

## **HIDDEN REALITIES:**

### ***Children's Exposure to Risks from Parental Drinking in Ireland***

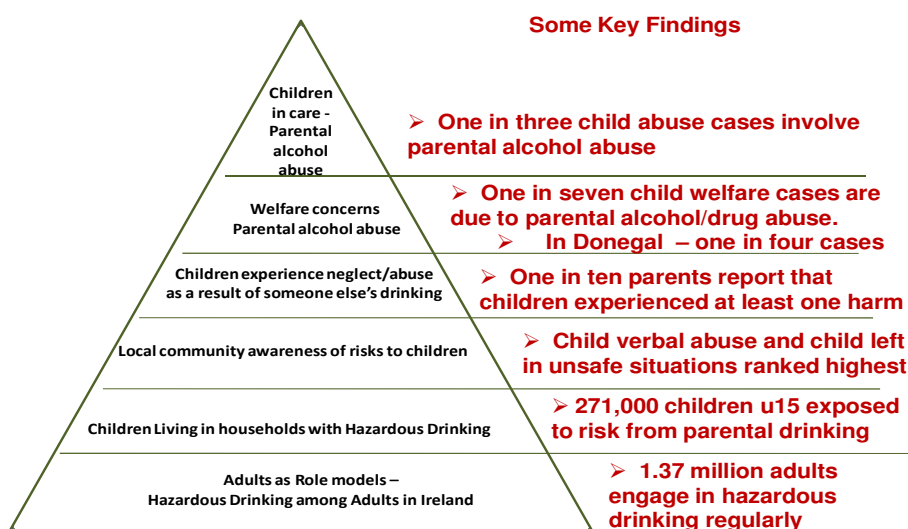
- 1.0 North West Alcohol Forum Ltd (NWAF) is an NGO established to work in partnership with all sectors to reduce hazardous drinking and its consequences to the individual, the family and the community. Our work has strong focus on the role that alcohol plays within the family and with young people and has identified a real gap in available, robust data to underpin their focus in this area.
- 1.1 With Dormant Accounts Funds, managed by Pobal, Dr Ann Hope was commissioned to pursue research to **profile the exposure of children to risk as a result of hazardous drinking among adults in Irish society**, and in particular in the North West and to examine the health/social service responses to family alcohol problems. The study examines existing information with a 'new eye', gathers new information from the National drinking surveys and local communities, examines the reality at the coal face (with key informants) and collects evidence of effective support services.
- 1.2 The findings of this research offer **valuable new evidence** on the extent of the problem, establish baseline measures against which future activities can be measured and help inform the development of appropriate support family mechanisms Nationwide.

## **Summary of Findings**

- 2.0 This study shows that **1.85 million adults in Ireland engage in hazardous drinking and about 1.37 million adults do so regularly**. These findings are similar to other Irish research and those from EU surveys.
- 2.1 While adolescents, college students and young adults are 'seen' as the hazardous drinkers the **evidence in this study shows at least half of those under 65 years are regular hazardous drinkers**. With this spread of hazardous drinking in adult society, it is inevitable that children's exposure to risk from other peoples' alcohol is significant.
- 2.2 Children living in homes where risky drinking patterns are present have increased risk of exposure to alcohol related harm. This study shows that **regular hazardous drinking is reported by over half of Irish adults with children living in their household**. This translates to at between **271,000 children (children u15 years) & 587,000 children (all ages) exposed to risk from parental hazardous drinking** on a regular basis.

- 2.3 **Adults with children in their home report they are more likely to drink at home on a regular basis** and are more likely to report family problems as a result of someone else’s drinking, in comparison to families with no children living in the house.
- 2.4 At a local level, awareness of risk to children because of someone else’s drinking was evident in communities in Donegal. The top two risks identified by the six communities were similar; awareness of children being yelled at criticised or otherwise verbally abused and awareness of children left in an unsupervised or unsafe situation.
- 2.5 The National Drinking survey shows that **one in ten adults report that children, for whom they have parental responsibility, experienced at least one or more harms** – verbal abuse, physical abuse, witness to violence in the home or left in unsafe situations, as a result of someone else’s drinking. Adults who are regular hazardous drinkers are more likely to report that children experienced verbal abuse due to others drinking. Adults from lower social class are more likely to report that children witnessed domestic violence.
- 2.6 National Drinking Survey data clearly shows hazardous drinking patterns are widely distributed in the general population, however, **only the severe end of the spectrum tends to come to the attention of public agencies**. Severe cases develop out of a larger pool of families with less notable risky behaviours and problems. There is a need to reduce the pool out of which the severe cases arise with a range of effective alcohol policy measures such as regulating price, availability, marketing and early intervention.

*Children’s Exposure to Risk from Others’ People Alcohol (CEROPA)*



- 2.7 HSE national child protection information shows that, on average, **one in seven child welfare and child abuse cases involved drugs/alcohol abuse by family members as the primary reason of concern**. Many counties on the Western seaboard are above the national average for welfare cases involving family drugs/alcohol abuse in particular **Donegal**. For children in care, many parts of Dublin were above the national

average, as were several of the HSE West counties for families abusing drugs/alcohol as the principal reason.

- 2.7 The RAISE data system used by social workers was analysed to explore the extent of alcohol involvement alongside other key reasons in child protection determination. The data for Donegal shows that **alcohol abuse (excluding drugs) is mentioned in one of every three cases**, which is double that in the child protection reports. The findings highlight the involvement of alcohol in child care and the extent of parental alcohol abuse as contributing to child welfare and child abuse.

### North West Perspective

- 3.0 The evidence suggests hazardous drinking is common in the North West region (Connaught/Ulster), where **six out of ten adult drinkers reported regular hazardous drinking**. This was the second highest region after Dublin. This level of hazardous drinking was confirmed by local community survey results in Donegal. **Regular drinking at home was also more common in the North West region** (Connaught/Ulster) than in other regions. Family problems are ranked in the top ten issues related to alcohol abuse in five of six communities surveyed in Donegal.
- 3.1 Problem alcohol use dominates the NDTRS reported treated cases for substance problem use in the North West, with nine out of every ten cases reporting alcohol as the problem substance. The number of treated cases for problem alcohol use in the NW showed that one in four cases were living with children, which highlights the importance of direct available supports for children in such circumstances.
- 3.2 The involvement of **family drug/alcohol abuse as a primary reason for child welfare concerns was particularly high in Donegal (almost one in every four cases)** and increased between 2008 and 2009. These findings suggest that early intervention for the less 'urgent/serious' child welfare cases would be an effective and cost effective strategy, and that there is a need to provide family members with early intervention to reduce children's risk and exposure to parental alcohol abuse in Donegal.
- 3.3 At a national level, **children abusing drugs/alcohol** as a primary reason for child welfare concern was very low, however, **Donegal had the second highest level (one in twenty children)**, where the child abusing drugs/alcohol was the primary reason for the welfare concern, highlighting a need to prevent and reduce youth drinking by avoiding cheap alcohol, scrapping easy access and reducing youth exposure to alcohol marketing..
- 3.4 Discussions with frontline staff in the North West explored the role of alcohol related problems in family support services. A sense of 'swimming against the tide' was reflected as staff described a damaging drinking culture in Ireland setting the tone for how harmful drinking is addressed. Given that 'getting drunk' was seen as acceptable in society, **staff intervention on alcohol tended to be at the extreme end of alcohol abuse and generally at crisis point.**

3.5 **The exposure of children to risk from parental alcohol problems was amplified by examples of the burden children bear such as care role reversal, keeping the problem secret at great cost to the child in their social life and schooling.** Staff also recognised that some children have great survival instincts, with resiliency and coping skills.

#### 4.0 Conclusions

- Evidence of **widespread hazardous drinking in Irish society is clear**, undeniable and reconfirmed again in this study, as in other previous research in the past decade.
- This is **not a ‘youth only’ problem** but is endemic across the adult population.
- The protection of children will **require major attitudinal and behavioural changes in Irish adults**, if we are to honour our commitment to the WHO European Charter on Alcohol that *“all children have the right to grow up in an environment protected from the negative consequences of alcohol consumption”*.
- In Ireland and in the North West in particular **children are exposed to and experience significant risks from others drinking.**
- Clear **targets are necessary to reduce the exposure of children to risk** from alcohol by reducing parental and other adults hazardous drinking.
- All health and social workers need to be **proactive in the identification and provision of brief advice to hazardous drinkers.**
- **Family support services are needed that actively address family alcohol problems** through prevention and early intervention, as well as the more specialised treatment services as part of an integrated strategy to tackle family alcohol problems, which impact on the welfare of children.

#### Emerging Priority Areas

5.0 The priorities outline a range of strategic requirements and operational actions that emanate from evidence in this report. The requirements necessitate action at national, regional and local level.

5.1 **Collective responsibility** –Common hazardous drinking among adults in Ireland is at the core of the problems identified and must change to prevent and protect children from harm. There is no one Department, Agency or Strategy that has responsibility for making this happen. The development of collective responsibility requires;

- **Leadership** – Strong and committed leadership at national, regional and local level is necessary to consolidate individual and group responsibilities to effect change .

- **Cross party agreement** – Political will must be committed to ensure that public policy decision making is ‘child proofed’ and gives priority to protecting children from alcohol harm
- **Community Empowerment** – Communities need to be supported by Government to develop bottom up mobilisation processes that implement evidence based local actions and policies to reduce the exposure of children to alcohol.
- **Assertive approaches** – Across all service providers - education, justice, youth, social and health services and the many NGO’s that work with children – alcohol needs to be clearly seen as a ‘high risk’ issue in preventing and protecting children from related harms.

5.2 **Information & Communication** – This report expands upon the level of robust information that exists and has been developed over the last 20 years, both nationally and internationally. To effect real change we need to apply the evidence, the most effective alcohol policy measures to protect children are regulate pricing to avoid cheap alcohol, reduce density of the off-licence sector and reduce children’s exposure to alcohol marketing – these policies need to be effectively implemented.

5.3 **Information access and availability**- A reliable national information system is needed in all aspects of child welfare providing meaningful information on key risk factors such as alcohol to inform the development of effective policy.

5.4 **Quality Assurance** – Effective interventions will always be required to ensure support for children and families. In choosing interventions strong consideration must be given to how they are evidence based, quality assured and evaluated so that greater success can be assured.

5.5 **Enhance the Rights of the Child** – This report provides evidence of the physical, intellectual, emotional, environmental and economic impacts on children from alcohol use in Ireland. The Rights of the Child are a key policy issue for Ireland and work must be continued to strengthen those rights.