



# Parent-young people communication about alcohol

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Louise Cox, Nigel Sherriff, Lester Coleman, and Debi Roker

Trust for the Study of Adolescence (TSA)

23 New Road  
Brighton  
East Sussex  
BN1 1WZ  
UK  
[www.tsa.uk.com](http://www.tsa.uk.com)

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# **Executive Summary**

## **Background and Aims**

Concerns over alcohol misuse have become central to government policy due to two rising and largely distinct societal problems: crime and anti-social behaviour, and risks to health as a result of binge-drinking and chronic-drinking (Cabinet Office, 2004). In tackling these concerns, a number of studies have offered useful and important insights into how parents can affect the development of their children's drinking behaviour, for example through communication, supervision, and modelling (see Barnes *et al.*, 2000). However, little attention has been given to qualitatively describing *how* parent/young people communication and supervision in relation to alcohol actually takes place. Consequently, there is an urgent need for more qualitative insights and understandings into how parents communicate and supervise young people in relation to alcohol. The present research therefore aimed to redress this imbalance, and in doing so, produce an evidence-based *newsletter* to meet this identified need.

## **Methods**

The research consisted of both secondary and original research. In terms of the former, secondary analyses of 180 interviews from two existing TSA data-sets (Stace and Roker, 2005; Coleman and Cater, 2005) were conducted in order to elicit themes likely to be of relevance for the original aspect of the present research. Following this secondary analysis, an original cross-sectional qualitative study of 40 parents of teenage children aged 13-17 inclusive was also conducted. The study included mothers and fathers from a range of family types, and who themselves had different levels of alcohol use. Informed by the findings of the earlier analysis, this phase of the research aimed to provide more focused data on the issues identified.

## **Summary of Results**

The findings revealed a wide-ranging number of strategies and tactics that parents used in communicating, monitoring, and supervising alcohol use within the family. These are summarised briefly in the paragraphs below:

### *Communication*

Most parents had general worries about alcohol and young people, in terms of its availability and the amount some young people drink. Moreover, many parents felt the need to promote specific messages to young people (e.g. moderation, and safety) and tried to promote specific techniques to initiate conversations about alcohol (e.g. recounting personal and positive experiences of moderate or sensible alcohol use). Finally, parents often reported that a number of strategies had been perceived as being effective in their attempts to communicate about alcohol (e.g. talking 'little and often').

### *Supervision*

Parents generally found it more difficult to supervise alcohol use within the family rather than communicate about it. Parental limitations on young people were rarely about alcohol use alone. Instead, they were more often directed towards keeping safe such as knowing where they are and ensuring they have their mobiles switched on. Difficult issues in relation to supervision included negotiating boundaries about alcohol use, other parents' attitudes to young people and alcohol, and knowing whether to be concerned about alcohol use.

### *Modelling and influences*

Most parents felt their children were receiving positive messages about alcohol from their own influences, for example drinking in moderation. In contrast, parents were more concerned about the influence of friendship groups, and in particular peer pressure and the media. Several parents believed the British drinking culture had an important and concerning impact on young people's attitudes and behaviours in relation to alcohol use.

### *Legal and health issues*

Many parents felt confident that both they and young people were generally aware of the legal issues associated with alcohol use. However, the majority of parents did not feel that they were aware of alcohol units or 'sensible' drinking levels. Parents reported being concerned about the additional consequences of alcohol use, including: emotional vulnerability, safety and the behavioural effects of alcohol (e.g. fighting), and drink spiking. In general, parents felt they would like more specific information about the legal and health implications of alcohol use for young people.

### *Difficult issues*

Parents' narratives revealed a number of situations they found difficult to deal with in relation to young people and alcohol use. These included their own child (or someone within their child's peer group) getting very drunk or ill, or getting into trouble with the police as a result of alcohol use. Additional difficulties concerned the attitudes of other parents, alcohol going missing in the house, and the dilemma that if a young person is going to drink, to what extent should they allow them to drink in the family home.

### *Parents' perceptions of what helps*

Parents reported a wide range of approaches that they *perceived* to have helped in relation to communicating about, and the supervision of, alcohol use within the family. The main approaches included using personal experiences about the use of alcohol, being open and honest when communicating about alcohol, and giving young people clear messages. Many parents also suggested the importance of 'being there' for young people when they need to talk, and talking to them about alcohol use from a young age. Incorporating alcohol use into family life in a safe and supervised way was suggested to be a more effective approach than mystifying alcohol, and parents suggested the need to let young people experiment under parental supervision. Negotiating with young people, in terms of rules, restrictions, and limitations in relation to alcohol use was also deemed to be important, as

was using the media to initiate conversation and to demonstrate positive/negative examples of alcohol use. Keeping in touch with other parents, particularly parents of peers, to share information and advice about alcohol (mis)use, was also reported by parents as being a helpful approach to dealing with the issues associated with alcohol use within the family.

## **Conclusions**

The current study has provided important and valuable qualitative insights into how parent/young people communication and supervision in relation to alcohol actually takes place in the family. In addition, the research has provided a useful evidence-base on which to develop a 'newsletter' (designed primarily for parents and practitioners working with parents). For instance, many parents expressed the desire for greater information about various different issues associated with young people and alcohol use (such as hints and tips for communicating and supervising about alcohol, and the legal and health implications of alcohol use). This newsletter is now available from TSA.

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## 1.0 Introduction

### 1.1 Background and Rationale

In recent years, concerns over alcohol misuse have become central to government policy. This is due to two rising and largely distinct societal problems: crime and anti-social behaviour, and risks to health as a result of binge-drinking and chronic-drinking (Cabinet Office, 2004). In 2004, the Prime Minister's Strategy Unit published the *Alcohol Harm Reduction Strategy for England* (Cabinet Office, 2004) which outlines a framework for tackling the problems associated with alcohol misuse in England. The strategy document details a number of key aims in this respect including: better identification and support for individuals with alcohol problems; preventing and tackling alcohol-related crime and disorder; working with industry to reduce irresponsible promotions, and; improving the information available to individuals to start changing the 'drinking to get drunk' culture.

In its framework, the Strategy explicitly acknowledges the importance of families in "making the strategy happen" (p.19), by parents providing young people with "clear and accurate information, and encouragement to make responsible decisions" (p.20). The current project aims to improve the evidence-base surrounding how parents communicate and supervise young people in relation to alcohol.

#### *Alcohol and Families*

It is well established that parents can affect the development of their children's drinking behaviour. For example Barnes and her colleagues (2000) have reported how parenting styles can significantly predict adolescent's initial drinking levels as well as their rates of future alcohol (mis)use. The authors conclude that effective parenting is an important factor in preventing alcohol misuse. Indeed, there is an increasing awareness of the role that parents can have in reducing the incidence and impact of alcohol misuse upon young people (Barnes *et al.*, 2000; Orford and Velleman, 2002; Spoth *et al.*, 2001).

A number of studies have demonstrated how some adolescents imitate the alcohol consumption of their parents, and in particular, their fathers (e.g. Yu, 2003; Zhang *et al.*, 1999). For example, Yu (2003) examined the association between parental alcohol related behaviours and adolescent drinking. The author showed that exposure to parental alcohol use affected adolescent's initiation of drinking at a younger age and led to higher alcohol usage in underage children. Furthermore, Yu demonstrated that parents' control of underage alcohol use in the household can successfully reduce children's involvement with alcohol.

In general, evidence from the literature tends to suggest that sensible parental drinking, combined with open communication and moderate levels of parental supervision, is most likely to lead to a reduction in alcohol-related harm (Beinart *et al.*, 2002; Foxcroft and Lowe, 1991, 1995; Newburn and Shiner, 2001). For instance, in a study exploring how young people talk about their parents' responses (actual and anticipated) to alcohol and cannabis use, Highet (2005) found that communicating and negotiating openly with children seems to be an effective strategy in helping young people develop and sustain a sensible relationship with alcohol. Highet found that recreational drinking, even by young people

whom are under age, is often a normal part of family life. She reports that many parents engage in purposeful discussion and negotiation with their children as a way of effectively initiating them into safe and socially responsible drinking (p.121). In contrast, harsh, controlling approaches, or resigned tolerance appeared to be less effective.

However, whilst such studies have offered useful insights into the specific socialisation practices in relation to alcohol (mis)use, to-date, most research into the supervision of alcohol use has generally been undertaken using quantitative methods. For example, data has been derived from scales such as the Adolescent Drinking and Family Life Questionnaire (Foxcroft and Lowe, 1995), or from responses to whether people '*drink at home with their parents*' or that their '*parents provide the drinks*' (Goddard and Higgins, 2000). Alternative qualitative perspectives about alcohol are particularly appropriate and important because they allow explanations and findings, perhaps not yet anticipated or known, to arise inductively from the data. In addition, although research has provided understandings of the links and factors involved between the family environment and adolescent alcohol usage (e.g. Ennett *et al.*, 2001; van der Vorst *et al.*, 2005; Yu, 2003), there is a relative dearth of work exploring parent-child communication and supervision within families. More specifically, little attention has been given to describing *how* parent/young people communication and supervision in relation to alcohol actually takes place (Ennett *et al.*, 2001).

Consequently, there are noticeable gaps in the literature in that there is a need for i) more qualitative research in terms of alcohol and supervision and ii) research that describes how communication and supervision actually occurs in the family. Two qualitative studies recently undertaken by the Trust for the Study of Adolescence (TSA) provided some insights into family processes and alcohol (although this was not the main aim of either study). First, Stace and Roker (2005) in a study of *parental monitoring and supervision* report that many parents find it hard to supervise alcohol consumption. In their research, the authors found that parental supervision was based mainly on intuition, and varied considerably in effectiveness. Second, research into young people's *underage risky drinking* (Coleman and Cater, 2005) found that many young people would welcome information and skills around alcohol to be communicated by their parents. For the few who had received more open communication, there was some evidence of a reduction in alcohol-related harm. Both studies indicate that many parents lack guidance in conveying sensible drinking messages to young people. The present research aimed to redress this imbalance by exploring how parents communicate and supervise young people in relation to alcohol. It also involved producing an evidence-based *newsletter* to meet this identified need (Cox, Sherriff, Coleman, and Roker, D., in press).

## **1.2 Aims and Objectives of the Research**

This current study is timely given the recent publication of the *Alcohol Harm and Reduction Strategy* by the government. Through a combination of secondary and original research, the study aimed to improve the evidence-base surrounding how parents communicate and supervise young people in relation to alcohol. More specifically, the project's objectives were to:



1. Explore the strategies that parents use to communicate and supervise sensible drinking within the family.
2. Use the current research to develop an evidence-based newsletter to support communication about alcohol and the supervision of sensible drinking within the family.

## 2.0 Research Design, Sampling and Methods

This research consisted of both secondary and original research. In terms of the former, secondary analyses<sup>1</sup> of 180 interviews (115 young people and 65 parents) from the two TSA datasets described previously in section 1.1 (see Stace and Roker, 2005; Coleman and Cater, 2005) were conducted in order to elicit themes likely to be of relevance for the original research. The qualitative data generated by these projects were analysed using NUD\*IST<sup>2</sup> and focused on issues that were occasionally mentioned by parents in the interviews (although this was often 'in passing', and was not the main focus of these two studies). These issues included:

- *Communication* – examples of parents discussing alcohol with young people.

*"Trying to explain to her about different things and being stronger and different alcohol content and things so she doesn't go off thinking "this is so-and-so", we've tried to explain to her, or my husband has said, it's no good saying you've had alcohol because there's so many different types of strengths, you have to be really careful". (Mother of female 14 yrs)*

- *Supervision* – examples of parents monitoring and supervising young people's use of alcohol.

*"They have a glass of wine here, occasionally. My daughter cos she's 14 going on 15, will think she's very grown up, and have Barcardi Breezer, occasionally, because quite often I'll buy them for my wife or something. I might go and buy six or eight from the supermarket. And she'll say can I have a Barcardi Breezer, and I say yeah you can have one. But it's always here, under supervision, not a problem". (Father of male 12 yrs)*

- *Modelling* – instances of parents mentioning their own use of alcohol and their perceptions of this have some bearing on their child(s) views and behaviours.

*"He's had sips of my beer. Watching football I might pour him a little glass of, to make up a shandy or something like that, but that's as far as it goes". (Father of male 12 yrs)*

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<sup>1</sup> Secondary analysis involves the use of existing data, collected for the purposes of a prior study, in order to pursue a research interest which is distinct from that of the original work. This may be a new research question or an alternative perspective on the original question (Hinds, Vogel and Clarke-Steffen, 1997)

<sup>2</sup> A software packaged designed to assist in qualitative data analysis.

- *Legal and health issues* – what do parents know about the law in relation to young people and alcohol, or about health issues (e.g. alcohol units).

*“I think that the time when I would be more worried about it is next year when she starts driving, then there is another issue there and we will discuss that then”. (Father of female 15 yrs)*

*“Alcohol is addictive to some people there's no doubt about it, and you don't know whether he had the personality or anyone has the personality of alcohol addiction”. (Father of male 12 yrs)*

- *Difficult issues* – examples of how parents address ‘difficult’ issues that arise in relation to alcohol (e.g. a young person wanting alcohol to take to a party or coming home drunk).

*“The girl next door has started drinking alco-pops and that sort of thing, and they, this is last summer, and he and his younger brother wanted some and we basically said 'no' to it, in front of our friends next door as well. We had to sort of cut it dead”. (Father of male 12 yrs)*

This secondary analysis was considered a crucial stage in meeting the research objectives.

Following the secondary analysis, an original cross-sectional qualitative study of forty parents of teenage children aged between 13 and 17 years inclusive was conducted. In an area of such little research, the secondary analysis of these existing data sets essentially provided a ‘head-start’ in focusing the lines of the investigation for the subsequent interviews. Without this, it would have been likely that the first few individual interviews may have been difficult to structure and involved the generation of superfluous data. In contrast, the very first interview was semi-structured around the research objectives, although also permitting explanations to arise inductively from the discussion.

## **2.1 Recruitment and Sampling**

The sample of 40 parents was obtained through a variety of routes. This included advertising in local newsletters (for example, Drug and Alcohol Action Team Family and Friends Project leaflet), parenting groups, local universities, Brighton and Hove city council, and work and personal contacts<sup>3</sup>. Only parents with teenagers aged 13-17 years inclusive were selected to take part in the study. Given the age at which young people start experimenting with alcohol (averaging around 12 or 13 years; Honess, Seymour, and Webster, 2000; Wright, 1999) these parents are likely to draw upon recent alcohol-related issues, concerns, and experiences within the family.

Although all individuals were recruited from the south-east of England, the final sample was purposively selected from specific strata to ensure that certain groups were included in the

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<sup>3</sup> These strategies have been successfully used in previous parenting research at TSA.

study<sup>4</sup>. Consequently, the final sample of parents was intended to be as diverse as possible in a number of ways including:

- Age (of parents and young people)
- Socio-economic status
- Ethnicity
- Location (urban versus rural)
- Family structure (single-parent, two-parent, and step-parents)
- Parental attitudes and use of alcohol (ranging from abstainers to heavier users)
- Child's current use of alcohol (ranging from abstainers to heavier users)

In addition to the interviews, a quantitative tick-box style questionnaire was issued to parents (appendix B) which included a number of questions designed to collect socio-demographic data. These findings are reported briefly in the following paragraphs.

### **Socio-demographic Information**

- ❖ The majority of interviewees were female (n = 32 or 70%).
- ❖ 87.5% of parents described their ethnic group as White British (n = 35), the remainder of the sample included White Irish, White European, White Other, Mixed European Asian, and Chinese.
- ❖ No parents reported having a disability.
- ❖ 45% (n = 18) of parents interviewed were married, 37.5 % of parents said they were divorced or separated (n = 15), the remaining 17.5% reported being either single or living with a partner.
- ❖ Three parents reported having a step family.
- ❖ On average, parents reported 2.2 children in the household (mode = 2).
- ❖ Over half of parents interviewed categorised their work as being full-time (52.5% or n = 21), almost one-third were part-time (30% or n = 12), and the remaining 17.5% reported being a house-person, student, unemployed, or retired.
- ❖ 32.5% of the sample were aged 45-49yrs. There was a reasonably good spread of ages making up the remaining 67.5% (see table 1 below).
- ❖ The majority of parents (67.5% or n = 27) said they had no religious affiliation. Break-downs for the remaining 32.5% can be seen in table 1 on the following page.

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<sup>4</sup> BME (Black and Minority Ethnic) groups who were not proficient in English, refugees, and asylum seekers were not included in the sample.

Table 1 Age, Religion and Ethnicity Data for Parental Sample (N = 40)

Parental Age	N	%	Religion	N	%	Ethnicity	N	%
30-34	1	2.5	Roman Catholic	4	10	White British	35	87.5
35-39	10	25	Christian	8	20	White European	1	2.5
40-44	7	17.5	Buddhist	1	2.5	White Irish	1	2.5
45-49	13	32.5	No religion	26	65	White Other	1	2.5
50-54	7	17.5	Missing Data	1	2.5	Mixed Asian	1	2.5
55-59	1	2.5				Chinese	1	2.5
60-64	1	2.5						
TOTALS	40	100	TOTALS	40	100	TOTALS	40	100

To gain an indication of the geographical and/or socio-economic background of the interviewees, postcode data were analysed using the indices of multiple deprivation (IMD) from the Office for National Statistics<sup>5</sup>. In this research, this analysis revealed that the majority of parents (45%) were from areas falling into band 2 representing areas of higher than average social and economic disadvantage (see table 2).

Table 2 Index of Multiple Deprivation Based on Postcode Data

	IMD Quartile	Frequency	%
Most Deprived	Band 1 (1-8120)	3	7.5
	Band 2 (8120-16,241)	18	45
	Band 3 (16, 242 – 24,361)	9	22.5
Least Deprived	Band 4 (24, 362 – 32,482)	9	22.5
Missing Data		1	2.5
TOTAL		40	100

To assist in obtaining a diverse sample, a number of strategies were used to try and recruit Black and Minority Ethnic (BME) participants into the research including contacts with local businesses, Muslim community groups, and mosques. However, it is important to acknowledge that despite these attempts, it proved extremely difficult to encourage BME individuals to take part in the research. Consequently, only four individuals belonging to BME groups participated in the study.

Many of those whom were approached to participate in the study cited cultural reasons for not wanting to take part in the research. For example, during a visit to a local mosque the Imam was very interested and willing to allow the author to leave business cards and

<sup>5</sup> Based on postcode data, the IMD can provide an individual score for the area based on where each parent lives. This score is a ranked overall measure of deprivation based on a number of factors such as income, employment, education, health, skills and training, barriers to housing and services and crime. A low score (e.g. 1) indicates great deprivation whilst a higher score indicates the least deprivation (e.g. 32,482). For the purposes of this evaluation, the IMD scores which can range between 1- 32,482 were categorised into four 4 quartiles to give an overview of the kinds of areas participants were drawn from.

posters detailing the research and call for participants. However, during subsequent discussions, the Imam suggested that because alcohol was often such a taboo subject for many Muslim families, it simply was not talked about or discussed within the family, and may therefore negate the request to be interviewed.

It is clear that these difficulties in recruiting and talking with BME individuals about alcohol are ones that are required to be specifically tackled in future research. Whilst it was not possible in the present study, different and purposive sampling strategies that target specific BME groups are required in order to investigate more fully, the ways in which families communicate about alcohol. Fostering closer links with BME communities over time, and conducting research with culturally compatible fieldworkers could, arguably, assist the progress of such a study.

## **2.2 Data Collection and Analysis**

In total, 40 individual, semi-structured interviews with parents of teenagers aged between 13-17yrs were carried out. Interviews generally took place either in the participant's own home, or in the TSA offices in Brighton. Most interviews lasted for approximately 30-45 minutes and were semi-structured around the five main topics elicited from the secondary analysis of the two previous TSA studies (Stace and Roker, 2005; Coleman and Cater, 2005). All interviews followed a semi-structured schedule (see appendix A) consisting of the five topic areas i.e. communication, supervision, modelling, legal and health issues, and difficult issues. The interview schedule was designed to act as more of an aide-mémoire to remind the researcher(s) of the areas to be covered, rather than as a tool to prescribe the actual list and order of questions to be asked. Therefore, in developing the lists of categories and questions derived from the secondary analysis, the intention was to provide a framework to ensure coverage of the same kinds of questions with each interviewee, whilst still maintaining a degree of flexibility during the interview discussions.

All parents who took part in the individual interviews agreed to the tape-recording of their discussion. Data from the audio tapes were transcribed verbatim. To assist in analysing the material, transcripts were coded using the NUD\*IST data analysis package to provide a consistent system for cataloguing the data set.

## **2.3 Ethical Considerations**

The research was undertaken in accordance to TSA's ethical guidelines (see Appendix C). The guidelines consider a number of issues including protecting participants in research, informed consent, confidentiality and the use of information, feedback, disclosure, expenses, payment, and organisational matters. All TSA research staff hold current CRB (Criminal Records Bureau) checks.

More specifically, consent was obtained prior to interview, the participants were aware of the right to not answer questions or terminate the interview at any time, confidentiality was stressed, and detail was provided on how the research findings would be used. At the end of the interview, feedback from the study's findings at a later date was offered. A £10 voucher was issued to cover time and any travel expenses.

### 3.0 Results

This section of the report outlines the main findings from the 40 individual interviews conducted with parents and is structured thematically around eight key issues including:

- Young people and alcohol use: what are parents concerned about?
- Communication
- Supervision
- Modelling and influences
- Legal and health issues
- Difficult issues
- Parents' perceptions of what helps
- Sample variations

Throughout, the results will present parents' experiences alongside noting practical tips and strategies that can be shared in the newsletter. As such, it is likely that several of the concerns and worries, as well as several of the quotations cited, will be used in the newsletter to 'bring it to life'.

#### 3.1 Young People and Alcohol Use: What are Parents Concerned About?

Parents' revealed a wide range of issues associated with young people and alcohol use that they were concerned about or felt were important. These issues can be broadly grouped into three main areas of concern. Firstly, concerns about the health implications of young people drinking alcohol, both short-term (such as being sick, falling over, fighting etc), as well as the more longer term implications including alcoholism. For example:

*"...the health issue is a real problem for me, 'cos once you've had so much to drink, you - you've no idea what's going on."* (Mother of one<sup>6</sup>, age 13yrs)

*"The thing I worry about is that if they carry on doing it at such a young age, and then they start drinking more, and I think quite a lot of 'em by the time they're in their mid-20s or 30s - you know, they're gonna end up alcoholics, and there's the health issues, as well."* (Mother of one, age 15yrs)

Secondly, parents reported feeling concerned about the practical issues associated with young people and alcohol. For example, the *location* of where young people drink alcohol, the *type* of alcohol that young people consume (with particular concerns about alco-pops), the *availability* of alcohol to young people, and the *amount* of alcohol consumed by young people at one-time e.g. binge drinking:

*"Because obviously, you get a lot of like, the - the alco-pops drinks - which are very - you know - fruit juice which have got alcohol in, and you wouldn't necessarily realise that it's alcohol. I think kids just drink it as if it's juice."* (Mother of one, age 13ys)

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<sup>6</sup> Data relate only to children aged 13-17yrs. Any other children in the family who fall outside these limits are excluded.

*"It's the volume to which they drink, in the circumstance. You know, if you're drinking slowly all day, it's very different to drinking a large amount on an empty stomach - because that's what children do. There's so much available now and children look that much older. The shopkeepers have a challenge on their hands as well, to determine that someone's the age that they are."* (Mother of two, age 13yrs and 16yrs)

The final group of concerns that parents reported were associated with young people's attitudes towards drinking and alcohol use, with several parents making references to the general British drinking culture and the impact of the mass media. This was also highlighted in particular by those parents from BME groups, who distinguished between the way that alcohol is used in the UK and the way that it is used in other cultures:

*"I think for me, I mean, I do have a problem with the attitude that I feel is part of our culture, really that it's great to go out and get absolutely - like my son would say - rat-arsed."* (Mother of one, age 13yrs)

*"I worry that my daughter is sort of, growing up now in a sort of a culture where it's OK to get really drunk, especially when you see things on the TV."* (Mother of one, age 13yrs)

*"I think for me, growing up in the Chinese culture, alcohol was not something that's in common use with young people. Not in the way that it's used in this country."* (Mother of one, age 15yrs)

### **3.2 Communication**

Parents revealed a number of different techniques or strategies for talking about alcohol within the family. One of the main ways of initiating conversation about alcohol is to use examples of personal, family, or peer experiences of alcohol use. For example, many parents reported basing a conversation around their own 'sensible' experiences/use of alcohol. For example:

*"I think probably we'd first - the first occasions - I mean, I can't say exactly if that was the first occasion, but I think sometimes, if you're at home - if I'm with friends and if I am drinking, and you're having a laugh, you're not you know rolling drunk, but you're obviously not normal, they would notice and then we'd talk about it."* (Mother of two, age 14yrs and 15yrs).

Another common 'conversation starter' reported by parents was using a specific incident when a friend or family member has been very drunk or ill as a result of alcohol use, and using this as a basis for discussion within the family:

*"We have talked about it when one of the older one's friends drank way too much once, but at her house there were lots of parents there as well. So, that was - you know - we were able to talk about it after that."* (Mother of one, age 14yrs)

Parents reported a wide range of messages that they try to portray to young people in relation to alcohol use. Parents consistently reported that one of the main messages they

try to pass to young people when discussing alcohol is that of 'moderation'. They stress that when used in a safe and sensible way, for many people alcohol use is part of normal adult life:

*"What I'm trying to say is I think that, for most people, drinking alcohol is part of their social lives and therefore it's something that you can enjoy but also carry certain risks with it, as well." (Mother of two, age 14yrs and 15yrs)*

Other common messages that parents felt were important to give young people focussed upon safety, the law regarding young people and alcohol, and the health implications of misusing alcohol. Less common, although deemed by some parents to be very important, were messages concerning the amounts of alcohol young people drink, the type of alcohol (for example beer vs. spirits), and the fact that alcohol can in some cases become addictive:

*"And so, we've talked about things like that spirits are stronger - that - you know - and then it's the amount you drink and whether you've eaten or not. So, it's sort of, like, if you are gonna drink, how can you make it sort of, more safe, I s'pose." (Mother of one, age 14yrs)*

Parents reported a small number of difficult issues in relation to communicating with young people about alcohol use. Responses were focussed broadly upon two main areas. The first of these was the worry that if they explicitly asked young people not to do something, they would be more likely to do the very thing that they have been asked not to do:

*"I think it's the same old thing if your parents tell you something, unless you are the perfect child, you're either not gonna take any notice of them, or you're gonna go and try whatever it is they've told you not to." (Mother of one, age 17yrs)*

A further issue raised by parents in relation to communicating with their children about alcohol, was the persistent need to try and reach a communicative 'balance'. For example, many parents said that they did not want to interfere, and wanted to ensure the development of independence and personal choice. However, this was reported as sometimes conflicting with the desire to keep communication lines open, to help ensure young people are given the messages and information they need to make safe and sensible choices about alcohol use:

*"I sort of, feel I have to tread this line between not wanting to pry, or not wanting to ask very direct questions about what he actually does, and yet giving him the message (sighs) that sort of, says, well - I'd rather you didn't, and why I'd rather you didn't." (Mother of one, age 14yrs)*

Parents were asked in the current research to comment upon things that they perceived to have worked well or that had been successful in their experiences of discussing alcohol within the family. The narrative accounts revealed a wide range of strategies and 'tactics' that parents perceived to have helped encourage open and productive conversation about alcohol with young people. These included that of talking 'little and often' about the



consequences and implications of alcohol use, and providing young people with clear messages and information:

*"I think the important thing - it was little and often - you know - I didn't go for the big spiel - so, it was little and often." (Mother of one, age 14yrs)*

Parents often referred to the need to ensure that young people are given the chance to initiate conversations about alcohol when they are 'in the mood' for talking, and the need for tactful negotiation with young people. This negotiation to some extent requires the parent to respect young people and view them as young adults, yet at the same time ensuring that communication lines are kept open between young people and their parents. Parents also reported that normalising alcohol use, as opposed to forbidding it, helped initiate open and general communication, as opposed to 'sitting down and giving them a lecture':

*"... it was always our intention to talk about alcohol in a way that he doesn't feel he's being talked down to. And allowing him to express interest, concern, ask questions and so on. So, it's always been an open discussion between the two - well, three of us." (Father of one, age 15yrs)*

Other aspects of communicating with young people that parents deemed to be important involved: the use of humour; the use of language that young people can relate to and feel comfortable holding a conversation in, and; the use of personal and family experiences of alcohol / alcoholism to initiate conversation:

*"...if you're going to discuss anything, a conclusion that I came to earlier on, was - is the use of language. And if you restrict the language that they're able to use - as you're inclined to - and by that, I mean things like four-letter words and all the rest of it - if you restrict the use of those, you can't get the full message across." (Father of one, age 15yrs)*

### **3.3 Supervision**

For many parents, the supervision of alcohol was generally more difficult to deal with, than communication *per se*. When asked to report specific limitations or rules in relation to alcohol use, some parents said that in most circumstances a parent simply has to trust a young person. There is only a limited extent to which an adolescent can be 'managed' or 'controlled':

*"It's difficult to impose any limits, 'cos you're not actually physically there and - you know - with teenagers, you have to give them a measure of independence and encourage them to sort of, regulate themselves, to a degree, with - with parental encouragement and - and boundary setting." (Father of two, aged 14yrs and 17yrs)*

However, for some parents, particularly for those whose children were younger, there were some limitations and rules imposed. The majority of limitations were not associated directly with alcohol use and drinking, but were imposed to ensure personal safety. For example, some parents reported that they enforced limitations in terms of the time that young people

had to be home in the evening, that young people must tell their parents where they are going, and that young people must have their mobiles switched on so that parents can reach them if they need to:

*"Yeah, I mean, he has boundaries about where - times to be home - you know - contacting us when he's out, who he's out with, all that sort of stuff." (Mother of one, age 14yrs)*

A particularly common limitation that many parents directly referred to in relation to alcohol, was the types of alcohol young people were allowed. Again, there was particular reference here to alco-pops and the frustration felt by many parents that these types of drinks appear to be actively targeted at young people. To some extent, this contradicted their own attempts at supervising alcohol use:

*"Well, it's usually - I've always said, you can drink beer, weak beer. Not strong beer and not those horrible alco-pop things. I would never ever have them in my house, or spirits." (Mother of one, age 15yrs)*

Parents reported a wide range of difficult issues that they had encountered in relation to supervising young people's alcohol use. Some parents said that they were concerned that being too harsh or imposing limitations would make young people stand out and appear different to their friends:

*"I mean, I don't want her to stick out. I don't want her to be different to everyone, but - you know - her peers and her friendships are very important to her." (Mother of one, age 14yrs)*

Parents also consistently reported how difficult it was to negotiate about some issues. Several parents commented on the 'dilemma' that if a young person is going to drink alcohol anyway, regardless of parental supervision, then to what extent should a parent supply alcohol, allow alcohol in the home etc. These issues were closely related to safety, with some parents suggesting that they would prefer a young person and his/her friends to drink alcohol in the home, as opposed to drinking outside of the home. This meant that they were less likely to drink outside and approach strangers to ask them to buy alcohol:

*"In fact, I probably aid and abet, because every Friday I buy a tray of cans which they have to pay me half for, 'cos it's cheaper than them getting it from the off licence, so probably in a way, I'm being a bad mother 'cos I'm helping them get it." (Mother of one, age 17yrs)*

A further issue that parents found difficult in relation to negotiating about rules and limitations was that of their child's age. For example, some of those parents whose children were over the age of 16 made reference to the fact that young people of this age could potentially get married, yet are not legally allowed to drink alcohol:

*"He's now beyond the age where you can discuss it with him. I mean, he's old enough to be married. You wouldn't tell somebody who was married that they shouldn't be drinking, you know." (Mother of one, age 17yrs)*

Other difficult issues or concerns reported by parents included other parent's attitudes towards young people and alcohol, a young person's reaction to limitations or rules that a parent may try to impose, and simply knowing where a young person is and what they are doing:

*"Yeah - I would - I don't know if this comes into it, but he talks about a lot of his friends - their parents will either buy them alcohol for a party or give them money, so that they then give to somebody else to go and get alcohol for them, and I - I'm very clear that I won't do that, and I don't condone that behaviour either."* (Mother of one, age 14yrs)

Several parents also commented that it was difficult to know whether they should be worried about alcohol consumption, and whether or not it was necessary to impose limitations or rules:

*"I really don't know if I should be or I shouldn't be because there are people who are doing lots worse - sort of, taking drugs and drinking a lot more, and given that he's doing well at college and he works hard and dah, dah - you know - I don't know if his drinking is a problem or not."* (Mother of one, age 17yrs)

Few parents perceived that they had particularly successful approaches or ways of supervising a young person's use of alcohol, and responses were generally quite limited. However, one approach revealed by some parents was using forms of negotiation. The majority of parents consistently suggested that setting harsh, imposing rules was not likely to lead to a young person not drinking alcohol. Many parents felt that letting young people try and experiment with alcohol in a safe and supervised environment, was the most effective approach:

*"At her age, we negotiate. Well, because - she's a young adult, and - you know - she needs to be - but it's part of growing up, isn't it? And - and being an adult and being seen to be an adult. For me to respect her - for her to be able to put her case to me, and me to put mine to her. And for us to find something that - hopefully - works for both us. I just think it's a good life lesson, anyway."* (Mother of two, age 15yrs and 17yrs)

*"For me, I think it's the only one that works, and the more you give them hard and fast rules and boundaries, the more likely they are to break them."* (Mother of one, age 14yrs)

### **3.4 Modelling and Influences**

Parents ranged from abstainers to heavier drinkers in terms of their own alcohol use. However, parents consistently reported that young people are fully aware of parental use of alcohol, and many felt that this had no, or very little, impact upon their children's use of and attitudes towards alcohol. Where parents reported an incident whereby a young person had witnessed them very drunk or ill as a result of alcohol use, the majority reported that this amused young people. They did not feel that it had a negative impact upon them:

*"Well, he certainly knows what we drink - how much we drink - when we drink - who we drink with. Apart from when we're at the bar. And - you know - he sees us before and after that anyway, so he knows whether we have been drinking a lot. And I think he's amused by his parents' slight change in behaviour as a result of alcohol."* (Father of one, age 15yrs)

*"Take the mickey, actually - for about a week afterwards (laughs). Tell everyone she comes into contact with - you know - dad was ill at the weekend."* (Father of one, age 13yrs)

When asked what young people might learn from witnessing or observing parental use of alcohol, the majority of parents felt that young people were receiving mainly positive messages. These were associated with moderation and the message that drinking alcohol is part of normal social life:

*"I think he's learned that it's OK to drink in moderation. And that's the message I hope he gets, 'cos he doesn't see me drinking all the time, usually just social. And that's - so, that's what I hope to get across to him."* (Mother of one, age 15yrs)

Interestingly, parents were a lot more concerned about other influences and pressures in relation to young people and alcohol use. The first of these influences was friends and peer pressure. Many parents recognised that the role of friends and social groups is an important one in determining the use of alcohol by young people, and some believed that young people in general are more likely to listen to their friends than they are their parents:

*"Especially with his friends - you know - I really don't think that he actually likes alcohol that much, but he's just like, well - there's no way he could go out with his friends if they were drinking, and him not drink and - yeah, it's a big pressure."* (Mother of one, age 15yrs)

*"Yeah, I think - well, his friends are hugely influential - it's far more important to him to be cool than anything else."* (Mother of one, age 15yrs)

*"Friends are supremely powerful in terms of their influence. You know - I think there is an in-built resistance of children to listen to their parents anyway. In terms of, if your parents are telling you to do something, you tend to react against it, or rebel against it. And you tend to listen to your mates more."* (Father of one, age 15yrs)

Another influence reported by parents in relation to young people and alcohol use was that of the media. Some parents expressed their concern about advertising that they felt to be aimed specifically at young people, with particular reference to alco-pops:

*"I think certain elements of the media give remarkably inconsistent messages. You know - they're quite happy to report on concerns about binge-drinking, whilst at the same time, they're quite happy to show models coming out of clubs that are obviously drunk and - and all that sort of message-giving that appears in some of the tabloids."* (Father of two, age 13yrs and 17yrs)

*"Well, I feel the media needs to be a bit more responsible about how they promote alcohol. Whatever the company says about the alco-pops and how they are marketed, I think they really appeal to a very young audience." (Mother of one, age 14yrs)*

*"There's lots of advertising on the TV at the moment about drinks, and it's usually vodka's and things, and I find that very worrying. I'm sure that must influence him - he does watch television." (Mother of one, age 14yrs)*

A final influence that arose as important in relation to young people and alcohol was that of a general 'drinking culture'. Some parents made reference to the new licensing laws (Licensing Act 2003) and again the issue of type of alcohol. Moreover, many parents made references to alco-pops as an issue of particular current importance:

*"I think there is a culture now that encourages drinking. You know - the fact - well - and it's not just drinking. It's right across the board - you've got (um) things like this new drinking - opening hours - I think is absolutely stupid." (Father of one, age 15yrs)*

*"...it's a whole different culture now, with these alco-pops. It - you know - and they just don't taste - 'cos when we were young and we were drinking Cinzano, which, kind of - you - you'd knock it back, and it was horrible, but you'd still drink it to get the effect." (Mother of one, age 15yrs)*

### **3.5 Legal and Health Issues**

Parents were asked about the legal and health issues in relation to young people and alcohol use. Many parents felt confident that both they and young people were generally aware of the broad legal issues associated with alcohol use (for example, the age at which young people are allowed to buy alcohol). However, parents reported being less aware of the specific legalities in relation to young people and alcohol (for example, the age at which young people are permitted to drink alcohol with a meal on licensed premises). Furthermore, the majority of parents felt that they were not aware of alcohol units or 'sensible' drinking guidelines and agreed that their children were also unlikely to be aware of these concepts.

*"I'm not sure they are aware, actually. That's something that I wouldn't - that I haven't discussed with them. And I wouldn't know, though, what the units for teenage - well, no - they would be saying - but they shouldn't be drinking at all, wouldn't you? I don't - I don't know what the health guidelines are for teenagers - yeah - mmmm." (Mother of two, age 16yrs and 17yrs)*

*"I should think it's highly unlikely she has any idea what a unit is." (Mother of one, age 15yrs)*

In addition to the legal and health issues associated with young people and alcohol use, many parents' were concerned about other possible implications of alcohol use that young people may be exposed to. These included:

- Emotional vulnerability

*"It's their vulnerability - emotionally, they're just not ready to be out of control. So, I think that - you know - for them, there's the whole stuff around just the mere fact that they're adolescents, their hormones are all over the place, and they're experimenting both socially and sexually. They're putting themselves in a vulnerable position, that's my main concern." (Mother of one, age 14yrs)*

- Safety/behavioural effects of alcohol – fighting, being out of control

*"They walk home and won't - you know - they are in a crowd, they walk home late at night. And - you know - he comes home and tells me about, often he's seen fights and he's seen this and he's seen that." (Mother of one, age 13yrs)*

- Drink spiking

*"Cos I think - you don't know how much - how prevalent spiking of drinks is, but it - there's enough of it in the media and I think - you know - the - the places where people congregate are much bigger and less kind of, (um) able to control the kind of environment for young people when they're there - you know - they have mass gatherings." (Mother of two, age 14yrs and 15yrs)*

Several parents also made reference at this point to gender differences in relation to young people and alcohol use. These comments mainly focussed on the potential increase in vulnerability and risk for young women associated with alcohol use:

*"...I think especially having a daughter - I just think it makes her - you know - a lot more vulnerable, if she's drinking, I do worry a lot." (Father of one, age 13yrs)*

*"...with the girls that's much more of a concern, because, like - [N]'s got a lot of friends who are girls and I see that they drink really heavily and they take huge risks, like - you know - walk around at 2 o'clock in the morning, unaccompanied - from a friend's house, to another friend's house." (Mother of one, age 17yrs)*

*"But lots of the girls drink. I think - for me - my personal experience - I think it's a girl phenomenon - binge-drinking - definitely." (Mother of one, age 14yrs)*

Parents generally felt that they would like more information with regards to the legal and health implications of alcohol use. Some parents felt that this information should be presented in a format that would be appropriate for passing on to young people, and such preferences are one of the several topics addressed in the newsletter designed for parents. Some parents also said that it is essential that information is accessible to parents and young people from all socio-economic backgrounds:

*"I'd like to know more about the health issues, actually. Because I think that's a really confusing area. 'Cos that's what I said earlier - I don't know if I should be concerned or not concerned and - and I don't think young people are aware." (Mother of one, age 17yrs)*

*"Yeah, I think it's good for children to know that as well. How many units are in certain things, 'cos they probably wouldn't even realise. Especially like with the alcopops drinks that are like fruit juice and with alcohol mixed in. You certainly wouldn't know what sort of unit that is and how much that they can have of that. Even though they're not supposed to be drinking it, but yeah, I think that would be useful information." (Mother of one, age 13yrs)*

*"I think it's easy for people like me, in our little middle class world, because anything I wanna know, I look on the internet. I think it could be - perhaps not the legal issues, but the implications of over-drinking could be more available to all sorts of people." (Mother of one, age 14yrs)*

### **3.6 Difficult Issues**

Parents revealed a number of situations or incidents that they had found difficult to deal with in relation to their children and alcohol use. The most common of these incidents reported was: their child, or someone within their child's peer group, getting very drunk, or getting into trouble with the police as a result of alcohol use:

*"My son was in trouble because he'd gone into an off-licence and bought - 'cos he was tall - bought the drink for a group of friends and getting into trouble for it." (Mother of one, age 16yrs)*

*"Well, yeah - there have been some incidences recently - he got drunk outside school and got arrested and spent a night in the cells." (Mother of one, age 14yrs)*

Several parents also suggested that they found the attitudes of other parents difficult to deal with. This was particularly the case when parents of their children's peers had rules and limitations that conflicted with their own:

*"...seems to be letting her daughter get away with going out late at night - often not coming back 'til 12 o'clock and drinking heavily, and my daughter still wanting to - to hang around with her, and meet her in the evenings, sometimes. That's been tough." (Father of two, age 13yrs and 17yrs)*

Other difficult issues that parents had encountered were concerned with alcohol going missing in the house. Also parents had the dilemma that if a young person is going to drink anyway, should a parent supply alcohol, allow alcohol in the house etc:

*"...I found that seven-eighths of a bottle of Jack Daniel's had disappeared, I think that kind of, made me realise that this wasn't just - you know - having a half a glass of cider kind of pattern." (Father of two, age 14yrs and 17yrs)*

*"But - you know - he's gonna drink anyway. But then he'll be doing it out in a park somewhere or something, or out on the street. And I've always said to him, you're not drinking in the street. So, now he will say, well can I, can I have a few beers before I go out?" (Mother of one, age 15yrs)*

### 3.7 Parents' Perceptions of What Helps

Parents were asked to summarise what has 'worked well' generally in relation to communicating about and the supervision of alcohol use within the family. They reported a wide range of approaches that they perceived to have helped. The main ones included:

- Using personal experiences about the use of alcohol, such as recounting stories of own or other family members' misuse of alcohol at social events. For example, as noted in section 3.2, some parents reported successfully opening up conversations about alcohol with young people by using specific incidents when a friend or family member has been drunk or ill as a result of alcohol use, and utilising this as a basis for discussion.
- Being open and honest when communicating about alcohol, giving young people clear messages, and talking to them little and often.
- Being there for young people when they need to talk, and start talking to them about alcohol use from a young age.
- Try not to mystify alcohol, and rather incorporate it into family life in a safe and supervised way, and let young people experiment under parental supervision.
- Keeping in touch with other parents, particularly parents of peers, to share information and advice about alcohol (mis)use.
- Negotiating with young people, in terms of rules, restrictions, and limitations in relation to alcohol use.
- Using the media to initiate conversation and to demonstrate positive/negative examples of alcohol use.

Many of the above will be incorporated into the newsletter to widen this learning to other parents and practitioners working with the parents of young people. However, it is important to recognise that these approaches are ones reported by parents as being useful and successful for them only, and consequently, they are approaches that are unlikely to be suitable for all parents. Instead, they will be presented within the newsletter as *possible* strategies through which some parents may be able to engage more effectively with regards communicating about and the supervision of alcohol use (See section 5.0).

### 3.8 Sample Variations

It was possible to analyse the findings according to parents' gender, and seek to identify any differences in communication and supervision tactics and strategies between mothers and fathers. In terms of communication and supervision, there appeared to be relatively little difference between mothers and fathers accounts of how they dealt with these issues in relation to alcohol use within the family. However, there were some differences between mothers and fathers in relation to modelling and influences. In particular, it appeared that mothers were more likely to stress the positive messages and influences that the role of their own use of alcohol exerts upon their children. Fathers however were more likely to understate this role, and to suggest that young people are more amused by witnessing their parent's encounters with alcohol as opposed to learning anything positive. Further research that more directly aims to identify gender differences may give deeper insight into the ways in which mothers and fathers communicate about and supervise the use of alcohol within the family.



Due to the size of the sample, it was not possible to conduct further complex analysis that sought to establish differences between characteristics such as socio-economic status, age of the child, level of parental drinking etc. However, within the data set, some observations were made that hint at possible demographic differences that may warrant further attention in future research. Firstly, it appeared that fathers may adopt different approaches to communicating about and supervising their daughter's use of alcohol, as opposed to their sons. In conversations with fathers that referred to a teenage daughter, discussion focussed more explicitly on issues such as personal health and safety than they did when fathers referred to a teenage son, wherein fathers appeared more keen to allow experimenting with alcohol within the family home. Secondly, for those parents who were part of single-parent families, some made reference to the difficulties associated with family structure, and effectively communicating about and supervising the use of young people and alcohol. In particular, both mothers and fathers expressed a concern of having little control or influence over a young person's use of alcohol if they do not live in the family home, and in some cases referred to the difficulties that may arise when parental attitudes towards alcohol conflict.

## **4.0 Summary of Main Findings**

The research had two over-arching objectives: to explore the strategies that parents use to communicate and supervise sensible drinking within the family; and to use the research to develop an evidence-based newsletter to support communication about alcohol and the supervision of sensible drinking within the family. In terms of the former, the findings revealed a wide ranging number of strategies and tactics that parents used in communicating, monitoring, and supervising alcohol use within the family. These are summarised briefly in the paragraphs below:

### *Communication*

- Most parents had general worries about alcohol and young people, in terms of its availability and the amount some young people drink.
- Parents felt the need to promote specific messages to young people including: moderation, safety, the law, and the health implications of misusing alcohol. Other less common messages parents portrayed to young people included: type of alcohol, amount of alcohol, and the potential for longer-term alcoholism.
- Parents tried to promote specific techniques to initiate conversations about alcohol. For example, recounting personal and positive experiences of moderate or sensible alcohol use.
- Parents reported concerns that if they explicitly asked young people not to drink, they would be more likely to do the very thing they had been asked not to do. Other concerns raised regarding communication involved reaching a balance between promoting independence, whilst also keeping communication lines open.
- Parents considered that a number of strategies were particularly effective in their attempts to communicate about alcohol. These included talking 'little and often', giving clear messages and information, empowering young people to initiate discussions when they wanted to, and 'normalising' alcohol use rather than forbidding it outright.

### *Supervision*

- Parents generally found it more difficult to supervise alcohol use within the family than communicating about it.
- Parental limitations on young people were rarely about alcohol use alone. Rather they were more often directed towards keeping safe such as knowing where they are and ensuring they have their mobiles switched on. However, the one limitation that many parents did try to impose, was the type of drink young people were allowed (particularly no alco-pops or spirits).
- Difficult issues in relation to supervision included negotiating boundaries about alcohol use, other parents' attitudes to young people and alcohol, and knowing whether to be concerned about alcohol use.

### *Modelling and influences*

- Most parents felt their children were receiving positive messages about alcohol from their own influences, for example drinking in moderation.
- Parents were more concerned about the influence of friendship groups, and in particular peer pressure and the media, compared to the influence of their own drinking.
- Several parents believed the British drinking culture had an important impact on young people's attitudes and behaviours in relation to alcohol use.

### *Legal and health issues*

- Many parents felt confident that both they and young people were generally aware of the legal issues associated with alcohol use. However, the majority of parents did not feel that they were aware of alcohol units and 'sensible' drinking levels.
- Parents were concerned about the additional consequences of alcohol use, including: emotional vulnerability, safety and the behaviour effects of alcohol (e.g. fighting), and drink spiking.
- Several parents made reference to gender differences, in terms of potential increases in vulnerability and risks for young women.
- In general, parents felt they would like more specific information about the legal and health implications of alcohol use for young people.

### *Difficult issues*

- Parents' narratives revealed a number of situations they found difficult to deal with in relation to young people and alcohol use. These included their own child (or someone within their child's peer group) getting very drunk or ill, or getting into trouble with the police as a result of alcohol use. Additional difficulties concerned the attitudes of other parents, particularly when parents of their children's peers had different values and beliefs about alcohol that conflicted with their own.
- Other difficult issues parents raised included alcohol going missing in the house, and the dilemma that if a young person is going to drink, to what extent should they allow them to drink in the family home.

### *Parents' perceptions of what helps*

- Parents reported a wide range of approaches that they *perceived* to have helped in relation to communicating about and the supervision of alcohol use within the family.
- The main approaches included using personal experiences about the use of alcohol, being open and honest when communicating about alcohol, and giving young people clear messages. Many parents also suggested the importance of being there for young people when they need to talk, and start talking to them about alcohol use from a young age.
- Incorporating alcohol use into family life in a safe and supervised way was suggested to be a more effective approach than mystifying alcohol, and parents suggested the need to let young people experiment under parental supervision.
- Negotiating with young people, in terms of rules, restrictions, and limitations in relation to alcohol use was also deemed to be important, as was using the media to initiate conversation and to demonstrate positive/negative examples of alcohol use.
- Keeping in touch with other parents, particularly parents of peers, to share information and advice about alcohol (mis)use, was also reported by parents as being a helpful approach to dealing with the issues associated with alcohol use within the family.

## **5.0 Implications of the Research**

This research has qualitatively explored how parents communicate with their children about alcohol, and how they seek to supervise sensible drinking in the family. Through a process of exploration, the research has identified a number of related experiences, concerns and worries, and useful tips for strategies. These in-depth accounts will be of use to policy-makers and practitioners working to reduce alcohol misuse within the family. Given the recognised important role that parents can have in shaping the culture of drinking in the future, the concerns and worries expressed indicate areas of where more potential support is required. As examples, this research highlighted concerns over the implications (short and long-term) of alcohol use, the location of drinking, alcohol type, and mass-media portrayal. Also, concerns over how to start conversations about alcohol, at a time when communicating about all manner of subjects may be challenging were also raised, alongside a number of more specific difficult issues.

This research has drawn attention to the support that some parents need in supervising a sensible approach to alcohol by children and young people. In response, we have used the information to develop an evidence-based newsletter for parents and practitioners working with parents. This newsletter aimed to address a number of concerns raised by parents, and offers practical ways in which these concerns can be addressed (using parents own strategies where possible). For example:

- Strategies used to foster communication about alcohol
- Supervision experiences and difficulties
- Practical and accessible information about legal and health issues
- 'Effective' strategies to prevent misuse (as perceived by parents)

Evidence from the Policy Research Bureau (Ghate and Hazel, 2004) shows that most parents generally prefer to access information through self-administered resources, such as a newsletter, rather than through face-to-face contact. TSA has previously produced newsletters for parents and found that they are greatly valued by parents, and that young people often read them and discuss the content with parents (Shepherd and Roker, 2000). Although there are many alcohol education resources designed for use in schools, or to advise families on problem drinking (e.g. NFPI and Alcohol Concern 2001; Orford and Velleman, 2002), there are relatively few on parent/young people communication around alcohol. This was confirmed by a recent audit of 120 alcohol education resources undertaken by Alcohol Concern (Eden, unpublished)<sup>7</sup>.

In the current research, parents were asked what they would like to see within a newsletter that is aimed primarily at parents, to support communication about alcohol and the supervision of 'sensible drinking' within the family. This generated a wide range of responses, including the need for:

- Examples of how to initiate conversation about alcohol with young people. Most parents find it difficult to open up conversations with young people about alcohol use, and are concerned that young people may simply 'shut down' and not want to talk. As one parent suggested, ideas to help "lay the foundations for you to have a conversation with them" would be very beneficial.
- More information about how to give young people clear and concise messages. Some parents suggested that when they try and talk to young people, they often get carried away and say lots of unnecessary things, thus making it hard to communicate effectively.
- Practical 'hints and tips' to help promote open communication about a range of difficult issues, including alcohol. For example, some parents highlighted the importance of talking about their own experiences and use of alcohol, to encourage two-way conversations.
- Simple and clear legal and health information, for example the recommended 'units' for alcohol intakes, and the law in relation to young people and alcohol. In addition, parents also expressed the need to be more aware of the behavioural and safety implications associated with young people and alcohol use.
- Contact phone numbers/help lines, for those parents who may feel that the issue of alcohol use is turning into a more serious problem. Many parents did not feel they knew what was 'normal' in relation to young people and alcohol. Providing information about specialist organisations that can provide more information about this would be very useful.
- More insight into what the 'normal' behaviour patterns and attitudes of young people are in relation to alcohol use. Many parents did not know whether they needed to be concerned about their children's alcohol.
- Agony aunt type scenarios, highlighting 'real life' examples of difficult issues that parents may face in relation to young people and alcohol – for example whether to buy alcohol for young people who were under 18. These could be used by those working with parents to explore different options and scenarios in relation to difficult issues.

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<sup>7</sup> One exception is the Portman Group leaflet on "Discussing drinking with your children".

- Ensuring that information within the newsletter is also accessible and appealing to young people. For example, some parents suggested the use of comic-style art.

Whilst lengthy, the following quote accurately summarises the thoughts and feelings that appeared to accompany many parents in relation to communicating about and supervising the use of alcohol amongst young people:

*“Parents don’t have enough information. I think nobody tells them how to act. Nobody tells them how to behave. Nobody tells them how to respond. Nobody tells them how to educate. Nobody tells them how to provide impartial and non-judgemental advice and guidance. And nobody tells them where to go in order to be able to find certain resources. So, I think that - yeah - having some help and support for effective parenting - anything that can help improve parenting skills, has to be worthwhile, because I think that a lot of the problems within our families, are only dealt with at a crisis level, by which time it’s far too late to be able to deal with them properly. So, what we need to do is, we need to try to be preventative and to improve parenting skills before the problems arise. So, anything you can do in terms of advice, guidance, education, learning resources, etc, I think would be quite helpful.” (Father of one, age 15yrs)*

This newsletter is now available from TSA.

## **6.0 Conclusions and Future Research**

In this research, many parents expressed the desire for greater information about many different issues associated with young people and alcohol use. These included: hints and tips for communicating and supervising about alcohol, more information about the legal and health implications of alcohol use, and possible practical strategies to help deal with difficult situations or incidences. The current study has provided a useful evidence-base on which to develop a newsletter to try and fulfil some of these needs.

However, it is important to recognise that there are some limitations of the study, most notably in terms of the selected sample. Although the research outcomes are valuable both in terms of the implications for parents and for practitioners working with parents, caution must be exercised given the small and limited sample size. The sample was purposive in that parents of those aged 13-17yrs were selected and only from the south-east region of England. Consequently it is important to be prudent in applying the research findings to the parents of children that fall outside these age groups, and from parents whom reside in other regions of the UK. Moreover, the research only recruited those individuals whom were willing and able to talk about alcohol which, in effect, meant only involving those parents who put themselves forward to be interviewed and expressed a keen interest in the research. Moreover, it is perhaps likely that such parents whom are open and willing to communicate about alcohol to the researchers, may also be more willing to do so with young people. Finally, despite targeted attempts to recruit a more diverse sample, fathers and BME individuals were notably lacking from the final sample demographics.

In terms of future research needs, there were three areas of note:

Firstly, in their research into underage 'risky' drinking, Coleman and Cater (2005, p.50) argue that there is a need for greater research on youth subcultures amongst young people and how these impact on behaviours and outcomes such as risky drinking. In the present research many parents expressed concerns over the powerful influence peer groups can have on young people's drinking behaviours. Thus, supporting Coleman and Cater's contention, it is suggested here that further research is indeed required which focuses more explicitly on youth peer group cultures and how the social processes involved can influence, and are influenced by, behaviours and outcomes such as drinking, risk-taking, and relations with others (e.g. parents).

Secondly, and as noted previously, it was particularly difficult to obtain a sample of participants that was ethnically diverse, despite numerous strategies specifically targeting BME individuals. Many of those who were approached to participate in the study cited cultural reasons for not wanting to take part in the research. More specifically, this was reported as being due to cultural taboos which forbid drinking in certain communities, and sometimes even talking about alcohol at all. With an apparent lack of potential communication in some BME households, it may well be that young people from such communities (if they do drink alcohol) could be at particular risk from alcohol-related harm, given the lack of parental guidance. It would be both important and useful to develop methodological strategies that facilitate the recruitment of BME groups whom may adopt quite culturally different approaches to communicating, monitoring, and supervising alcohol use or abstention within the family.

Thirdly, this research highlighted a number of 'tips' and strategies that parents may find helpful in reducing alcohol misuse amongst their children. For example, the research provides examples of how parents are able to start conversations about alcohol, the 'little and often' approach to communication, and being open and honest whilst talking about alcohol with their children. In line with the sample characteristics noted previously, a useful extension of this research would be to validate more rigorously whether parents' *perceptions* of effective communication and supervision are transferable to other parents in a range of different settings. Longitudinally designed research would be a suitable approach to validate whether these *perceptions* are indeed indicative of an effective means of parenting, and preventing and reducing alcohol misuse amongst young people. The research presented in this report is therefore the first step towards identifying parental strategies that are proven to 'work' and can be recommended more widely.

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## **Appendix A**

### **Alcohol and Families Research Project: Interview Schedule**

#### **Reminder of main objectives of interview (for the benefit of the interviewer):**

To explore the strategies that parents use to communicate and supervise sensible drinking within the family – to improve the evidence-base surrounding how parents communicate and supervise young people in relation to alcohol.

To use this research information to develop an evidence-based newsletter to support the communication and supervision of sensible drinking within the family i.e. look for problems, barriers, issues, practical solutions and strategies that can be referenced in the newsletter.

#### **Introduction**

First of all I'd like to thank you for giving up your time to be interviewed. Before we start, there's just a few general things I need to tell you about:

- I work for an organisation called TSA (young people's charity – aims to help improve the lives of young people and families, does research, organises conferences, and produces publications).
- The reason we are doing this research is due to the recent publicity re young people and alcohol.

#### **Introduction to interview**

The purpose of this research is to try and find out a bit more about how parents may talk to their children about alcohol, how parents may try to limit their child's drinking, and the various difficult issues that may arise as a result of young people drinking alcohol.

- We are really interested in hearing your experiences of this.....
- We are interviewing about another 40 parents.....
- All the things that you and other parents tell us will be strictly confidential, and it will only be used in the research. Nothing you say will be told to anyone else and no parent will be individually identified. The only exception to this is if you indicate that you or anyone else is at risk of serious harm – in which case I would have to stop the interview at that point, and get the project's manager at TSA to contact you. Is that OK?
- you don't have to answer any questions which you chose not to

- There are no right or wrong answers – just interested in your views / experiences
- I would like to tape record our conversation – again no one outside of the research team will hear it – it's just in case I don't have time to write everything that you say down. Is this OK?

There'll be 6 sections to the interview, and on average, it usually lasts for about half an hour.....

## **Section 1: Introduction**

As you may be aware, young people drinking alcohol, and particularly binge drinking gets a lot of publicity at the moment.....

What do you think about young people and alcohol/binge drinking – is it exaggerated?

Is it something you think about or worry about?

Do you see some things as more important than others? Do you think how much young people drink (in one go) is most important? Or is it how often they drink? Or is it the type of drink?

## **Section 2: How people in the family may talk about alcohol**

To start off – have you and [children/young people] ever discussed alcohol?

***IF YES:***

(for those with more than one child) Is this different between different children? If so how?

How did the topic first come up – did you raise issues? Did your child raise issues? Do you use anything like stories in the press, or perhaps TV stories to raise the issue?

When did this first happen, and can you remember what was said and how your child reacted?

Why do you think it happened at that time? Was it because your child had reached a certain age? Was it because an opportunity arose (e.g. something on TV)? Or do you always feel easy about talking about these issues and have done so quite openly?

When you did discuss alcohol, what were you trying to do? Is there a message you're trying to get across? Is there any general or specific information you try to get across? Can you give an example?

In general, how successful do you think this has been? What do you think worked better? And less well? Would you recommend your approach to other families?

In general, how important do you think it is to talk to your child about alcohol? Do you see it mainly as your responsibility, or others (such as teachers)?

***IF NEVER DISCUSSED ALCOHOL WITH CHILD:***

Is it something you see as particularly important or not really?

Have you ever wanted to but couldn't?

Are you planning to sometime in the future? When do you think you will (something to do with child's age, or suitable opportunity, etc.)?

In general, do you see it mainly as your responsibility, or others (such as teachers)?

**Section 3: How parents may supervise young people's use of alcohol in the family**

As far as you know, has your child ever drunk alcohol?

***IF YES:***

How has their drinking developed over the years?

Have there been any incidents or events which have led to increase (or a decrease) in how much (or what) they drank?

Do you know roughly how much they drink, what they drink, how often they drink, who they drink with and where they drink?

Are you fairly sure of this or is this just a rough guess?

Are you trying to limit your children's drinking in any way, for example, by cutting down the amount, or how often they drink, or who they drink with, or where they drink, type of drink, etc.

How have you done this? (by talking to them, restricting their time outside of the house, not allowing them to come home late during the week, etc.)? What was their reaction?

Do you think this has worked in anyway? If not, could you think of anything that could help it work (e.g. some sort of parent support of some sort)?

Are there any rules about alcohol in your family, e.g.:

- a) Using any alcohol in the house,
- b) Buying alcohol for them to take out,
- c) Providing alcohol for events, parties etc.

Do you monitor the amount of alcohol in your house? Would you notice if some went missing?

Have you had any difficult incidents or events in relation to supervising alcohol use?

Are there different views amongst your family about how to supervise your children? (e.g. differences between adults in the family?)

***IF CHILD NEVER DRUNK ALCOHOL:***

If / when they start drinking, do you think that you would limit their drinking in anyway?

How would you do this?

What restrictions /rules would you impose?

**Section 4: Influences and modelling**

Do you drink alcohol at all?

***IF YES:***

How much? How often? Who with? In or outside the house? In front of children?

How much do you think your children know about what you drink, how often, and where – do they do this with you, see you, etc.

Has there been any incidents where you've been drunk (or ill or whatever) which you're children witnessed? What happened, what effect did it have?

In general, do you think your drinking style has an affect on your children? Would they learn anything off you by looking at the way you drink?

What other influences do you think there are on young people, in relation to alcohol? (e.g. friends, media, etc)

***IF PARENT DOESN'T DRINK ALCOHOL:***

In general, do you think a parents drinking style may have an affect on young people?

What other influences do you think there are on young people, in relation to alcohol? (e.g. friends, media, siblings, other relatives, etc)

**Section 5: Legal and health issues**

How aware are you/your children of the law in relation to young people buying alcohol? drinking alcohol outside? Drinking in pubs?

Do you think these laws are right or not? e.g. – should the age limit for buying drinks in pub be raised to 21, like in the US?

Would you like to know more about legal issues in relation to young people and alcohol?

How aware are you / your children of alcohol units?

What do you consider to be a 'sensible' level of drinking? Do you think your child would agree or disagree with you?

Do you think there are other effects of alcohol, aside to getting completely drunk, that put young people at risk (e.g. spiking, unprotected sex, walking home)?

How much responsibility do you think parents should have for managing or controlling their child's drinking? – as opposed to school health education, shops checking ID, etc. Do you think parents and the family play a major role? Or should play such a role?

## **Section 6: Difficult issues**

Have there been any incidents or times when something happened in relation to alcohol, which changed your behaviour or your relationship? (such as your child coming home very drunk)? If yes, what happened?

What would you do if:

- Child wants alcohol at a party? Would you let them? By the type and amount?
- Your child comes home drunk?
- You see or know that your child is drinking underage in a pub? (say, a family friend saw them doing this?)
- You find an empty bottle of vodka in your child's bedroom?

## **Conclusions and next steps:**

So, in general, – what's worked for you? – in terms of trying to influence your children/young people in relation to alcohol?

Have you ever used any resources (such as the internet or leaflets etc.) to help you talk and supervise drinking in your family?

How do you think we can help parents, in general, talk more to their children about alcohol?

So that's the end of the interviews and thanks very much for sharing your views with us.

As a result of this work, we are going to produce a newsletter (show example) to try and help parents talk more to their children about alcohol, as well as provide legal advice, alcohol support services etc. Do you think this would be useful?

As part of this newsletter development, we are inviting some parents to get together, in friendship groups, and help inform us on the design and content of this newsletter? Would you be at all interested in this? Do you have a group of friends, say another 3 or 4 parents, who could get together for an hour or so to help us with this? If so, take their details (and mention payment).



## Appendix B

### 'Family Communication about Alcohol and Supervision of Sensible Drinking within the Family'

#### Interviewee Profile Questionnaire

*Please complete this form by ticking the appropriate boxes. All of the information you provide will remain confidential.*

##### 1. What is your sex?

Female ☐ (1)      Male ☐ (2)

##### 2. How old are you?

25-29 yrs ☐ (1)    30-34 yrs ☐ (2)      35-39 yrs ☐ (3)    40-44 yrs ☐ (4)

45-49 yrs ☐ (5)    50-54 yrs ☐ (6)      55-59 yrs ☐ (7)    60-64 yrs ☐ (8)

65-69 yrs ☐ (9)    70+ yrs ☐ (10)

##### 3. How would you describe your ethnic group?

###### White

White British ☐ (1)

White Irish ☐ (2)

White (Other) ☐ (3)

###### Asian or Asian British

Indian ☐ (4)

Pakistani ☐ (5)

Bangladeshi ☐ (6)

Other ☐ (7)

###### Black or Black British

Black Caribbean ☐ (8)

Black African ☐ (9)

Black Other ☐ (10)

###### Mixed Race

White & Black Caribbean ☐ (11)

White & Black African ☐ (12)

White & Asian ☐ (13)

Other ☐ (14)

###### Chinese or Other Ethnic Group

Chinese ☐ (15)

Other Ethnic Group ☐ (16)

Unknown ☐ (17)

If Other please specify: \_\_\_\_\_

##### 4. Do you have a religion that you follow or practice?

Yes ☐ (1)

No ☐ (2)

If yes, which religion: \_\_\_\_\_

##### 5. Do you have a disability?

Yes ☐ (1)

No ☐ (2)

If yes, what is your disability?

\_\_\_\_\_

**6. What is your marital status?**

Married ☐ (1)      Single ☐ (2)      Living with partner ☐ (3) Separated ☐ (4)  
Divorced ☐ (5)      Widowed ☐ (6)

**If you are married or living with your partner, is your family a step-family?**

Yes ☐ (1)      No ☐ (2)

**7. How many children do you have?**

1 ☐ (1)      2 ☐ (2)      3 ☐ (3)      4 ☐ (4)      5 ☐ (5)      6 ☐ (6)

7+ ☐ (7)

**Of these children, are any your step-children?**

Yes ☐ (1)      No ☐ (2) If no go to question 8

**If yes, how many of your children are step-children?**

1 ☐ (1)      2 ☐ (2)      3 ☐ (3)      4 ☐ (4)      5 ☐ (5)      6 ☐ (6)

7+ ☐ (7)

**8. How old are your children (birth and step-children)? Please tick all boxes that apply.**

12 yrs or under ☐ (1)      13 yrs ☐ (2)      14 yrs ☐ (3)

15 yrs ☐ (4)      16 yrs ☐ (5)      17 yrs ☐ (6)      18 yrs + ☐ (7)

**9. What type of property do you live in?**

Your own home ☐ (1)      Private rented property ☐ (2)

Local authority property ☐ (3)      Live with other family/friends ☐ (4)

**10. Please can you provide us with your postcode? \_\_\_\_\_**

**11. What type of work do you do?**

Full-time work ☐ (1)      Part-time work ☐ (2)      House-person ☐ (3)

Unemployed ☐ (4)      Student ☐ (5)      Retired ☐ (6)

**12. Please can you provide us with the title of your current or last occupation?**

\_\_\_\_\_

13. Would you like to receive feedback about the findings of this research? If yes, please write your name and home address below.

**Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM**



## Appendix C

### **TSA ethical guidelines**

TSA aims to maintain the highest ethical standards in its research work, and regularly reviews its policies and procedures in this respect. These guidelines were developed by the research team following a review of the ethical statements of a variety of bodies involved in social research. The aim of these guidelines is to inform TSA's ethical judgements and decisions. The guidelines are presented in the following sections:

- Protecting participants in TSA's research
- Informed consent
- Confidentiality and the use of information
- Feedback
- Disclosure
- Expenses and payment
- Organisational matters.

Each of these issues should be reviewed when research work is being planned.

#### **PROTECTING PARTICIPANTS IN TSA'S RESEARCH**

A range of people are involved in TSA's research work, including practitioners, young people, and parents. Whoever is to be involved in a TSA research project, it is the responsibility of those involved in that project to think through the ethical issues involved. All researchers have a responsibility to ensure that the physical, social and psychological well-being of participants is not adversely effected by participating in research.

All researchers should ask themselves a number of key questions when embarking on a new research project at TSA. These include:

- What are the possible risks and costs to participants, in terms of time, inconvenience, distress, or intrusions on privacy?
- How will the project deal with participants who become distressed, who wish to withdraw from the project, or who disclose certain facts?
- How will issues of power and status be addressed in the research? How can a relationship of trust and relative equality be established?
- What issues are raised by the items below, such as informed consent and payment?  
What additional information or advice is needed?

The main issues to be considered are discussed in the following sections.

#### **INFORMED CONSENT**

Participants must be informed of the purpose and nature of research in as much detail as possible, in order for them to make an informed decision as to whether they wish to participate or not. Researchers need to recognise and uphold the rights of those who may not fully comprehend the aims or methods of a piece of research, and who might feel over-awed by a professional adult. Researchers must make clear to all participants that it is their choice as to whether or not to participate in research, and work to ensure that individuals do not feel pressured to participate. Ensuring informed consent must also include ensuring that participants realise that they can withdraw from the research at any stage, without needing to give a reason.

Where the participant is aged under 16, a decision must be made about whether the parent/carer of the young person should be informed about the research, and if so whether their consent for a young person to participate is needed. TSA has no fixed view about gaining parental consent, and

believes the decision should be based on the competence of the young person to make an informed choice about participation. In some cases, for example in schools, the school itself will make a decision about whether their pupils can participate in research, and will act in loco parentis in this respect. However, this does not replace the need to secure the individual consent of each young person involved.

## **CONFIDENTIALITY AND THE USE OF INFORMATION**

Those who agree to participate in TSA research projects should be told that all the information they provide will be treated in confidence, and that their anonymity will be protected. A full explanation of what this means in practice should be given. This could include, for example, saying that in school-based research teachers will not be told what pupils have said; also in family research young people will not be told what their parents have said, and vice versa.

Participants must be told as early on as possible that there is one exception to this rule. This is where a participant discloses that they or someone else is at risk of 'significant harm'. Where this happens the researcher has a duty to inform another professional (see also the section on Disclosure below). TSA also has specific Child Protection guidelines which further address this issue.

Participants must also be told at the beginning of the research how the information will be used, for example as statistical information, individual quotes, or case studies. They should also be told in what format the information will be reported, for example as books, articles, and in conference presentations. In all such work, it is important to stress that this will be done in a way that ensures that the individuals concerned are not identifiable. Participants should also know that, in accordance with the Data Protection Act, they have a right to see any information that TSA holds in relation to them.

## **FEEDBACK**

People who participate in TSA research should, wherever possible, be given feedback about the results of the research. The participants should be told about the nature of the feedback they will receive at the beginning of the project. At times it may be more appropriate to feedback to organisations rather than individuals, but it is the researcher's responsibility to ensure that all those who participated receive feedback if they want it.

## **DISCLOSURE**

During the course of a research project, if someone discloses that they (or someone else) is at risk of 'serious harm', then the researcher has an obligation to inform another professional who can act to protect the individual. Where this happens the researcher must inform their line manager immediately, in order to agree the most appropriate person/ organisation to contact. The researcher should inform the young person what they are going to do, and what the next steps may be. As stated earlier, all participants must be told from the start that this will happen if they make a disclosure of this kind, so that they are aware of the consequences of disclosing during the research.

There may be times when a research participant is not considered at risk of immediate harm, but the researcher is concerned about their well-being. In this circumstance, the researcher should ensure that the participant receives information on helping organisations and sources of support. Note: TSA's *Child Protection guidelines* address these issues in greater detail, and all researchers are required to follow these procedures.

## **EXPENSES AND PAYMENT**

All participants should receive reimbursement for any expenses incurred during the course of a research project, such as travel expenses. TSA has no fixed views on whether participants should be given a 'thank you' when participating in research. Where this is offered, it should ideally be in the form of a voucher. However, it is acknowledged that this decision cannot be made in isolation to the funding available for a particular project. There may also be practicalities involved, such as the large numbers of young people involved in school-based research – in these circumstances it may be appropriate to provide an organisational thank-you, such as by providing materials for the library. Ideally, payment should only be offered to participants after they have agreed to take part.

## **ORGANISATIONAL MATTERS**

As a research organisation, TSA as a whole is responsible for maintaining the highest ethical standards in research. A number of organisational structures and policies aim to ensure that this is achieved. These include:

- All TSA's research applications/projects are considered by the Trustees' Sub-Committee on Ethical Standards.
- TSA is committed to employing qualified and competent researchers. All its researchers receive regular line management, to ensure that all ethical issues raised are discussed and addressed.
- All TSA's researchers are subject to checks by the Criminal Records Bureau.
- TSA is committed to ensuring the personal safety of researchers. It will ensure that researchers are protected in terms of personal safety, by such things as the use of mobile phones and identity cards, and the use of a monitoring system for checking researcher whereabouts and activities. (*See separate document 'Safety of Researchers During Fieldwork' for further details*).
- TSA is committed to following the ethical procedures of other bodies where appropriate, for example NHS Research Ethics Committee where appropriate.
- TSA is committed to protecting the security of all data collected, following the guidelines provided within the Data Protection Act (*see separate document*).
- Finally, TSA is committed to the regular review and updating of these guidelines, which will take place at least once a year.

**TSA Research Team**

**Last updated November 4<sup>th</sup> 2004**