement for specialized treatment • There are little implementation of harm reduction programs in this area. • When it comes to Substance-related interaction in the family there is a great advantage to have worked with substance-related problems earlier. It is not easy to carry out in child psychiatry, but today the problems are often treated at such institutions. • To establish a service with focus on these children are very costly and extensive, but the funds for such programs exists only in very limited portions so they have to be finances by funds meant for daily running. • There are no common knowledge between the different sectors of the Health Services; no common courses in how to make a dialogue with children, parents or whole families about substance abuse, psychiatry or violence. • Not all of the Regional Health Services have local plans that implements these children. •
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • We lack a really well functioning coordination of the Ministries that could lead to better joint actions, and above all: Better coordinated. • Therefore is necessary with a clarification of mandate between the central Ministries. • A well established team with representatives for both <i>Ministry of Health and Social Care</i> and <i>Ministry of Children and Equality</i> might be part of the solution. 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • European Union • Bureaucracy • Centralization and uniformity of actions

POLAND COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by alcohol misuse?

parental

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

Type of information	Prevalence and brief description*															
<p>Survey data</p> <p>1. Mental Health Statistics Poland . IPIN, Annual</p> <p>2. Concise statistical yearbook of Poland . www.stat.gov.pl</p> <p>3. data from the main police headquarters 2005</p> <p>4. National program of prevention alcohol related problems 2006-2010, PARPA 2007</p>	<p>The year 2005 : Number of patients, with disturbances due to alcohol, in mental health and dependency units: outpatient - 179 490, stationary - 63 374</p> <p>Number of registered drunk drivers 192 210</p> <p>Number of road accidents under the influence of alcohol 6 798</p> <p>Number of death connected with alcohol – intoxications, accidents, injuries, suicides, liver damage , - more than ten thousand in one year</p> <p>Number of police interventions in alcohol related domestic violence 96 773</p> <p>Number of social worker interventions in alcohol related domestic violence 18 600</p> <p>Number of perpetrators of family violence under influence of alcohol 74 633</p> <p>Number of delinquency under alcohol 2 814</p> <p>Number of drunk people being taken by police to sobering up stations, 253 847, police stations 76 985 or to home 97 917 (2005)</p>															
Medical records																
<p>Children in public care* data</p> <p>A healthcare</p> <p>1. Mental Health Statistics Poland . IPIN, Annual</p> <p>2. Concise statistical yearbook of Poland .</p>	<p>Units for mental health, or for dependencies ,</p> <table border="1"> <thead> <tr> <th>The year 2005</th> <th colspan="2">Number of patients under 18 years of age</th> </tr> <tr> <th>Units</th> <th>due to alcohol</th> <th>Due to other substances</th> </tr> </thead> <tbody> <tr> <td>outpatient</td> <td>1415,</td> <td>7011</td> </tr> <tr> <td>Day units</td> <td>34,</td> <td>98</td> </tr> <tr> <td>Inpatient</td> <td>129</td> <td>1938</td> </tr> </tbody> </table>	The year 2005	Number of patients under 18 years of age		Units	due to alcohol	Due to other substances	outpatient	1415,	7011	Day units	34,	98	Inpatient	129	1938
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<p>www.stat.gov.pl</p> <p>B prevention, support, psychosocial interventions, therapy</p> <p>1. Statistical report PARPA www.parpa.pl</p>	<p>Mental health units for children</p> <table border="1" data-bbox="516 321 1218 720"> <thead> <tr> <th data-bbox="516 321 716 384">The year 2005</th> <th colspan="2" data-bbox="716 321 1218 384">Number of patients</th> </tr> <tr> <th data-bbox="516 384 716 520">Units</th> <th data-bbox="716 384 954 520">due to alcohol</th> <th data-bbox="954 384 1218 520">Due to other substances</th> </tr> </thead> <tbody> <tr> <td data-bbox="516 520 716 583">outpatient</td> <td data-bbox="716 520 954 583">103</td> <td data-bbox="954 520 1218 583">139</td> </tr> <tr> <td data-bbox="516 583 716 646">Day units</td> <td data-bbox="716 583 954 646">?</td> <td data-bbox="954 583 1218 646">?</td> </tr> <tr> <td data-bbox="516 646 716 720">Inpatient</td> <td data-bbox="716 646 954 720">?</td> <td data-bbox="954 646 1218 720">?</td> </tr> </tbody> </table> <p>Day centres for care and upbringing , and day centres for sociotherapy</p> <p>in both type of that institutions : together about 334 000 children and among them 110 249 (33%) children from families with alcohol problem (2007)</p> <p>Full time care and upbringing institutions for children (different type of foster homes for children being taken off from their families by court because of extremely dysfunctional , poor or danger situations) there are 33 500 children living and being upbringing in that institutions mostly not orphans but so called “social orphans” – about 90% of that 33 500 children living in that kind of orphanage institutions are coming from families with alcohol problems</p>	The year 2005	Number of patients		Units	due to alcohol	Due to other substances	outpatient	103	139	Day units	?	?	Inpatient	?	?
The year 2005	Number of patients															
Units	due to alcohol	Due to other substances														
outpatient	103	139														
Day units	?	?														
Inpatient	?	?														
<p>Research studies</p> <p>1. ESPAD European school survey – alcohol and drug consumption by the youths in schools – each 2-5 years , report from polish survey IPIN.</p> <p>2. Alcohol drinking by pregnant woman PBS-PARPA 2005.</p>	<p>48,6% of boys, and 41,1 % of girls at 15 years of age, admitted drinking at least once during the last 30 days. 16,6% of boys and 14,1% of girls were drunk at least once during the last 30 days</p> <p>(the year 2005)</p> <p>33% of woman between 18 – 40 years of age admitted that they were drinking</p>															

3. Conflicts and violence in the families CBOS 2002, 2004	alcohol during the period of pregnancy(2005) In 18% of polish families there are conflicts connected with alcohol drinking (2002)						
Other administrative sources- please describe The number of children growing up in families of alcoholics is estimated by PARPA (The State Agency for the Prevention of Alcohol-Related Problems) www.parpa.pl	It is official estimation of PARPA (The State Agency for the Prevention of Alcohol-Related Problems) made on the basis of many sources, reports and analysis						
total population of Poland	Estimated number of Adults with alcohol dependency		Estimated number of children living in the families of alcoholics		Estimated number of adults drinking harmful		
38,6 millions	About 2 % of the population	About 800 000 Adult Persons	About 4% of all the population 19.3% of the population of 0 – 18 years of age	About 1,5 million Of children	About 5% -7% Of the population	About 2 – 2,5 millions of adult persons	

There are two kinds of institutions (in the social help system) for prevention problems (relating to family dysfunctions and among that parental alcoholism) in children

1. day centres , (two types : centres for care and upbringing , and more specialised centres for sociotherapy)

2 full time institutions (different types of foster homes : emergency care institutions, , for children being taken off from their families (mostly by court) because of extremely poor , danger or dysfunctional family situations

Ad 1,

1. **.Day centres** for care and upbringing , and **day centres** for sociotherapy – in both type of that institutions : together about 334 000 children and among them 110 249 (**33%**) children from families with alcohol problem (2007)

Ad 2

2. **Full time care and upbringing institutions** (different type : care and upbringing foster homes – orphanages , care and upbringing family like homes , sociotherapeutic full time care institutions) for children being taken off from their families by court because of extremely dysfunctional , poor or danger situations . there are 33 500 children living and being upbringing in that institutions mostly not orphans but so called “social orphans” – about **90%** of that 33 500 children are coming from families with alcohol problems

Aside of that institutions there are also another social services for families and children living in poor economical condition (among them because of alcohol) , as for example ; district social workers, financial and material support, alimentation in school , psychological and pedagogical counselling, summer camps and so on. So it is not truth that “90% of children involved with social services”, but 90 % of children **being taken off from their families and living**

in foster full time institutions , and 33% of children **receiving help in day centres in social help system** are coming from families with alcohol problems

Aside social help institutions and services described above, there are also **institutions for treatment and rehabilitation in health system**. Among them there are counselling centres (with ambulatory therapy) , day wards and stationary wards for children with emotional or mental disturbances, and their parents . I have not found information about the number of psychiatric day wards, as so as the number of children being in treatment in that wards. I have also no information about the number of children from families with alcohol problems among the children being treated in health system.

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No X
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If yes, please briefly describe these data and the prevalence they suggest.

Section A- Please answer

- Which organisations/ professionals were involved in answering section A?
The Institute of Psychiatry and Neurology
- What references/sources of information/ literature were used in the preparation of section A?
see table up side
- How easy/ difficult has it been to collect this information for section A? easy

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)? Please explain in detail using **Appendix A** attached. If you are including details on large-scale and/or influential/important studies, please also attach relevant abstracts in English.

Appendix A (B1) Research

7. Please briefly describe what methodology and search engines you used to find out the information

Polish science data base : <http://nauka-polska.pl/dhtml/raportyWyszukiwanie/wyszukiwaniePraceBadawcze.fs?lang=pl>,

other: PARPA: <http://www.parpa.pl/>, IPZ: <http://www.psychologia.edu.pl/index.php?dz=strony&op=spis&id=161>

Key words as suggested in guidance

8. Complete the table below filling in as much details in regards to the various headings.

A Alcohol in pregnancy - consequences for the newborn

Reference	Summary and Research Question	Methodology	Findings		Recommendations	Limitations
			<i>Mental Health</i>	<i>Physical Health</i>		
Zaluska M, Bronowski P, Cendrowski K, Piotrowski A, Stelmachow J. Alcohol, Tobacco and Drugs During Pregnancy : Effect on Newborn. Int J. Prenatal and perinatal Psychology and medicine 1993, 5, 2 , 157 - 167	The influence of alcohol , tobacco and drugs (analgesics, tranquillizers) in pregnancy on the newborn was investigated. Factors connected with drinking alcohol, smoking cigarettes , and taking analgesics or tranquilizers during pregnancy were analyzed	495 women were investigated in maternity department after delivery The questionnaire concerning stressful factors, drinking alcohol, smoking cigarettes , and taking drugs (analgesics, tranquilizers) during pregnancy was used. The influence alcohol, tobacco and drugs on the frequency of obstetrical complications and on the health state of newborn (weight, length, dystrophy, congenital malformation, Apgar score) was investigated		23 mothers drinking moderately or heavy during pregnancy (4,6% of the group) had more often (comparing with abstainers and drinking small quantities) : symptoms of imminent miscarriage and /or toxemia during pregnancy, and have delivered babies of lower length and weight . Three of their babies have congenital malformations. Two of them were suspected to have FAS , and needed further observation . Drinking and smoking during pregnancy were more often among woman with secondary school education , who were under psychological stress, and did not plan pregnancy	Preventive program focused on hazardous smoking, drinking and drug use during pregnancy is needed. Medical close supervision, and psychological counseling pregnant woman who are drinking and smoking should be provided in maternal clinic. Special attention should be given to pregnant woman who did not plan their pregnancy and/ or under serious psychological stress	

Important books :

1. Hryniewicz D, Specificity of the psychological assistance to children with FAS . PARPA 2007
2. Jadczyk Szumiło D Neuropsychological profile of the child with FAS syndrome – case study PARPA 2008

B. children from families with alcohol problems – prevalence, diagnosis, mental and somatic problems , helping

Reference	Summary and Research Question	Methodology	Findings		Recommendations	Limitations
			<i>Mental Health</i>	<i>Physical Health</i>		
1. Junik W. selected problems of diagnosing and helping children from the families with alcohol problems, in: Diagnostic and prevention in school and local community / red. M. Deptuła Bydgoszcz 2004	Estimation of the number of children from families with alcohol problems in polish population. Estimation the amount of care and specialized help supplied , as so the help needed in that population	Analysis of polish publication since 1970, and the administrative data about the total number of children from families with alcohol problems and among them – the number of children receiving institutional support, care and /or specialized help	The most probable total number of children from families with alcohol problem in Poland is 1,5 million. 20% of them are receiving institutional help , but the specialized help only 10%. That amount of help is insufficient . There are difficulties with early identification the children at risk because the only existing screening test - CAST is applicably for children older than 9 years of age. Furthermore the application of that test to child out of supportive/ therapeutic program it is not approved		There is urgent need for developing methods of early (preschool or early school years) psychological and pedagogical diagnosis of children from alcoholic families . The educational programs and training for professionals working in educational , care and upbringing institutions for children should be developed .	

<p>2. Kolański K, Basiów B. Children in families with alcohol problems in selected cities in Lubuski region. University of Zielona Góra 2007</p>	<p>The aims : to estimate the number of families with alcohol problem (alcohol abuse, alcohol dependency, domestic violence), and factors connected with alcohol drinking in the region.</p> <p>Recognition the consequences for children</p>	<p>632 students (13 – 15 years of age) were investigated in 25 cities in the region by means of CAST test at XI –XII .2007 .</p>	<p>29% of the investigated children were living in the families having every day problems with alcohol, (abusing in 14% and dependency in 15%) . Unemployment, broken families, and children negative emotional experiences were more often in families with alcohol problem. More than 30% of children were victims , and 27% were witnesses of domestic violence. The most often experiences of children were : fear, anxiety for own safety, anxiety for safety of the parents or siblings, feeling of suffering harm, anxiety for the future of the family, psychosomatic complains .</p>	<p>Continuously support for children living in families with problem of alcohol is needed . Especially the in the period of adolescence.</p>	
<p>3. Małgorzata Chojak The portrait of a family in the perception of early primary school children from families with alcohol-</p>	<p>The article addresses the hypotheses that on the basis of certain features in children's drawings it is possible to assume that their families are affected by alcohol.</p>	<p>The technique used was the Test of the Drawing of your Family. Data were collected from all pupils from the second and third grade of the primary school from a small town</p>	<p>The characteristics present in the drawings of the experimental group, but missing in the drawings of the control group (no family background with alcohol-related problems) were the following:</p> <p>- a drawing technique featuring short, dashed and very straight lines,</p>	<p>Drawings might serve as a first screening element signaling that a particular child should be observed more closely.</p> <p>However, a child's drawing is not the only</p>	

<p>related problem</p> <p>Alkoholizm i narkomania. 2008, 21, 2</p>		<p>in the Lublin region. One hundred twenty drawings, 60 of which (according to the claims of class tutors) belonged to children being brought up in families with alcohol-related problems, were included in the study</p>	<ul style="list-style-type: none"> - a very strong grip on a crayon, - drawing people as very small figures, - low level of drawing accomplishment, - poor ornamentation and colouring of the picture. <p>The analysis of the drawings supports the assumption that the relations the children develop at home are mirrored in their drawings. It can be tentatively concluded that visual data (e.g. drawings) provide useful information on the situation the child finds him/herself in or on the obstacles he/she encounters.</p>	<p>indicator for assessing problematic situations of the children and should be complemented by additional information.</p>
<p>Skrzypczak W</p> <p>Emotional violence against children in the families with alcohol problem. Dziecko Krzywdzone 2003. 4</p>	<p>Exploration of traumatic events and emotional stress experienced by children in the families with alcohol problems</p>	<p>There were analyzed the therapeutic letters written by children participating in summer camps for the children from the families with alcohol problems .</p> <p>The letters of 80 children (23 boys and 57 girls, average age – 16,6) were included .</p>	<p>Following traumatic events were described by the children:</p> <p>To be cheated ,To be over criticized,</p> <p>Maltreatment , To be witness of violence</p> <p>Emotional violence, Physical violence</p> <p>Abandonment , Sexual abuse</p> <p>The perpetrators were the fathers in 74,2 % , the mother in 22,1%, other persons 3,7%</p> <p>There were following negative emotions experienced by children:</p> <p>Shame because of parental behavior</p> <p>Feeling of guilty, Loneliness</p> <p>Fear for parents, Anger and hate against parents. The most numbered were the cases of emotional and physical violence</p>	<p>Because of numbered traumatizing experiences of children in families with alcohol problems – differentiated institutions and services for helping children from that families are needed</p>

			<p>However the father was mostly the perpetrator of events , in some cases also mother was traumatizing the child. It means that the situation of children is very difficult .</p>		
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Other investigation

1. Wioletta **Junik**, La preparation des pédagogues au diagnostic de développement psychosocial de l`enfant issu d`une famille alcoolique Journal Europeen d`Education Sociale, 2003, nr 4, s. 85-90
2. Halina Maria Juszczak Performing parental authority in the families with alcohol problems University of Śląsk Uniwersytet Śląski 2000 – 2007
3. Iwona Grzegorzewska , Performing developmental tasks by adolescent children of alcoholics undergoing the treatment University of Poznań. Uniwersytet Adama Mickiewicza w Poznaniu 2005-2006
4. Wioletta Junik Assisting the psychosocial development of children from the families with alcohol problems in the sociotherapeutic day centers. University of Bydgoszcz. Uniwersytet Kazimierza Wielkiego Bydgoszcz 2000 – 2005
5. Sabina Nikodemka, Katarzyna Kurza (). The system of interdisciplinary help for children of alcoholics in the Warsaw district Ursynów – the analysis of professional and commune resources. 2002Warszawa: IPZ.
6. Ochmański M. The influence of alcoholism of the fathers on situation of their children in the family and in school Lublin: Wydaw. UMCS, 2001
7. Kelner K Amarowicz J Group therapy for the children 5-7 years of age from the families with alcohol problems – experiences of the OPTA Center
8. P.Kurtek The Picture of „self „ in the sons of alcoholics "Małżeństwo i Rodzina" 2002, nr 2, s.37-40.

Important books

1. Joanna Mikula : The family with alcohol problems: PARPA Warsaw 2006
2. Jadwiga Fudała The children from the families with alcohol problems PARPA Warsaw 2007
3. Joanna Juśkiewicz, Ludwika Matuszczyk, Katarzyna Łapińska, Alina Szulirz i wsp The children of alcoholics – individual plans of assistance . PARPA Warsaw 2006

C. Family violence under influence of alcohol

Reference	Summary and Research Question	Methodology	Findings		Recommendations	Limitations
			<i>Mental Health</i>	<i>Physical Health</i>		
Nikodemka S Violence against family members performed by the patients of the units for alcohol dependency treatment Świat roblemów 2001. 1	The aim was to estimate the prevalence of violence in families of alcoholics	400 patients in outpatient, day and stationary units for treatment alcohol dependency in different cities in Poland were investigated with special prepared questionnaire. There were 60% man and 22% woman; 18% did not declare their gender	Emotional violence admitted : 30% of respondents before drinking , 67% while drinking , 27 % during the treatment Physical violence: 10% before drinking , 39% while drinking, 6% during the treatment. Mostly partners and children were the victims . 17,5% of respondents admitted emotional violence against their children before drinking , 46,3 while drinking , 15,7% during the treatment; physical violence : 9,4 % before, 23,6 while drinking , 4,7% during the treatment. About 50% of respondents were by themselves the victims of domestic violence in their own childhood. Only 10 % of respondents have received, during the treatment of dependency, counselling or therapy directed on controlling aggressive behaviour		Therapeutic programs including: diagnosing violence against family members and training in controlling aggressive behavior should be implemented in all the units for treatment alcohol dependency	The data could be underestimated due to suspected tendency of respondents to denied the aggression

Other investigation.

Sabina Nikodemka (). The domestic violence in the Warsaw District Wlochy – the diagnosis of proportion and social attitudes, as so the commune resources enabling counteracting the domestic violence Warszawa: IPZ. 2002

Important books

1. **Hanna Dorota Sasal: The Blue cards – guidance to the procedure of intervention against the violence in the family** PARPA 2005
2. Jarosław Polanowski **Counteracting the violence in the family – the praxis and the law.** PARPA 2008

A. Adult children of Alcoholics

Reference	Summary and Research Question	Methodology	Findings		Recommendations	Limitations
			Mental Health	Physical Health		
Chodkiewicz J, Wilska A State of health, social support and life satisfaction among Adult Children of Alcoholics (ACA) who receive therapeutic help. Alkoholizm i narkomania, 2008, 21, 2	Aims: comparison of mental health, social support and life satisfaction between Adult Children of Alcoholics (ACA) and a control group, the analysis of social support and mental health as predictors of life satisfaction among ACA	The General Health Questionnaire by Goldberg, the Social Support Scale by Fydrich et al., the Life Satisfaction Scale by Fahrenberg et al. were used in the study. Fifty five ACA and 55 persons from families without alcohol problems participated in the study.	ACA, in comparison to the control group, manifest more anxiety and depression symptoms, subjectively feel that they receive poor social support, and are less satisfied with their life (the relationships with children, and friends, marriage, own person, sexual life, living situation). Emotional support among ACA is, contrary to the control group, positively related to health and work satisfaction, leisure time, own person, relationships with friends and general life satisfaction. Emotional support correlates negatively with satisfaction in marriage. Life satisfaction among ACA shows a strong correlation with external factors as emotional support and a weak correlation with internal factor as state of mental health.			

<p>Paszko J Zaluska M mental health of young adults from alcoholic families and families with schizophrenic parent. Report, the Institute of Psychiatry and Neurology . Warsaw 2007</p>	<p>The aim : To study the actual roles performance, mental health, defense mechanisms and perceived relationship with the parents in the past in young adults affected by alcoholism , or schizophrenia of one of parents</p>	<p>Investigated persons : 99 adults aged from 18 to 35 years:</p> <p>32 persons (18 F, 14 M) with a parent suffering from schizophrenia.</p> <p>35 persons (22 F, 13 M) with a parent dependent on alcohol. 32 persons (20 F, 12 M) with both healthy parents – control group.</p> <p>Tools : Own set inventory</p> <p>DSQ 40 Defence Style Questionnaire -</p> <p>PBI (Parental Bonding Instrument)- GHQ 28 General Health Questionnaire D. Goldberg's)</p> <p>PSP - Mental State Survey system</p>	<p>In alcoholics families fathers were more often ill, but in the families with schizophrenia – mothers. In the developmental period children from both alcoholics or schizophrenia families were more often exposed to absence of one of the parents, parents were more often unmarried, on the other side children were often engaged in taking care of dependent or ill parent. Weak or none relationship with the father occurred more often in the group with parental alcoholism, while weak or none relationship with the mother – in the group with parental schizophrenia than in controls.</p> <p>The young adults from families with parental; alcohol or schizophrenia were more often unemployed, unmarried, or having no partner, but more often having children comparing with control persons from healthy families . The educational level does not differ the groups . The young adults from families with alcohol or schizophrenia of parents were having more often problems of mental health and of substance abuse in the history.</p> <p>The GHQ measures were in groups affected by parental alcoholism or schizophrenia higher than in controls. The highest scores were in the group with alcoholic parent.</p> <p>The level of immature , and neurotic defense mechanisms were higher in both groups (affected by parental alcoholism or schizophrenia) than in controls. The highest scores were obtained in the groups of young adults from alcoholic families</p>	<p>chronic emotional burden resulting from alcoholism in the families is expressed more strongly in the measured parameters, than the burden resulting from chronic mental illness in the family. Detailed analysis of the “protecting” and “harmful ” factors in given families is necessary for creating effective preventive programs for children from families with alcohol and or mental health problems. .</p>
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Other investigations

1. Łukomski J. the life lots of adult children of alcoholics university of Poznań 1997 – 2000

2. Amelia Krawczyń Bocian **Critical life events in the narrations of Adult Children of Alcoholics DDA – the study on subjective experiences.** Uniwersytet Kazimierza Wielkiego Bydgoszcz University of Bydgoszcz 2003 – 2005

Important books

1. **Maria Ryś** Family related factors influencing the psychosocial functioning of adult children of alcoholics wyd. PWN 2007

C. Alcohol drinking by youths, prevention

Reference	Summary and Research Question	Methodology	Findings		Recommendations	Limitations
			Mental Health	Physical Health		
<p>Krzysztof Bobrowski, Katarzyna Kocoi. Agnieszka Pisarska</p> <p>The results of the two-year alcohol prevention program Alkoholizm i Narkomania 2005 , 18, 3, 25- 41</p>	<p>The paper presents results of the second stage of a longitudinal outcome evaluation study aimed mostly at the assessment of preventive intervention effect stability over time.</p>	<p>The two-year alcohol prevention program for 10-12-year-olds consisting of the "Home Detectives Program" and its continuation - "Amazing Alternatives" was submitted for evaluation. In the study carried out in a quasi-experi-mental design over 700 students participated of eight primary schools in Ursynów, the district of Warsaw. The schools were randomly assigned either to the intervention or reference conditions (four schools in each group). Self-report questionnaire was administered to students three times: 1) before the first part of the program; 2) before the second part of the program in the next year of education; 3) when the two-year program was completed.</p>	<p>Beneficial effects of the two-year program have been identified for the whole group of the intermediating variables (MANOVA. F= 4,50; p<0,001). In particular, significant favorable changes were identified in participants' pro-alcohol attitudes, knowledge about consequences of drinking and assertiveness beliefs. Other analyses indicated that participation in the two-year program was associated with less drunkenness and alcohol drinking with peers.</p>			

Other investigations

1. Janusz Sierosławski ESPAD European school survey – alcohol and drug consumption by the youths in schools – report from polish survey in 2007. INSTYTUT PSYCHIATRII I NEUROLOGII Warszawa 2007
2. Sierosławski J. Zieliński A. () Alkohol and the young generation of polish people of 90. years „Alkohol a Zdrowie” 1999, 23, PARPA Warszawa.
3. Okulicz-Kozaryn K., Ostaszewski K. (): factors connected with alcohol drinking by young people 13-14 years of age *Alkoholizm i Narkomania*, 1999, 3/36, 377-397.
4. Okulicz-Kozaryn K. (): Difficulties in the research-based evaluation - the conclusion from several evaluations of Polish alcohol and drug prevention programs. W: Larsson S., Hanson B.S. (red.), *Community Based Alcohol Prevention in Europe - Research and Evaluations. Proceedings from the First European Symposium on Community Action Programmes to Prevent Alcohol.*, Lunds Universitet, European Commission, 1999s. 122-136
5. Krzysztof Ostaszewski, Krzysztof Bobrowski, Anna Borucka, Katarzyna Okulicz Kozaryn, Evaluation of the effectiveness of early prevention of alcohol related problems *Alkoholizm i Narkomania*, 20001, 13
6. Jolanta Jarczyńska Some risk factors in the family environment and alcohol drinking in adolescents Uniwersytet Kazimierza Wielkiego Bydgoszcz 2003 – 2005
7. Katarzyna Okulicz Kozaryn Alcohol drinking, and expectances to alcohol in the children from the families with different attitude toward upbringing Uniwersytet Warszawski 2003 – 2005
8. Joanna Światała Family environmental factors influencing the intergeneration transmission of alcoholism in man Uniwersytet Adama Mickiewicza w Poznaniu 2002-2005

Important books, guidance

1. Joanna Szymańska Preventive programs . foundations of professional psycho prophylactic CMPPP. Warsaw 2002
2. Krzysztof Wojcieszek The program of prevention at school . Rubikon Kraków 2002

B2 Please indicate any results which have particular relevance for:-

- v) increasing understanding of the links between child health and parental alcohol misuse
- w) policy, service and professional development

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

Section B Please answer

- Which organisations/ professionals were involved in answering section B? The Institute of Psychiatry and Neurology,
- What references/sources of information/ literature were used in the preparation of section B? Polish Science Data Base, PARPA
- How easy/ difficult has it been to collect this information for section B? rather easy

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes X	No
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The State Agency for Prevention of Alcohol Related Problems – PARPA. Prevention of alcohol-related problems in Poland is the governmental task coordinated by the ministries of: National Education, Health, Justice, National Defense, Sport, Finances, Management, Transport, Labor and Social Policy, Internal Affairs and Administration, National Board for TV and Radio. For the execution of this objective the State Agency for Prevention of Alcohol Related Problems – PARPA was created - at 1993 by virtue of the order of the Minister of Health. PARPA has it's own separate budget. Since 1996 PARPA operate on the strength of the Act on Upbringing in Sobriety and Counteracting Alcoholism. The main activity of PARPA is to inspire, support, coordinate, and evaluate actions being undertaken by other subjects (Institutions, organizations, persons) aimed on counteracting alcoholism and alcohol related harms . PARPA draws up The National Programs of Prevention and Resolving Alcohol-Related Problems, institutes and supports innovatory actions, field trainings and pilot programs, prepares publications and conducts interventions, training and education. Since 1992 PARPA has been implementing following programmes :

1. Program of increasing effectiveness und accessibility of therapeutic services for alcohol dependent persons and their families, as so educational program and training program for personnel
2. Program of early diagnosis and intervention in general health services , and in specialized health services in patients abusing alcohol
3. Preventive programs at schools, families and environments of high risk
4. The Program for Prevention of Alcohol Related Family Violence.
5. Program helping in transformation in local, communities
6. Collaboration wit authorized plenipotentiaries of provincial chief officers for prevention of alcohol related problems
7. public education and collaboration with public media
8. Interventions on alcohol market

9. participation in legislative activities
10. diagnoses , expert opinions, research investigations concerning alcohol related problems
11. Collaboration with nongovernmental organizations, church,
12. international cooperation
13. Creation, introduction, coordination and promotion of National Program of Prevention alcohol related problems, and National Program for Prevention of Family Violence .

Following activities are being undertaken in the frame of above programs

- Establishing the Fond ETOH for providing educational programs and professional trainings for the persons employed in the institutions for counseling, therapy, support, and assistance for the persons , families and children afflicted by alcohol
- Creation and financing publisher PARPA, PAMPAMEDIA for publishing periodicals, books and brochures about the alcohol and alcohol related problems
- Establishing the Institute of Psychology of Health IPZ. - with the task : research and education.
- Creation and financing of the Polish Nationwide Emergency Service for Victims of Domestic Violence „BLUE LINE with telephone service
- Creating and support of the Nationwide Agreement of People and Organizations supporting the Victims of Domestic Violence BLUE NETWORK
- National educational campaigns.
- Implementation of procedure BLUE CARD in cooperation with police and social help intended for use by police and social services intervening by domestic violence
- Introducing the standards of professional educations, and certification. Education and training for selected professional groups ,

The **Methodical Centre of Psycho-Pedagogical Assistance CMPPP** is a central institution for vocational advancement of teachers, created by virtue of the order of Ministry for National Education. CMPPP initiates and creates systemic solutions for the benefit of supporting the development of child in the school system

Main activities of CMPPP are directed toward :

- increasing the quality and accessibility of psychological help for children in the school system
- enhancement of human resources in educational system
- professional trainings for specialists in counselling, health education, health promotion , psycho education, integration, prevention, resocialisation and revalidation
- creation and promotion innovative solutions in respect of formation safety and healthy environment of teaching and upbringing,
- supporting development and enriching educational and life opportunities of children
- initiatives for the benefit of cooperation and coordination of the activities supporting child and family in different milieus , institutions and organisations

The selected important programs of CMPPP :

- Development and networking of psycho pedagogic counselling centre for children and parents , families and professionals working with children (recently 559 Centres in the whole country)

- Initiating, supporting, supervising preventive programs for children and adolescents counteracting aggression, violence, social exclusion, alcohol nicotine and drug abuse in school environment .
- Keeping bank of recommended preventive programs (34 professional preventive programs : for realisation in school classes -15, for numbered groups of youths -2, for youths leaders -5, for parents and teachers – 6, multidimensional program for local community -1 , street program – 1)
- Working out programs and standards of : preventive activities, health education, health promotion and psychoeducation, Conducting innovative polish or international programs (currently running 12 programs)
- Developing for teachers procedures of dealing in school with children being in danger of demoralisation, delinquency, and drug or alcohol abuse or prostitution, especially procedures of cooperation with parents, school psychologist or pedagogue, police, and “court for family and care “.

CMPPP acts on the base of following national preventive programs

- National Health Program 2007 -15
- National Program Counteracting Drug addiction 2006 -10
- National program preventing social maladjustment and delinquency of children and youths 2004 -14
- National program preventing alcohol related problems 2006 -10
- National Plan of activities in benefit of children 2004 - 2012
- National Program, Counteracting family violence 2006 -16

C2 Is there a government department with responsibility for CHAPAPs?

	No X
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C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

On a regional (vojevodship) level accordingly to “The Act on Upbringing in Sobriety and Counteracting Alcoholism” there has been the creation of regional Centers for Treatment Alcohol Dependence and Co-dependence (WOTUW) (16 centers in 16 regions). Their activity is coordinated by the State Agency for Prevention Alcohol Related Problems PARPA. Their task is coordinating and supervising the activities in the counties and communes. This includes providing educational and training programs for professionals being active in the alcohol abuse field. The local government members, administrations, mass media employers, NGO etc are taking into account.

On a local level (large commune or small county) following institutions and services are cooperating in prevention of alcohol related problems especially in prevention of family dysfunction and children harm:

Local community Authorities create, by its own or in the frame of local Social Help Center (with the participation of NGO):

- Information-consultation (counseling) center for the persons and families with problems of drug and alcohol abuse or dependence, with psychological assistance and legal advising

- Information-consultation (counseling) center for the victims of domestic violence, families, witness and perpetrators with psychological assistance and legal advising
- shelters for victims of domestic violence
- crisis intervention centers (on the level of county)
- care and upbringing day centers for children from dysfunctional families, alcohol families , and children endangered with domestic violence
- socio-therapeutic day centers for children with emotional and or behavioral disturbances, living in dysfunctional families, alcohol families and children endangered with domestic violence
- Local community commissions for resolving alcohol problems with a special team for counteracting alcohol-related family violence. The commission is collaborating with the Family and Care Court for performing the procedure of “obligatory submittal to dependence treatment”
- Performing, with the cooperation with local school , and NGO educational and preventive programs for children and youth

Health care system on the level of commune encompasses realizing the following tasks:

- The first contact medicines are trained in recognition and counseling alcohol and other substances abuse and dependency , as so as diagnosing and treating alcohol related physical and mental disorders. If needed referring the patient to specialized treatment
- The specialized institutions for treatment alcohol dependency in the given area should realize a program for psychological assistance and therapy for alcoholics family members (children, partners, parents).
- Pediatricians, doctors of first contact, environmental nurses should be trained within diagnosing child neglect or child abuse, intervening and rendering efficient assistance, including the procedure of informing local social help center or family Court

Local social welfare center is obliged that

- trained social workers should inquiring and monitoring the situation of children in dysfunctional families and among them families with problem of alcohol overuse. If necessary social worker is referring the family to counseling center , or therapeutic center for persons with the problem of psychoactive substance abuse
- In particular cases there is necessary: assistance in kind, supplementary alimentation or referring the child to care or sociotherapeutic day center or full time center
- Other forms of aid for children from families with alcohol problem are: leisure time activities, summer camps, educational support. These forms are often provided by NGO
- trained social workers should conduct the procedure of Blue Cards, collaborate with other services, notify a local self-government commission, prosecutor, court accordingly

Educational institutions, (school, preschool)

- teachers, school counselors, school nurses, psychologists, pedagogue, pediatricians should be trained within recognizing emotional and behavioral disturbances due to family dysfunction and alcoholism, recognizing physical and psychological signs of or child abuse. Intervening and rendering efficient assistance is obvious
- performing school educational and preventive programs is obvious. It should be directed on strengthening individual psychosocial competences, and coping abilities, building knowledge about alcohol and drugs related dangers, preventing early initiation of substance use, reducing peers violence. Schools are performing these programs by it selves, in cooperation with local authority, or with the help of NGO (foundations, associations) specialized in prevention
- Psycho pedagogic counseling centers in educational system are helping the children and parents (counseling children, parents, teachers, interventions, therapy, decision making)

Police

- conduct interventions and the Blue Card procedure, provides protection to victims of domestic violence

Local Family and Care Court

• is making decision about taking the child off the family , or allocating to child the curator. In some counties there are “County teams for helping neglected and harmed children “. School pedagogues , social workers, representatives of local Family Court , and of police are meeting each months, sharing information’s about situation of particular children being at risk in families , and planning interventions

C4 Are there any current national government initiatives or strategies which address chAPAPs ?

<input checked="" type="checkbox"/> Yes X	<input type="checkbox"/> No
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If yes, please describe.

1. Polish Nationwide Emergency Service for Victims of Domestic Violence „BLUE LINE, National wide Agreement of People and Organizations supporting the Victims of Domestic Violence BLUE NETWORK. Implementation of procedure BLUE CARD in cooperation with police and social help intended for use by police and social services intervening by domestic violence.
2. National educational campaigns: “**childhood without violence**”, “**pregnancy without alcohol**”,
3. The local community preventive and therapeutic programs for children from the families with dysfunctions , especially related to alcohol. . There are annual guidance published centrally by PARPA, and annual reports from all the communes in Poland referred to PARPA
In the report from 2007 we find out that among 2478 communes in Poland , there were 2380 communes participating in the program , and performing following activities . see table beneath

The table below outlines interventions and preventive programs for children from dysfunctional and alcoholics families in polish communes

<u>Activities, programs</u>	Number of communes in the whole country	Number of communes taking part	Number of youths	Number of parents	Number of teachers
Preventive programs at schools	2478	2380	2 451 494	287 520	97 140
Community preventive programs out of school	2478	2380	594 695	108 132	27 394
	Number of communes in the country	Number of communes taking part	Number of youths	Number of institutions engaged	
Sport and recreation out of	2478	2380	849 125	7 062	

the school					
: Summer camps	Number of communes in the country	Number of communes taking part	Camps with sociotherapeutic programs	Camps with preventing program for alcohol problems	With Preventive activities performed by youths
Number of participating children and youths	2478	2380	65 400	166 226	129 553
<u>Activities, programs</u>	Number of communes in the country	Number of communes taking part	Number of centers	Number of children	Number of personal
Day centers with care and upbringing program	2478	2380	5872	196 445 (75 073 *)	10006
Day centers with sociotherapeutic program	2478	2380	2064	64 875 (35 176*)	4 343
	Number of communes in the country	Number of communes taking part in that activity	Number of children		
Supplementary alimentation	2478	2380	156 376		
	Number of communes in the country	Number of communes taking part in that activity	Number of youths taking part in the programs	Number of parents	Number of teachers
Intervention in adolescents drinking alcohol harmful	2478	151	26 740	5 958	1 736

(*) children from alcohol families among the total number of children

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes X	No
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If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
B. "The Act on Upbringing in Sobriety and Counteracting Alcoholism "art. 23. 2, 3.	The children of alcoholics, afflicted by the consequences of parental alcohol overuse, are receiving unpaid psychological and sociotherapeutical help in public health institutions, specialized counseling centers , and institutions for care and upbringing, or institutions for resocialisation. The help is supplied to the children by persons or institutions without consents of children's parents or caregivers if they are under the influence of alcohol.
"The Act on Upbringing in Sobriety and Counteracting Alcoholism "art. 24 to 36	"obligatory submittal to dependence treatment" - concerns any person who, in relation with alcohol abuse, causes "disintegration of family life, and/or depravation of a youth (...), systematically breaches the peace or public order". Any ruling to the effect of obligatory submittal to dependence treatment is passed in a non-litigious procedure. It performs function of institutional motivating to submittal to dependence treatment,

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes X	No
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Running educational, health promotion programs aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood is obligatory for each school. The Methodical Centre of Psycho-Pedagogical Assistance CMPPP is keeping track of recommended preventive programs (for realisation in school classes -15 programs , for numbered groups of youths -2, for youths leaders -5,) The Major Programs were evaluated by the Institute of Psychiatry and Neurology

<u>Name of programme</u>	<u>Description</u>
Home Detectives Program" - alcohol prevention program for 10-12-year-	Results of the Second stage of a longitudinal outcome

<p>olds and their parents</p> <p>and its continuation - "Amazing Alternatives"</p> <p>program for teenagers</p> <p><u>Krzysztof Bobrowski, Katarzyna Kocoń. Agnieszka Pisarska</u></p> <p>The results of the two-year alcohol prevention program Alkoholizm i Narkomania 2005 , 18, 3, 25- 41</p> <p>http://www.cmppp.edu.pl/node/13676</p>	<p>evaluation study aimed mostly at the assessment of preventive intervention effect stability over time.:</p> <p>The two-year alcohol prevention program for 10-12-year-olds consisting of the "Home Detectives Program" and its continuation - "Amazing Alternatives" was submitted for evaluation. In the study carried out in a quasi-experimental design over 700 students participated of eight primary schools in Ursynów, the district of Warsaw. The schools were randomly assigned either to the intervention or reference conditions (four schools in each group). Self-report questionnaire was administered to students three times: 1) before the first part of the program; 2) before the second part of the program in the next year of education; 3) when the two-year program was completed. Beneficial effects of the two-year program have been identified for the whole group of the intermediating variables (MANOVA. F= 4,50; p<0,001). In particular, significant favorable changes were identified in participants' pro-alcohol attitudes, knowledge about consequences of drinking and assertiveness beliefs. Other analyses indicated that participation in the two-year program was associated with less drunkenness and alcohol drinking with peers.</p>
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C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

	No X
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Good Parent, Good Start is the first Polish programme aimed at preventing the abuse of the youngest children (children under 3). The project involves both national and local activities. It was launched in 2007 as a pilot programme implemented in selected Warsaw districts. The initiative was welcomed with much interest by both parents and professionals who take part in the programme. The goal of the programme is to protect young children from abuse through supporting their parents/caregivers in parenting without violence – by offering them free access to educational resources and support services. The programme has been implemented under the patronage of the Ministry of Labour and Social Policy and the Ministry of Health.

The actions undertaken within the programme may be divided into two categories: (1) efforts targeted at prospective parents (during pregnancy) and parents with young children; and (2) efforts targeted at professionals who work with children under three. The following tasks have been performed by the Nobody's Children Foundation within the programme:

- educational and awareness-raising efforts targeted at parents with young children (a national education campaign: publications, a dedicated website);
- educational efforts targeted at professionals (health care professionals from maternity hospitals/wards and health care clinics, social workers, personnel of day care centres, maternity schools and NGOs: training, educational brochures, a dedicated website).

direct initiatives targeted at parents with young children (parenting skills workshops, educational meetings addressing specific themes, psychological/pedagogical consultations, telephone and e-mail consultations). For further information go to: <http://www.dobryrodzic.pl/>

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes X	No
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If yes, please use table below

Profession	Brief description e.g, length and content
Health professionals including: <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	Courses in counselling, psychological assistance and therapy of dependencies ad co-dependencies (3 degrees) for professionals working in health institutions for persons with alcohol dependency and co-dependency . Organised by IPZ – The Institute of Health Psychology (650 hours) Postgraduate studies in prevention and therapy of dependencies in universities and academies , 500 hours
Social workers	
Police	
Teachers	
Treatment* services	
Early years/ Child care workers*	
Housing officers	
Youth workers	
Parenting workers	
Other	

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Section C please answer

- Which organisations/ professionals were involved in answering this section C? IPZ, information from universities and academies
- What references/sources of information/ literature were used in the preparation of section C? information upon given studies
- How easy/ difficult has it been to collect this information for section C? rather easy

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes X	No
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Polish system of alcohol dependence and co-dependence treatment has been developed on the base of theoretical model which describes the alcohol dependence as a multi factor social disease with bio-psycho and social basis. According to this model the main aims of the therapeutic actions should be: health treatment, correcting the psycho-pathological mechanisms of the dependence and reconstruction of the disturbed social relations. Special concern is taking on the family life. Trainings of coping with emotions, coping with aggression, communication in the family, parental skills, are involved into the therapeutic programs for alcohol depended persons. Institutions for treatment alcohol dependency, are obliged to provide educational, supportive and therapeutic programs for family members living together (spouses or partners, children, parents other family members). The treatment- is held in following healthcare institutions

1. stationary treatment for adults .

- 33 stationary abstinence syndrome treatment (detoxification) wards 733 beds
- 61 stationary alcohol dependence treatment wards 2067 beds
- 11 alcohol dependence treatment wards in penitentiary system 396 beds

2. Out- patients and half time treatment for adults

- 126 Alcohol dependence and co-dependence treatment centre
- 26 half time alcohol dependence treatment wards

Therapeutic Centre “Goplańska” IPiN <http://www.ipin.edu.pl/0314.htm>- This is an out- patient service for people with alcohol related problems and their families from Mokotów District of Warsaw , in some case, persons and families from other districts. After care in cooperation with detoxification ward and ward for treatment alcohol dependency in IPiN. Interventions include diagnosis, counselling, individual and group therapy. Interventions vary on where the patient is at in terms of their dependency cycle. There is also psychotherapy for couples, support and psychotherapy for children of alcoholics and for adult children of alcoholics. There is mutual help groups, club, cafeteria, fitness and weekend

workshops out of the city Warsaw for individual persons or families. Phone - hotline for persons with alcohol related problems. The service is evaluated through internal monitoring and is funded through the National foundation for health – region Mazowsze.

Association OPTA - counselling centre for families with alcohol problem- Counselling and therapeutic Centre for families, and persons from families with alcohol related problems. The program is a part of a Local Authority statutory service providing education, prevention and therapy. The service is run by psychotherapists, psychologists and pedagogy professionals. Interventions include group therapy for children 4-6 years of age, 8-11, 13 – 15 and 15-19 years of age with parallel educational group for parents. There is also psycho educational group work for youths 16 -18 , psycho educational workshops for parents of adolescents, “fathers and sons” – 3 days weekend workshops for fathers and sons out of city of Warsaw Professional trainings for persons working with children , Preventive programs at schools The service is funded by the Office for the Capital City of Warsaw

D2. What other relevant services are there for parents who misuse alcohol?

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes X	
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There are (recently developed) following healthcare institutions specialized for treatment youth (15 – 20 years of age) alcohol abusers and dependent

- 42 out-patient treatment centre
- 3 stationary wards
- 3 day wards

“Out of Illusion” Youth Centre for prevention and therapy - Complex help for young people between 14 – 18 years of age , experimenting, abusing or dependent on psychoactive substances (alcohol, drugs), as so for young people at risk due to family and other environmental factors. Collaboration with school pedagogues, psychologists and teachers, with Courts for Family and Care, and with court curators and family curators. The service is a multi professional one made of up Clinical psychologists, psychologists –systemic and family therapists, Psychologists specialised in problems of dependencies, Psychologists – cognitive behavioural therapist, therapist of dependencies, Child and Adolescents Psychiatrist and a lawyer. There is a range of interventions including counselling and psychological diagnosing

Counselling and psychiatric diagnosing, Individual psychotherapy, group psychotherapy, Psychotherapy for AAC (18-24 years of age) , family therapy, educational groups for parents and preventive programs at schools. The service is funded by the National Health Foundation for region Mazowsze. For further information go to: http://www.pozailuzja.pl/index.php?&news_id=12

D4 Are specialist services available to support chAPAPs?

Yes X	
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Institutions for treatment and support for children from families with problem of alcohol

- Day centers for children from dysfunctional and alcohol families
 - 3400 Sociotherapeutic day centers with 134 000 places
 - 4100 care and supportive (upbringing) centers with 200 000 places
- Full time care and upbringing facilities for children
 - 63 Emergency care institutions with 7 389 places
 - 380 care and upbringing homes with 21 021 places
 - 197 care and upbringing family like homes (up to 10 children) with 1 590 places
 - 49 sociotherapeutic youth centers - full time institutions with therapeutic programs 3 499 places
 - 62 resocialisation youth centers – full time institutions for resocialization

90% of all the 33 500 children in that institutions are coming from alcohol families

“Pepek” Centre for prevention and sociotherapy for children and youth – A day centre for children and youth affected by parental alcohol drinking from the ages of 7-19 from Warsaw. The children are referred to the centre by parents undertaking treatment of dependence, by school pedagogues or school psychologists, court curators, social help centers. The service is delivered by a multidisciplinary team of professionals including psychologists, sociotherapists,

Psychotherapists, therapist of dependencies and family therapist pedagogues. The service provides socio-therapeutic groups aimed on developmental, educational, health and social functioning progress are offered. There are also free time activities, individual educational and psychological assistance. Counseling, Educational programs and support for parents. Cooperation with schools, Family Court, Social Help Centers. The service is funded by the foundation of ETOH. For further information go to: http://www.eto.edu.pl/index.php?option=com_content&task=view&id=62&Itemid=42

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes X	No
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If yes, please describe using the table below.

Name of organisation	Description of support provided
Al-Anon/ Ala-Teen Family Groups (343 Al-Anon groups in 16 Regions, 13 Ala-Teen Groups, 8 AL Anon- ACA groups	Al-Anon Family Groups provide understanding, strength and hope to anyone whose life is, or has been, affected by someone else's drinking. The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength and hope in order to solve their common problems. We believe alcoholism is a

	<p>family illness and that changed attitudes can aid recovery. Al-Anon is not allied with any sect, denomination, political entity, organisation or institution; does not engage in any controversy, neither endorses nor opposes any cause. Al-Anon is self-supporting through its own voluntary contributions. Al-Anon is based on the Twelve Steps and Twelve Traditions adapted from Alcoholics Anonymous; it is non-professional, self-supporting, non-religious, non-political and multi-racial.</p>
<p>Nationwide Polish Association of clubs and associations of Abstainers .</p> <p>About 500 local clubs or associations in 16 regions of Poland</p>	<p>Free time activities without alcohol, for persons and families with alcohol related problems</p>
<p>Maksymilian Kolbe Association for abstinence</p>	<p>Self help, support and spiritual help for persons and families with alcohol related problems</p>
<p>Human Liberation Crusade</p>	<p>Self help, support and spiritual help for persons and families with alcohol related problems</p>
<p>Wedding of weddings</p>	<p>Abstinence movement of couples and families</p>

Section D- please answer

- Which organisations/ professionals were involved in answering this section? IPiN, Kardinal Wyszyński University – The Institute of Family Studies
- What references/sources of information/ literature were used in the preparation of this section? Mental Health Statistics Poland 1990 -2005 , Informative brochures of given organisations
- How easy/ difficult has it been to collect this information? Rather difficult

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Countrywide policy for prevention of alcohol related problems and family violence • Obligation for local authorities to create local programs for prevention alcohol related problems with special concern on family life disruption and harm for children • Obligation for schools to perform school preventive programs with concern on alcohol and drug use by youth . • Network of counselling centres and centres for treatment alcohol dependent persons and their family members • Participation of NGO and self help groups in the prevention and helping activities 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Lacking procedures for teachers of early school classes concerning recognition and early intervention for children living in families with parental alcohol or drug abuse • Insufficient number of trained professionals working in institutions for treatment alcohol dependency, and in institutions helping the children from alcoholic families .
<p><u>Opportunities</u></p>	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Too late recognition of children suffering because of parental alcoholism • Treating consequences of parental alcoholism rather than early prevention • Too many children in care and upbringing institutions

Section F Case studies

<p>Case study</p>
<p style="text-align: center;"><u>Case study 1- Neo-natal</u></p> <p><u>Stage 1</u></p> <p><i>A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie’s mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter’s drinking behaviour.</i></p> <ul style="list-style-type: none"> • How would this case be dealt with in your country? <p>The doctor has to educate the patient about the influence of alcohol on baby , and to refer the patient with her mother together to local counselling centre for persons and families with alcohol and drug problems .</p> <ul style="list-style-type: none"> • Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes	No X
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If yes, what steps would be taken and what information would be shared with whom?

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes X	No
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If yes, please describe.

Only routine interview

- What services and support would be provided to [a] Annie and [b] her mother?

The local counselling centre for persons and families with alcohol and drug problems is supporting the persons and motivating them to undertake the specialised treatment in the local centre for alcohol dependency . If the educational intervention of the first contact doctor would be unsuccessful the doctor has to inform the local social help centre about this case (the team for family and child assistance). The social worker has to visit and interview the woman , to support her , provide motivating intervention for treatment alcohol dependency and other needed psychosocial or family interventions.. If the woman will drink longer the local commission for resolving alcohol related problem should be informed by the first contact doctor or by the social worker . If the intervention of the commission would be unsuccessful – the procedure of “obligatory submittal to dependence treatment” should be initiated

- Are there any practical, resource or administrative barriers to good practice?

Yes X	No
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If yes, please describe:

Insufficient information and cooperation of family doctors, or specialised health professionals with local social help centres and other local institutions. Lacking obligatory clear procedure in such case

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes	No X
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Because of introduction the free choice of medical care recently in Poland - any professional is not obliged to keep contact with the woman during pregnancy, and with the baby and women after the delivery. The mother is obliged to ask the visits by herself . There are 7 -8 obligatory unpaid visits in specialised medical centre for pregnant woman since 7-8 to 39-40 weeks of pregnancy ,. After the delivery , and the discharge from the hospital between the 1 and the 6 week of baby's age there are 4 obligatory unpaid visits of midwife from local medical centre. After there the environmental nurse is visiting the child and mother between the 2 and 6 months of the child's age .The paediatrician from local medical centre is obliged to perform unpaid visits at home of the child and women on the 1 to 2 week of baby's age , after there on the 3 months, 6 months, and 9 months of baby's age .

- What action, if any, would need to take place now to assess and protect mother and child? Please describe Social , psychological and medical assistance for pregnant woman at risk for children because of alcohol dependency

- Are there support services available for Annie's mother to seek help, support and advice?

Yes X	No
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If yes, please describe

Psychological assistance and counselling in the local counselling centre for the persons and families with the problem of alcohol or drug abuse, specialised treatment in the local institutions for treatment alcohol dependency. Paediatrician assistance in local medical centre for mother and child

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?

The teacher would referring that child to school psychologist or pedagogue. The school psychologist or pedagogue would contact with the parents or mother of that child. After diagnosing he would make family intervention by himself or referring the child to psycho- pedagogic local counselling centre, or to team for child family assistance in local social help centre. The social worker from local social help centre would visit the child and the mother . Specialised counselling and treatment would be offered to mother in local counselling centre for persons with alcohol problems and in local institutions for treatment alcoholics according to the stage of alcohol problem (outpatient, day or stationary ward) . Psychological assistance and support in child group , or in day centre for care and upbringing or in day centre for sociotherapy would be offer to the child. Material support would be delivered to the family. Supplementary alimentation for the child in the school or in local day centre is possible. As so educational support and summer camps.

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No X
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe the actions the teacher /school staff member would take?

As described above

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No X
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If yes, please describe

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

To give information to school pedagogue or psychologist

- What services would now be offered to Joanne and her family?

For mother : obligatory stationary treatment of dependency on the base of the Family Court decision , after the application of Local Commission for Resolving Alcohol Related Problems (on the base of information from school pedagogue , the results of environmental interview by local social worker , and consultation by psychiatrist or physician trained in diagnosing and therapy of alcohol dependency and co-dependency, "The Act on Upbringing in Sobriety and Counteracting Alcoholism " . art 24 - 36

For both children : placement in emergency full time educational and care institution, also without consent of mother on the base of "The Act on Upbringing in Sobriety and Counteracting Alcoholism" art. 23. 2, 3

Limitation of parental rights and designation of curator for children by Family and Care Court is to consider.

After the treatment of mother - reintegration the family with psychosocial assistance, or placement the children in care and upbringing home for longer time.

- Are any of these services obligatory?

Yes, -

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?
- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes X	No
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If yes, what steps would be taken and who and what information would be shared?

Immediate visit and intervention of district police in that family is obvious. If violence against family member take place – intervention and introduction of blue card procedure is obvious (follow up visits of police with fulfilling the blue card), eventually crisis intervention centre or shelter for victims

If one of adult family members does not react on intervention, is drunk, agitated and violent the Police should deliver him immediately to sobering up station, and than refer to court for petty offences.

If one of family member is heavy drunk (intoxicated), or injured - call for emergency and delivering him to hospital emergency room is to consider.

Information from the police to local social help centre should be given.

The social worker has to visit the family and to motivate the parents and the teenager to undertake the treatment of alcohol dependency (to visit the local counselling centre, to undertake the treatment in the outpatient, day or

stationary institutions for treatment alcohol dependency and co-dependency .

The team for child and family in local social help centre should offer to children participation in supportive -therapeutic group for children from dysfunctional families, or the daycentre with support and care , or sociotherapeutic day centre , or club for youngsters

If no, please describe what action/steps the police would take?

- Would the housing department have any role in this situation?

Yes X	No
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If yes, what action would they take and could they provide any support? Please describe

They would inform the local social help centre about the family with alcohol related problems , and to take a case to court

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes X	No
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If yes, please describe what type of service this would be.

healthcare institution specialized for counseling and treatment youth (15 – 20 years of age) abusing alcohol , as so youth from the families with parental alcohol related problems

If no, are there alternative services where he could receive help?

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe

If the parents will drink longer they should be referred to Local Commune Commission for Resolving Alcohol Related Problems, and the procedure of obligatory submission them by Family Court decision treatment of alcohol dependency on the base of “the Act of Upbringing in Sobriety and Counteracting Alcoholism” should be introduced. (the interview of social worker and medical consultation is needed)

The Family Court process concerning taking off the children from the family , and placement them in the care and upbringing whole time institution is to consider. The information from the school (school pedagogue) , from the social workers interview, from housing department, and medical records from the treatment of parents should be gathered

- What action would be taken about the 15 year old’s possible exclusion from school?

. In the case of youngsters 15 years of age the hospital treatment of dependency and than resocialisation and education full time institution is to consider

- Are there any parenting support programmes which could be offered to the family? If yes, please describe. Local commune program

PORTUGAL COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes X	
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There is some data. There are, of course, many more children than the ones referred below, who suffer the consequences of their parents' alcohol problems. The data refers to children identified by CPCJ (National Commission for the protection of Children and Youngsters at Risk)

Type of information	Prevalence and brief description*
Other administrative sources- please describe	In 2006 from the total cases of children at risk who belonged to families being under surveillance by the CPCJ (Children and Youngsters at Risk Protection Commission) 43.9% had both parents (father and mother) with alcohol dependence

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

	No X
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If yes, please briefly describe these data and the prevalence they suggest.

Section A- Please answer

- Which organisations/ professionals were involved in answering section A?
National Children and Youngsters at Risk Protection Commission
- What references/sources of information/ literature were used in the preparation of section A?
National Report of Activities of the Children and Youngsters at Risk Protection Commission 2006
- How easy/ difficult has it been to collect this information for section A?
It was easy to collect this information. It was difficult to exclude the existence of other reliable sources of information or other institutions that deal with this kind of problems.

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)?

No research found

B2 Please indicate any results which have particular relevance for:-

- x) increasing understanding of the links between child health and parental alcohol misuse
- y) policy, service and professional development

No research found

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

There are several studies of alcohol consumption prevalence in young adults:

- ESPAD 2003 (European School Survey Project on Alcohol and other Drugs)
- National Inquiry in Scholar Population – 2001
- National Inquiry in Scholar Population-2006
- CEOS/IDT 2001 – Psychoactive Substances Consumption in the Portuguese Population
- CEOS/IDT 2007 – Psychoactive Substances Consumption in the Portuguese Population
- ECATD 2003 _ Drugs, Tobacco and Alcohol Consumption amongst students in Portugal 2003
- Portuguese Adolescents Psychoactive substances Consumption 2006 (Margarida Gaspar de Matos)

Appendix B (B3) Other relevant Research

9. Please briefly describe the methodology and search engines you used to find out the information

- Searching in Google with the suggested Portuguese Key words (“Alcohol + children + health”, “Alcohol + parenting + health”, “Foetal alcohol syndrome”, “Alcohol + parents + services”, “Alcohol + parents + policy”) we didn’t find any study

These are some of the studies done by IDT.IP, or done with the participation of IDT.IP. There are other studies in course.

10. Complete the table below filling in as much detail as possible.

Reference	Research Question	Methodology	Findings	Recommendations	Limitations
<p>ESPAD 2003 (European School Survey project on Alcohol and other Drugs) – Portugal</p> <p>This study was made in Portugal each four years (in 1995, 1999, 2003) in collaboration with other European countries, so we could know better the evolution of the consumption of the substances in query</p> <p>http://www.espad.org/methodology</p> <p>http://www.idt.pt/PT/Investigacao/Pa</p>	<p>To study adolescent substance use in Portugal and Europe from a comparative and longitudinal perspective</p>	<p>It consists in a standardised questionnaire (regarding the target population, data collection instrument, field procedure, timing and the data processing)</p> <p>to provide as comparable data as possible. The data was</p> <p>mainly collected during Spring</p> <p>2003 and the target population was students born in</p> <p>1987 (students that turn 16 years old during the calendar year of the data collection).</p>	<p>The proportion of Portuguese students who had consumed alcohol during the last 12 months is slightly lower than the average (78 compared to 83%). However, the proportions of students who report having been drunk during the same period is substantially lower than average (32 versus 53%). Also the lifetime and 30 days prevalence of smoking cigarettes are lower than the averages. The lifetime figure is 62% (66% on average) and the 30 days figure 28% (35% on average).</p> <p>The lifetime use of marijuana or hashish is smaller than the average for all ESPAD countries (15 compared to 21%), while the use of any other illicit drug than cannabis is about average (7 versus 6%). Use of inhalants is slightly lower than the ESPAD average (8 and 10% respectively) and the same is true for the use of tranquillisers or sedatives without a doctor’s prescription (4 versus 6%). Alcohol together with pills is reported by fewer students in Portugal (3%) than the average (7%).</p>		

<p>ginas/EstudosConcluidos.aspx</p>		<p>Teachers or research assistants collected the data.</p> <p>The students answered the questionnaires anonymously</p> <p>in the classroom under conditions similar to a written test.</p>			
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Reference	Research Question	Methodology	Findings	Recommendations	Limitations
<p>ECATD 2003 – Drugs, Tobacco and Alcohol Consumption amongst students in Portugal</p> <p>This project (initiated in IDT.IP in 2003) belongs in the programme of “scholar environment studies” and represents the</p>	<p>To characterize the phenomenon of psychoactive substances’ consumption among students of public system e following their evolution in a longitudinal way (in the different ages on the national level, and in the group of 16 years old students on the European level)</p>	<p>It’s an inquiry by questionnaire (equal to the European ESPAD questionnaire), full filled by the students, during classes, in a class similar environment. Anonymity and confidentiality are reassured: the students’ participation is voluntary. Done in</p>	<p>The percentage of students that have experienced any psychoactive substance, at least um time, increases with age.</p> <p>At 13 years old 6% of the boys and 4% of the girls, had had that experience and at 18 years old the data shows 38% of the boys and 25% of the girls.</p> <p>In the last 30 days, before the study, the usual consumers were 3% of the 13 years old students and 12% of those with 18 years. In each age group the percentage of boys was the double of the girls.</p>		

<p>extension of ESPAD project to all students of public schools of (from 7 to 12 grade) from 13 to 18 years old. It takes place each four years giving the data to European study ESPAD</p> <p>http://www.idt.pt/PT/Investigacao/Documentos/2008/12/ecatd_Droga.pdf</p>		<p>Continental Portugal with the collaboration of the Education Ministry, in the week of 28/5/2003. It involved about 18 000 students in 6 aleatory stratified samples by regional departments (about 2.800 students of each group age) in each grade (from the 6th to the 12th)</p> <p>And in each age group (from the 13th to the 18th)</p>	<p>In each age group 47% of 13 years students and 94% of those with 18 years had drunk alcohol, at least one time in their lives. In each group age the difference between sexes was small</p> <p>About 30% of 13 years students and 69% of the 18 years students had drunk alcohol thirty days before the study. The sex's differences are lower in the younger students.</p> <p>Risk perception associated with alcohol consumption, decreases slightly with the increase of age. So, at 13 years old 53% of the students considered that drinking "5 or more drinks" in each weekend was of great risk and the 18's students only 43% did.</p> <p>Drunkenness, already occurred, at least one time to 9% of the boys and to 5% of the girls of the 13 of the 13 years' students and to 60% of the boys and to 42% of the girls of the 18's ones. The sex's differences were greater in the older students</p> <p>Drunkenness in the last thirty days occurred in 3% of the boys and to 2% of the girls of the 13 years' students and to 27% of the boys and to 15% of the girls of the 18's</p>	
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			ones in that time period. Until 16 years old the drunkenness' percentage between sexes was similar.		
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Reference	Research Question	Methodology	Findings	Recommendations	Limitations
National Inquiry in Scholar Population - 2001 http://www.idt.pt/PT/Investigacao/Documents/2008/12/inquerito_mei_o_escolar_2001_sintese_mapas.pdf http://www.idt.pt/PT/Investigacao/Paginas/Estudos/Concluidos.aspx	To know the prevalence of substance use in two groups students (from the 7 th to the 9 th ; and from the 10 th to 12 th grade)	The goal is to describe the dimension and the characteristics of psychoactive substance consumption in the studied population (regular school and technological courses students' from the 7 th to the 12 th grade.	Some data from the alcohol data results: In the group of the students from the 7.th grade to the 9.th grade 49% had drunk alcohol in the last 12 months, and 25% in the last thirty days. In the group of the students from the 10.th grade to the 12.th grade 76% had drunk alcohol in the last 12 months, and 45% in the last thirty days.		

Reference	Research Question	Methodology	Findings	Recommendations	Limitations
National Inquiry in Scholar Population - 2006	To know the prevalence of substance use in two groups students (from the 7 th to the 9 th ; and from the 10 th to 12 th	The goal is to describe the dimension and the characteristics of	Some data from the alcohol data results: In the group of the students from the 7th grade to the 9th grade 48% had drunk alcohol in the last 12		

<p>http://www.idt.pt/PT/Investigacao/Documents/2008/12/inquerito_meio_escolar_2001_sintese_mapas.pdf</p> <p>http://www.idt.pt/PT/Investigacao/Paginas/EstudosConcluidos.aspx</p> <p>http://www.min-saude.pt/portal/contenidos/a+saude+em+portugal/noticias/arquivo/2008/4/inqueritos+idt.htm</p>	<p>grade)</p>	<p>psychoactive substance consumption in the studied population (regular school and technological courses students' from the 7th to the 12th grade.</p> <p>More than 35.000 students were inquired in students from the 7th to the 9.th grade and another's 35.000 students from the 10.th to the 12.th grades. (total of about 75.000 students)</p>	<p>months, and 32% in the last thirty days.</p> <p>In the group of the students from the 10th grade to the 12th grade 79% had drunk alcohol in the last 12 months, and 58% in the last thirty days.</p> <p>Regarding life time prevalence in both groups there was a decrease of the percentages of experience any drugs except inhalants. There was a pattern change with a decrease of poly consumption of illicit drugs (cannabis + others) in both groups and more students from the group from the 7th to the 9th</p> <p>had experienced more “ other illicit drugs” (except cannabis) – 5% than cannabis 4%</p> <p>There was a decrease of regular consumptions (in the last thirty days) of tobacco (nicotine) and cannabis and an increase of beer and wine consumption in both grade groups. In the group from 10th to 12th grade there was also an increase of distilled beverages</p> <p>Portugal follows the decrease tendency of illicit drugs consumption in youngsters as it happens in UAS, Australia and several European countries.</p>		
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Reference	Research Question	Methodology	Findings	Recommendations	Limitations
<p>National Inquiry of Psychoactive Substance Consumption in the Portuguese Population - 2001</p> <p>http://ceos.fcsh.unl.pt/docs/Livros/Indices/%C3%ADndice_Inqu%C3%A9rito.pdf</p> <p>http://www.idt.pt/PT/Investigacao/Paginas/EstudosConcluidos.aspx</p>	To know the prevalence of psychoactive substance consumption and their symbolism in the Portuguese Population	<p>The goal was to describe the dimension and characteristics of psychoactive substance consumption in the Portuguese in 2001.</p> <p>Probabilistic sample with national representativity.</p> <p>This National Inquiry was made by a protocol between IDT and Human and Social Sciences University of Lisbon (Universidade Nova de Lisboa)</p>	<p>The life time prevalence of any psychoactive substance consumption in the Portuguese population (from 15 to 64 years old) was 7.8%</p> <p>Cannabis was the illicit substance more consumed with a life time prevalence of 7.6% and 3.3% in the last year</p> <p>29% of the population were active smokers, and the life time prevalence of alcohol consumption was 59.1% of the population</p>	Not specified	Not specified

Reference	Research Question	Methodology	Findings	Recommendations	Limitations
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<p>National Inquiry of Psychoactive Substance Consumption in the Portuguese Population - 2007</p> <p>http://www.idt.pt/PT/Investigacao/Paginas/Estudos/Concluidos.aspx</p> <p>http://www.min-saude.pt/portal/contenudos/a+saude+em+portugal/noticias/arquivo/2008/4/inqueritos+idt.htm</p>	<p>To know the prevalence of substance use in the Portuguese population between 15 and 64 years old</p>	<p>The goal was to describe the dimension and characteristics of psychoactive substance consumption in the Portuguese Population between 15 and 64 years old in 2001.</p> <p>Probabilistic sample with national representativity: 15.000 individuals.</p> <ul style="list-style-type: none"> • • There had been made 14.184 interviews <p>This National Inquiry was made by a protocol between IDT and Human and Social Sciences University of Lisbon (Universidade Nova de Lisboa)</p>	<p>Comparative (between 2001 and 2007) relevant data:</p> <p>There was an increase of life time prevalence of illicit drugs consumption particularly cannabis. Regarding more recent or regular illicit drugs' consumptions the data reveals the stability of the consumption prevalence's in the last year and in the last month. These prevalences are higher in the ages 15-24 and in 25-34.</p> <p>Regarding licit drugs there was an increase of the life time prevalence's alcohol and tobacco consumption and a decrease of medication (tranquilizers, etc...) consumption. In the field of the recent consumptions (last thirty days) there is a stability of the consumption data of these three licit drugs. The age group 15-34 years old has alcohol lower alcohol and medication consumptions' prevalence and higher in the case of tobacco.</p> <p>In 2006 the life time alcohol consumption prevalence was 79.1%. The percentage of alcohol consumption in the last year was 70.6% and 59.6% in the last thirty days. The consumption is higher in the ages above 25 years old (80% between 25 and 54 years)</p>		
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Reference	Research Question	Methodology	Findings	Recommendations	Limitations
<p>Portuguese Adolescents Psychoactive Substances Consumption 2006</p> <p>The HBSC study(Health Behaviour in School-aged Children) - Portugal, in 2006 was financed by - Fundação para a Ciência e a Tecnologia/Ministério da Ciência e do Ensino Superior</p> <p>http://www.idt.pt/P</p>	<p>To study the adolescents life styles and their behaviours in the different contexts of their lives</p> <p>It's a collaborative of WHO</p>	<p>A representative and stratified sample of the student Portuguese population.</p> <p>136 public schools were aleatory selected from the official schools' list from the Education Ministry.</p> <p>Were selected 296 classes (96 of the 6th; 102 of the 8th and 98 from the 10th grades) in a total of 7400 students (which is 1.6% of the students population registered in the year of 2005/2006. It's a national, meaningful sample. The response rate was 87%.</p>	<p>4877 Adolescents answered the questionnaire (49,6% were boys and 50,4% girls; with a median age of 14 years old).Were in the 6th grade 31.7%, 35.7% in the 8th, and 32.6% in the10th grade.</p> <p>43,7% were from the North region, 28,8% from Lisboa and Vale do Tejo, 15,4% from the center region, 6,9% from Alentejo and 5,2% do Algarve. The majority had Portuguese nationality (94,1%);</p> <p>Comparative data (from the early study done in 2002) shows a relative stability of diary beer (from 0,8% to 1%) and distilled beverages (from1% to 0,7%</p> <p>Regarding frequency of drunkenness (4 or more times) the comparative data shows the following percentages: 1998 - 4,2%; 2002 – 5,3%; 2006 – 6,0%.</p> <p>Comparing 2002 and 2006 boys still consume more alcohol than girls.</p> <p>In both studies the alcohol consumption is more frequent in the youngsters with 16th or more years old, and significantly</p>		

T/Investigacao/Pa ginas/EstudosCon cluidos.aspx		The data was collected by the HBSC questionnaire.	more boys had had drunkenness than the girls. Drunkenness frequency increases with age increase		
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Section B Please answer

- Which organisations/ professionals were involved in answering section B?
- What references/sources of information/ literature were used in the preparation of section B?
- How easy/ difficult has it been to collect this information for section B?

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes X	
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice

IDT.IP (Institute on Drugs and Drug Addiction, Public Institute) is the National organization responsible for all alcohol prevention, harm reduction, treatment, rehabilitation and investigation. The IDT is a public institute with administrative and financial autonomy, under the supervision of the Health Ministry. The national headquarters are in Lisbon and it's activities are nationwide. The institute is organized in Headquarters and 5 Regional Delegations. The Regional Delegations have several Integral Response Centers (18 is the national total) which coordinates Consultation Centers and one inpatient treatment unit for drug addicts and another one for alcoholic patients. The main mission of the IDT is to guarantee a coherence of planning, conception, management, monitoring and evaluation of policies and strategies on alcohol and drugs. The functions of the IDT are, for instance:

- To coordinate the national additions strategies
- Five mission areas – prevention, treatment, harm reduction, rehabilitation and investigation
- To promote, coordinate, support and evaluate private and public initiatives to prevent the consumption of abuse substances
- To recollect and work data both scientific and related to narcotraffic and narco consumption
- To maintain a national information system on drugs and alcohol issues
- To promote research
- To support technicians education
- To propose legislative measures

The IDT has gathered a National Forum on alcohol, involving several stakeholders, from health and education technicians, to several government departments and industry and sales agents who built a National Plan to Reduce Alcohol Related Problems. IDT designed a National Network to provide health and social care to alcohol dependents and their families. The IDT has consultation Units, Therapeutic Communities for long inpatient treatment, and specialized drugs detoxification units and specialized Units for inpatient and outpatient treatment for alcohol dependents.

C2 Is there a government department with responsibility for chAPAPs?

Yes X	
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice relating to chAPAPs.

CPCJ (Children and Youngsters at Risk Protection Commission) is a national commission that supervises a network of commissions, and is a National Welfare Ministry Institution, responsible for the evaluation and orientation of children and youngsters that may be at risk and their families. The promotion of children rights and protection is the main mission of the National CPCJ according to the National Children and Youngsters at Risk Protection Law. This Law establishes how the State and the community should intervene whenever a child or a teenager is at risk and is meant to assure families the needed conditions to assure their children the best development conditions, through the exercise of a responsible parenthood.

The several CPCJ's must intervene by assuring families (or foster families, if so) the best conditions to acquire parental skills, as it is every child's right to grow up on a family. The measures are also designed to help the child to acquire emotional and social skills that enable it to live safely.

The support measures include psycho pedagogic, social and economic support, if needed and imply the intervention of technical multidisciplinary teams . Each team chooses a case coordinator who shall be the reference technician to the child and to the family. They are called to intervene when any child or adolescent is abandoned, doesn't receive care or love and support adequate to their age and personal situation, when it's abused, when it's forced to work, when it's exposed to damaging behaviours or the child itself has a disruptive behaviour or consumes any psychoactive substance and parents are unable to handle the situation.

Whenever a child is at risk because of their parents' negligence, their alcohol problems or any other situation, this situation is brought to the attention of CPCJ and its intervention has to:

1. address the best interest of the child
2. respect the child's privacy
3. be as timely as possible
4. be as least invasive as possible
5. promote parental responsibility
6. make the child or adolescent and their parents aware of their rights and duties
7. allow both parents and children to be heard on the adequacy of the proposed solutions

The intervention is made by a specialized social network which aims to provide the family with parental skills, direct parents to treatment if necessary and provide support for both children and their parents. It is very important that these Committees have the participation of teachers, family doctors and social workers because all have knowledge of different aspects of the child behavior and needs, and can work together in the intervention and accompany its development

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

Yes, they do. The CPCJ works together with all institutions that are considered useful in helping parents and their children (Public Health institutions, the National Health Service, Social Security, National Employment Institute, schools, and a great number of Private Social Solidarity institutions.)

An example:

A young boy, 12 years old is at risk of negligence because of his parents alcohol abuse. One of the boy's teachers alerts the local CPCJ to his arriving always late at school, be always sad and telling the teacher he his worried about his parents alcohol abuse.

The CPCJ, trough one social worker and one psychologist who were assigned to this case, contacts the boy's parents and the boy, in separate interviews and asks them if they want to be helped to improve the situation. As they agree the CPCJ involves:

- The alcohol treatment Unit
- The local National Health Service community health center (family doctor)
- The paediatric hospital
- The school

It is decided an intervention consisting in

1. medical attention to the parents
2. parental skills learning
3. psychological support
4. educational support

Everyone involved signs an agreement with its own duties.

The boy implies in trying to be on schedule at school, to study every day, to participate in leisure activities, to go to the psychologist appointments, etc.

Both parents agree to go to consultation at the alcohol dependents Unit, to promote good care to the boy, to establish rules at home, to help him with school homework, to try to keep the couple problems to themselves without involving the child, etc.

School compromises to provide the boy extra support in all areas he needs, and report to the CPCJ.

The family doctor compromises to take care of all health issues and report to the CPCJ, and the same is agreed with the alcohol dependents Unit.

Everybody has regular meetings (that include the child and the parents) to be aware of the evolution of the situation. After one year the situation goes under evaluation and the committee decides according to all partners if it's needed to continue the intervention or not.

If the family wouldn't agree with being intervened and the child would have been considered to be in a serious risk., the Family and Youngsters Court would eventually be contacted to try to put some pressure on the parents

C4 Are there any current national government initiatives or strategies which address chAPAPs ?

Yes X	
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If yes, please describe.

Besides the CPCJ, a Domestic Violence National Committee is now being built. As to the CPCJ you can see above. The DV committee is being developed. It's not possible yet to describe what the Committee is going to do, exactly.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes X	No
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If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
	To put at risk, to abuse or to neglect children is a public crime in Portugal, meaning that if the Children Law Court takes knowledge of any situation of that kind it is mandatory that the case goes under investigation

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes X	No
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IDT.IP supports local prevention programs based on local diagnosed problems. Some of them are in the field of the alcohol prevention in young students. They are listed on the IDT.IP website.

At this time, there are 45 ongoing prevention projects aimed at specific groups (children, youngsters, families, communities) which take place in schools, neighbourhoods, universities and recreational facilities.

Scientific information regarding alcohol is also provided to students in the context of their school curricula

Execution of the Project Health promotion in schools Provided by the national Education Ministry

Every school provides acknowledge on health issues as most curricula have such matters in most areas, such as Science Study, etc.

Every schools have also some non-curricula areas with programmed activities as follows:

Activities planning

▯ Activities planned according to age and school degree

School degree	ACTIVIDADES
Pre-school Nutrition and Physical activities	On study
1 degree Nutrition and physical activities	Psychopedagogic sessions
5th school year	Celebration of Healthy nutrition world journey Sessions about nutrition
6th year Nutrition and physical activities	Celebration of Healthy nutrition world journey Visits Paedagogic sessions
7th year Psychoactive substances: Alcohol, tobacco and drugs	Celebration of non-smoking world journey Paedagogic sessions on tobacco Paedagogic sessions on alcohol, and drugs consumption

8th year Sexuality and e STD	“Me and adolescence”
9th year Sexuality and STD	Celebration of AIDS world journey Paedagogic sessions

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children’s health and wellbeing?

Yes X	No
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Programme	Brief description
“Family more family”	To improve the relationship between parents and children, providing parents with skills and resolving problems. It consists in 14 hours programme based on “Incredible years” methodology role play brain storming games and real situations management

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes X	No
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If yes, please use table below

Profession	Brief description e.g, length and content
Health professionals including: <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	There are doctors, nurses and social workers that work as teams for children at risk, at Paediatric Hospitals who are trained in dealing with this kind of problem. In all Medical Schools in Portugal students have specific classes about alcohol abuse and dependence and they visit a specialised alcohol treatment unit if they volunteer to do so. There is also statutory training in some medical Specialities in training programs such as Psychiatry. Psychiatry students go on a mandatory training program at an alcohol or other abuse substances units. For people

	working in some specific areas, without medical training, they are provided with training by the public health service or their employees.
Other	CPCJ teams work as networks and include teachers, social workers, psychologists, lawyers, and doctors.

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes X	No
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In Portugal the treatment of alcohol use disorders is a responsibility of IDT.IP. This Institute is nationwide and it has a network of regional centres (CRI – Integrated Response Centres – which has the mission of prevention, dissuasion, harm reduction and risk minimization, treatment, reintegration in the field of licit and illicit drugs): It has also three specialized Units in alcohol treatment Disorders; three Units for illicit drugs detoxification, and three therapeutic communities.

Besides this network of IDT there are three units for treatment of alcohol use disorders that belongs to the mental health system (two with outpatient and inpatient settings (GEPTRA; Serviço de tratamento de Alcoolicos do CHPC; one only for outpatient care - N.E.T.E.R Núcleo de Estudos e Tratamento do Étilo-Risco) another unit that is private (Serviço Novo Rumo, Unidade de Alcoologia da Casa de Saúde do Telhal, do Instituto S.João de Deus). There are also some outpatient units in the context of the primary health care system in which works a general practitioner and a nurse.

Unidade de Alcoologia de Coimbra (UAC – Alcoholic Unit of Coimbra) Member of IDT.IP

secretariado@crac.min-saude.pt ua.centro@idt.min-saude.pt The UAC is a public Institution of the IDT.IP (Institution of Drugs and Drug addiction. Public institute) covering the central area of the country (of which there are 2,391,000 inhabitants). It has the responsibility of treatment of alcohol use disorders, and collaborates in primary prevention, investigation. The team is predominantly medical staff made up of psychiatrists, general practitioners, nurses, social assistants, psychologists and an occupational therapist. This unit provides both inpatient and outpatient programme. Both are group based programmes and interventions include pharmacotherapy, medical and psychiatric evaluation, individual psychotherapy, familiar psychotherapy, occupational therapy, psychological counselling, relapse prevention and meetings for abstinent patients. It has an outpatient programme for drink drivers and a recently developed outpatient programme for domestic violence. The unit treats around 500 inpatients and 12.000 outpatient sessions.

UAP (Alcoholic Unit of Oporto) member of IDT.IP ua.porto@idt.min-saude.pt <http://www.cran.min-saude.pt/> <http://www.idt.pt/> UAP provides inpatient and outpatient medical interventions for patients with alcohol use disorders in the north of Portugal. Staff are predominantly made of health professionals including psychiatrists, general practitioners, psychologists, nutritionist, social assistants and nurses. Interventions include Individual and

group consultations'; psychiatric assessments, general practitioners and psychology consultations' psychological evaluation; familiar therapy, nutrition evaluation and counselling. The service work with around 360 inpatients and 19,000 outpatients per anum.

UAL (Alcoholic Unit of Lisbon) member of IDT.IP) ua.lisboa@idt.min-saude.pt- As above but works in the South of Portugal. The interventions are an aadaptation of the Minnesota model, a Sequential Combined Treatment (which is a combined family, normative and stepped approach that seeks to maximize the family and social reinforcement for abstinence; each consultation offers at the same time individual and family counselling, combining the psychopharmacologic, psychotherapeutic and family approach); a *co-responsible* person, detoxification and disulfiram, are supervised by the co-responsible. The unit works with 28o inpatients and 11.722 and 3.270 out patients per year.

Serviço Novo Rumo, Unidade de Alcoologia da Casa de Saúde do Telhal, do Instituto S.João de Deus margarida.neto@netcabo.pt <http://www.isjd.pt>- This is the oldest alcohol treatment unit in Portugal, set up 1968. It has outpatient and inpatient unit. Treatment is predomantly medical led by health professionals including psychiatrists; psychologists; social assistant, occupational therapist and nurses. A structured intervention programme, with a length of four weeks and group based programmes are provided. There is also psychotherapeutic sessions, relaxation techniques, assertive training, psychiatric and psychological support, psycho educative sessions for families as well as there being AA and AI-Anon meetings. The service works with around 150 patients per year.

D2. What other relevant services are there for parents who misuse alcohol?

There are therapeutic communities for long term inpatient treatment programs.

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes X	No
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Casa de Santa Isabel casa.isabel@clix.pt casa.isabel@clix.pt- is a therapeutic community for children, adolescents and adult people with dependency needs. At Casa e Santa Isabel we aim to build a community that provides each person the possibility for self-development, healing, and fulfilling their potential. The community was founded in 1981. The mission of the Casa de Santa Isabel is to create a living, learning and working community, for children, adolescents, and adults with (complex) dependency needs and their co-workers. Co-workers of the Casa de Santa Isabel attempt to build healthy social relationships in an environment dedicated to personal and social renewal, healing, and caring for the land. Recognizing the full potential of each individual fosters both independence and interdependence. This enables each person to grow into the life of the community while allowing the community to grow with the individual. The households vary in size from six to eleven students or companions and four to six co-workers and their families. Three households, the elementary school - Escola Micael - and the workshops are close to São Romão. Nearer to Seia is a plot of land called the "Formigo". In a small valley and around a vegetable- and herb garden and many walnut-trees are two households where adult people live. For children in our care, their home is their base. It provides warmth, security and daily rhythm around meals, routine tasks, and recreational activities.

Casa do Outeiro Therapeutic Community for adolescents <http://www.clinicaouteiro.pt> - An inpatient unit where adolescents stay there for 6 to 8 months. There is a multidisciplinary team, psychotherapeutic individualized programs, sports, group therapy. Then adolescents go to halfway residence and go on outpatient treatment for 18 months. There is family support and therapy. The website is <http://www.clinicaouteiro.pt> Inpatient treatment and halfway residence

D4 Are specialist services available to support chAPAPs?

Yes X	No
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There is a Juvenile Mental Health Service in Portugal, Paediatric Teams for Children at Risk, therapeutic communities, alcohol-specialized units and all IDT.IP treatment units.

D5 What other relevant services are available for children affected by parental alcohol misuse?

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes X	No
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If yes, please describe using the table below.

Name of organisation	Description of support provided
Al-Anon Families	
CARG; CARDA; GAT Sta. Maria da Feira; Balsa Nova, GAT de S. Paio de Oleiros; Grupo de A.T. de Pinhel; G de A.T. da Cova da Beira, etc	There are lots of self-aid groups in every region of the country that provide help and support to families. They help in detecting families with problems, motivating patients for treatment and supporting families all along the treatment process or providing counselling if identified patients don't want to go into treatment.

Section D- please answer

- Which organisations/ professionals were involved in answering this section?
- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information?

IDT.IP is the organisation that centralizes all the information. Our sources were the alcohol treatment units and all the organizations they work with.

It was difficult to summarize the information because the information is available, but not organised

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Qualified and very motivated professionals • The existence of IDT.IP as a unifying national entity • The existence of a national network such as the CPCJ • Political willingness 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Lack of coordination • Lack of research • The moment: we are now building the national coordination structure for alcohol problems
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • The moment: we are now building the national coordination structure for alcohol problems • Political willingness • The implementation of a newly built National Alcohol Plan 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Lack of financial resources • Resistance to change

Section F Case studies

Case study	
<u>Case study 1- Neo-natal</u>	
<u>Stage 1</u>	
<p><i>A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie’s mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter’s drinking behaviour.</i></p>	
<ul style="list-style-type: none"> • How would this case be dealt with in your country? 	
<p>The doctor would talk to Annie about his suspicion of her drinking problem. He would evaluate the situation and do a brief intervention or most likely refer her to a specialised alcohol treatment unit. He would also alert the pregnancy consultation team about the situation.</p>	
<ul style="list-style-type: none"> • Are there any legal requirements and/or regulations for a doctor or other health professional to take action? 	
Yes	No X
<p>There is an ethical duty to do so, which is consubstantiated in the Deontological and Ethical Code of the National Medical Association. The Portuguese Medical Association has published recently a reviewed edition of its Portuguese doctors Medicine exercise. It states, for instance, that a doctor has always the duty to take every action required to promote his patients health, even if always paying attention to the confidentiality duty and the respect to his patients rights.</p>	
<ul style="list-style-type: none"> • Are health professionals required to routinely screen* pregnant mothers for alcohol misuse? 	

Yes X	No
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If yes, please describe.

It is a routine procedure in the clinical evaluation of every pregnant woman

- What services and support would be provided to [a] Annie and [b] her mother?

Annie and her mother would have counselling at the alcohol treatment unit. Annie would go into detoxification at the alcohol unit, and be placed under the surveillance of the pregnancy consultation, social worker and alcohol unit teams.

Are there any practical, resource or administrative barriers to good practice?

Yes	No X
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If yes, please describe:

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes X	No
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If yes, please describe the professionals who would have been

involved and the support Annie would have received

Annie's son would now be under the surveillance of the local CPCJ (Children and Youngsters at Risk Commission), to whom he would have been referred by the social worker. The Alcohol Unit would also be in coordination with the Commission to provide Annie with adequate treatment. A Court of Law can be involved to remove the baby and place it with other people who would take care of him, for instance his grand mother, if Annie doesn't get well. Coordination with the Paediatric Unit and Development Consultation would also take place, so that they may evaluate and accompany the baby.

- What action, if any, would need to take place now to assess and protect mother and child? Please describe
See above

- Are there support services available for Annie's mother to seek help, support and advice?

Yes X	No
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If yes, please describe

Alcohol Units have consultation for relatives of every patient and Family Doctors are always quite available to support people.

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?
- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
X	

If yes, what steps would be taken and who and what information would be shared? If no, please describe the actions the teacher /school staff member would take?

The teacher contacts the Health Care School Team which usually includes one responsible teacher, a school nurse and a psychologist and they evaluate the situation, then contacting the CPCJ which will accompany this family.

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No X
-----	------

If yes, please describe

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

Her teacher does the same: contacting the mother, and referring her to CPCJ and IDT.IP.

- What services would now be offered to Joanne and her family?

Treatment Services, social worker support

- Are any of these services obligatory?

Yes, if the CPCJ finds it useful, they will notify the Children Law Court services.

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?
- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No
X	

If yes, what steps would be taken and who and what information would be shared

The Portuguese police has Domestic Violence Units that would investigate the truth about this case. If they find it is a true case of children neglect the CPCJ would be notified, most likely along with the Children Law Court and National Welfare services and the situation would be taken care of.

- Would the housing department have any role in this situation?

Yes	No
X	

If yes, what action would they take and could they provide any support? Please describe

The children could be temporarily or permanently removed from the family and be placed in foster care (with relatives, foster care families or institutions).

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	No
X	

If yes, please describe what type of service this would be.

He would be sent to a Mental Health service or to a specialised Alcohol Unit even if they are meant for adults.

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe

For this situation to occur it would mean the family members are still together. We think that at this point they would likely be separated from each other. The children would now go to a public institution and the court would be involved.

SCOTLAND COUNTRY QUESTIONNAIRE

Completed by Lousie Hill with support from Professor Neil Mc Keganey and Professor Marina Barnard

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	No
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If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

Type of information	Prevalence and brief description*
Survey data	An estimated 65,000 children in Scotland have one or both parents with an alcohol problem. This figure is reported in 'Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach 2008'. This estimate is derived from the Scottish Health Survey 2003. These self-report data are collected through household interviews and are acknowledged to underestimate the numbers of affected children. *
Medical records	
Children in public care* data	
Research studies	<p>The report 'Social backgrounds of Children Referred to the Reporter: a pilot study', 2004 showed 39% of children of a sampled caseload of 100 in June 2003 were referred to them from families where one or both parents have problems with alcohol.</p> <p>* see Case Study 3, Stage 2 for description of Children's Hearings System</p> <p>Research commissioned by Glasgow City Council and carried out by Hay and colleagues, Centre for Drug Misuse Research, 2003, estimated that 3.4% of children under the age of 16 lived with at least</p>

	one problem alcohol use parent. This represents 3,781 Glasgow children. Reported in 'Let Glasgow Flourish: a comprehensive report on health and its determinants in Glasgow and west Central Scotland' Hanlon, P., Walsh D. Whyte, B. Glasgow Centre for Population Health, 2006.
Other administrative sources- please describe	

*The estimate was primarily calculated using Scottish Health Survey 2003 data. Our statisticians calculated the number of parents of children aged under 16 in the SHeS who scored positive on 2 or more statements on the CAGE questionnaire (a score of 2 or more is typically taken as an indication of potential problematic behaviour). Population data from General Registrar of Scotland was then used to estimate the Scotland-wide figure.

It's clearly only an estimate with a number of important caveats. It is likely that we'll commission research in the future to derive more accurate estimates and to consider the needs of children with problematic drinking parents."

Iain McAllister, Principal Researcher Justice and Communities Directorate, Scottish Government

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No
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If yes, please briefly describe these data and the prevalence they suggest.

The Scottish Government have committed to funding research to measure the incidence of fetal alcohol syndrome in the recent 'Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach 2008'. In the interim, in 2006 NHS National Services Scotland reported (data provided by the Substance Misuse Team of ISD [Information Services Division, NHS National Services Scotland]); 4 cases identified in 2000, 5 in 2001, 4 in 2002, 2 in 2003 and 10 in 2004. This latter figure equates to 0.21 per 1000 live births. These data were reported in 'Foetal Alcohol Spectrum Disorders: a guide for healthcare professionals' June 2007 BMA Board of Science. These figures are known to greatly underestimate the true prevalence of FAS. This is perhaps indicated by Beattie and colleagues research which in 1983 identified 40 children with FAS (Beattie, J., Day, RE., Cockburn, F., Garg RA., 1983, Alcohol and the Fetus in the West of Scotland' British Medical Journal v.287 (6384) July 2)

<p>Section A- Please answer</p> <ul style="list-style-type: none"> Which organisations/ professionals were involved in answering section A? Cited above What references/sources of information/ literature were used in the preparation of section A? Cited above How easy/ difficult has it been to collect this information for section A? The Scotland estimate of numbers of chAPAPs in Scotland is problematic as given the means of data
--

collection it is an inevitable under-estimate. There appear to be no survey or other data gathered from alcohol treatment populations on numbers of children affected. In this last respect there is a marked contrast with children of problem drug users. Drug treatment services now return data (SMR 24/25) on parental status/child demography but there is no particular requirement to do so in the alcohol treatment field. The difficulty in this section was really in trying to ensure that one had in fact represented current evidence. The most robust data derive from the study commissioned by Glasgow City Council on the prevalence of children within the Council area from substance misusing families.

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)?

There has been no major research/survey work on the mental or physical health of ChAPAPS in Scotland. The Scottish Government have indicated support in principle to commission research that would 'develop a methodology and estimate the prevalence of children living with problem drinking' as well as investigate the needs of such children. This is cited in The Scottish Alcohol Research Framework, 2007, Scottish Government (web published only).

The research cited above by the Children's Reporter provides evidence of an association between parental alcohol misuse and poor outcomes but these relationships are not systematically explored.

Qualitative research by Angus Bancroft, Sarah Wilson, Sarah Cunningham-Burley, Kathryn Backett-Milburn and Hugh Masters (2004), Parental Drug and Alcohol Misuse: Resilience and Transition among Young People, York: Joseph Rowntree Foundation. This Scottish research contacted 38 young adults aged between 15 and 27 years who had grown up in families where one or both parents had substance misuse problems. The majority of these young adults (27/38) described homes affected by alcohol misuse or alcohol misuse plus other substances. These respondents described homes marked by violence, neglect and inconsistent support. They faced stigma and exclusion in their communities through parental substance misuse. Many of the respondents reported substantial difficulties in adulthood including their own problems with substance misuse but the study did not attribute causation.

Earlier qualitative research by Laybourn, A., Brown, J., & Hill, M. (1996) *Hurting on the inside: Children's experiences of parental alcohol misuse*. Aldershot: Avebury. Researchers engaged with approximately twenty children about parental alcohol misuse in Scotland. The study found that the majority of children were primarily affected by the emotional impact of parental alcohol misuse: being worried, upset, fearful and hurt. This was the first significant study in Scotland that resulted in government funding for limited services.

Current doctoral research is being undertaken by Louise Hill in the Department of Social Policy at the University of Edinburgh (2005-2009). This qualitative research study explores children and young people's experiences and their perceptions of support when affected by parental (or significant carer) alcohol misuse. Thirty children and young people aged from nine to twenty have participated in the study across Scotland. This study is part funded by Barnardo's childcare organisation.

B2 Please indicate any results which have particular relevance for:-

- z) increasing understanding of the links between child health and parental alcohol misuse
- aa) policy, service and professional development

The Bancroft et al and Laybourn et al studies found that for the majority of children, parental alcohol misuse has a negative impact on their lives. The studies found that families often keep alcohol misuse 'secret' and children are encouraged 'not to tell'. Many children and young people shared stories of the negative impact on all aspects of their lives: home, school and the community. Laybourn et al found multiple factors that impact on a child with regard to the drinking behaviour of the adult, the characteristics of the child, the internal and external coping mechanisms for the family.

Aberlour child care organisation initiated a 'think tank' event for managers, practitioners and researchers concerned with children affected by parental drug or alcohol misuse. *A matter of substance? Alcohol or drugs: Does it make a difference to the child* (2006) concluded with the following implications for policy and practice:

- A child who lives with a parent who is a problem alcohol user will experience harm
- The difference in the attitude to society towards problem alcohol and drug use is significant and has a significant impact on children
- The perception of women's maternal role leads to a higher degree of stigma attaching to women. It affected the approach of services to them and has a significant impact on children
- Children should have access to more services in their own right, both for support and for fun activities

The media coverage and engagement with government civil servants raised the profile of the impact of alcohol misuse. This has been reflected in subsequent government documents, for example, *Plan for Action on Alcohol Update 2007* though to a limited extent.

9 000 children's phone calls to ChildLine Scotland (a free confidential telephone service) regarding children's concerns on parental health found parental alcohol misuse was the most frequent concern representing 31% There has been dearth of research in Scotland relating to children affected by parental alcohol misuse and domestic violence, criminality and mental health. The above studies did identify these issues but not in detail or as a focus of the research. of calls with drug misuse being the next concern at 11% followed by domestic abuse at 7%.

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

There has been dearth of research in Scotland relating to children affected by parental alcohol misuse and domestic violence, criminality and mental health. The above studies did identify these issues but not in detail or as a focus of the research. The following relates the social harms of alcohol in terms of domestic violence and patterns of drinking among young people in Scotland.

Domestic violence related to drink and drugs: Scottish Crime Survey 2000 New questions were added in the 1999 sweep of the SCS in order to establish whether perpetrators of domestic violence were under the influence of drink or drugs at the time of incidents taking place. In 62% of all cases of threats or force occurring in 1999 the perpetrator had been drinking alcohol, while in 32% of cases they had taken drugs. In 27% (n=22) of cases the perpetrator was reported to have used both alcohol and drugs. The majority of incidents (83%) involving drugs also involved alcohol.

(Domestic Violence: Findings from 2000 Scottish Crime Survey, 2002, Scottish Executive)

Domestic Abuse in Scotland: Findings from the 2003 and 2004 Scottish Crime Surveys The findings highlight a link between domestic abuse and alcohol and drug misuse. Over three in five (65%) of those who had experienced force said that the perpetrator had been drinking alcohol and 22% said that the perpetrator had been taking drugs. Eighteen percent said the perpetrator had been taking both drugs and alcohol.

Young People and Alcohol (Statistics on alcohol, 2000 Scottish Executive)

a. Not only are more children in Scotland drinking, they are drinking more.

The proportion of pupils aged 12-15 who had had an alcoholic drink in the previous week has risen in the last decade from 14% in 1990 to 21% in 2000. The average weekly consumption of those who had drunk in the last seven days has increased from 8.4 units to 11.1 units.

b. 4 out of 10 children aged 15 had had a drink in the last week. The likelihood of weekly drinking increases sharply with age. Only 6% of those aged 12 had had a drink in the past week compared with 39% of 15 year olds. This latter age group has shown the greatest change in the proportion drinking over the decade with an increase from 28% to 39%.

c. More young girls are drinking at least once a week. In 1990, boys were more likely than girls to have had a drink the previous week (16% compared with 12%). However, by 2000, this gap had virtually closed (21% compared with 20%).

d. Boys drink more than girls. Boys aged 12-15 have a higher mean weekly consumption than girls (12.8 units compared with 9.3 units).

e. Children who drink frequently are more likely to report drug use. Amongst children aged 12-15, drug use was related to drinking frequency. 39% of those who drank at least once a week had used drugs in the last month, compared with only 1% of those who had never had a drink. [Boreman, R., Shaw, A. (eds) Smoking, drinking and drug use among young people

in Scotland, NCSR/NFER 2001].

f. Young people age 16-24 in Scotland are drinking more. Average weekly consumption in young people age 16-24 has risen from 1995 to 1998 for both sexes (20.8 to 23.4 units for men and 8.4 to 10.0 units for women).

g. Young people are the most likely age group to exceed weekly recommended limits. The proportion of young people age 16-24 exceeding weekly limits has increased from 37% to 43% for men and from 18% to 24% for women.

h. Two out of three young men and one out of two young women drank more than twice the recommended daily benchmarks. 62% of men and 49% of women age 16-24 drank more than recommended daily benchmarks (i.e. >6 units for women and >8 units for men) on their heaviest drinking day.

[Scottish Health Survey 1998]

k. In 1999/2000 there were 1260 referrals to the Children's Hearing System in Scotland on the grounds of the misuse of alcohol and/or drugs. This represents 2% of all referrals to the Hearing System. Of these referrals, 58% were boys and 42% girls.

[Source Scottish Children's Reporter Administration, Care and Justice for All Children, Annual Report 1999-2000, SCRA] <http://www.scotland.gov.uk/health/alcoholproblems/docs/paap1.pdf>

Section B Please answer

- Which organisations/ professionals were involved in answering section B?

Louise Hill (University of Edinburgh) assisted in collating this information. The search involved the following electronic databases: Social Sciences Citation Index, PsycArticles, Social Services Abstracts, Sociological Abstracts, Jstor, Web of Knowledge, ASSIA.

There are very few studies that are Scotland specific. The Country report for England, Wales and Northern Ireland should cover the research for the United Kingdom which is applicable.

There needs to be an international perspective for a robust research baseline to be understood. There is 'grey' literature from voluntary organisations, for example, evaluations of services that can be added if helpful.

From the perspective of published research, the search is easy given the small number of studies.

- What references/sources of information/ literature were used in the preparation of section B?
- How easy/ difficult has it been to collect this information for section B?

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	No
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice

Alcohol Misuse Division, Information Services Division, NHS National Services Scotland

The Alcohol Misuse Division is part of the Substance Misuse Team based at ISD. It aims to enhance the 'development, coordination and dissemination of alcohol information in Scotland and is a dedicated resource to support the development of delivery of the ISD substance misuse programme'. It also manages the Alcohol Information Services Scotland website.

The Scottish Ministerial Advisory Committee on Alcohol Problems is a Departmental advisory committee chaired by the Deputy Minister for Health and Community Care. The Committee meets 3 or 4 times a year with a formal remit to:

"Advise the Scottish Government on policy, priorities and strategic planning in relation to tackling alcohol misuse in Scotland."

This group oversaw the setting up of the Alcohol Evidence Group (2006) whose remit was the development of a coordinated alcohol evidence base. The alcohol research literature was scoped by NHS Health Scotland 2006-7 (Scottish Alcohol Research Framework, 2007) in order to identify research to directly support policy in Scotland and

contribute to the updated plan for action on alcohol problems 2007 and the current discussion paper on the strategic approach to alcohol misuse in Scotland 'Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach' (June 2008)

C2 Is there a government department with responsibility for chAPAPs?

Yes	No
-----	----

If yes, please name this department (or departments) and describe its (or their) role in policy and practice relating to chAPAPs.

Responsibility for this is held within the Alcohol Misuse Division of the Substance Misuse Team at ISD

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

This is not currently systematic throughout Scotland.

In 2003 the Scottish Government issued 'Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families affected by Substance Misuse' (GOPR) to all Drug/Alcohol Teams, Child Protection Committees and agencies involved in the preparation of Children's Services Plans. The GOPR Guidance was intended to foster, develop and reinforce inter-agency working to protect children and support families in the statutory, voluntary and private sector. It was nested within resources provided by the Scottish Government and further supported by training delivered by STRADA (Scottish Training on Drugs and Alcohol) an initiative funded by the Scottish Government to train right across the workforce on issues concerning alcohol and drug misuse.

The commitment to embedding the GOPR Guidance across agencies was particularly notable within those Local Authorities who commissioned the development of protocols to try to ensure a systematic and focussed response towards the wellbeing and safety of children of parents with substance misuse problems, as much focussed on identifying and responding to need as risk. Examples of Local Authorities who now have substance misuse children and family protocols are North and South Lanarkshire, Renfrewshire, North Ayrshire, Aberdeen, Angus, Argyll and Bute and Dumfries and Galloway. This represents significant coverage of Scotland.

In addition to the institution of protocols, North and South Lanarkshire and, Renfrewshire over a period of 2 years also employed 4 STRADA trainers to provide multi agency training on the protocols. Argyll and Bute commissioned STRADA to deliver training to their own trainers who then rolled out the protocols across the workforce. STRADA have acted in a similar capacity with Angus and Aberdeen councils.

See website below for example of protocol and implementation:

www.northlan.gov.uk/.../child+protection+committee/getting+our+priorities+right

In 2000 the Lloyds TSB Charitable Foundation set up the Partnership Drugs Initiative (PDI) which in conjunction with the Scottish Government, promotes voluntary sector work with vulnerable children and young people affected by substance misuse (that of their parents and also their own). Since the inception of the PDI over 11m has been allocated with over 100 projects across Scotland now receiving funding from them. Although projects are funded directly, all applications have to be channelled through local drug and alcohol action teams and all bids have to identify at least 50% match funding (most often this is the Changing Children's Services Fund but can include other

statutory, charitable or private sector organisations). Working through the local ADAT's the PDI intention is to ensure strategic overview and good linkages between projects. The PDI works with both voluntary and statutory sector projects. www.itsbfoundationforscotland.org.uk

For example in North and South Lanarkshire, the PDI (in partnership with the Big Lottery and both South and North Lanarkshire Councils) has funded a family support service for families with children affected by parental drug and alcohol use to extend and complement their existing family support services.

C4 Are there any current national government initiatives or strategies which address chAPAPs

Yes	No
-----	----

If yes, please describe.

(As above)

- In 2003 the Scottish Government issued 'Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families affected by Substance Misuse' (GOPR)
- Hidden Harm: Scottish Executive Response to the Report of the Inquiry by the Advisory Council on the Misuse of Drugs 2004
- Hidden Harm: Next Steps: Supporting Children-Working with Parents, 2006.
- Getting it Right for Every Child. Principles and Implementation Plan launched 2006. Most recently, 2008, Scottish Government have published the Guide to Getting it Right for Every Child.

Hidden Harm: Next Steps builds on previous guidance and initiatives to improve the identification, support and protection of children who suffer from the effects of parental substance misuse. It sets out the actions taken or envisaged by the Scottish Government and local agencies to improve responses across all sectors to the needs of this vulnerable group of children.

Getting it Right for Every Child is similar in scope to the policy document 'Every Child Matters' in England. It is principally concerned with a common, coordinated approach across **all** agencies to support the delivery of appropriate, proportionate and timely help to all children as they need it. The necessary alignment across Scotland to deliver a programme of this breadth and magnitude requires a long term commitment to deliver change on three fronts;

- **culture** change
- **systems** change
- **practice** change

Although not specifically directed at chAPAPs, it will evidently greatly influence policy and practice with this particular group of children.

Since the publication of Next Steps there has been a change of administration in Scotland. However the SNP recent drug strategy document does promise a continuing commitment to this agenda, although the discussion paper around alcohol 'Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach' (June 2008) makes scant mention of children affected by their parents' alcohol misuse. One should also take note of changes to the funding arrangements between local authorities and central government, in particular the 'Single Outcome Agreements' (SOA) which whilst freeing local authorities to have greater self governance commit them to

prioritise delivery on centrally agreed targets. None of these make specific mention of children and families affected by substance misuse and indeed the most relevant national outcome “Increase the overall proportion of local authority areas receiving positive child protection inspection reports” will only affect that relatively small proportion of children within the child protection system. Delivery on Hidden Harm and GOPR will be greatly reliant on the local authorities commitment to this area of child vulnerability outwith of their obligations to prioritise meeting set national outcomes.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	No
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If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
<i>Children (Scotland) Act 1995</i>	“An Act to reform the law of Scotland relating to children, to the adoption of children and to young persons who as children have been looked after by a local authority; to make new provision as respects the relationship between parent and child and guardian and child in the law of Scotland; to make provision as respects residential establishments for children and certain other residential establishments; and for connected purposes.”
<i>Social Work Scotland Act 1968</i>	The parameters of social work practice are largely defined in the duties and powers conferred upon local authorities. The Social Work (Scotland) Act 1968 places an overarching duty on local authorities to ‘ <i>promote social welfare</i> ’. This duty still underpins social work services in Scotland today. It places responsibilities on local authorities for childcare, child protection, supporting families, and providing services for older people, people with physical disabilities, mental health problems, learning difficulties and offenders. It also made provision for the establishment of the Children’s Hearing system in 1971.

There is no specific legislation covering children with parents with alcohol problems

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	No
-----	----

There have been media campaigns educating on the risks and costs of alcohol misuse, although these have not been aimed specifically at young people.

A recent Scottish Government commissioned review of 'Effective Measures to Reduce Alcohol Misuse' in Scotland (2005) provided little support for large scale public health education programmes on the basis that although they led to increases in knowledge there was little evidence of changed behaviour.

Recent Government policy with regard to educating about substance misuse in schools indicates a commitment to a more sustained and cohesive approach through integrating teaching about drugs and alcohol across the curriculum (Curriculum for Excellence).

"Substance misuse education is not just about classroom teaching, but encompasses all policies, practices, programmes, initiatives and events in the school connected with the prevention and reduction of tobacco, alcohol and drug-related harm. The evidence is clear that no single approach to prevention and education is effective, and that one-off interventions will have limited value. Furthermore, we know that the culture, relationships and opportunities in schools contribute to young people's social and academic outcomes, and that these are relevant to a whole range of behaviours including drug use ([Evaluation of the Effectiveness of Drug Education in Scottish Schools](#) 2007)

The Scottish Government is seeking long term, sustainable improvements in teaching practice, including the partnership delivery that should come from the Curriculum for Excellence approach. An expert steering group on substance misuse education in schools has been established, to produce advice, guidance and proposals aimed at helping schools and authorities to achieve improvements, in the context of Curriculum for Excellence and the Concordat with local government. In particular, it will look at how to boost knowledge, skills and confidence about substance misuse, for teachers and other professionals involved in delivering health education in schools, through improving access to suitable resources appropriate for each age group and more effective partnership planning and delivery with Health, the Police and the community. More emphasis is also being placed on the role of parents or carers in educating their own family about substance misuse"

Schools (Health Promotion and Nutrition) Scotland Act: health promotion guidance for local authorities and schools 2008.

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	No
-----	----

If no, are there any existing parenting programmes which can be modified to address the impact of alcohol misuse on a child's health and wellbeing? Please describe

Although there are a number of services working with parents to help reduce the negative impacts of alcohol, there is no evidence of systematically developed parenting programmes that might have the potential for being rolled out nationally. Most of what is offered looks like support and advocacy, practical and emotional support and parenting advice.

Example

The Dundee Outreach Service run by the Aberlour Childcare Service in partnership with the Lloyds TSB Partnership Drugs Initiative and Dundee Social Work Department. This service aims to reduce the impact of problem parental substance use on children and their families. The service works with parents (usually mothers) of children up to age 16, who have been identified as having a drug or alcohol problem. The service also works directly with children.

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

STRADA is funded by the Scottish Government at least until 2010, to provide a professional suite of training to the workforce on drugs and alcohol misuse and its impact on children, families and communities. www.projectstrada.org

Yes	No
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If yes, please use table below

Profession	Brief description e.g, length and content
Health professionals including: <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers • Psychiatrists • Psychologists 	<ul style="list-style-type: none"> • Training is multi disciplinary and open to all professions listed here. Bespoke training has been delivered to single professions, for example 2 day training to Glasgow Education Department 'Supporting students affected by parental substance misuse' • 2 day module on Children and families affected by parental substance misuse • 3 day Practice Based Workshop on Children and families affected by parental substance misuse • 'Getting Our Priorities Right' Briefings •
Social workers	Between 2004-6 The Scottish Government supported an initiative 'Children at the Centre' (in partnership between STRADA and Dundee University Department for Child Welfare and Protection) specifically aimed at providing training to licensed social workers on the impact, practice and policy arena around parental substance misuse.
Police	As above
Teachers	As above
Treatment* services	As above

Early years/ Child care workers*	As above
Housing officers	As above
Youth workers	As above
Parenting workers	As above
Other	As above

Intended Learning Outcomes from STRADA Training:

By the end of the 2 day *Children and Family module* participants will have; Gained knowledge and insight in to the potential impact of substance misuse on parenting capacity and child development; strengthened skills for applying the integrated assessment framework to substance misuse situations; Enhanced knowledge of the legislative and policy framework for guiding effective child centred practice; Recognised the importance of sharing information as essential to safeguarding the welfare of children; Identified practical approaches to improving integrated practice

By the end of the 3 day *Practice Based Workshop* participants will have; Enhanced understanding of current policy and considered recovery focussed approaches to service delivery; Improved practice skills for reducing risk and strengthening protective factors and resiliency; Practise in engaging parents in focussed discussions to encourage motivation for change; Identified approaches to reducing the impact of substance misuse on child development; Explored the role of fathers and planned strategies for effective engagement

Section C please answer

- Which organisations/ professionals were involved in answering this section C?
Joy Barlow, Strategic Director of STRADA, Lloyds TSB PDI, Scottish Government
- What references/sources of information/ literature were used in the preparation of section C?
Referenced within text
- How easy/ difficult has it been to collect this information for section C?
Not difficult in the main although some difficulties in ascertaining the scope and direction of policy regarding health education and promotion regarding children and alcohol.

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes	No
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Residential treatment services specifically set up to treat mothers with drug and alcohol problems with children potentially (and preferably) also resident are run by the Aberlour Childcare Trust. There are 2 in Glasgow, a third unit in Edinburgh was shut last year.

These projects: “Provide residential rehabilitation to women with problematic drug and/or alcohol use and their children up to the age of 12. The projects work with both the parent and child to reduce the adverse impact of drugs/alcohol, improve parenting, enhance the parent child relationship and to strengthen resilience. The projects also work with pregnant drug/alcohol users and women drug/alcohol users who are making attempts to become reconciled with their children”.

The No 1 Project and Scarrell Rd, Castlemilk, Glasgow

D2. What other relevant services are there for parents who misuse alcohol?

There are other (non residential) projects run by different organisations (Aberlour, Circle, Barnardos, NCH) that have specific remits with families where parents misuse drugs and alcohol. For example Turning Point Scotland run 2 Glasgow based projects (the Milestone project and SeaStar) both of which are aimed at people whose drug or alcohol misuse is stable. Barnardos work in conjunction with these projects to deliver services to parents to help support and improve the parenting and home circumstances of the children and families concerned. Aberlour offer outreach services to families where parents have alcohol and drug misuse problems.

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	No
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There are currently no tier 3 or 4 services available to young people who have developed serious problems with alcohol. Young people who develop problems with alcohol are supported currently within adult focussed facilities. This is widely acknowledged to be inappropriate to their needs.

D4 Are specialist services available to support chAPAPs?

Yes	No
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Circle Scotland (formally registered as Family service Unit) and Aberlour are two main charities whose remit specifically includes working with the children in explicit recognition of the impact of parental drug and alcohol misuse on their emotional and physical wellbeing. However there are other charities doing work with this group of people. And. the Lloyds TSB PDI working through diverse institutions is also a significant player in strategic funding of initiatives.

Circle Scotland operates 9 projects in Scotland’s Central Belt (Lothian and Lanarkshire). Their objectives are; to support parents in groups and individually to feel confident to look after their children at home; to encourage parents to get help from other community agencies; to encourage parents to get help with their substance misuse problems and to work closely with local drug and alcohol services; work with parents children and schools to improve school experiences for children.

Aberlour Childcare Dependency Sector operates 9 projects across Scotland; 3 Outreach services to children and families living in the community with substance misuse problems; 2 workers within Family Centres offering specialist support; 1 befriending project, 2 residential services as described above and a transitions project working with

children aged 3-5 years and 9-12 years which aims to smooth the transitions from nursery to primary and primary to secondary education. They provide a needs-led flexible service aimed to increase the resilience of children from substance misusing families to promote their health education and educational attainment and social wellbeing. They work with parents to further develop their parenting skills and enhance their learning and aspirations.

Children 1st Fraserburgh Families Project in partnership with the Lloyds TSB PDI and Sure Start engage with substance misusing families with young children (0-5) offering intensive but flexible tailored services to support the needs of children and families, offering counselling and support, group work, direct practical assistance and social activities. With the assistance of Sure Start the project can offer baby massage, health eating activities and individual mum and toddler play opportunities.

Lloyds TSB Foundation Partnership Drugs Initiative Case Study A group of young people were identified and known to a PDI project through their detached streetwork. All were involved in gang fighting, using alcohol and drugs, and most had been both victims and perpetrators of violence. All the young people in the group had a negative reputation with the police and local community due to their anti-social behaviour.

The PDI project built up a relationship with them over a 2 year period. Through the support provided by the PDI Project the group of young people were approached to devise and develop a specific initiative for their own community. This initiative was part of a scheme developed between local service providers to encourage community-led joint ventures. The young people renovated the garden for the local residential home for elderly people. The work was well received by the residential home, and increased the young peoples' reputation with their local community. The young people themselves continue to work with the PDI project around their substance misuse, offending etc with some already demonstrating a reduction in offending and are accessing help in relation to their alcohol intake.

Early Years Addiction Work Two early years addiction workers working out of 2 Family Centres in Easy Ayrshire offer early intervention services to families with substance misuse problems who have children aged 0-5. The 2 workers offer early intervention working on a one-to one basis with children and parents and engaging in therapeutic play. The service is funded by the Changing Children's Services Fund and East Ayrshire Council.

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

Aberlour run a befriending service, as do other charities such as the Princess Trust Young Carers and the NCH, the difference being the explicit recognition of parental alcohol or drug misuse in the family.

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	No
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If yes, please describe using the table below.

There is no national network for families affected by alcohol, although in Scotland as in England there are many self help groups, some operating with some local authority funding, others like AI Anon operating through voluntary contribution. Currently the only national group (which receives Scottish Government funding) is focussed on the problems associated with problem drug use: 'Scottish Network of Families Affected by Drugs'. In October there will be the inaugural meeting of the 'Scottish Kinship Carers Network' which has been set up by and for kinship carers who predominantly are caring for children of parents with alcohol and drug problems. The issue of caring for children of parents who misuse substances has received political attention in recent years through concerted and sustained

lobbying in particular from groups in Glasgow (the force behind the formation of the Scottish Network). The Scottish Government have recently (5/7/07) established a service run by the Citizens Advice Bureau Scotland aimed at carers of children, of whom many will be doing so in the context of parental alcohol misuse.

Name of organisation	Description of support provided
Information and advice service for kinship carers-Citizens Advice Scotland	One stop access to information and advice for kinship carers. Through bureaux across Scotland kinship carers will be able to seek advice on the often complex income, benefit and taxation systems, establish their legal rights and responsibilities towards the children in their care. Through this service kinship carers will be able to access specialist childcare training.

Section D- please answer

- Which organisations/ professionals were involved in answering this section?

Scottish Kinship Carers Network, Citizens Advice Scotland, Scottish Government, Aberlour Childcare Trust, Circle Scotland

- What references/sources of information/ literature were used in the preparation of this section?
- How easy/ difficult has it been to collect this information?

Difficult to ascertain breadth of services available, particularly in relation to the absence of Tier 3 & 4 services for children and young people developing alcohol problems. Difficult also to evaluate scope of what is being offered and outcome, especially in relation to parenting programmes as none appear to have been subject to rigorous evaluation.

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for chAPAPs. Please refer to guidance for examples.

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> • National policy commitment in Hidden Harm Next Steps, Getting it Right for Every Child and Getting Our Priorities Right, Every Child Matters • National programme of multi agency training, targeted both at meeting general and more specialised training needs • Commitment on part of a significant 	<p>Dominant focus on children in families where parents have problems with drugs reflected in:</p> <ul style="list-style-type: none"> • Poor recognition and recording of foetal alcohol syndrome • Poor and inconsistent recording of parental alcohol misuse in obstetric and neonate SMR returns to ISD • No obligation to return statistics on parental status of clients with alcohol problems to ISD. • No tier 3 or 4 services for young people

<p>number of Local Authorities to the development of local protocols to ensure earlier identification of and more effective response to child need and risk in substance misusing families.</p>	<p>with alcohol problems</p>
<p><u>Opportunities</u></p> <p>The opportunities for chAPAPs can also be seen as threats. Under the new administration there is a continuing commitment to the children of substance misusing parents as evidenced in both the drug strategy and, far more briefly, the alcohol strategy discussion paper. Fundamental to this though is the changing nature of the relationship between the Scottish Government and local government which will have a significant effect on local policy and practice. The Scottish Government are currently moving towards a concordat with Local Authorities to change fundamentally the structure of their funding relationship. They are working towards the implementation of Single Outcome Agreements between the local authority and the Scottish Government. In exchange for greater financial and planning autonomy at local level, local authorities will agree a set of national outcomes set by the Scottish Government, and, under a common framework, local authorities will set local outcomes to take account of local priorities. The national outcome most relevant here is the following:</p> <div data-bbox="201 1339 727 1484" style="border: 1px solid black; padding: 5px;"> <p>Increase the overall proportion of local authority areas receiving positive child protection inspection reports</p> </div>	<p><u>Threats</u></p> <p>Under the new concordat there will be significant reductions in ring fenced funding which might leave less available income for work in this area relative to other local authority priorities. Also the national outcomes listed make provision for 'an increase in the number of local authorities receiving positive child protection reports' with no other specific reference to outcomes regarding improving the circumstances of this group of vulnerable children, a significant proportion of whom might not be formally recognised as in need of child protection services. Given that there is no specific provision for better outcomes for this group of children it seems likely that securing funding for services for children of substance misusing parents will rely on the degree to which local authorities are committed to the issue. Services to these vulnerable children will have to compete against the inevitable prioritisation of meeting Outcomes specified by the Scottish Government.</p>

<p><u>Section E Please answer</u></p> <ul style="list-style-type: none"> • Which organisations/ professionals were involved in answering this section? Joy Barlow, Strategic director of STRADA in her capacity as member of Scottish Advisory Committee on Drugs Misuse and through of this membership also of the Delivery Reform Group working with the Government on the fine details of the Concordat • What references/sources of information/ literature were used in the preparation of this section?
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New reference; Concordat between the Scottish Government and local government: Scottish Budget Spending Review 2007, Scottish Government. Everything else previously referenced throughout document

Other policy documents referenced throughout text

- How easy/ difficult has it been to collect this information?

Joy's authoritative and working knowledge of the current policy arena has been invaluable in collecting this information.

Section F Case studies

Case study

Case study 1- Neo-natal

Stage 1

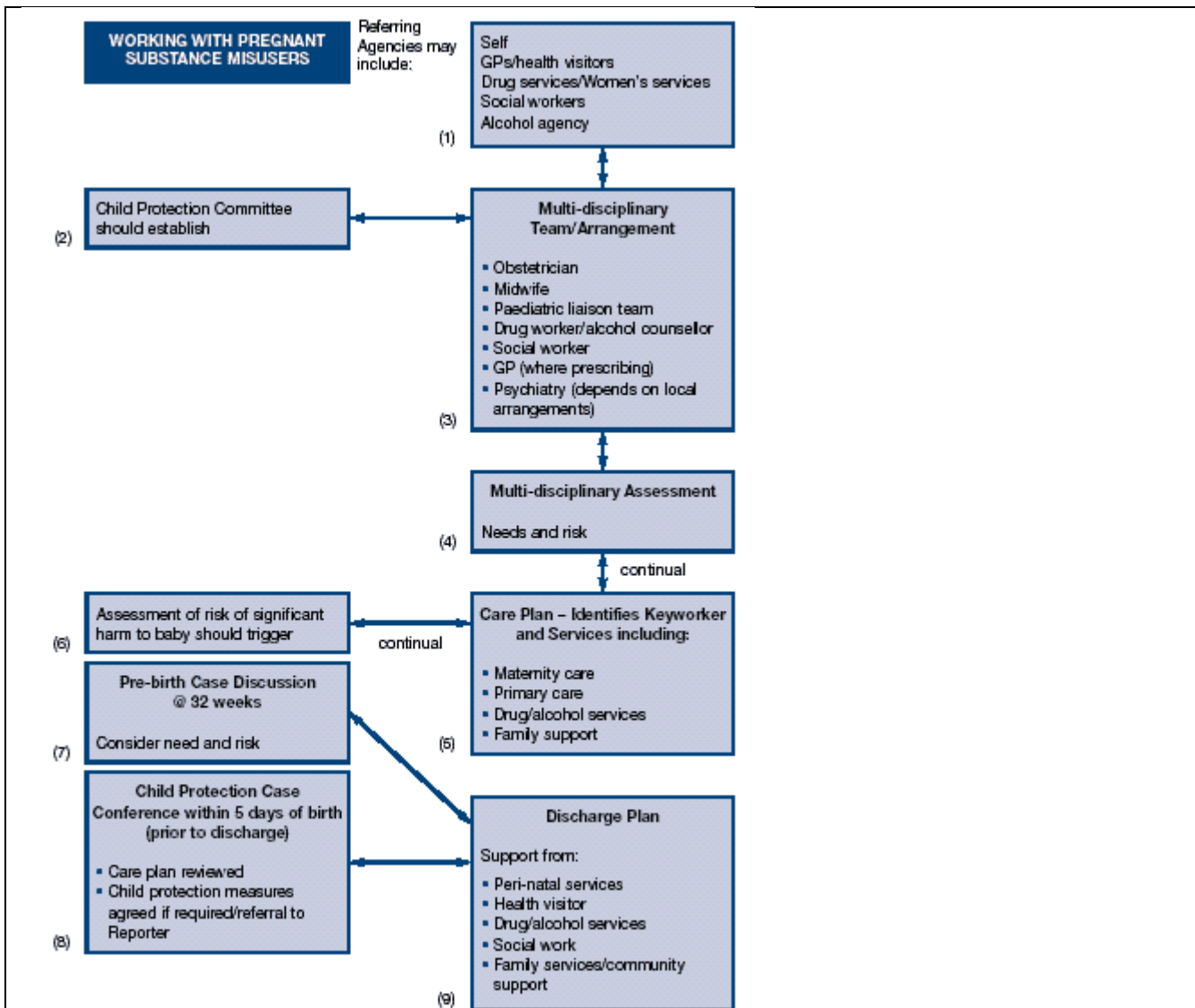
A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.

- How would this case be dealt with in your country?

The key issue would be where in Scotland the woman was resident. If she was resident in Glasgow or indeed most of the main urban centres she ought to be subject to agreed ante natal procedures leading the GP to refer her as a high risk pregnancy to a specialist service in a local hospital. The hospital might have procedures in place to support and monitor the pregnancy as well as to intervene at the birth of the child were the mother's behaviour considered problematic and the child to be at risk as a result, usually in the form of a pre-birth Child Protection Case Conference.

GOPR Good Practice Guidance issued by the (then) Scottish Executive 2003 advised that 'women who use alcohol or drugs problematically should have access to the same range and quality of services as other women throughout their pregnancy and childbirth. Much maternity care will be delivered by the midwife and should be based in a health care setting, as far as possible in the community, and with input from other agencies as necessary. However, an obstetrician should supervise pregnancies considered medium or high risk...Whatever the local arrangements for delivery of maternity care, a multi-disciplinary approach is essential, with local protocols drawn up to ensure effective collaboration between agencies and services. Such protocols should prescribe the arrangements for assessment and care management of pregnant women who misuse drugs and/or alcohol. The full range of multi-disciplinary staff, including maternity services, neo-natal services, primary care, social work, and specialist drug/alcohol agencies should be consulted in drawing up these protocols'.

The GOPR Guidance indicates the following care pathway for the pregnant substance misusers:



Annie's Mother

The GP could decide to take the concerns raised by Annie's mother as the basis for a 'Getting Our Priorities Right' Referral, where these protocols are in place. This referral would, in Lanarkshire for example, go to the substance misuse team (which includes nurses, substance misuse workers and social workers) who would then initiate contact with Annie to investigate the claims made by Annie's mother as to her drinking. The GP might also advise Annie's mother to voice her concerns on the newly initiated dedicated 24 hour 'Child Protection Phone Line' which has the capacity to refer calls to all local Child Protection Area Teams.

- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes	No
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The unborn child in Scots Law has no legal rights. If staff are worried that preparations for or the care of the new-born baby may be inadequate, or that other problems may pose risks, they should ask the local authority social work service to

arrange a pre-birth case conference. This should include representation from ante-natal services, any alcohol or drugs-related services working with the pregnant woman, the social work service and the primary care team, such as the health visitor or GP, and the mother. This conference should consider whether an inter-agency child protection plan may be needed, and whether the child's name should be placed on the local Child Protection Register when s/he is born. The case could be referred to the NHS Caldecott Guardian were it demonstrable that the unborn child were at serious risk as a result of the mother's behaviour and the mother was not engaging/cooperating with services. The Caldecott Guardian would have the capacity to review the case and decide on the patients' right to confidentiality.

If yes, what steps would be taken and what information would be shared with whom?

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes	No
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If yes, please describe.

The 'routine screening' relies on self reporting of alcohol misuse rather than routine testing of urine or other investigative procedure. In the course of attending ante natal clinics pregnant women should be asked routinely about their alcohol use. If it emerges that a woman may have a problem with drugs or alcohol, she should be encouraged to attend addiction services or specialist maternity services where available, and staff should offer to make the referral.

- What services and support would be provided to [a] Annie and [b] her mother?

Dependent on area, Annie should be encouraged to agree a referral either to addiction services or specialist maternity services if available. Ante-natal services should arrange a multi-disciplinary assessment of the extent of the woman's substance use - including type of drugs, level, frequency, pattern, method of administration - and consider any potential risks to her unborn child from current or previous drug use. If the woman does not already have a social worker, the obstetrician, midwife or GP should ask for her consent to liaise with the local service to enable appropriate assessment of her social circumstances. If the woman does not agree to a referral to social work services, ante-natal staff should consider whether the extent of the woman's substance problem is likely to pose risk of significant harm to her unborn baby. If significant risk seems likely, this may override the need for the woman's consent to referral.

Glasgow Vulnerable Infants Project (VIP): The VIP was established in 2001 with short-term Scottish Executive Innovation Funding to meet the needs of pregnant women with social problems including addiction issues. The joint midwifery/social work service provides liaison between maternity, paediatric, primary care, social and addiction services. Women can be referred antenatally with more intensive input post delivery. The VIP provides vulnerable women with education, care and support for health and social child care issues and promotes good parenting. The main objective of the service is providing support when the woman and baby have been discharged home. The project is based in the Princess Royal Maternity Hospital. The project is led by a Clinical Midwife Specialist with two additional midwives, two social work services project workers and a pool of social work services sessional staff. Support is available up to 12 weeks postnatally.

In 2001/2002 the VIP worked with 85 women and 88 babies. 79% of women were aged between 21 and 35 years. 65% were referred following concerns around addiction issues. 92% had allocated social workers with 56% having allocated addiction workers, 54% had both. 7 out of 85 women had no contact with social work services including addiction services. 61% of women had VIP antenatal clinic contact. Of the 88 babies, 56% required admission at birth or during the post-natal period to the Neonatal Unit. 51 babies developed signs of withdrawals, with 30 requiring treatment. On discharge, 41 babies went home with both parents and 36 babies went home with mum only. 8 babies were accommodated by the local authority. 74 women received postnatal visits and support from VIP. This service is funded on an ongoing basis by Greater Glasgow Health Board (2008)

Annie's mother could be informed of local family support groups if there were any in the area, or indeed if they were known about locally. Although unfortunate, it would be unlikely that much focus would be on Annie's mother's needs beyond that

offered by the GP.

- Are there any practical, resource or administrative barriers to good practice?

Yes	No
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If yes, please describe:

Difficult to be prescriptive about this. The GOPR Guidance makes clear that there should be systematic means in place to identify and respond to pregnancy in the context of substance misuse. However the degree to which this is taken up is likely to reflect local priorities and local interests. In Glasgow, the obstetrician Mary Hepburn has long championed the specialist needs of this group of women, in Aberdeen, the paediatrician; Liz Myerscough has been significant in securing resources to meet the specialist needs of these vulnerable infants.

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes	No
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If yes, please describe the professionals who would have been involved and the support Annie would have received

Again dependent upon the area and the commitment to implementation of the GOPR guidance. In Glasgow for example intensive support is available up to 12 weeks post-natally from primary care, substance misuse services and social work professionals. Highland council have protocols in place to respond to substance misuse in pregnancy. Their arrangements for ongoing postnatal care are that the community midwife will be the main provider of support and advice in the early postnatal period along with input from other agencies involved with the family. These visits may continue for up to 28 days following birth and will be additional to those of the health visitor, who performs her post-birth visit on or around day 11. For this client group, ongoing support in the postnatal period is essential with multi-agency collaboration and integration of services, to ensure that women are followed-up closely. The health visitor and GP will provide ongoing support to the family and ensure that the correct level of care is provided.

What action, if any, would need to take place now to assess and protect mother and child? Please describe

Childcare risk assessment should be central to all professionals involved with the family. If there are elevated concerns about parental capacity through the mother's alcohol intake and also the child is crying persistently this should be picked up through the involvement of multi-agency professionals. The identification of risk to the child should trigger a Child Protection Case Conference and/or referral to the Children's Reporter.

- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No
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Annie's mother could phone the Child Protection Line to report her concerns. She could directly phone her local area Social Work team. She could try to find a local Family Support Group who might be in a position to offer support and advice through their own relevant experiences.

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?

In 2005 the previous administration issued 'Safe and Well: Good Practice in Schools and Education Authorities for Keeping Children Safe and Well' which specified how schools should be responding to concerns about pupils welfare and wellbeing. All schools in Scotland have a Child Protection Co-ordinator and each Educational Authority has a designated Child Protection Officer. The Safe and Well guidance raises the expectation that all staff should be trained in child protection both in terms of knowing how to recognise the signs of problems and in knowing how to act upon these following recommended policies and procedures, which should be in place in every school. All staff should be; aware of their role, well trained, understand their responsibility, know who to contact, feel supported to contribute to the school's role and feel confident to ask for help themselves.

If a teacher or indeed anyone connected with the school has a concern they should raise it with the Child Protection Co-ordinator or the Head teacher, without delay. If preferred they can bypass these and raise their concerns directly with Social Work or Police or, with the Children's Reporter. The CP Co-ordinator has a duty then to seek information from all involved staff and from the child's records without delay and to contact other agencies (most likely social work) for information and advice. A key member of staff should consult and listen to the child/young person and make an assessment of their needs. Following this the CP Co-ordinator should quickly convene an initial referral discussion/case conference involving all relevant agencies in order to ascertain the level of risk and develop a plan of support to the child/ young person. The parent should be kept informed and involved in the process. All decision making and discussions should be carefully recorded to ensure that the school can account for its actions.

The following is an example of one Education Authority's Child Protection Guidelines

Child Protection Guidelines for Schools and Pre-Schools in the Western Isles

HOW THE SCHOOL RESPONDS TO CHILD PROTECTION CONCERNS

- All staff should receive training in child protection procedures.**
- All staff should be alert to and able to recognise the signs of child abuse/neglect.**

- All allegations / reports of abuse or neglect should be treated seriously.**
- All information received / suspicions should be appropriately shared as quickly as possible.**
- All allegations / reports of abuse or neglect should be recorded accurately and carefully.**

5.1 If staff have concerns, their first response must be to inform the school's Child Protection Coordinator / Head Teacher without delay.

5.2 The school's Child Protection Co-ordinator / Head Teacher is responsible for the action that the school will take. His / her first consideration is to decide, with Social Work, what is in the best interests of the child or young person. In this respect, child protection concerns should always be referred to the Social Work Department by the Child Protection Co-ordinator / Head Teacher as a matter of priority.

However, anyone in any situation who has child protection concerns about any child can have an informal discussion with the Social Work Department and/or the Police.

5.3 The Child Protection Co-ordinator / Head Teacher will:

- o Seek information from Social Work to decide on the level of concern;
- o Be involved in developing a school plan to support the child or young person;
- o Support other agencies to conduct any investigation that is required;
- o Keep records to ensure the school can account for its actions.

5.4 The Child Protection Co-ordinator / Head Teacher may ask other school staff to:

- o Provide details for a report which the school will file. It is important schools record concerns carefully.
- o Help the school to support the child or young person if he or she needs help, in partnership with other support staff and other agencies involved. Sometimes, it may be agreed that another member of staff should be the key support for the child.
- o Act responsibly. Do not share information about the concerns, particularly with a child's

friends or family, unless asked to do so by the Child Protection Co-ordinator / Head

Teacher.

o Be open to seeking personal support from their line manager as dealing with concerns about children's safety and wellbeing can be stressful. Staff may be offered training, support and de-briefing discussions if appropriate.

5.5 Please note regarding protocols for professionals or agencies sharing information:

Professionals involved with children have a responsibility to act to protect those children and this responsibility overrides agency or professional requirements to keep information confidential.

5.6 Once a referral is made and followed up by Social Work and/or the Police, the child or young person who has been referred for Child Protection concerns will be allocated a Key Worker.

This person will be Social Work qualified, and their duties will include ensuring that:

- o A Core Group of professionals is aware of the content of the Child Protection Plan drawn up for that child / young person;
- o A comprehensive assessment is completed;
- o The Child Protection Plan is implemented;
- o The family is involved as appropriate.

5.7 Every child / young person on the Child Protection Register must have a multi-disciplinary Child Protection Plan agreed by the Core Group to:

- o Ensure the future protection of the child / young person by eliminating or minimising risk;
- o Properly monitor the child's / young person's development and the family's progress within strict timelines;
- o Ensure the child's / young person's immediate and long-term needs are met.

5.8 The Child Protection Plan has three main elements. It details:

- o Specific requirements made of the parents;

o Treatment plans;

o Who does what and when.

5.9 The Core Group meets to agree:

o A detailed plan for the child;

o The focus of the work;

o The strategy for sharing information;

o An appropriate timescale.

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe the actions the teacher /school staff member would take?

As above, any person who has concerns that a child may be in need of child protection has a legal responsibility to report these to the relevant authorities. It is more difficult where a child might be in need rather than at risk. In the case of Joanne, there would be a case for speaking to the CP Co-ordinator and for this to be followed up but how Social Work or the Police might respond if the case was determined not to indicate risk but need would depend on whether there were local protocols to address children in need of services.

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
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If yes, please describe

All schools have to have made policy and practice provision for the protection of children which forms part of their inspection by HM Inspectorate of Education. If the parent's alcohol misuse is deemed to be affecting the safety and wellbeing of the child/young person then it falls within the remit of the school Child Protection policies and procedures and with it the obligation to investigate.

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now?

This does look like a Child Protection case and certainly warrants further investigation. The response of the teacher should

be as noted above.

- What services would now be offered to Joanne and her family?

The services offered would depend greatly on local availability. For example if she lived in

South Lanarkshire she might be eligible to attend services offered by Circle Scotland. This is a service aimed at 'supporting children who attend local primary and secondary schools and their families, to promote the child's potential at home, school and in the community'. She might also be referred to a young carers group if one were locally available, since she might on her accounting have taken on this role.

The deterioration in her behaviour might warrant involvement of the Children's Reporter on the basis that she was becoming a risk to herself if this meant she was truanting regularly for example.

- Are any of these services obligatory?

No. However if Joanne was deemed to be at risk through her deteriorating behaviour and was subject to Child Protection, the plan might require her to attend services and non-attendance put her at risk of accommodation.

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?

In so far as the neighbours account is concerned there are issues of parental capacity and potential lack of parental care through drug and alcohol misuse that would need to be investigated, there are issues of chronic absenteeism to be addressed and the potential that the behaviour of 15 year old means that he is a danger to himself. On the face of it these are child protection concerns that require investigation. However, local arrangements differ. Inter-agency guidance for Scotland as a whole stresses the importance of joint working and information sharing between in particular the police and social work. The police ought on the basis of the call to contact the duty social worker in the family area to discuss the case and how to proceed.

In Central Scotland the Council areas of Falkirk, Clackmannshire and Stirling have since had a Family Unit since 1989. In their procedures all cases are initially shared by the relevant social work manager and the Detective Sergeant of the Central Scotland Family Unit. Police and Social Work must each carry out checks of their information databases to establish what previous information is held about the child and family. Checks must also be made with head teachers and lead nurses or consultant paediatrician for child protection. Once all information is gathered then the SW manager and Detective Sergeant must discuss the case and decide on the best course of action. This might mean; they investigate concerns jointly, or; either police or social work investigate on a single agency basis and report finding to each other, or; they agree no action.

Strathclyde police have established 9 Family Protection Units. Following the neighbours phone call to the police, it is most likely (according to the police officer spoken to in a Family Protection Unit) that the police would make a visit to the family to

assess the situation. At the same time the police officer receiving the call should record the details of the neighbour's allegation and perform a police database check on the address and person reported to check for relevant information. If on visiting the house the police considered the neighbour's concerns justified, the police would make contact with the duty officer of the local social work area team to alert them to a possible Child Protection action. It would be the duty then of the social work department acting for the local authority to carry out an initial assessment. According to the NHS Child Protection Unit all referrals should be made using a single Inter- Agency referral. Concerns should be noted on an inter-agency referral form and follow procedure by supplying all relevant information on the family and the risk to the child as described by the member of the public. If the concern was deemed to be urgent the referral would be made verbally over the phone with a qualified social worker or manager only and the referral filled in immediately afterwards.

Possible Options

During the referral discussion with social work it may be agreed that no social work intervention is required at this time. In such instances, if additional concerns arise in the future, a further referral should be made to social work.

If the referring practitioner is unhappy or disagrees with decision made during telephone discussion then they should discuss further with key professionals e.g. Duty Senior Social Worker, Line Manager and/or Child Protection Unit.

On receipt of a referral, social work may decide that an integrated assessment is required and will discuss this with partner agencies accordingly.

If social work determines that child protection measures are necessary, they will initiate child protection procedures and agencies will be involved accordingly.

Other options include:

Provide advice or information and take no further action when task is completed

Refer family to another agency or service

Offer a service to the family

The housing issue raised by the neighbour would not be counted as relevant in this context.

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

Under the provisions of the Children's Act Scotland 1995, all citizens have a legal requirement to protect children. If the police had concerns their obligation would be to refer the matter with all relevant information to the local area social work team. The Children's Act Scotland makes the following provision:

"The social worker and relevant senior colleagues must decide which agencies to consult and whether to make inquiries under local child protection procedures. They should consider whether to discuss the referral with the police and what form further inquiries or investigation should take. The police may have information which leads them to discuss with the social work department whether there needs to be a joint investigation. These decisions are complex and child protection procedures should support a measured response to the range of referrals of children who may be at risk, keeping the welfare of the child as the paramount consideration in decision-making." Section 53: point 20 in

'Guidance on the Act'

- Would the housing department have any role in this situation?

Yes	No
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If yes, what action would they take and could they provide any support? Please describe

At this stage in the proceedings the Housing Department would not have any immediate role. Any changes to the family situation would be considered as part of the assessment by the social work department and they would necessarily be guided primarily by the axiom of whether it was in the child's best interests. As the complaint has come from the neighbour regarding the unsuitability of the family it would be an issue she would have to raise with the Housing Department regarding her perception of their anti social behaviours.

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	No
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If yes, please describe what type of service this would be.

If no, are there alternative services where he could receive help?

The best one could say here is one would hope so. It would be the duty of social work to investigate through initial assessment and make any referrals for services as a child in need on the basis of their findings. It is possible that the social worker would make a referral to the Children's Hearings perhaps on the basis of the investigation of parental care to the children or, on the basis that the child was a danger to himself.

Whether a service would be available would, as ever, depend on the area. In Angus he might be referred to the 'Angus Connect Project' set up for young people offering one to one and group programmes to support young people to make and sustain positive lifestyle choices. In Dumbarton he could attend the Young Person's Alcohol Project' targeting 9-25 year olds at risk of becoming involved on substance misuse or already having problems. In East Glasgow he might be encouraged to attend a 'youth pub' for young people offering a wide variety of social recreational and educational activities as well as having provision to offer a 'brief intervention' to address the young person's drinking problems. He would not however be able to attend any Tier 3 or 4 service for young people's drinking as there are none currently available.

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe

If the children are committing crimes, in difficulty at school and drinking, both the 13 and 15 year old should be referred to the Children's Reporter. Certainly this should be the case for the 15 year old as he has committed a crime.

"The Children's Hearings system began in 1971 with the express intention of keeping the majority of children who have offended, or been offended against, out of the court system. The grounds (legal reasons) for bringing a child or young person before a hearing are set down in section 52(2) of the Children (Scotland) Act 1995 and include that the child:

- is beyond the control of parents or carers
- is at risk of moral danger
- is or has been the victim of an offence, including physical injury or sexual abuse
- is likely to suffer serious harm to health or development through lack of care
- is misusing drugs, alcohol or solvents
- has committed an offence
- is not attending school regularly without a reasonable excuse
- is subject to an antisocial behaviour order and the Sheriff requires the case to be referred to a children's hearing.

Children under 16 are only considered for prosecution in court for serious offences such as murder, assault which puts a life in danger or certain road traffic offences which can lead to disqualification from driving. In cases of this kind the Procurator Fiscal has to decide if prosecution is in the public interest. Even if so, it is still by no means automatic that the child will be prosecuted. The Procurator Fiscal may refer the child or young person to the Reporter (see below) for a decision on whether referral to a hearing is more appropriate.

Where the child or young person is prosecuted in court, the court may, and in some cases must, refer the case to a hearing for advice on the best way of dealing with the child. The court, when it considers that advice, may also refer the case back to a hearing for a decision.

The Reporter

The Reporter is an official employed by the Scottish Children's Reporter Administration. All children and young people who may need compulsory measures of supervision must be referred to the Reporter. The main source of referrals is the police and social work, but other agencies such as health or education can make a referral, as well as any member of the public or even the child him/herself.

When the Reporter gets a referral, s/he must make an initial investigation before deciding what action, if any, is necessary in the child's interests. The Reporter must consider whether there is enough evidence to support the grounds for referral and then decide whether compulsory measures of supervision are needed.

The Reporter has statutory discretion in deciding the next step and s/he may:

- decide that no further action is required. The Reporter will write to the child/young person and usually the parent or other relevant person (see below for definition of 'relevant person') to tell them of this decision.
- refer the child or young person to the local authority so that advice, guidance and assistance can be given on an informal and voluntary basis. This usually involves support from a social worker.
- arrange a children's hearing because s/he considers that compulsory measures of supervision are necessary for the child.

The Children's Panel

The children's panel is a group of people from the community who come from a wide range of backgrounds. Panel members are unpaid and give their services voluntarily, but are carefully selected and highly trained. They must be at least 18 years old but there is no upper age limit.

Every local authority has a children's panel, and panel members sit on hearings on a rota basis. A children's hearing has three panel members, of which there must be a mix of men and women. The hearing must decide whether compulsory measures of supervision are needed for the child and, if so, what they should be.

Across Scotland there are around 2,500 children's panel members. They are carefully prepared for their task through initial training programmes and they will develop their knowledge and skills during their period of service through experience and attending in-service training."

<http://www.childrens-hearings.co.uk/>

In so far as the children are concerned the behaviour of their parents might be sufficient reason for them to be referred and certainly their own behaviour would warrant coming before the Reporter.

- What action would be taken about the 15 year old's possible exclusion from school?

The Children's Panel ought to consider the child's situation in the round and as part of this may ask for a representative from the young person's school to provide a report to be considered at the Hearing

"The hearing has to decide on the measures of supervision which are in the best interests of the child or young person. It receives a report on the child and his/her social background from a social worker in the local authority, and where appropriate from the child's school. Medical, psychological and psychiatric reports may also be requested. Parents, and in general the child if s/he is over 12, are provided with copies of the reports at the same time as the panel members. The hearing discusses the circumstances of the child fully with the parents, the child or young person and any representatives, the social worker and the teacher, if present. As the hearing is concerned with the wider picture and the long term well-being of the child, the measures which it decides on will be based on the welfare of the child. They may not appear to relate directly to the reason that was the immediate cause of the child's appearance at the hearing. For example, the hearing may decide that a child or young person who is not receiving adequate parental care should not be removed from the home, because suitable support is available within their home area. Alternatively, a child who has committed a relatively minor offence may be placed away from home for a time if it appears that the home background is a major cause of the child's difficulties and the hearing considers that removal from home would be in his/her best interests."

Ref: <http://www.childrens-hearings.co.uk/>

- Are there any parenting support programmes which could be offered to the family? If yes, please describe Parenting support programmes might form part of the plan for the child if any were available in the locality. Provision of such programmes is not national but dependent in the main on voluntary sector provision.

References

Scottish Health Survey (Consumption Statistics), 2007 Office of National Statistics; 2003 — 2003 Scottish Health Survey. Distributed by the Economic and Social Data Service.

Bancroft, A., Wilson, A., Cunningham-Burley, S., Backett-Milburn, K., and Masters, H., (2004), Parental Drug and Alcohol Misuse: Resilience and Transition among Young People, York: Joseph Rowntree Foundation

'Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families affected by Substance Misuse' (GOPR), 2003, Scottish Executive

Scottish Executive Response to the Hidden Harm Report of the Inquiry by the Advisory Council on the Misuse of Drugs 2004, Scottish Executive

Hidden Harm Next Steps: Supporting Children-Working with Parents, 2006. Scottish Executive

Ludbrook A., 2005, Effective Measures to Reduce Alcohol Misuse in Scotland: An Update to the Literature Review, Scottish Executive

Schools (Health Promotion and Nutrition) Scotland Act: health promotion guidance for local authorities and schools, 2008 Scottish Government.

Concordat between the Scottish Government and local government: Scottish Budget Spending Review 2007, Scottish Government

Safe and Well: Good Practice in Schools and Education Authorities for Keeping Children Safe and Well, 2005, Scottish Executive

Scotland's Children: The Children (Scotland) Act 1995 Regulations and Guidance: Volume 1 Support and Protection for Children and Their Families

Children's Hearings <http://www.childrens-hearings.co.uk/>

Domestic Violence: Findings from 2000 Scottish Crime Survey, 2002 Scottish Executive

Domestic Abuse in Scotland: Findings from the 2003 and 2004 Scottish Crime Surveys, 2007, Scottish Executive

SLOVENIA COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	No
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INDIRECT DATA

There is, however, enough data available on the adult consumption of alcohol.

Because of alcohol related causes, **in 2004 in Slovenia:**

- **466 people died**, mortality being 27,3 on 100.000 adults. The most frequent cause was liver disease (303 cases)
- **prematurely**, before the age of 65, 327 people **died** and lost 4.177,5 years of potential life, which meant that each death was on average 12,8 years premature;
- 3.950 **hospitalisations** were due to alcohol, which was 1,5% of all hospital admissions (index 03/04 was 98,8).

Hospitalisations lasted 91.278 days (4,2% of all hospital days) (index 03/04 was 94,9).

- there were 1.980 **sick leaves** due to alcohol, total days of absence from work and lost days were 84.151 (index 03/02 was 113,98);

- 3.913 traffic accidents took place under the influence of alcohol, which is 9,1% of all traffic accidents.

- 97 (38,3%) of the traffic accidents under the influence of alcohol had death outcomes
-among the dead drivers who caused the traffic accidents, 72 (27,5%) were **under the influence of alcohol**.

-in 2006 the average concentration of alcohol in blood, measured in drunk drivers, was 1,5 g/kg (same as in 2005), which is 3-fold allowed concentration

-in 2004 in Slovenia, alcohol was registered in 76.698 legal offences and traffic accidents ;

-alcohol was present in 20.685 cases of **legal offences** which is 36,9 % and in 56.013 cases of traffic offences which is 10,2 % of all traffic offences;

-most drivers **driving under the influence of alcohol** were male and belonged to the age group 20 to 24 yrs;

- in 2004, 2.586 (1,5 per 1.000 inhabitants) people were **incarcerated under the influence of alcohol** due to various offences until sobriety (1,5 na 1.000 prebivalcev). Majority, 94,7 % were male and belonged to the age group 20 to 24 yrs. The prevailing reason for incarceration were civil law offences;
- in 2004, 88.519 **crime acts** (34,4 per 1.000 inhabitants) were registered in Slovenia, whereby in 547 cases at least one of the perpetrators was under the influence of alcohol or illegal drugs,

-Social care centers have been consulted for 20 children and youngsters, involved in alcohol abuse in 2004; mostly, they were suffering behavioural and personal disorders. They represent 0,4% of all cases seen by the social care centers. Meanwhile, in the same period, 54,7% of all adult cases, seen by the social care, were connected to alcohol problems.

- In 2004 the total of 4.344 persons were **incarcerated**. In 722 of those (16,6 %) alcohol dependence was diagnosed, which is 66 % more than in 2003. –
- Out of 1.655 **defendants**, who were found guilty in 2004, 38 (2 %) were forwarded to mandatory alcohol dependence treatment by the court order (the number resembles the data from the previous years).

Type of information	Prevalence and brief description*
Research studies	IATPAD, ESPAD, HSC
Other administrative sources- please describe	Ministry of health, Institut of public health

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No
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If yes, please briefly describe these data and the prevalence they suggest.

-The PIS (=perinatal information system) is constantly collecting data about **alcohol consumption in pregnancy**, but the data is not reliable. Only 4 slots are available for the answers “medication and/or alcohol consumption”, and should one be using 4 medications plus alcohol, data cannot be fitted into the questionnaire.

When diagnosis **foetal alcohol syndrome** has been proved in **newborn** (Q86.0, according to ICD), the data is recorded by the treating physician and entered into PIS plus forwarded to the Institute for public health for statistics/epidemiologic purposes.

-If an infant has been admitted to hospital later, after having been discharged from the perinatal unit, the data is entered into the yearly statistic for hospital treatment (BOLOB), which is being followed up and reported yearly by the Institute of public health in the section Alcohol consumption and the consequences of alcohol misuse.

Hospital treatment of foetal alcohol syndrome

	1999	2001	2002	2003	2004	2006
male	0	6	0	0	0	2
female	1	1	3	1	1	0
all	1	7	3	1	1	2

Died of foetal alcohol syndrome (Q 86.0), according to gender

	1999	2001	2002	2003	2004	2005	2006
male	0	0	0	0	0	0	0
female	0	0	0	1	0	0	0
all	0	0	0	1	0	0	0

Data entered in the PIS (perinatal information system)

	1999	2000	2001	2002	2003	2004	2005	2006
Q 86.0, all	1	0	0	1	2	0	0	1

These are absolute numbers, Slovenia has the population of 2.000.000. Thus, 1 means 0,05 per 100.000, 2 is 0,1 per 100.000, 3 is 0,15 per 100.000, 6 is 0,3 per 100.000 and 7 is 0,35 per 100.000

Section A- Please answer

- Which organisations/ professionals were involved in answering section A?
- **Institute of public health of Slovenia, Ljubljana, Slovenia, www.ivz-rs.si**
- What references/sources of information/ literature were used in the preparation of section A? Data published on the abovementioned webpage by the author/researcher Janja Šešok, updated May 9, 2006, ISBN 961-6202-75-8
- How easy/ difficult has it been to collect this information for section A? Not very. They were contacted on the phone by our researcher Masa Serec and sent the info via mail.

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)?

B2 Please indicate any results which have particular relevance for:-

- bb) increasing understanding of the links between child health and parental alcohol misuse
- cc) policy, service and professional development

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health. Please use **Appendix B**

Appendix B (B3) Other relevant Research

1. Please briefly describe the methodology and search engines you used to find out the information Useful data was found concerning use of alcohol in the young, the results of research in the ESPAD project. Data is ready and available on the webpage of the Slovene Ministry of health, the name of the document Alcohol and alcohol policy in Slovenia and Europe, author is Matej Košir (matej.kosir@gov.si).

2. Complete the table below filling in as much detail as possible.

Reference	Research Question	Methodology	Findings	Recommendations	Limitations
Alcohol and alcohol policy in Slovenia and Europe	What is the consumption of alcohol in the high school, aged 15 and 16, respectively)population in Slovenia?	Anonymous, self applied questionnaire	According to the results of ESPAD (European research on alcohol and drug consumption in the high school population), the consumption of alcohol among the youngsters in Slovenia is increasing. In 2003, 27,3 % male and 18,5 % female high school students have claimed to have been drunk at the age 13 or younger. 72,4 % male and 64,7 % female high school students have claimed to have drunk beer before or at the age of 13.dijakinj. Wine has been consumed before or at the age of 13 by 68,1 % male and 63,1 % female high school students. 41,7 % male and 34,6 % female students have drunk spirits before or at the age of 13. Only 7,3 % male and 9,3 % female students have stated to never have tasted alcohol. 32,2 % male and 18,1 % female students have consummated alcohol on more than 40 occasions. In 2005 the average age at first consumption of alcohol was 12,8 let in male , and 13,3 years in female population.	Move the starting age of alcohol consumption as far into adult age as possible. Limit access to alcohol to the adult age.	A small cohort (a 15 to 16) was included.

Section B Please answer

- Which organisations/ professionals were involved in answering section B? Institute of public health: Ms. Janja Šešok; Ministry of health: Mr. Matej Košir, senior adviser
- What references/sources of information/ literature were used in the preparation of section B? Webpages of the abovementioned institutions with all the documents published.
- How easy/ difficult has it been to collect this information for section B? Not particularly.

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	No
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One of many different responsibilities of The Ministry of health should also be alcohol policy but till now there is no complex act that could be considered as e.g. “alcohol action plan” or “alcohol policy”. There is “a law on reducing alcohol use” that has put some limitations on availability of alcohol. Four years ago The Council for alcohol policy was established at this Ministry but since then it has had only one meeting. The Ministry of traffic has some role, too while it deals with problems of drink driving. There is a law on traffic regulations which includes also the BAC (blood alcohol concentration) limits for drivers.

C2 Is there a government department with responsibility for chAPAPs?

Yes	No
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There are no specific government department dealing specially with ChAPAPs but the Ministry of work, family and social affairs is in a way responsible also for them. This year a new law on family violence has been introduced which is also related to ChAPAPs.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse?

There are no official working group of different organisations that would support ChAPAPs. But anyway, different organisations collaborate when such problem appears: health services, social work services, police, court, sometimes Red Cross and Karitas; we have also some “safe houses” where children with one of their relatives can move when there is acute danger for any kind of violence on them (not related only to alcohol drinking). In our country we also use foster families to move ChAPAPs away from their parents if their situation is inconvenient enough.

Below outlines the laws pertaining to alcohol (mis)use.

- The law about the limited of use of alcohol (2003): alcohol should not be sold in any stores between 21. and 7 hours; it should not be sold/served to persons younger than 18 (ID cards as proof of age can be asked for); it should not be sold/served to persons displaying signs of alcohol intoxication
- The law about health adequacy of food and other products, which are in contact with food (2000), monitoring of traffic with food and beverages is outlined in this law, including the limited advertising for alcohol beverages and products, the warning about the harmful effect of alcohol on health must be clearly and visibly displayed on every advertisement. Only alcohol beverages containing 15% or less alcohol may be advertised. No advertisements for alcohol beverages can be broadcasted on radio and TV between 7: a.m. and 21:30, and in cinema advertising of alcohol beverages is permitted after 22.00 hours. No advertising billboards are allowed within 300 meters from schools and kindergarten, no characters younger than age of 25 can appear on the advertisements etc.etc.
- Law about media (2001)-no advertising of alcohol beverages is permitted outside the law restrictions (see above)
- Resolution about the national program for safety of road traffic for the period from 2007 to 2011 (2007)- several actions and plans to increase road safety are planned, such as education about the harmful influence of alcohol and different educational interventions. Interdisciplinary teams should be heading these actions.
- Law about the safety of road traffic (2004)-the law sets rules and conditions to participate in the road traffic. Among others, the limit of concentration of alcohol is set at 0,5g/kg for non-professional drivers (0,24 mg/l of expired air) while professional drivers must have 0,0.

C4 Are there any current national government initiatives or strategies which address chAPAPs

_Yes*	No
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If yes, please describe.

The last one this year was already before mentioned new law on family violence but there is no national government strategy that would address ChAPAPs while we haven't got any alcohol action plan or strategy.

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes	No
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If yes, please use the table below

Legislation/ Regulatory duty Please specify if this refers to (a), (b) or both	Description
Law about family violence – refers to both	Two main goals have been attained with this law: the restriction orders for the violent person in the family become legal-as well as removal of the violent person from the family environment. The latter means that the violent spouse has to give up the up the house, apartment etc. to the benefit of

	the other spouse, who is allowed to stay on with children. All suspected and/or proved violent acts concerning children of age 12 or younger should be reported to the authority, by whomever who is partial to the info.. Professionals can be subject to prosecution if faining to do so. For example, a doctor having had the info and failing to report will be prosecuted. A network of professionals, governmental and NGO is set up to help the victims of violence.
Law about marriage and family relationship - refers to both	Centres for social work are obliged to intervene in a family not only in case of violence but also in case of neglect of a child (which can be related to alcohol drinking of parents).

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	No
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Name of Programme	Brief description
"You Can Choose, Win or Lose" ("Z glavo na zabavo") http://www.fundacija-zgnz.si/	NGO foundation "Use your head when you go to the party" or better "You Can Choose, Win or Lose" (since year 2000): its first goal is to develop and regularly run alternative events – parties promoting healthy life-style and well-accepted events for the young people, where the visitors don't need cigarettes, alcohol or forbidden drugs to actually feel good. The events that are prepared with a successful mass media coverage for university and high school students are not restrictive, which means that visitors can freely decide on their own whether they are going to drink alcohol or not, however the numerous attending. The program has been ongoing for 7 years now, the main goal is to promote a full and alcohol-free life. 250 events with over 200,000 participants were attended by the volunteers, which undergo a short educational course and are mostly medical school students and other volunteers. Over 55.000 questionnaires were filled out and 60.000 breathalyser tests performed. All sober participants were awarded practical prizes in the value of 310.000 euro. The

	<p>action is well recognized in media, they broadcast a weekly, very popular show, featuring celebrities and other people who live successful and alcohol free lives. Even some politicians during the election campaign responded by the so called “40 days without alcohol pledge”. Several sports activities have been organized and the so-called “Zero-zero generation” (meaning having a concentration of 0,0 alcohol in blood) is going big. Personalities like dr. Zdenka Čebašek Travnik, the Slovenian ombudswoman and Mr. Bojan Žlender, a government official responsible for education and safety in road traffic are well involved in the activities.</p>
<p>“Message from the bottle” (“Sporočilo v steklenici”) www.nalijem.si</p>	<p>The aims of the project “Message from the bottle” (since year 2003) are to inform, to built awareness on possible alcohol related harm and to stimulate young people and others to reduce alcohol drinking through different “above and below the line” marketing activities. The action involves young people and adults, through different actions, happenings, exhibitions, workshops, video clips shown on TV and cinemas, webpage, where one can acquire all kinds of information and test oneself for one’s own alcohol consumption and get specific individualized advice as well. The project is run by the Department of family medicine at Medical faculty, University of Ljubljana in collaboration with the Academy of art and Faculty for social work. The project is partly supported by the Ministry of health and by some other institutions and organisations.</p>
<p>“Use your own head” (“Misli s svojo glavo”) http://www.mislizglavo.si</p>	<p>Project “Use your own head” (one year project in 2007): on-line project prepared by the “Regional institute for health Ravne na Koroškem” in collaboration with some health professionals and high school students with the goal to inform the youth and make them think about alcohol drinking related problems.</p>
<p>Project “Man” (“Projekt Človek”) uprava@projektclovek.si</p>	<p>A humanitarian, non-profit organisation for the users of alcohol and illegal drugs and their parents. At the time, 70 users and 150 parents are included. It is targeted at all who can reach a starting abstinence. The goal is a life without addiction, continuation of education, keeping the employment and living a social life. It includes preventive programs in schools, educational and informational literature (leaflets), educational programs for those</p>

	<p>who are willing to work with the addicted.</p> <p>6 professionals and several (about 20) volunteers are active within the organisation. The staff includes ex-users. A help-centre has been set up in 2006, offering basic info about the forms of help, a 6-month program for the users, group-workshops and therapy for the parents is available</p>
<p>Drogart www.drogart.org</p>	<p>A non-profit organisation with the goal to decrease the damage done by illegal drugs and alcohol at young people. Peer and volunteer work with low threshold programmes are being carried out, with the stress on preventing serious complications due to drugs, distributing information, promoting healthy way of life (distributing fruit, preventive materials, advising and counselling the addicted). Volunteers are educated for this type of work; they are offered constant supervision, continuous education and professional connections. An action "Your choice" has been carried out in elementary schools, distributing and offering info about the damage, done by alcohol</p>

There were also some other time-limited local education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people in different parts of Slovenia (e.g. Regional institute for health Kranj)

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	No
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C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	No
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If yes, please use table below

Profession	Brief description e.g, length and content
<p>Health professionals including:</p> <ul style="list-style-type: none"> • Doctors • Nurses • Health visitors/ Community nurses • School nurses • Mental health workers 	<p><u>Doctors</u>: in their undergraduate curriculum there is almost nothing about ChAPAPs, but during <u>specialisation for family medicine</u> there are modules that deals also with children – family - alcohol related harm – violence (one or two monts)</p>

<ul style="list-style-type: none"> • Psychiatrists • Psychologists 	<p><u>Nurses</u>: no specific training for ChAPAPs</p> <p><u>Psychiatrists</u>: in their curriculum for specialisation <u>are some topics related to ChAPAPs</u></p> <p><u>Psychologists</u>: no specific programs, <u>theses available at the post-graduate level</u></p>
Social workers	In their curriculum they have topics related to alcohol related harm in families and social workers' role in this problems. Also, it is included in subject "The basics of law and criminology".
Police	The Police academy offers a postgraduate course (the MS program) with the title Violence and crimes with the elements of violence, which includes the use of psychoactive drugs (incl. Alcohol) as a risk factor for the perpetrators of violence
Teachers	On the undergraduate level, the subject Psychology and psychopathy includes alcohol abuse in the family.
Treatment* services	
Early years/ Child care workers*	On the undergraduate level, the subject "Dealing with a child experiencing violence" alcoholism of parents is included as a risk factor.

Section C please answer

- Which organisations/ professionals were involved in answering this section C?

Ms. Polona Selič, PhD in Psychology, associate professor at the Police Academy

Ms. Maša Serec, psychologist, researcher, prof. Marko Kolšek, PhD, MD and Nena Kopčavar Guček, MS, MD, both from department of Family medicine, Medical School,, University of Ljubljana, Slo

- What references/sources of information/ literature were used in the preparation of section C?

Internet, personal contacts to curriculum departments of respectable universities and school authorities, personal contact with ombudswoman dr, Zdenka Čebašek Travnik

- How easy/ difficult has it been to collect this information for section C?

Not very easy, information is rather scattered...

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes	No
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Special hospital department for alcohol dependence treatment- Slovenia has had a long tradition within the national health system in treatment of alcohol dependence (40 years long). There is an ongoing alcohol dependence treatment in 5 hospitals throughout the state (Ljubljana, Ormož, Vojnik, Begunje na Gorenjskem, Idrija). Treatment includes family therapy, and each patient should have a member of his family regularly attending some of the sessions and group therapy. The Institute of public health of Slovenia registered 3.950 hospital admissions for the alcohol dependence treatment in 2004 and 91.278 hospital days due to alcoholism (which is 4,2 % of all hospital days in Slovenia). The average duration of hospitalisation in 2004 was 23,6 days. Beside the hospital treatment there is an outpatient programme also in some other hospitals in Slovenia (i.e.. Splošna bolnišnica Maribor).

There are several different clubs in Slovenia, such as **Alcoholic Anonymous**, locally founded. They help the already treated alcoholics as well as those, who cannot decide for institutionalised treatment. There are about 100 local clubs in Slovenia, lead by social workers, nurses and some by family/general practitioners. The staff make up of the teams consist of psychiatrists, psychologists, specialist nurses and social workers. Interventions include psychotherapy, medical assistance and treatment of the abstinent symptoms, family therapy, social counselling, assessment of physical health and according references. There were 3950 admissions in 2004 and the service is state funded.

Therapeutic program of dr. Janz Rugelj - In the late 70-ies, clubs have been initiated by the late dr. Janez Rugelj, promoting the Vladimir Hudolin method of treatment. One can only enter the program together with a co-therapist (spouse, member of the family, friend). The program is rather rigorous, with regular physical activity, writing, improving the formal education etc. The team is made up of 1 x project manager, 1 x team leader, Psychiatrist, physical education expert and supporting staff. Interventions include psychoanalysis, group sessions, organized physical activity (jogging, mountaineering etc.), written self-analysis. Patients pay for their own treatment.

D2. What other relevant services are there for parents who misuse alcohol? As above

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes	No
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D4 Are specialist services available to support chAPAPs?

Yes	No
-----	----

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

There are no specialist treatment services for young people affected by substance misuse, except for the one already described above and AlAnon.

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes	No
-----	----

If yes, please describe using the table below.

Name of organisation	Description of support provided
Al - Anon	There are 13 Al Anon groups in Slovenia, each in their own respective community, each consisting of about 30 members, which would mean 400 participants, respectively (updated Dec.29, 2008). This is a non-professional organisation, trying to help ialcoholics and their families to overcome the alcohol misuse and its consequences in 12 steps. The members fund it by the money they donate. There is no participation fee or membership fee. Meetings are held once weekly. 63% of those who seek professional help also participate in Al Anon. Al Teen is a subgroup for the teen family members of alcoholics.

Section D- please answer

- Which organisations/ professionals were involved in answering this section?
Prof. Marko Kolšek, PhD, MD and Nena Kopčavar Guček, MS, MD, department of Family Medicine, University of Ljubljana, Ministry of health of Slovenia (Mr. Matej Košir, senior adviser)
- What references/sources of information/ literature were used in the preparation of this section?
Internet, personal reference from the above-mentioned experts
- How easy/ difficult has it been to collect this information? Not very difficult.

E) Critique of country response

Our main critique that there is practically nothing in the form of service provision to chAPAPS in Slovenia!

<u>Strengths</u>	<u>Weaknesses</u>
	<ul style="list-style-type: none"> • There are no specific organisations fo Chapaps in Slovenia- the ones we described above are either preventive organisations of self-organised by the alcoholics (Al Anon)

<u>Opportunities</u>	<u>Threats</u>
<ul style="list-style-type: none"> There are a lot of Chapaps, according to the statistics, and help would definitely be needed specifically for them. 	<ul style="list-style-type: none"> Our main critique that there is practically nothing in the form of service provision to chAPAPS in Slovenia

Section F Case studies

Case study								
<u>Case study 1- Neo-natal</u>								
<p><u>Stage 1</u></p> <p><i>A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.</i></p> <ul style="list-style-type: none"> How would this case be dealt with in your country? Annie would be advised accordingly, she would be informed about the possible harmful effects, offered additional info, support, guidance and referral. Are there any legal requirements and/or regulations for a doctor or other health professional to take action? Unless she has caused material damage or injured other people, she cannot be hospitalized or treated against her will. <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 50px; height: 20px;">Yes</td> <td style="width: 50px; height: 20px; color: blue;">No</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table> <p style="margin-left: 20px;">If yes, what steps would be taken and what information would be shared with whom?</p> Are health professionals required to routinely screen* pregnant mothers for alcohol misuse? The guidelines for general/family doctors and OB/GYN advise screening, but it is not mandatory and can be refused by the patient. <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 50px; height: 20px;">Yes</td> <td style="width: 50px; height: 20px; color: blue;">No</td> </tr> </table> <p style="margin-left: 20px;">If yes, please describe.</p> What services and support would be provided to [a] Annie and [b] her mother? Annie would be offered medical assistance (the assessment of damage, support, referral to facilities for treatment of addiction). If the mother should have the same problem, she would also be referred (please see section C and D for the details). If she is not an alcoholic . If the mother is sober, there are special peer support groups for the addicts that she could become a member of. If Annie decides to go into therapy, the mother will automatically be included/invited as her co-therapist, she will be attending the group therapy and family therapy along with Annie. Are there any practical, resource or administrative barriers to good practice? <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 50px; height: 20px;">Yes</td> <td style="width: 50px; height: 20px; color: blue;">No</td> </tr> </table> <p style="margin-left: 20px;">If yes, please describe:</p> 	Yes	No			Yes	No	Yes	No
Yes	No							
Yes	No							
Yes	No							

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life? Home visits during the first year are routinely performed by the local midwife-community nurse, who generally evaluates the circumstances, advises, makes suggestions and refers accordingly if necessary. She is also obliged to inform the GP/FP (in this case, it would be Annie's doctor). The doctor can offer a house visit, contact social services if he establishes a need for such intervention, notify the paediatrician, treating the newborn. Most of all, the GP/FP would assess the situation, advise and make a plan together with the patient (shared decision making) for the future actions.

Yes	No
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What action, if any, would need to take place now to assess and protect mother and child? Please describe The plan should be made, including an interdisciplinary team: the midwife, social services, the GP/FP, paediatrician, the ob/gin. Most of all, Annie should agree with all the interventions, as already explained. If signs of neglect, violence or abuse of the child should be suspected/detected, mandatory reporting to the social services by any of the professional involved (midwife or GP/FP, most frequently) would be carried out.

- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No
-----	----

If yes, please describe From the description, it is not quite clear whether Annie's mother also has a drinking problem or not. Should she have one, she can be referred accordingly. If not, please see our answer to the same question here above in the "Stage 1".

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

How would this case be dealt with in your country? In the starting phase, the teacher would inform parents about the changes in the pupil's behaviour and progress in school In a structured interview with parents, together with the school advisor, the problem solving process should start. The parents would be offered help and support in the problem solving, The parents should be reminded of the parental duties toward the child, with school rules and order. The mode and contents of this interview largely depends on the level of acceptance from the parents. A plan for problem solving should be outlined., including teachers, advisers etc. Should the necessary interventions be outside the scope of the school services, the parents can be referred to other institutions. The teacher should follow up the progress of the pupil and be in keep the contact with parents. If the parents would be uncooperative and the pupil shows no academical nor personal/behavioural

progress, other institutions should be included in the problem solving process (psychological support, social services...).

If any kind of violence, abuse or neglect of the pupil by the parents should be suspected, the school professionals (teacher, adviser, principle) are obliged to inform the local social care center, which should be actively involved in the problem solving. School should provide a psychosocially safe environment for the pupil and enable a confidential relationship in case of need with one of the teachers, advisers or with principal. Everything would be carried out in accordance with the parents, but should the integrity of the child be endangered, the counselling can be carried out without the parents consent.

Further course of interventions would largely depend on the specific circumstances of every individual case and of the effectiveness of the actions already taken.

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
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If yes, what steps would be taken and who and what information would be shared? The described course of action is a logical outline of the procedures in school and it includes working with parents and additional professionals inside and outside the school. All legal obligations concerning abuse, violence and neglect are described above. They are outlined in the already described law concerning violence in the family.

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
-----	----

If yes, please describe There is no required procedure applicable to schools, which should take course in case of parental alcohol misuse. Schools have the possibility to establish their own strategy, depending on the circumstances of each case, but it is generally within the description above..

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

What action would be expected or required of the teacher now? The professionals at school must offer the help to the child in need. A safe psychological environment should be established for the child to express his need and see (and also find) help (psychologist, social worker etc.) Constant observation should be made by the teachers in order to detect any sign of distress, abuse, neglect, violence. Social care center should be included in procedure, which will offer help and support accordingly. Constant cooperation and communication with the family of the child should be maintained. The three partners (school, social care, family) should keep in close contact.

- The school adviser should inform the parents about the possible professionals and institutions outside the school, where they can turn for help. (individual and family therapy of alcoholism). Professional help and support outside the school is necessary in most cases. Follow-up of the child's progress, support to the child and contact with the parents should be constant and kept throughout the process. Additional interventions depend on the course and circumstances of each individual case.

- What services would now be offered to Joanne and her family? Please see above. There are, as described, some social centers that specialize in advising the youngsters. The local social services have the means and expertise to refer accordingly.
- Are any of these services obligatory? No, except when violence, abuse or neglect are detected. Child can even be removed from the family (chapter 120. and 121. in the Law on marriage and family) and put in a center (Dom Malči Belič, see section C).

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?
- Social case worker would evaluate the family, if necessary, the children could be temporarily removed from the parents, the parents would be referred to therapy of alcoholism. School should be contacted for any additional info.
- Are there legal requirements /regulations for the police to take any action about their concerns?

Yes	No
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If yes, what steps would be taken and who and what information would be shared?

Social care and /or FP/GP of the parents would inform the police, mandatory therapy of alcoholism would most likely be ruled in the court procedure after the police has turned the case over to the prosecution.

If no, please describe what action/steps the police would take?

- Would the housing department have any role in this situation?

Yes	No
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As already stated: the children would most likely be placed in a home, like Center Malči Belič. If only one of the parents would be violent, he could be slapped with a restraining order and/Or he/she would have to leave the common house/apartment and let the other spouse and the children live there. It could be temporary.

- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	No
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If yes, please describe what type of service this would be. He would be referred to his family physician for evaluation and then further to the therapy, if necessary. Social care centres would also play a role.

If no, are there alternative services where he could receive help?

Al anon, several websites and blogs, some foundations (please see section C).

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe Social care worker should have to pay a visit to the family and make an evaluation. Community nurse and FP/GP could also be included. Based on their evaluation, further referrals to counselling centers , psychologists etc. could be performed. School professionals should be contacted for additional data on the youngster.
- What action would be taken about the 15 year old's possible exclusion from school? If the school insists, even upon request of the parents and/or social care, they have the right to exclude the pupil if he violated the school rules and there is firm evidence of that.
- Specific plans for him should be set up. Should he be excluded, maybe he can come in for the end of term exams in order to finish school.
- If he is in jail, there is a possibility for him to continue his education from there, by taking exams etc. Yes. Please see the previous answers.
- Are there any parenting support programmes which could be offered to the family? If yes, please describe. There are some programs for the families, such as "PROJECT man", webpages, support groups etc (please see also section C).

SPAIN COUNTRY QUESTIONNAIRE

A) Prevalence and background information

A1 Are there data showing how many children in your country are affected by parental alcohol misuse?

Yes	No
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If yes, please briefly indicate the prevalence and describe how this information is collected in the table below

There are no official data about prevalence of Chapaps in Spain, but it is estimated that there are about 3 million of fathers and 250.000 mothers with alcohol problems (see report "Alcohol in the Family" EUROFACE and COFACE, 1999) (see www.emcdda) for comparative data of alcohol related problems and consequences in different European countries, including Spain.

Type of information	Prevalence and brief description*
Other administrative sources- please describe	Data about patients entering alcohol treatment in public centres

A2 Are there any data collected on children with foetal alcohol spectrum disorder?

Yes	No
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If yes, please briefly describe these data and the prevalence they suggest.

I have not found official epidemiological data about FAS or Foetal Alcohol Effects spectrum in Spain, but experts on that field told me that it is estimated in about 1 or 2 cases / 1000 living newborns.

Section A- Please answer

- Which organisations / professionals were involved in answering section A?
Several alcohol experts from **SOCIDROGALCOHOL** (Spanish Society for the study of Alcohol and other Drugs) (www.socidrogalcohol.org) and **SET** (Spanish Society of Toxicomanies) (www.setox.org). Some of the professionals asked are Dr. Antoni Gual (alcohol treatment expert), Dr. Francisco Pascual (alcohol treatment expert), Dr. Josefina Castro and Javier Goti (Child psychiatrists), other psychologists, psychiatrists and social workers from our hospital, data from the Governmental National Plan About Drugs and local Catalanian government.

- What references/sources of information/ literature were used in the preparation of section A?
Non-published data from local studies in several cities (Valencia, Barcelona, Madrid). Data from the **Central Governmental National Plan about Drugs** (www.pnsd.msc.es)

The more serious works about the effects of alcohol on foetus in Spain have been carried out by **Dr Consuelo Guerri**, from the **Research Center "Principe Felipe" of Valencia** (see papers in Medline).

As October 9th was the “Worldwide sensibilisation FAS day”, organisations as FARE (Spanish Federation of Rehabilitated Alcoholics (www.fare.es) and Socidrogalcohol have organised different actions and conferences and you can see in this web page all the experts involved in Spain.

- How easy/ difficult has it been to collect this information for section A?

It is not easy to collect this type of data because no serious studies have been done about prevalence of Chapaps in our country; only about consequences of family alcohol problems on children and risk factors (see research). Estimations come mainly from alcohol treatment professionals and official data from patients entering treatment in public services.

B) Research

Please refer to the guidance to help with keywords to use in your search engines.

B1 What research and/or national surveys have been carried out concerning the mental and physical health of chAPAPs (from pre birth to 18 years old) in your country over the last 10 years (but include any older research/national surveys if they are particularly influential/important)?

Several local studies have been done but not published, only presented in national conferences or congresses. The information about these studies is reviewed and cited in the chapter (in English) attached to this e-mail and also in the papers and documents about the ALFIL program you will find on the web of Socidrogalcohol (www.socidrogalcohol.org) although these are in Spanish. Nevertheless, I am sending you attached some of the abstracts for congresses and the information about the program included in the EDDRA database (prevention programs) in English (www.eddra.emcdda.europa.eu/).

B2 Please indicate any results which have particular relevance for:

- dd) increasing understanding of the links between child health and parental alcohol misuse
- ee) policy, service and professional development

In the discussion section of the papers attached there are comments about this point. There are also some paragraphs about these topics written by Dr. Xavier Ferrer from the NGO “Action for Health and Social Welfare” when he participated in the European Network the “Alcohol problems in the family”. A report to the European Union, 1999 from EURO CARE and COFACE (see www.eurocare.org/projects/familyreport/english/famen_intro.html, and also www.coface-eu.org/en/basic507.html - 15k)

B3 What other useful research has been carried out which is relevant to this issue eg alcohol misuse and domestic violence / criminality/ mental health.

There is a project (Project MALVA) about violence and alcohol, conducted by Fundación Salud y Comunidad (Foundation Health and Community). I have seen their results in different national congresses but I don't have written reports or abstracts of their works. You can find information about the Project MALVA in their web page or contacting them (www.fsyc.org)

Section B Please answer

- Which organisations/ professionals were involved in answering section B? More or less the same informants than in section A, plus other NGOs in Spain devoted to the study and assistance like “Fundación Salud y Comunidad”, Caritas, Fundación de Ayuda a la Drogadicción (FAD), others sources of information are cited in the Appendix added to the end of this document.
- What references/sources of information/ literature were used in the preparation of section B? Internet, lists of NGOs in the web of the National Plan about Drugs, documents and leaflets about preventive activities in different NGOs
- How easy/ difficult has it been to collect this information for section B? Relatively easy

C) Country policy* and practice

C1 Is there a central government* department with lead responsibility for alcohol misuse?

Yes	No
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice

In Spain, is the “Plan Nacional sobre Drogas” (PNsD) (National Plan About Drugs) the central organisation in charge of alcohol policies. In the past, this organisation belonged to the “Ministerio del Interior” (Inside Matters Ministry) (similar to your Home Office) but it change in 2003-4 to the “Ministerio de Salud y Consumo” (Health and Consumer Department). Additionally, the “Ministerio de Asuntos Sociales e Inmigración” (Social Welfare Ministry) has some role in social assistance to families affected by alcohol or drugs misuse.

Matters related to alcohol and drug misuse assistance/treatment are transferred to the different Autonomic Communities (Catalonia, Valencia, Castilla-Leon, Andalucía, Extremadura, etc....) and even to Local Authorities (Municipal Governments) can support some programmes.

C2 Is there a government department with responsibility for chAPAPs?

Yes	Not specifically
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If yes, please name this department (or departments) and describe its (or their) role in policy and practice relating to chAPAPs.

ChAPAPs are considered “children at risk” and in Spain there are general laws and programmes to protect vulnerable children. The Department in charge of these policies is Social Welfare.

C3 Do government, regional/local* and voluntary sector organisations* work together to support children affected by parental alcohol misuse? If yes, please provide examples of good practice.

National, community and local governments fund some NGOs and voluntary organisations to develop and deliver programmes for at risk children in general, a few of them have some specific activities for relatives of alcoholics

(Alcoholic Anonymous with Alanon and Alateen, AEPA (Association for the Study and Prevention of Addictions) or FARE (National Federation of 7 Associations of Rehabilitated Alcoholics in different Communities) (Please, see their web pages in the Appendix). The main problem for these programmes is the lack of continuity of economic support.

There are no published examples of good practise addressing specifically CHAPAPs at this moment in any of the database queried (except for ALFIL). I have found a programme called “Preinfant” (see www.abd-ong.org or e-mail: preinfant@abd-ong.org) for pregnant women with drug problems aiming to protect the health of mothers and their children. Other program of the same NGO (ABD: Asociación Bienestar y Desarrollo, Association Welfare and Development) is addressed to children, adolescent and women victims of family violence (laris@abd-ong.org). There are also preventive selective and indicate programs for at risk youth or drug users adolescents, see examples in tables below.

C4 Are there any current national government initiatives or strategies which address ChAPAPs

Yes	No
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If yes, please describe.

Some years ago, the central government (National Plan about Drugs) funded to NGO Socidrogalcohol the ALFIL program during 7 years to develop and evaluate an intervention programme for CHAPAPs. Please, see also attached documents related to ALFIL for more details about the cities in which the programme was implemented.

Name strategy	Responsibility in delivery	Aims	Progress to date	Links to documents
Funding /grants which prioritize programmes for at risk children related to drug misuse (1997 - 2002)	Socidrogalcohol (ALFIL program)	To develop, to evaluate and to disseminate an intervention programme for CHAPAPs	Program developed and materials accessible to professionals through Socidrogalcohol web	www.socidrogalcohol.org www.eddra.emcdda.europa.eu

C5 Are there any legislative and/or regulatory duties to protect [a] children at risk of harm and [b] more specifically, children affected by parental alcohol problems?

Yes, general policies	No
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If yes, please use the table below

Legislation/ Regulatory duty	Description
Please specify if this refers to (a), (b) or both	

There are general laws for children at risk of harm (abuse, neglect, abandonment)	Not access to the specific laws, but see cases below to know how it works, from the information received from social workers in our Department of Child and Adolescent Psychiatry and Psychology

C6 Are there any major education/health promotion programmes aimed at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Yes	No
------------	----

In addition to national and autonomic laws related to alcohol distribution, delivery, selling, age of use, use in street, publicity, etc., there are universal drug prevention programmes for schools, and there are also several programmes targeted to at risk groups as those with justice measures, drop out school, immigrants, adolescent drug users, etc. Some of these programmes are more specific for alcohol (ex. Decideix, in the table).

The programmes cited here are described in the catalogue of programmes of the Spanish National Plan about Drugs (www.pnsd.msc.es) and some of them are in the EDDRA database: Evaluated Practices of Best Practice in Europe (www.eddra.emcdda.europa.eu)

Name of programme	Description	Link to resources
Prevenir para vivir (Prevent to live)	Universal prevention program for primary school aiming to integrally form the individual (affectivity, intellectual development and social development) to drug demand reduction	www.fad.es +34 900161515
Decideix (Decide) (Barcelona city)	Universal prevention program for secondary school (13-15 years old)	www.aspb.es/quefem/escoles/decideix.com +34 93 2384545
Constuyendo salud (Building up health)	Universal prevention program for primary and secondary school aiming to improve personal and social skills (11-14 years old)	José Antonio Gómez Fraguera pctonogf@usc.es +34.98.1563100

Conoce tus límites: el alcohol (Know your limits: alcohol)	Infoline (web) to increase youth understanding about risk and danger of alcohol	www.pdsweb.org pds@pdsweb.org +34 93.4307170
Oh! L'alcohol	Preventive material for secondary school (15-21 years) 15 posters about alcohol effects and risks	www.pdsweb.org pds@pdsweb.org +34 93.4307170
Municipal programme on the prevention of youth alcoholism (Madrid): Supply reduction subprogramme	Intends to reduce offer and availability of alcohol to youth through the cooperation between driving schools, discotheques, etc.	Ana Ordoñez Franco Municipal Plan about Drugs. Madrid city council prevdrogas@munimadrid.es +34 91 3659808

C7 Are there any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on children's health and wellbeing?

Yes	Not at a general level, just some local initiatives
-----	--

There are family prevention programmes in some communities, or at a very local level, addressing how to prevent alcohol/drug use/misuse in children. They could include some sessions about the impact of alcohol in the family. Other programmes as Preinfant (already described) could also include these sessions.

Name of programme	Description	Evidence effectiveness	Links to resources
Moneo	Universal family preventive programme (3 training sessions for parents of 9-13 years old pre-adolescents)	I have not found any publication	www.pdsweb.org pds@pdsweb.org +34 93 4307170
Protego	Family preventive programme (parental skill training for parents)	I have not found any publication	www.pdsweb.org

	of preadolescents with behaviour problems or families at risk)		pds@pdsweb.org +34 93 4307170
Preinfant	Assistance for pregnant women with drug problems aiming to protect the health of mothers and their children.	I have not found any publication	www.abd-ong.org preinfant@abd-ong.org)

C8 Is there professional training which addresses the impact of parental alcohol misuse on children?

Yes	Not now
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If yes, please use table below

During the ALFIL programme development (1997-2002) several practical training activities took place in some communities: Castilla-Leon, Valencia, Madrid, Catalonia, during specialised congresses or specific training meetings. In total, there were 6-7 workshops addressed mainly to psychologists, social workers and volunteers attending families affected by alcohol misuse.

Section C please answer

- Which organisations/ professionals were involved in answering this section C? NGOs with programmes for at risk children and youth. Central and local alcohol/drugs governmental departments
- What references/sources of information/ literature were used in the preparation of section C? Internet, catalogues
- How easy/ difficult has it been to collect this information for section C? Relatively easy but time-consuming

D) Service delivery

D1 Are there specialist alcohol treatment* services for parents?

Yes

Each community has treatment programs for alcohol and other drug problems covered by public health system. These are addressed to adults mainly, although recently a few public treatment centres are offering specific programs for adolescents.

Name	Description	Staff	Interventions	Capacity	Evaluation	Funded
CAS (in Catalonia) (and similar centres in other Spanish communities)	Centres for Attention and Follow up of the Addictions (drugs in general)	Psychiatrists Psychologists Physicians (internist) Social Worker Nurse	Pharmacotherapy Psychotherapy (individual, group, family) Social services support Urine analysis	Variable 100-400 new cases/year	autonomic drug department usually has evaluation data from each centre	Autonomic Community government
Unitat d'Alcoholologia (CAS specific for alcohol problems)	Treatment for alcohol addiction	Psychiatrists Psychologists Physicians (internist) Social Worker Nurse	Pharmacotherapy Psychotherapy (individual, group, family) Social services support Urine analysis	200 new cases/year	autonomic drug department usually has evaluation data from each centre	Autonomic Community government

D2. What other relevant services are there for parents who misuse alcohol?

Several NGOs and associations of affected people offer programmes to support multiproblematic families, sport or leisure activities for children in families at risk, self help groups, occupational training and employment, group leisure activities, etc.

D3 Are specialist alcohol treatment services available for young people (under 18s)?

Yes

There are few specific programs for adolescents with problems related to alcohol use / other drugs use in each community in Spain. Some public treatment centres for adults have special programs for youth. There are also some local specific programs for adolescents depending from local governments and several NGOs funded specifically (a catalogue about these programs is available at: www.unad.org/actualidad/noticias/archivo/26659.html). For more severe cases, and specifically for adolescents with high risk for dual disorders, in Barcelona there have been created recently two specific units for Addictive behaviours in Adolescents. One of these Units is the one in which I am

working now (you have the contact address in the bottom of the e-mail, and this unit is located in a general hospital).
The other one is located in the Hospital San Joan de Déu (a hospital specialised in children and adolescents).

Name	Description	Staff	Interventions	Capacity	Evaluation	Funded
Spott Centre www.diba.es/servsocials/centres/spott1.asp junquerota@diba.cat	Integrated programme for youth with drug problems (14-22 y.o.)	Interdisciplinary team	Info/orientation about consumption, individual psychotherapy, groups, family therapy, Medication			Central, autonomic and local economic support
Programa Prevenció Drogas CAS Font Santa	Preventive interventions for drug use adolescents		Motivational enhancement, detoxification, family intervention			
Proyecto Joven (Youth Project) from Proyecto Hombre (Project Man) www.proyctohombre.es (several communities)	Different programmes for treatment of adolescents with alcohol/drug problems (13-21 y.o.)	Interdisciplinary team	Psychotherapy (individual, group, family), school for parents, training professionals, phone line,			Central, autonomic and local economic support, parents
UNICA-A: Addictive Behaviours Unit for Adolescents (Hospital Clínic of Barcelona) Contacts: rdiaz@clinic.ub.es / jgoti@clinic.ub.es	Assistance, teaching and research in adolescents with alcohol/drug problems and comorbid conditions	Interdisciplinary team	Individual psychotherapy, groups, family therapy medication		In progress	
Dianova	Residential treatment	Interdisciplinary team	Occupational training,		No ?	

www.dianova.es	centre for 15-18 y.o. with substance use or psychosocial problems		education activities, mentoring, individual and group therapy, cultural and leisure activities			
Cruz Roja (Red Cross)	Intervention with adolescent substance users	Interdisciplinary team	Info / orientation, medical and psychological support, family mediation			

D4 Are specialist services available to support chAPAPs?

Not specifically

There are no specific programmes for CHAPAPs in Spain. They receive support through child and adolescent mental health services if they develop significant disorders. There are also a few preventive programmes addressed to children at high risk (street children, immigrants, children from multi problematic families, etc.) but not specific for CHAPAPs.

Name	Description	Staff	Interventions	Capacity	Evaluation	Funded
Programme "Lazarillo" (Caritas Salamanca)	Early intervention in young substance users (11-21 y.o.) with other risk variables that can potentiate the addictive process		Skill training, orientation, support to children of parent in alcohol/drug treatment, parent training, leisure guiding			
Preinfant www.abd-ong.org preinfant@abd-ong.org	Assistance for pregnant women with drug problems				I have not found any publication	

	aiming to protect the health of mothers and their children.					
Programme for high risk drug addicted pregnant women (Red Cross) mmontero@creuroja.org + 34 93 31881796/1218	Treatment, follow up of addicted pregnant women		Harm reduction, advice, social support, crisis intervention, derivations, syringe psychotherapy			

D5 What other relevant services are available for children affected by parental alcohol misuse? Please describe

A few programmes for dropout children, some leisure activities, sports, etc... offered to those children from families at risk.

D6 Does your country have a network of self help groups for families affected by alcohol misuse?

Yes

If yes, please describe using the table below.

Name of organisation	Description of support provided
Associations of Rehabilitated Alcoholics in each community. 13 of 17 Spanish communities have associations organised in the FARE (Federation of Rehabilitated Alcoholics in Spain) that group 130 associations.	Self help groups, family support, leisure activities for families... In some communities, the associations are in charge of the treatment of alcohol problems, contracting their own specialists.
AA (Alcoholics Anonymous)	Relapse prevention groups, mentoring, groups for relatives (spouses, children) etc.

Section D- please answer

- Which organisations/ professionals were involved in answering this section?

- What references/sources of information/ literature were used in the preparation of this section?
 - How easy/ difficult has it been to collect this information?
- Specialists in alcoholism treatment, associations of rehabilitated alcoholics.

E) Critique of country response

Please use the grid below to highlight one key example of a strength, weakness, opportunity and threat in resources and service provision for ChAPAPs. Please refer to guidance for examples.

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • There are many NGOs willing to participate/learn in supporting CHAPAPs, if funding is available. 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Lack of funding and political support
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • There are at least one experimental programme (ALFIL) showing some evidence of success in reaching CHAPAP • Existence of programmes linking school and mental health services (ex. Health and School, in Catalonia) 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • The lack of continuity on funding leads to failure of the activities started in several communities • Alcohol is too available, even to underage youth • Binge drinking culture (“botellón”) • Economic crisis • Persistence of some stereotypes concerning alcohol use and alcoholics in Spain

Section E Please answer

- Which organisations/ professionals were involved in answering this section?
 - What references/sources of information/ literature were used in the preparation of this section?
 - How easy/ difficult has it been to collect this information?
- Specialists in alcohol treatment (physicians, psychiatrists, psychologists) and social workers supporting children and families at risk from different communities in Spain

Section F Case studies

Case study	
<u>Case study 1- Neo-natal</u>	
<u>Stage 1</u>	

A pregnant mother called Annie comes to see her doctor smelling of alcohol for her ante-natal check-up. She has a longstanding serious drinking problem which the doctor knows about. Annie's mother is also a patient at the same clinic and has recently voiced her concerns to the doctor about her daughter's drinking behaviour.

- How would this case be dealt with in your country? The doctor would refer the pregnant mother to a specialised centre for treatment. Some NGOs have specific programmes to help pregnant mothers with alcohol/drug problems (ex. Preinfant, ABD). Some obstetric services have specific programmes for pregnant mental health in coordination with psychiatric departments (ex. Hospital Clinic)
- Are there any legal requirements and/or regulations for a doctor or other health professional to take action?

Yes	No legal requirements
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If yes, what steps would be taken and what information would be shared with whom?

In Spain, there are no official policy regarding alcohol and pregnancy. The topic is addressed in a publication called *Alcohol and Public Health*, which is a report produced by the Ministry of Health and Consumer Affairs, and offers the following advice: "With regard to pregnant women, there is no safe limit (there is no safe level of consumption or perhaps it is impossible to define it) and the ONLY VALID RECOMMENDATION is TOTAL ABSTINENCE, and this is the recommendation of the American Academy of Pediatrics"

- Are health professionals required to routinely screen* pregnant mothers for alcohol misuse?

Yes	No standardised protocols
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If yes, please describe.

- What services and support would be provided to [a] Annie and [b] her mother? Obstetric services have social workers that will help Annie and her mother in order to have a healthy child and to get help for probable addiction (urine controls, follow up of their visits to a specialised treatment programme, etc.). Social workers work together with Children General Directorate (DGAIA) who evaluate the mother capacity to take care of the baby.

- Are there any practical, resource or administrative barriers to good practice?

Yes	No
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If yes, please describe: Lack of continuity in funding for specific programmes like Preinfant (ABD)

Stage 2

Annie's son is now three months old. Annie's drinking problem has improved significantly over the past months but there are now signs that she is drinking heavily again. Health professionals have also had concerns about the baby's health as he has been ill and crying frequently since he was born. Tests are currently being undertaken to determine the prognosis.

- Is there a duty for any professionals to have kept in contact with Annie throughout her pregnancy and the first months of her son's life?

Yes	No
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If yes, please describe the professionals who would have been involved and the support Annie would have received

Once the child is born, the paediatrician (public primary care) is in charge of the evolution and health of the newborn. If SAF or EAF are detected, some specialised attention could be necessary (neurologist, child psychiatrist or other specialists), but these children are usually under detected due to lack of protocols, specific training for obstetricians, paediatrician, etc. Social workers also may be present to support Annie to get special services.

- What action, if any, would need to take place now to assess and protect mother and child? Please describe Social workers and health professionals could ask Institutions (DGAIA, Social Services, Justice) to assess the capability of the mother to care for the child. Primary attention general practitioner, paediatrics and social services will help the mother and, if needed send her to specialised services (addiction or mental health)

- Are there support services available for Annie's mother to seek help, support and advice?

Yes	No specific public services
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If yes, please describe

There could be a few programmes similar to Preinfant in Barcelona, but I do not know them. Other NGOs as Caritas, Unicef or similar can support Annie's family, as they do to other families at risk, but not specifically address SAF or alcohol problems in the family.

Case study 2- Young child

Stage 1

A teacher is concerned about one of her pupils named Joanne. She is 8 years old and has been consistently arriving late for school. Her appearance is often untidy and dirty and her behaviour is sometimes erratic and sometimes withdrawn. There have been rumours from other parents that Joanne has problems at home and her mum drinks too much.

- How would this case be dealt with in your country?

In the community of Catalonia: The teacher must contact the psychologist or nurse from the "Equipo de Asistencia a Profesorado" (EAPs) (Teacher Assistance Equipos) or from the programme "Salud y escuela" (Health and School). The teacher or the other professionals should contact social services to evaluate this specific case and take legal actions if necessary. In the other communities there are similar equips to assist the teacher.

- Are there any legal requirements and/or regulations for a teacher/ school staff member to take action?

Yes	No
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe the actions the teacher /school staff member would take?

It is required to communicate the absences or late arrivals to school to the direction of the school and to local social services.

- Are schools required to have policies/procedures to investigate cases where children may be at risk because of parental alcohol misuse?

Yes	No
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If yes, please describe

School are required to contact EAPs in case of child problems at school (inattention, disruptive behaviour, withdrawal, poor achievement) and the EAP will investigate the possible reasons for these problems. If there is funded suspicious of child neglect (related or not with alcohol misuse) the EAP will contact social services to investigate the family.

Stage 2

Joanne's behaviour has deteriorated over the last 6 months. One day, Joanne tells her teacher that she is worried about her mum and sister (aged 2 years) because her mum drinks too much alcohol. She says that her mum is always sad and sleepy since her dad went away on business and did not return. Joanne does not want to be at school because she is worried about her mother and sister and wants to be at home with them.

- What action would be expected or required of the teacher now? The teacher is obligated to communicate the absences of the child until 16 years old to social service. If there is possible negligence or abandonment of children, it is necessary to contact to social services and they have to take action.
- What services would now be offered to Joanne and her family? Social services will assess the situation of the family and offer specialised treatment to the mother. If needed, children would receive temporary protection in a public residential center.
- Are any of these services obligatory? In case of risk of neglect or maltreat (lack of protection) of children the DGAIA could even take the custody of the children.

Case study 3- Teenager

Stage 1

The police receive a phone call from a member of the public who is worried about three children aged 7, 13 and 15 years who live next door. The mother and father are always drunk and drugged. The older children rarely attend school and the neighbour thinks that the 15 year old is drinking heavily. The children are aggressive and bully other children in the neighbourhood. The neighbour wants the family re-housed.

- How would this case study be dealt with in your country?
The neighbour can call the police or social services directly, and they will take actions to protect children, communicating the situation to Minor Prosecuting Office and to the DGAIA. Children can be custodied temporarily by

the DGAIA (Catalonia). Other communities have similar services.

- Are there legal requirement /regulations for the police to take any action about their concerns?

Yes	No
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If yes, what steps would be taken and who and what information would be shared?

If no, please describe what action/steps the police would take?

There is a protocol which protect the victims of maltreat. Police has to communicate the risk to social services.

- Would the housing department have any role in this situation?

Yes	No
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- Would the 15 year old be referred to any service for his suspected alcohol misuse?

Yes	No
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Social services professionals would probably try to motivate the boy to assist to a specific preventive program for adolescents, if it is available. Several NGOs have also community preventive programs (street educators, etc). The DGAIA can also obligate the adolescent to go to a specific treatment service or even to a residential treatment centre.

Stage 2

3 months later the police have received further complaints about the family. The 13 and 15 year old children have become actively involved in crime and the 15 year old has been arrested for being drunk and disorderly. He is in the process of being excluded from school. His parents continue to drink. .

- What action would be required to assess and protect the children? Please describe
If parents continue to drink, they will be referred to a specific treatment. Social services would follow up their parenting activities. If the risk continues, the General Directorate for Child and Adolescents would probably take the custody of the children and offer a residential service for them, at least temporarily.

- What action would be taken about the 15 year old's possible exclusion from school?
The school is obligatory until 16 years old. EAPs and social services will try to find another normal school or special school or vocational programme for the boy.

- Are there any parenting support programmes which could be offered to the family? If yes, please describe.
There are some NGOs with programmes for parents (ex. Protego, PDS, described in Appendix D)

Appendix: Spanish organisations related to alcohol and drug studies or treatment, and assistance to families with alcohol related problems

Alcohólicos Anónimos (AA). Av. de Alemania, 9, 3º izq. Avilés. Tel: 985.56.63.45 FAX: 985. 56.65.43. Apto correos 170. 33400 Avilés (Asturias) (www.alcoholicos-anonimos.org)

Al-Anon / Alateen (grupos de familia). C/ Rector Ubach, 24 – 08021 – Barcelona. Apto. Correos 406 – 08080 – Barcelona. Tel y FAX: 93.201.21.24. (www.al-anon.alateen.org)

Cáritas Española. C/ San Bernardo, 99 bis, 7º - 28015 – Madrid. Tel: 91 444 10 00, FAX: 91. 593.48.82 (www.caritas.es)

Cruz Roja Española. C/ Rafael Villa, s/n. El Plantío. 28023 – Madrid. Tel: 91 335 44 44 /FAX: 91.335.44.55 (www.cruzroja.es)

Delegación del Gobierno para el Plan Nacional sobre Drogas (DGPNSD): C/ Recoletos, 22 - 28071 – Madrid. Tel: 91.537.27.83 - Tel. de información al ciudadano: 900.15.00.00 / 902.16.15.15 (www.mir.es/pnd)

Familias Anónimas (Asociación Famanon - España). Apto. Correos 332. 11080 – Cádiz. Tel: 667.36.83.56 (www.terra.es/personal5/famanon/)

Federación de Alcohólicos Rehabilitados de España (FARE). Pza. de los Mostenses, 7, 3º B – 28015 - Madrid. Tel: 91.541.32.79 / 91.335.32.79, FAX: 91.559.18.88. (www.fare.org)

Federación Andaluza de Alcohólicos Rehabilitados (www.faar.org)

Federación Catalana de Alcohólicos Rehabilitados (www.fcar.org)

Fundación de Ayuda contra la Drogadicción (FAD) Av. de Burgos, 1 y 3, 28036 – Madrid. Tel: 91.383.80.00, FAX: 91.302.69.79 - Línea 24 horas: 900.16.15.15 (www.fad.es)

Fundación “Vivir sin drogas” (www.fvsd.org)

Instituto para el Estudio de las Adicciones (Generalitat Valenciana) (www.ieanet.com) (www.lasdrogas.info) (www.lasdrogas.net)

Socidrogalcohol (Sociedad española de estudios sobre el alcohol, el alcoholismo y las otras toxicomanías). C/ Vía Augusta, 229, bajos – 08034 – Barcelona Tel: 93.201.98.56, FAX: 93.414.75.88 (www.socidrogalcohol.org)

Sociedad Española de Toxicomanías (SET). C/ Numancia, 207, bajos. 08034 – Barcelona. Tel: 93.280.61.02 / 93.291.91.31. (www.setox.org)

Teléfono de Atención al Menor – España (Fundación ANAR): 900.20.20.10 (24 horas)

Unión Española de Asociaciones y Entidades de Atención al Drogodependiente (UNAD). C/ San Bernardo, 97-99. Edificio Colomina, 2A. 28015 – Madrid. Tel: 902.31.33.14 (www.unad.org)

WALES COUNTRY QUESTIONNAIRE

Completed by Keith Ingham, John Lenaghan, Sue Leake and Chris Tudor Smith

The ChAPAPs Project is a collaboration of 20 partners from 17 European countries. Our goal is to prevent and reduce the negative consequences of parental drinking.

We conduct research on how parental drinking affects children. We give trainings for professionals, make policy recommendations and raise awareness. For more information - <http://www.encare.info/chapaps/about>

Contributions provided by:

John Lenaghan - Head of Substance Misuse Treatment Services, Dept. for Social Justice & Local Government

Sue Leake - Head of Health Statistics and Analysis Unit, Dept. Corporate Information and Services

Keith Ingham – Director of Children’s Health and Social Services, Dept. for Health and Social Services

Chris Tudor Smith - Head of Health Improvement Division, Dept. of Public Health and Health Professions

Question / Answer

<p>Is there any data showing how many children in Wales are affected by parental alcohol problems? If yes can you please briefly describe how this information is collected</p>
--

The Welsh National Database for Substance Misuse collects information on the number of children under 18 that live with alcohol mis-users or live elsewhere but come into contact with parents or carers who use misuse alcohol.

What are these figures and what proportion does this represent of the total Welsh child population? Do they have any data in regards to children in public care that could be useful to us- If so what is this data and how is it collected?

<p>Is there any data collected on children in Wales affected by foetal alcohol spectrum disorder? If yes can you please briefly describe how this information is collected</p>

The diagnosis figures are recorded on PEDW - foetal alcohol syndrome (dysmorphic) has an ICD code of Q86.0

The Patient Episode Database for Wales (PEDW) was implemented in April 1991. The database contains all inpatient and day case activity undertaken in NHS Wales plus data on Welsh residents treated in English Trusts. In 1997 the Admitted Patient Care (APC) dataset was adopted to align the data collected in England and Wales. APC contains demographic, clinical and administrative detail, such as age and sex of patient; diagnostic and operative procedures (ICD10 and OPCS -4). There are approximately 100,000 episodes of care

processed per month.

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=527&pid=10336>

You can request the data by e-mailing Health Solutions Wales who hold PEDW data on behalf of WAG. The e-mail address is: pdit.requests@hsw.wales.nhs.uk

I have emailed and her back –so we do not need to ask any further data. Like the other data of FASD it is shows significantly low numbers

In your government administration is there a department with lead responsibility for alcohol misuse? If yes please describe its role in policy and practice

The Community Safety Division within the Department of Social Justice and Local Government is responsible for the development and delivery of Welsh Assembly Government policy in relation to tackling Substance within the division has two teams that relate to policy and practice.

The Policy Development team is responsible for developing and supporting the implementation of policies to tackle substance misuse. The main areas of policy currently relate to workforce development, treatment, prevention and education, communications and children and young people.

The Substance Misuse Strategy Implementation and Finance Branch key functions are:

- Provision of advice and guidance to the Community Safety Partnerships (CSPs) and associated groups in Wales;
- Implementation of the Assembly's Policy;
- Assessment and monitoring of the CSPs' action plans for tackling substance misuse and collation of management information. Managing the implementation of Welsh Substance Misuse Strategy, "Working Together to reduce Harm" providing advice and briefing to the Minister for Social Justice and Local Government, Dr Brian Gibbons. and Managing the Substance Misuse Action Fund. There is also a head of branch post responsible for Quality Improvement.

Is there a separate drug and alcohol strategy?

In your administration is there a central government department with responsibility for ChAPAPs? If yes please describe its role in policy and practice

This work requires collaboration between the Community Safety Division within the Department of Social Justice and Local Government and the Vulnerable Children Team within Children Health and Social Services Division (part of the Department for Health and Social Services).

Can you provide an example of where government, regional/local and voluntary sector organisations work together to support ChAPAPs. This could be answered by focussing on an area of good practice. (see attached UK response as an example of the level of information required)

Evaluated Early Parental Intervention Projects (EEPIP)

EEPIP is concerned with the delivery of specific interventions to parents who are misusing substances and whose misuse of substances has been identified as potentially having an impact on their parenting capacity. Local authorities and their partner agencies were invited to submit proposals to participate in the development and piloting of the intervention which would be subject to inbuilt, independent, external evaluation.

The invitation to participate stated that the pilots were to deliver packages of interventions in which the components were tailored to meet the assessed needs of the adults concerned and their ability to effectively parent their children.

They were to work with adults to build on their strengths and resources by reinforcing the motivation of the adult members of families to promote life changes by delivering focused and time-limited but practical interventions to:

- Improve the adults' understanding and awareness of the impact of their substance misuse on their discharging the duties of effective or 'good enough' parents.
- Encourage the adult users' motivation and trust in gaining access to other services, as appropriate and:
- Reduce the potential need for statutory and/or crisis intervention.

Following an assessment five pilots were selected. The pilots started during 2007 and four of the five are being delivered by voluntary sector providers- Barnardo's (Flintshire) Drugaid (Merthyr Tydfil and Blaenau Gwent) and Gwent Council on Alcohol and Drug Misuse (Newport)

The EEPIP programme has been jointly supported by the Minister for Social Justice and Local Government and the Minister for Health and Social Services. The Welsh Assembly Government provided total funding of £1,088,220 for the financial years 2007- 2008 and 2008-09 to pilot the programme. Whilst funding was due to end in March 2009 the Minister for Social Justice and Local Government secured an additional six months funding to take into account the late start of the projects and the timetable for the completion of the external evaluation.

Is there any data on effectiveness?

Can you outline any national government initiatives or strategies which address ChAPAPs. In answering this question it would be really useful if you explained in detail what the Welsh response was to the Hidden harm report.

Please see the above as an example of a national government initiative

When Hidden Harm was published it was referred to the Welsh Assembly Advisory Panel on Substance Misuse (APoSM). This is the public body which advises the Welsh Assembly Government on substance misuse issues. Copies of the Hidden Harm report were sent to over 250 organisations in Wales, ranging from maternity services to major voluntary sector bodies, requesting consultation responses.

A Stakeholder conference was organised in September 2004. targeted at Area Child Protection Committee Chairs, Directors of Social Services, Community Safety Partnership Chairs and their substance misuse lead managers, and others. Following this APoSM developed a Framework for Action .

The Framework for Action was approved by APoSM and subsequently by the Welsh Assembly Government Cabinet, thereby providing the way forward in Wales.

The framework was set in the context of the ongoing implementation of the Welsh Assembly substance misuse strategy, Tackling Substance Misuse in Wales – a partnership approach, which was launched in 2000 and expired in 2008. The new strategy Working Together to reduce Harm, like its predecessor covers illegal drugs, alcohol, over the counter and prescription only medicines and volatile substances. The strategy includes action area on Supporting and protecting families.

The Welsh approach to implementing Hidden Harm seeks to integrate the key messages and the actions identified in the Framework for Action into relevant policy developments. Specific actions in the last include the following

- guidance to LSCBs
- work on integrated substance misuse assessment; and
- delivering evidence-based interventions.any info on what these are?

Also see the next question regarding proposed legislative change in Wales to tackle the issues. At present there is high awareness of the risks to children of parental alcohol misuse. In a majority of cases where Care Proceedings are taken, parental drug or alcohol misuse is a significant factor.

What legislation/ regulatory duties do you have in place to protect children at risk of harm? If you can briefly describe this only if this differs from England

No different from England at present. The Welsh Assembly Government intends to bring forward in 2009 a Measure (equivalent to a Bill for Wales) to legislate for a public duty on public bodies to provide support for families (through Integrated Family Support Services) where a child or children are at risk as a consequence of parental substance or alcohol misuse and other factors.

Are there any major education/health promotion programmes aiming at reducing the risks of alcohol misuse in young people to offset/delay harmful drinking in adulthood?

Health Improvement:

The Welsh Assembly Government funds with the four police forces, the 'All Wales School Programme' which includes alcohol misuse prevention as a core area. The Welsh Network of Healthy School Schemes works with this programme, having substance misuse, including alcohol, as one of its core health areas.

More broadly, we are running for all ages the Health Challenge Wales campaign "small steps to a healthier you" that includes an alcohol advert to raise people's awareness about drinking too much at home.

We are also running a "know your units" awareness campaign that encourages people who drink at home to check the amount of units they consume. This is an action from the Substance Misuse Strategy 2008-2018 "Working Together to Reduce Harm".

A national roll out of the Strengthening Families Programme 10-14 is planned from April 09. A potential of six new programmes are to be funded. The aim of the SFP10-14 is to delay the initiation of substance use and other problem behaviours among adolescents. The techniques taught for parents include communication skills, the ability to set appropriate rules and limits, how to be supportive and to have clear expectations regarding alcohol and other drug use. The youth skills addressed in the SFP10-14 consist of peer pressure resistant techniques, ability to handle stress and to understand feelings, communication skills and to be aware of the importance of rules and consequences. Depending on the outcome of a funding application, the national roll out could be subject to a randomised control trial evaluation.

Do they have anything specific for pregnant women?

Social Justice:

Whilst the All Wales School Liaison Core Programme (AWSLCP) includes lessons on alcohol, it could not be described as a major education / health promotion programme aimed at reducing the risks of alcohol misuse in young people etc.

The Programme has two lessons on alcohol:

- Alcohol - Think About Drink, which is given to year 8 pupils
- Alcohol - Double Trouble, which is given to year 10 pupils.

The lesson objectives for Think About Drink are - Know what they believe to be right and wrong actions and understand the issues involved, make reasoned judgements while empathising with others experiences and feelings and have a responsible attitude towards keeping the body safe.

The lesson objectives for Double Trouble are - to know the pattern of drug use including alcohol in their community and beyond and where to get information help and advice, to make decisions and choices effectively and be disciplined and take responsibility for actions and decisions.

Both lessons address binge drinking, anti social behaviour, however the lesson Double Trouble also addresses spiked drinks and date rape. Is there anything on effectiveness of this programme? Is this being externally evaluated?

Do you have any major education, health promotion or parenting programmes that address the impact of parental alcohol misuse on the child's health and wellbeing

We are currently funding 3 Strengthening Families Projects that are designed to bring parents and their children aged 10-14 together, with the goal of preventing and reducing substance misuse and other anti-social behaviours in youth. This is an action from the Substance Misuse Strategy 2008-2018 "Working Together to Reduce Harm".

The SFP 10-14 programme (see above) targets parents and young people but it is a prevention programme and does not address parental substance misuse

There is currently a national campaign being broadcast which focuses on adult 'home drinking'. The core

message is encouraging adults to 'think and drink' in units especially in the home environment.

Is there any professional training which addresses the impact of parental alcohol misuse on the child. In the Scottish report they discuss a government initiative delivered through STRADA which provides training to professionals- do you have something similar?

Training is available e.g. Newlink Wales a voluntary sector substance misuse volunteering and training organisation delivers a NOS compliant level 2 programme designed around Hidden Harm.

It would be really helpful if you can provide 1 or 2 examples of the following types of services

Ø Specialist alcohol treatment services for parents- eg Options 2

Option 2 Cardiff

A crisis intervention service for families where there are child protection concerns related to parental substance misuse. This service was set up in May 2000 and now covers both Cardiff and the Vale of Glamorgan. Its model has been and is currently being adapted by other areas in the UK. The original idea sought to bridge the gap between Statutory Children's Services and Substance Misuse Treatment Services at the point of crisis and where a child's removal was being considered. A team of trained therapists work with parents and children within a proven model, to build on strengths and resources and promote new and more positive ways of achieving change. A therapist is assigned to a family for a time-limited period (four to six weeks) and works on a daily intensive basis. Goals are set with the parents/family to bring about sustainable changes in family functioning. It has reported that evaluated outcomes demonstrate that 12 months after this intervention, 77 per cent of family goals had been achieved and 84 per cent of families were still together.

Families First Project – A multi-agency collaboration between Rhondda Cynon Taff Children's Services, the local health trust and TEDS Voluntary Sector Substance Misuse Agency.

This project was set up in 1999 to provide a child and family focused service in order to prevent and limit the potential for harm to children and young people of substance misusing parents. The service is needs-led, based on a comprehensive assessment and plan of intervention that is reviewed every 8-12 weeks. The expansion of the team supports more intensive services to families in crisis in order to prevent removal of a child. The project includes direct work with children and young people to develop coping strategies and self-esteem, and the provision of advice, information and advocacy according to their personal circumstances. Social activities are also provided. Work with parents includes information on how parental substance misuse affects children, promotion of parenting skills, and development of parenting strategies to support safe and positive parent/child relationships and home environments.

Ø Specialist treatment services for young people (under 18)

Swansea Community Drug and Alcohol Team run a young peoples prescribing service. In the Dyfed region, the voluntary substance misuse service Prism run a young persons information and advice service and in Gwent the Gwent Specialist Substance Misuse Service operate a specialist young persons prescribing service. Services in other regions are mostly delivered through the Child Adolescent Mental Health Service.

Ø Specialist services for ChAPAPs

Please see the above answer

Does your country have a network of self help group for families affected by parental alcohol problems. State anything that is different from AA and ALanon

There is no national network but there are a number of local networks including ASFA (Alcohol Services for All) operating in Cardiff which is a group run by people who have had experience of alcohol problems and Alateen which is a group for young people whose lives have been affected by a problem drinker also operating in the Cardiff region.

Can you outline what you see as Wales strengths, weaknesses, opportunities and threats relating to resources and service provision for ChAPAPs. It would be helpful if you gave a few bullet points on each area.

Shared priorities and excellent collaboration between the different departments of the Welsh Assembly Government and with stakeholders across Wales