

Pre-teens learning about alcohol

Drinking and family contexts

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This report examines the influence that family can have on how children in their pre-teen years learn about alcohol, and identifies the need for and approaches to providing parental guidance on the subject.

Childhood experiences and the influence of family are crucial to forming future drinking habits. Much emphasis has been placed on understanding the impact of problem drinking within the family, especially on children in their teenage years. Much less is known about how younger children learn about alcohol in so-called 'ordinary families'. This report examines how different economic circumstances, parenting styles and parents' drinking behaviours can influence how children view and understand alcohol.

The report:

- provides a children's perspective on exposure to family drinking and sampling alcohol;
- offers insights into the ways that parents introduce alcohol, and into their influence over future drinking behaviour; and
- illustrates the diversity of parental approaches through a series of family case studies.

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Background

Much of the research on drinking alcohol and pre-adolescence has examined the impact of problem drinking within the family. This study addresses a significant gap in the literature by focusing on family settings where family members are not problem drinkers. The study aim was to explore how children learn about alcohol and to identify differences by socio-economic status, age, family structure, geographical locality and parental drinking behaviour. More specifically, the research design aimed to provide insights using multiple perspectives of children's socialisation to alcohol during key transition stages in ages 7 to 12 years.

A qualitative methodology was used, comprising a mix of focus groups and family case studies, and using in-depth interviews. The sample represented a range of family structures from contrasting socio-economic backgrounds in four different community contexts (urban affluent, urban deprived, rural affluent and rural deprived).

Focus group interviews were undertaken with parents of children aged 7–12 (four groups of mothers and four groups of fathers), together with eight friendship group interviews with children aged 7–9 and 10–12 years of age (75 participants overall). The second phase (family case studies) was intended to provide a more focused analysis of influences in the family and home context, incorporating perspectives from children in the study age group, their parents and other family members with a childcare role. A total of 15 family case studies were conducted, spread across the four study communities, incorporating 61 individual interviews.

Key findings

Children's understanding of alcohol and drinking behaviours

Across the study age range, children demonstrated a nuanced understanding of alcohol and its effects, and an ability to appraise different consumption styles. Many were able to identify different levels of intoxication in adults and to differentiate between occasional and habitual drunkenness, indicating an understanding of addiction and problematic drinking, and of acceptable and unacceptable drinking behaviour. Older children revealed a more sophisticated knowledge, with girls demonstrating a better understanding of the social attributes of drinking than boys.

The home emerged as an important source of learning about the everyday use of alcohol, with many children aware of parents' and adult family members' consumption styles, including intoxication. Children were able to recount the specific drink preferences of their parents, and there was some indication that children at this age can already anticipate modelling their own future drinking patterns on that of adult family members. Marked gender differences in consumption styles could be identified.

Children's impact on drinking behaviours

Young children had a modifying impact on parental drinking behaviours, with many parents (mothers especially) feeling the need to act as a positive role model and to avoid their child seeing them intoxicated. In a small number of cases, children had a direct modifying impact and actively challenged family members,

typically fathers. In some instances they extorted favours following episodes of intoxication, typically in families living in deprived communities.

Learning about alcohol

In contrast to learning in the home, school-based education appeared primarily to convey facts about alcohol and the effects of consumption, especially with regard to health. Formal education about alcohol was also perceived differently from learning in the home: for example, it was less emotive and expressed more in black and white terms. There is therefore a danger that children are receiving mixed messages about alcohol and its acceptability.

Dialogue about alcohol between parents and children was limited for the study age group; much of the learning was informal and based largely on observation. Few parents sought to educate through proactive discussion but many supported a supervised trial of alcohol, mainly on special occasions. This was seen as a means of socialising children to alcohol and was sometimes undertaken in the hope that the unattractive taste would deter unsupervised experimentation. Significantly, children often appeared to be relatively uninterested in trying alcohol, especially in the younger ages, and were indeed put off by the taste.

Children's exposure to alcohol

Children were socialised to alcohol in markedly different ways, and differences within the home and in exposure to wider community contexts emerged as a function of socio-economic group. While children from affluent areas appeared more likely to be exposed to alcohol consumption during meal times, they were also less involved in family celebrations where alcohol was consumed, and much less likely to witness drunkenness either in the home or in the wider community. As a result, alcohol consumption was more hidden in the affluent study communities. In the deprived communities it was more integrated into home and family settings, and heavier drinking was generally more accepted.

Regardless of the differences between study areas, parents' expectations of their children's future alcohol behaviours were often characterised by a sense of helplessness and a limited belief in their ability to teach their children to drink responsibly. Future experimentation with heavy alcohol use was perceived to be inevitable in the face of other influences and pressures, and in spite of parents' influence as role models.

Only in a few exceptional cases, all located in deprived communities where heavy drinking was the norm, did parents have very positive expectations regarding their children's drinking. They expected their children to learn how to drink responsibly, and the effectiveness of the parenting styles in these case families was evident in the responsible alcohol behaviours displayed by older siblings.

Alcohol compared with other issues

In comparison with other substances, alcohol assumed a much lower priority for parents with children in the study age range. Many were more concerned about smoking and drug taking, which were unequivocally seen as damaging to health and highly addictive. Concern about these risks did not always appear to be rational, however, and it is possible that the lower priority attached to regulating alcohol consumption relates to the fact that drinking alcohol is a more normative behaviour than drug taking or smoking.

These differences in perception also help to explain the way parents dealt with alcohol education in the home. Most took a firm stance on behaviours such as smoking or drug taking and a more nuanced or ambiguous position on alcohol. The issue for parents with regard to smoking and drugs was about preventing or dissuading children from use. For alcohol consumption it was about encouraging their children to drink in a certain way. This difference appears to explain the reluctance of many parents to discuss alcohol consumption with their young children, preferring instead to delay dealing with the issue until their children begin to experiment with alcohol independently.

Further research

Finally, as well as highlighting the diverse ways in which parents approached educating their children about alcohol, the study findings highlight the many other factors that are seen to influence young people's interest in alcohol and their willingness to experiment with it as they mature. Many of these are already well documented but one new factor emerges in the field of product marketing, which is the growth in energy drinks. These appear to have a role as a transitional product for young people seeking to copy and ultimately adopt adult drinking patterns and behaviours. Their emergence, and the use of caffeine as a key ingredient, suggests this is an area worthy of more detailed investigation.

Implications for policy and practice

Targeting pre-teenage children

The study provides evidence that children at this age are receptive to parental advice and influence regarding alcohol, and many anticipate modelling their future drinking behaviour on that of their parents. It is therefore an appropriate time to provide information and guidance and to encourage a dialogue about alcohol between parents and children. This would be particularly valuable given that parental influence diminishes as children reach their teenage years, the period when many begin to experiment with alcohol independently.

Advice and guidance for parents

The study findings reveal wide variation between families in drinking experiences and practices, in parenting styles, and in approaches to talking about alcohol and introducing children to it. There is also an underlying uncertainty in parents' feelings about educating their children about alcohol and therefore a need for better guidance for parents. In this respect, the study findings indicate that initiatives designed to support parents must not only respond to the educational needs of their children; they must also be sensitive to adult drinking cultures and the wider social values surrounding alcohol use in order to engage parents in ways that are constructive and meaningful.

While heavy-handed approaches are likely to be dismissed by parents, parents in this study were unclear about the law and about recommended practice for deciding when, how and in what contexts it is permissible to introduce children to alcohol. Providing clarity on the law would offer a neutral platform from which to provide parenting guidance on introducing alcohol, and emphasise that parenting in this area can make a real difference. If parents are to respond appropriately, there is also a need to articulate clearly the rationale for current government advice that children should not be permitted to drink at all until the age of 15 years.

Findings also indicate that care needs to be taken to avoid stigmatising parents, particularly those living in socially disadvantaged circumstances who sometimes feel overwhelmed by information and advice. There may be value in providing alcohol advice through generic (as opposed to alcohol-specific) parenting initiatives, and through initiatives that focus on the broader family and community.

Finally, findings suggest that young children are receiving mixed messages about alcohol in the home and at school, irrespective of social background, and that there is a need to encourage greater involvement of parents to help ensure consistency of message. This involvement is likely to depend on government taking a more proactive stance in guiding parents in order to harness the positive influence they can have on children's future drinking behaviour. To be effective, these actions need to form part of a wider multifaceted strategy designed to address the prevailing pro-drinking culture.

Alcohol consumption is widespread in the UK and ingrained in many of its cultures. For example, international comparisons suggest that binge drinking is far more prevalent in the UK than in other European countries (Norström, 2002). In the UK context, Scotland has a particularly strong drinking culture and sales data indicates that, on average, Scottish adults drink about 25 per cent more alcohol than their counterparts in England and Wales (Nielson Information, 2008). Consumption of spirits is also higher in Scotland than in other parts of the UK. It is noteworthy, however, that there are indications that alcohol consumption among teenagers in Scotland appears to have been declining since 2002 (SALSUS, 2008).

Learning about alcohol

A comprehensive review of the literature on how young people learn about alcohol illustrates the significance of childhood experiences to the UK drinking culture (Velleman, 2009). It suggests that by the time children begin drinking alcohol they have already acquired and developed attitudes, expectations, and intentions about alcohol that are formed in the context of broader social and cultural influences. Velleman (2009) illustrates that, from an early age, children come into contact with information about alcohol from many sources (e.g. peers, media, siblings). Typically, though, it is parents who exert the greatest influence, in part owing to their ability to affect long-term goals. The review also suggests that early drinking experiences within family contexts may be a means of introducing appropriate alcohol behaviours.

A better understanding of the role of family in influencing how drinking habits are learned is therefore central to developing effective mechanisms for shifting ingrained problematic drinking patterns and cultures (Plant and Plant, 2006) in Scotland and beyond.

While socialisation of children to alcohol is an important marker of broader drinking cultures (Heath, 1995), there are conflicting views and interpretations of the available evidence as to whether delaying young people's exposure to alcohol is advantageous (Hayes, *et al.*, 2004) or not (Peele and Brodsky, 1996). A recent Italian qualitative study suggests that adolescents who were allowed to consume alcohol with meals and as part of the family social life when growing up were less likely to binge drink and get drunk in later life (Strunin, *et al.*, 2010). This contrasts with UK Government advice which recommends abstinence for children below the age of 15 years (Department for Children, Schools and Families, 2009; Department of Health, 2009). It is also likely that there are cultural differences in the way socialisation to alcohol is viewed. Southern European countries, for example, have traditionally been characterised by the way that alcohol consumption is more integrated into everyday aspects of life compared with northern European countries (e.g. Heath, 1998), though differences appear to be diminishing (Leifman, 2001).

Influence of family settings

Alongside numerous wider social influences that progressively impact on the development of drinking behaviours with increasing age, family settings are increasingly recognised as important initial reference points for individuals' socialisation and exposure to alcohol (Hayes, *et al.*, 2004; Houghton and Roche, 2001; Poelen, *et al.*, 2007; Barker and Hunt, 2004). Coherent family bonding has, for example, been identified as a protective factor with regards to problem drinking in adolescence, and heavy drinking of family members as a risk factor (e.g. Bahr, *et al.*, 1995). Much of the research focuses on problem drinking

in family settings. How individuals learn about drinking and acquire the skills to drink sensibly in so-called 'ordinary families' has received less attention (Houghton and Roche, 2001) and it is unclear how upbringing ideals and family orientation influence alcohol socialisation (Järvinen and Room, 2007). However, there is recent evidence that family structure and maternal parenting practices that provide only low levels of control for children at age 5 years may be linked to problematic alcohol consumption styles in adolescence (Alati, *et al.*, 2010).

While involvement with alcohol appears to gather pace in late childhood and early adolescence, younger children already appear to have good knowledge about alcohol and norms of alcohol consumption and about motivations for consumption (Fossey, 1992). Fossey (1992) showed that, by age 8, children's negative views of alcohol consumption begin to be replaced by more positive views, and that there is a tendency for children from poorer areas to report less negative attitudes towards drinking. This is consistent with well documented evidence which shows a relationship between social disadvantage, risky consumption styles and alcohol-related mortality (e.g. Woodward, *et al.*, 1992; Harrison and Gardiner, 1999; Hart, *et al.*, 2009).

Socio-economic variations

Our earlier research indicated that socio-economic status is an important predictor of whether or not young people are introduced to alcohol in home settings (MacAskill, *et al.*, 2008), with adult participants from deprived areas less likely to report being introduced to alcohol in family settings than those from affluent areas. There were also marked differences in consumption patterns, with middle class participants drinking throughout the week (e.g. with meals) while working class participants reported higher weekly consumption concentrated on fewer days. Single parents and parents of young children, for whom childcare was a factor, drank more at home. These findings indicate significant differences in the way alcohol is handled in ordinary family settings, which are explored further in this study.

Purpose of research

Government attention is turning more to issues relating to parents and children in the context of youth drinking behaviours. For example, the Department of Health recently published its Guidance on the Consumption of Alcohol by Children and Young People (Department of Health, 2009) and the Scottish Government's discussion paper, Changing Scotland's Relationship with Alcohol (Scottish Government, 2008), places a particular emphasis on supporting families and communities. However, the available evidence continues to focus largely on teenagers (rather than children) or on families where there is problematic consumption. Much still needs to be learned about childhood contexts in the development of drinking behaviours. Our research therefore aimed to take a broad approach by examining the interaction across a range of influencing factors such as family make-up and upbringing styles. As others in the field (e.g. Velleman, 2009) have commented, drinking behaviours should not be treated in isolation from broader social and cultural factors.

Our aim was therefore to explore these issues in depth by taking a non-judgemental approach to alcohol consumption in family settings and beyond, and to consider both the positive aspects of alcohol consumption and the dangers associated with excessive consumption in particular. For the purposes of this report, excessive alcohol consumption refers both to drinking that results in harmful effects such as injury, and to more problematic consumption styles that are indicative of dependence. Aside from examining differences between a range of socio-demographic groups, this research particularly aimed to give a voice to children and young people, and to explore alcohol issues from their viewpoint in addition to that of their families.

Aims and approach

This study aimed to address an important gap in the literature by focusing on family settings where family members were not problem drinkers (i.e. did not portray drinking styles indicative of dependence). More specifically, the research design aimed to provide insights using multiple perspectives of children's socialisation to alcohol during key transition stages in ages 7 to 12 years. This spans the period from when children start to re-assess the social values attached to alcohol consumption through to early adolescence when peer group influence becomes more significant. The study was intended to complement existing Joseph Rowntree Foundation (JRF) research and build upon earlier work conducted by the study team into adult drinking cultures (MacAskill, *et al.*, 2008).

The overall aim of the proposed study was 'to identify and explain how children learn about alcohol and explore differences by socio-economic status, age, family structure, geographical locality and parental drinking behaviour'.

The research therefore explored children's, parents' and family members' accounts and attitudes with regards to the following:

- consumption patterns within the family home in terms of frequency, volume and context (at routine times or as part of a special occasion) and children's level of exposure;
- childcare provisions made when consuming alcohol, including the role of grandparents, older siblings and extended family and friends;
- attitudes to and acceptance of alcohol consumption, and different drinking patterns and behaviours, including sensible drinking, drinking to excess, underage drinking, supervised drinking, older siblings drinking, children in licensed premises, and visiting other homes with different drinking styles;
- how children conceptualise drinking at different ages: positive and negative features attributed to drinking and excess, and how these relate to their consumption and motivation to experiment with alcohol;
- initiation process: when, where and how children are introduced to alcohol and the role, if any, played by parents and other family members;
- areas where, and the extent to which, parents seek to exercise control over their children's lives, not only in relation to alcohol but also in freedom to play, access to the internet and television, exposure to environmental tobacco smoke, etc.;
- approaches to parenting and beliefs about the influence of parents and family on children's drinking behaviour and attitudes to drinking;
- parental accounts of their own upbringing and experiences of alcohol exposure and consumption as a child, and perceived influences on current drinking and parenting behaviours;
- the extent to which parents seek to educate their children about drinking, and how they do this;
- attitudes to alcohol education that targets parents and has strategies for promoting parental engagement; and
- areas where parents feel they need support and where greater control is required.

This in-depth exploration of the socialisation of children to alcohol is intended to fill an important gap in understanding about pre-teens who live in 'ordinary families': that is, families that do not display problematic drinking styles. While the study aims primarily to contribute to the existing evidence base, it also provides some broad pointers for policy and practice regarding alcohol education and families.

To achieve the study aims and objectives, a broad understanding of the manifold influences on children's learning about drinking in the family context was required. Consequently, a non-directive exploratory approach using qualitative methods was adopted. This combined two linked stages of data collection. The first involved separate focus groups with parents and children in the study age range. These were followed up by a series of family case studies using in-depth interviews with family members identified through the parent focus groups. The research sample was designed to represent non-problematic drinking styles in a range of family structures from contrasting socio-economic backgrounds in both urban and rural community contexts. Appendix I provides a detailed description of the study design and methodology.

The study findings are presented in three main chapters. Chapters 1 and 2 describe the findings from a thematic analysis to provide separate children's and parents' perspectives on the main study themes. In these chapters, narratives from both the focus groups and case study interviews are analysed together. Chapter 3 is based exclusively on the case study interviews and provides a family case analysis to reveal different parental approaches to managing drinking practices within home and family contexts. A final section draws the findings together to describe the study conclusions and their implications for policy and practice.

1 The children's perspective

The first chapter of this report presents the children's perspectives on drinking behaviour and its links with the family. It covers four main areas:

- children's accounts of drinking in family, home and community contexts;
- children's understanding of alcohol and drinking;
- children's attitudes to drinking; and
- children's accounts of sampling alcohol.

All four sections draw on narratives from the focus groups and the in-depth interviews and have children as their primary sources. They are supplemented by the enquiries with parents and responsible adults to provide contextual material.

In assessing the evidence provided by the children's group and in-depth interviews, it should be noted that the focus group enquiries tended to provide more graphic and, in some instances, extreme accounts and views of drinking than those from the family case study interviews. While these differences may partly be explained by the different questioning procedures used by the two data collection techniques (for example, the use of picture boards as prompts for discussion in the focus groups), the social dynamic of the focus groups may also have encouraged participants to paint a more vivid picture of their experiences of drinking when in the presence of peers. These differences should be borne in mind when evaluating the children's narratives.

Children's accounts of drinking in family, home and community contexts

This section offers insights into the contexts in which children in the study age group are aware of drinking, and any differences to emerge between the main study variables. Three main themes emerged from the analysis of accounts of drinking:

- family drinking behaviour;
- strangers' drinking behaviour; and
- peer group drinking behaviour.

While the themes relating to strangers and peer group drinking behaviour do not directly relate to the study focus on family, they have been included to provide a context for understanding children's experiences of drinking and to highlight differences in attitudes and perception between drinking in and outside the home.

Key socio-demographic differences were identified within each theme, as were (to a lesser extent) gender and age differences in response to some situations. The findings for each theme are discussed

separately below, incorporating narratives and descriptions of drinking styles and exposure to alcohol. Approaches to controlling children's exposures are detailed in Chapter 2.

Family drinking behaviour

Home setting

Most accounts of alcohol and drinking related to the home setting, in particular the family home, with almost all participants having some sense of parental drinking patterns (i.e. when and how often their parents drank, and in what contexts) and in some cases the types and amounts of alcohol consumed. For those living in two-parent families, fathers were generally seen to consume more and to drink more often than mothers, some of whom were described as drinking only on special occasions or when out with friends.

My mum just kind of doesn't really have anything to do with alcohol. Well she sometimes has like a glass of wine or like champagne at some parties that she goes to. But she doesn't usually – she like never drinks at home, she just drinks the odd glass of wine or something, at like a party.

In-depth interview, daughter, aged 11, rural affluent community, Int45 CS12

Most regular drinking was seen to take place in the evening (more typically at weekends), where it could be part of the evening meal or, in many cases, an after-dinner activity. Drinking with the evening meal was more typical of affluent families and sometimes carried on into the evening. Drinking after dinner was more likely to be observed in families in more disadvantaged circumstances and was a common context for male drinking, typically when watching televised football with other male family members and friends. Sons frequently described watching the match with their fathers and in some cases fetched alcoholic drinks from the refrigerator. Participants in the study group were often receptive to the fact that the evening was a time set aside by parents to drink on their own, although the level of understanding regarding the rationale for this behaviour varied.

Sometimes when like usually when me and my wee brother go to bed it's like they might just like cause they've been with us like all week and they might be really tired and you feel like a glass of wine or my dad might feel like a bottle of beer but sometimes they can drink in front of us but I don't really mind if they do ...

Focus group, girls, 10–12 years, urban affluent community, FG8

Most participants were familiar with the places where alcohol was stored in the home. In most instances alcohol was theoretically accessible to the children but in a small number of cases participants reported their parents (typically fathers) hiding or securing alcohol. The reason for this behaviour was often unclear but it was sometimes seen as an inherited behaviour reflecting the father's own childhood experiences and actions.

Participant: My da hides it somewhere secret in the fridge so I can't find it.

Interviewer: Why would he want to hide it, what's the point in hiding it?

P: In case you see it.

P: So we can't get it.

I: But you're not interested, you told me you're not interested in it.

P: Just in case.

P: My da thinks I am because we're hobos.

P: No, he thinks he is because he's his son.

Focus group, boys, 10–12 years, urban deprived community, FG1

Participants noted that parents' drinking levels varied across the week and fathers were generally seen to consume more than their partners, in some instances to high levels. Most heavy drinking went largely unobserved by children, except in the case of informal drinking sessions with male friends and family members, often on match days.

Sometimes my dad when he goes like to watch the football, he might have a couple of beers and then he comes home and just kind of falls on the couch and he kind of just talks weird and stuff but ...

Focus group, girls, 10–12 years, urban affluent community, FG8

Most participants described witnessing a parent or close adult family member under the influence of alcohol and, in some cases, being intoxicated. The main exceptions were found in more affluent families, where some younger family members reported that they had never seen their parent(s) drunk. Indeed, some participants from more affluent communities noted that their parents were more likely to drink when they were not present.

I've never seen them drunk because if they're going out to have something to eat, if they're going out to have alcohol, we're never with them. Like me and Laura were at my aunt Mary's for the weekend and mum and dad went to my godparents' house and they had a drink there but we were never with them.

In-depth interview, daughter, aged 9, urban affluent community, Int7 CS03

In contrast, some participants (typically in more disadvantaged circumstances) had greater levels of exposure to intoxication. Some were able to draw distinctions between their parents' drinking behaviours, which could be quite divergent and have dramatic consequences.

My dad sometimes, he drinks way too much at times but other times he's okay, he drinks too much and he starts to get bad breath and then he talks non-stop to me and he talks into my nose and it smells horrible, he talks right next to me and it goes right up my nose and it's horrible.

Focus group, girls, 7–9 years, urban deprived community, FG2

My [estranged] dad's been drinking a lot lately [...] trying to get him down the stairs and my mum phoned my papa and my papa had to deal with it when he came down, he was going quite fast and because my dad was drunk and he came out the house and tried to take me away from my mum so my mum phoned my papa and the police [...] the big massive police van came, the riot van is it called [...] he just got took to jail for one day and then got let out the other day.

Focus group, boys, 7–9 years, rural deprived community, FG9

Family celebrations and house parties

A common source of exposure to high levels of alcohol consumption was a family celebration or house party, where extended family and family friends were present and where drinking was the norm. Unlike more routine home drinking patterns described previously, there were more frequent accounts of mothers drinking to excess at such events, although not all of these were witnessed first-hand.

My mum was drunk once here [family home] when she was having a party, and she got a bit too hyper, and she lifted her t-shirt up in front of people. And it was my friends who saw. And I was like, "Oh, no!" ... But we weren't allowed in the dining room through there. We weren't allowed in there.

In-depth interview, daughter, aged 10, rural affluent community, Int55 CS14

Children living in the more deprived study communities were often able to provide more vivid accounts of their parents' and other adults' drinking behaviour at family celebrations. Differences in the accounts

of adult drinking at these events seem to be partly explained by children's proximity to drinking: children from the deprived study communities were often more socially integrated and involved in the celebratory activities than their affluent counterparts who were more likely to be confined to rooms away from where adult drinking was taking place (for example, an upstairs bedroom). Witnessing adult drunkenness within the home was, in many cases, a relatively rare event for children from more affluent areas and could act as a trigger for parents to discuss the effects of alcohol and the acceptability of different styles of drinking with their children. The following conversation took place after witnessing an adult partygoer unconscious at a family friend's house party.

She ended up having to be carried in, put on the couch. So, we had a kind of definite conversation with them [two daughters] after that. Which was kind of like, they were kind of like, "What was up with her?" And it's like, "Well, if that's what you do, if you have too much to drink, then that's what will happen. You know you can get in a situation where you know you can't stay awake, or you'll be sick and do you know what I mean?" They didn't seem particularly concerned about it, but they were curious.

In-depth interview, father, rural affluent community, Int58 CS15

Children in the study group generally took their cue from parents to guide their response to instances of drunken behaviour in this setting. While some initially expressed anxiety, this was generally moderated by the response of other adults which could have a normalising influence, with children sometimes mirroring these responses. The following illustrates one daughter's response to the same incident described previously above.

P: Judy's best friend, Catherine's mum, she gets drunk at parties, and one time everyone left and she fell asleep on the kitchen floor because she was drunk.

I: And what did you think of that?

P: I, well ... I didn't think it was good, but everyone was laughing, so I just said, "Wayo, wayo".

I: When you say "everyone", was that all of the other parents?

P: Yes.

In-depth interview, daughter, aged 10, rural affluent community, Int60 CS15

A family celebration was often the setting where children experienced their first supervised introduction to alcohol, an issue which is dealt with fully in the section on children's accounts of sampling alcohol, below. It is important to note that the child was normally willing to engage in these sampling opportunities, regarding them as part of the celebratory experience, and the presence of parents and other familiar family members provided the necessary reassurance to experiment safely. This same sense of security was also responsible for children's tacit acceptance (and in some cases enjoyment) of observing drunken behaviour at family events, and contrasted with their reaction to similar behaviour by strangers in less secure environments.

Sleepovers

While most exposure to drinking was in the family home, children also reported a number of significant encounters in a friend's family home, normally while on an overnight stay or 'sleepover'. Many participants were at an age where they were beginning to experiment with new freedoms, and sleepovers provided a first opportunity to spend time with friends outside normal parental controls.

Although few in number, these one-off encounters could cause anxiety as they involved exposure to unfamiliar and in some cases excessive drinking styles where the child's own parent(s) were not on hand to offer guidance or reassurance. In some cases these anxieties were triggered by quite subtle behavioural cues: for example, one child expressed concern that she had observed her friend's mother drinking out of a cup while preparing the family meal, and drinking quickly. In other instances the

signals were much clearer: for example, another participant was witness to her friend's father being heavily intoxicated.

... her father, the night I was at sleepover, he kind of got a little bit too drunk. And he went really everywhere. Lorraine had to show him where to go to the toilet, he nearly peed on the door ... I felt kind of, not safe ... whenever I see a drunk man or woman, I just don't feel safe, but I would feel safe with my mum and my dad, because in case anything happened, they would be there.

In-depth interview, daughter, aged 10, rural affluent community, Int60 CS15

Children tended to disclose these incidents to their parents, prompting discussion within the family and sometimes beyond. Parents' reactions varied but discussion mostly resulted in the child refusing to return to the friend's home or not being allowed to do so. Where a strong friendship had been established, however, the relationship often endured and resulted in the child discussing the issue and expressing feelings of 'sadness' with the friend.

In some cases participants were exposed to intoxication on sleepovers with a close relative, typically an estranged father or a grandparent. The child was often then more reluctant to disclose their anxiety about spending time with the relative and, in some cases, it had taken time for the family to recognise the problem and deal with the child's anxiety. There was also some evidence that parents tended to play down the significance of a relative's behaviour. In one family's case, where the child's grandfather was known to be an alcoholic, the parents referred to his drink of choice (the strong lager, Carlsberg Special Brew) as 'Papa's juice' and played down the ill-effects of his drinking with, 'Oh, Granddad's got a wee drink in him'.

Licensed premises

As well as being exposed to family drinking within the home, participants were also witness to family drinking in external settings, typically at family gatherings in pubs and restaurants where alcohol was consumed alongside food. Children typically enjoyed and looked forward to these events. They represented one of the relatively few occasions where children were witness to daytime drinking, and the emphasis on eating and family had a moderating influence on the amount of alcohol consumed. However, extended drinking periods could form part of a family holiday experience.

Some differences emerged across the sample. Pub meals were a common feature in the deprived study communities, with many participants citing a local bar that they regularly frequented and, in some cases, attended for special occasions such as Christmas dinner. Families in the affluent communities tended to frequent a wider range of licensed premises, often travelling further afield, and licensed sports clubs were a common feature of community life for these groups. In the affluent rural community, for example, the local rugby club was a regular meeting place and centre of activity, particular for men, with young club members permitted independent access during the daytime when more moderate drinking was the norm.

Dad usually has a whisky, sometimes the odd whisky. I've seen a few of the people drinking at the rugby club so 'cos I'm down there sometimes after a match.

In-depth interview, son, aged 10, rural affluent community, Int52 CS13

Licensed premises provided a context in which the study group were directly exposed to adult drinking styles, often for the first time, with children conscious that their own access was limited to specific times of the day and to particular areas within the venue. Some children also noted seeing drinkers out on the street.

Strangers' drinking behaviour

Accounts of strangers' drinking behaviour, and drunken behaviour in particular, differed markedly across the study communities. Street drinking or encounters with strangers under the influence of alcohol represented a fairly disparate range of drinkers and drinking styles. They included underage street drinkers or 'neds', who often formed part of a local youth gang culture, pub binge drinkers returning home, and lone dependent drinkers, or 'alchies', who were often witnessed inebriated or unconscious.

Street drinking and drunkenness emerged as a common theme in the two deprived communities and in the urban affluent community, and was an issue that could cause concern.

I: Have you ever seen anyone drinking and getting drunk?

P: Plenty times.

I: Tell me about it.

P: In the park, see when me and my friends all, whenever I was walking up there to get one of my other friends, I can't remember his name but, I saw five people right, three of them had alcohol and the other two went away somewhere so that was only three people, and they go drunk and set a fire ...

In-depth interview, son, aged 8, urban deprived community, Int19 CS06

There was less evidence of street drinking in the rural affluent community and reported incidents were often relatively mild.

Children from all communities expressed a degree of wariness when encountering drinkers or drunks in the street, although this was more evident in the deprived communities and the urban affluent community.

When I was outside playing with Brian, Brian Johnston, and there's this man that, he was drunk and he was, and he said to us, "Can you take my stuff down for me, I'll give you a five pence", and me and Brian were scared so we hid in my house and ...

Focus group, boys, 7–9 years, rural deprived community, FG9

In some more extreme cases, these fears could dissuade participants from going out alone or without the support of an adult or older sibling. Similarly, parents in these communities designated specific no-go areas and imposed curfews on their children as measures to deal with the perceived risks, which were often linked to a wider threat of gang violence and bullying.

While street drinking aroused feelings of anxiety, there was also a more positive side in that drunken behaviour sometimes became a spectacle rather than a threat. This was observed almost exclusively in the two urban communities where many lived in low-rise flats overlooking the surrounding streets and numerous bars and public houses. Participants had a panoramic view of any street drinking below and, in some instances, these streetscapes provided the whole family with passing entertainment from the erratic and occasionally comical behaviour of single intoxicated drinkers.

If I see someone drunk I'll say to Jean, "Come and see this" and he's [son] out the window first 'cos he's dying to see it. A wee drunk man walking up the road or something and he'll laugh. I don't think he knows how it affects you but I think he knows, visually what it looks like, somebody drunk.

In-depth interview, father, urban deprived community, Int10 CS04

It is suggested that this type of behaviour helped normalise street drinking for children as a behaviour worthy of ridicule and amusement, although other drink-related street scenes had more negative associations.

In contrast with the deprived study communities and the urban affluent community, the rural affluent study community had little exposure to street drinkers, and therefore little or no anxiety associated

with it. Children in this community tended to have more cloistered lifestyles, often living in relatively quiet out-of-town areas some way from commercial drinking establishments. In addition, their play and leisure time tended to be based at home or focused on planned external activities such as attending local sports clubs. Travel to and from these events was often by car with parents, which could make events seem less immediate.

Once we were driving along the road and a boy went, I think he was a teenager and he went onto the street where we were driving and we nearly bashed into him, but he got off.

In-depth interview, daughter, aged 8, rural affluent community, Int51 CS13

Where participants from this community expressed instances of unease about exposure to street drinkers, incidents had mostly occurred outside the immediate area.

For children in the rural affluent community, encounters with street drinkers tended to be perceived as more significant life events that triggered a serious discussion between the parent and child about the effects and acceptability of drunkenness. This contrasts markedly with children's response to street drinking in the more deprived communities where public displays of drunkenness were a more common feature of community life and therefore more widely accepted. This difference also has parallels with children's experience and acceptance of drunken behaviour within family contexts (see the response to family celebrations and house parties, earlier).

Peer group drinking behaviour

This section examines reports of illicit or unsupervised drinking among participants' peer groups. 'Peer group' in this context refers to children of a similar age who live in the same community, and includes friendship groups.

Importantly, there were relatively few reports of habitual, illicit or unsupervised drinking among participants themselves. However, there were accounts of habitual pressure to experiment with alcohol and some children of a similar age to participants were known to drink on a regular basis. Most of these accounts were from participants in the deprived study communities, particularly the rural deprived community.

Well I've seen Shane Ford [younger than participant] be sick a couple of times because of the drink he's been drinking and the smoke that's got in his lungs. Well sometimes he's just actually sick in front of his house.

In-depth interview, son, aged 10, rural deprived community, Int36 CS10

Similarly, those in the rural deprived community were more likely to give personal accounts of those in their immediate peer group being intoxicated: for example, one participant had tried to give refuge to a friend of the same age under the influence of alcohol by letting him sleep over, so as to conceal his behaviour from his parents. Comparable accounts in the affluent study communities were more likely to be the subject of playground chatter and were often unconfirmed and unobserved, with participants sometimes questioning their authenticity.

My little sister, sometimes she comes and says like a story or something. It's like once she said that a boy or two in her class had said that they were chatting about which drinks they had. She told my mum that and we're not sure if it's true or not, or if they actually did.

In-depth interview, daughter, aged 12, rural affluent community, Int61 CS15

While descriptions of immediate friends drinking were not common, reports of other children of their age group drinking tended to fall into two types: children who were permitted by their parents to drink, often

because they themselves were seen to be dependent drinkers or ‘alcoholics’, and children who drank illicitly within a friendship group comprising older children. It is not clear to what extent these two types of drinker overlapped, but it is perhaps pertinent that both types were reported most frequently by older participants in the deprived study areas where underage street drinking was more prevalent.

I don't know how to say it, like there's this boy in my school right, his ma and da well it's not his ma and da, his auntie and his uncle are very bad alcoholics, they drink everyday [...]. And they got him into it [...] because there's always beer and that.

Focus group, boys, 10–12 years, urban deprived community, FG1

Smoking was also seen as a related behaviour among peers who drank.

They do go together. Someone might start smoking while they start drinking and if someone starts drinking they normally start smoking.

Focus group, boys, 10–12 years, rural affluent community, FG15

Participants across the sample were able to talk more fluently about smoking than about alcohol, a finding that appears to point to more experimentation with tobacco than with alcohol. This greater fluency may also reflect the greater emphasis given to smoking by public health campaigns.

Summary of children's accounts of drinking in family, home and community contexts

Most accounts of alcohol and drinking related to home settings, in particular the family home, where most regular drinking was seen to take place in the evening and more often by fathers. Reports of parents routinely drinking to intoxication in the home were rare. Most heavy drinking was largely unobserved by children, the main exceptions being informal male-dominated drinking sessions and family celebrations or house parties, where drinking was the norm. Many participants described witnessing a parent under the influence of alcohol on at least one occasion, the main exception being in affluent families, where children were more likely to be excluded from settings where drinking was taking place.

Participants in the study group were also witness to family drinking in licensed premises such as pubs and restaurants, where the emphasis on eating and family had a moderating influence on the amount of alcohol consumed. Pub meals were a common feature in the deprived study communities, while licensed sports clubs were more common in the affluent communities.

There was a disparate range of drinking styles for strangers. Exposure to strangers drinking was greater in the urban and rural deprived communities than in the rural affluent study community, both in terms of prevalence and severity. Consequently, participants living in these areas were more wary of street drinkers and the potential threats they posed.

There were relatively few reports of illicit drinking amongst participants in the study population. However, there were accounts of pressure to experiment with alcohol, particularly from participants living in more deprived communities where underage drinking appeared more prevalent.

Children's understanding of alcohol and drinking

This section examines children's understanding of alcohol, the meanings they attribute to drinking and the role played by family, in particular parents, in informing this understanding. The findings reported here represent an analysis of the themes and narratives that emerged from a drawing task undertaken in the focus groups. Participants were given pen and paper and asked to construct a ‘spider diagram’ of words and pictures they associated with alcohol. The technique was used as a device to initiate discussion and explore participants' understanding of alcohol and drinking, and the links with family.

Findings from the association task and subsequent discussion are supplemented by related themes that emerged from the case study interviews. Where relevant, parents' and adults' perspectives on these concepts and themes have been incorporated in order to assess how parenting styles and approaches inform children's learning.

It is important to note that children generally approached the drawing task enthusiastically, and were noticeably excited at the prospect of being given free rein to talk about alcohol. This may partly have been because drinking was seen as an exclusively adult behaviour, with few children having been invited to talk about it openly before. For many children, particularly younger ones, initial responses indicated that they felt alcohol was 'bad'. However, further discussion revealed more nuanced themes as outlined below.

The analysis identified five main themes associated with alcohol and drinking: psychological and physiological effects; health consequences and addiction; violence and physical harm consequences; family celebration; and alcohol products. In reading these narratives, it should be noted that the overarching concept of intoxication or drunkenness unites many of them and appears to be the most common connection with drinking. For example, intoxication was implicit in the immediate effects associated with drinking, was seen as an underlying cause for many of the health consequences and harms associated with drinking, was often a feature of family celebrations, and was related to different types of alcoholic product in terms of their strength and ability to cause drunkenness.

Psychological and physiological effects

Many participants in the study group expressed the idea of intoxication through the psychological effects observed in adult drinkers, which were generally referred to in anarchic terms: for example, 'makes you go loopy', 'dance about', 'hyper', 'mad', 'wasted', or 'going crazy'. More subtle physiological changes were also noted, such as: 'makes you wobbly', 'makes you dizzy', 'makes you talk weird', 'talking out loud in your sleep', 'changes your face', 'your eyesight goes funny'. Some participants used more matter-of-fact terms, such as describing the hallucinatory effects of alcohol as 'pink elephants', or referred specifically to the behaviour of individual family members, such as 'dad's mumbling'. In addition, many referred to the effects of alcohol poisoning through images of people vomiting, and to the after-effects of drinking with references to 'hangovers' and 'sore heads'.

Not all forms of drinking were associated with these effects. Indeed it would be more accurate to say that most of the adult drinking that participants witnessed failed to demonstrate any of them, with many making a distinction between sensible drinking and drinking to excess, or 'overdoing it'. In this respect, many made judgements about correct or acceptable drinking, often described in terms of moderating the amounts consumed. This issue is covered at length under children's attitudes to drinking later in this chapter.

Participants also referred to alcohol's ability to affect emotions or moods, typically referring to this effect in contrasting terms, such as 'some people can be angry and some happy'. However, many struggled to articulate their ideas fully, often using language and terminology more typical of adult narratives.

Participants struggled to understand adults' motivation for drinking, often speculating that they derived pleasure from the taste or were subject to the same kinds of social pressures that young people typically older than themselves were under.

I: Why do you think adults drink it?

P: Probably because they probably saw their mum and dad or they've just seen other people and they want to try it as well.

In-depth interview, son, aged 11, rural affluent community, Int56 CS14

Most participants found the question of why young people were not permitted to drink similarly challenging. There was an implicit understanding that drinking alcohol was an adult behaviour: for example, all were aware that there was a legal age for buying alcohol and many cited retail signage as a source of information. Many also anticipated that they themselves would engage in some form of drinking when older (see the later section on children's future drinking expectations) but most found the reasoning for restricting alcohol consumption perplexing. Some participants had given the question prior consideration, but many simply accepted their parents' guidance that drinking was an adult behaviour.

Well I basically worked that out for myself because I know alcohol isnae for children because a lot of alcohol in a child's body could kill them by alcohol poisoning.

In-depth interview, son, aged 10, rural deprived community, Int36 CS10

That said, some participants were curious to learn about drinking and to sample alcohol, an issue that is explored in detail later.

Health consequences and addiction

Health narratives describe associations between the consumption of alcohol and damage to the body, specifically the brain ('frazzles your brain cells', 'shrinks your brain'), liver (occasionally mentioned in conjunction with the kidneys) and heart, where it was sometimes identified as a cause of heart attacks. Effects on the brain and liver emerged as more substantial sub-themes, with older participants in the study group demonstrating a broader awareness and, on occasions, a more sophisticated understanding of the disease process.

It damages your liver and kills brain cells or something ... I dinna know why, I've always wondered does it just eat away or something, like sugar eats away at your teeth. But I dinna ken what it is but I've just got I just dinna want to be a part.

In-depth interview, son, aged 11, rural deprived community, Int41 CS11

As well as describing associations between drinking and physical health, some participants also drew connections between the psychological effects associated with intoxication and mental deterioration: for example, 'can make you a bit dippy', 'not good for your brain', 'bad for you, doesn't help you learn'.

Participants referred frequently to what they had been taught at school, much of which was apparently designed to discourage early experimentation.

It was the teacher and she told us the one thing that put all of us off with alcohol, like drinking it, was she told us that every time we took a sip of alcohol, one of our brain cells popped so that put us really off of it.

In-depth interview, daughter, aged 9, urban affluent community, Int7 CS03

Some participants used the drawing exercise to convey strong anti-drink messages; for example, 'Be sensible, don't drink', 'Do you let your baby drink? Then why do it when pregnant', 'Drinking is not cool', 'Drinking is very bad'. While it is not possible to establish whether local education initiatives were responsible for cultivating this type of response, the anti-drink theme was most pronounced in the girls group in the rural deprived study community. This was the area where youth drinking appeared most prevalent, where there was the greatest number of drink-related incidents reported, and where parents frequently felt embattled. This suggests that children who are subject to these pressures may be more receptive to this type of education intervention. It also suggests that gender may be significant in the extent to which alcohol messages are internalised by children.

There were relatively few narratives identifying parents and family as a primary source of learning about health effects, although there were examples of school-based activities and public health advertising prompting discussions in the home of health issues. These instances were more evident in the more affluent study communities. There were also occasional examples, again in the more affluent communities, of parents highlighting positive health associations with drinking red wine.

My mum said that it's actually quite healthy to have, like, a small glass of wine with your meal. I'm not too sure why but she said, yeah, too much is not good, but if you have, like, controlled amounts, it's actually quite good for you.

Focus group, boys, 10–12 years, rural affluent community, FG15

Closely aligned with health effects were dependency narratives, with many participants familiar with the concept of alcoholism, variously referred to as 'being alcoholic' or 'getting addicted on alcohol'. Understanding was variable, with no single source emerging as a dominant influence. Some equated it with liking or loving alcohol, and with particular aspects of appearance.

I think he's a bit of an alcoholic [relative], because I saw a picture of him, and his face was all, eyes were lined under here. And he had loads of wrinkles on his face.

In-depth interview, daughter, aged 10, rural affluent community, Int55 CS14

Many others, however, were able to grasp one or more dependency constructs, most notably the ideas of habitual drinking and addiction. Some participants drew parallels with other substances and behaviours such as cigarettes and drugs and, in one case, chocolate.

Older participants in the study group were able to give the possible causes of alcoholism, differentiating it from the more moderate drinking styles with which they were familiar and the drinking behaviours of close family members and loved ones.

Well we do quite a lot of drugs and alcohol [education] at school. And mainly because, well if it's just like wine or something just like if it's a special occasion or something, but if it's like they're addicted maybe because they're stressed or something's gone wrong in their life or something.

In-depth interview, daughter, aged 11, rural affluent community, Int45 CS12

Finally, it was also apparent that having people around them who themselves showed signs of dependency could have an influence on the way that participants understood and interpreted other drinking terms and normative styles. For example, one young girl in the study population had been exposed to both her father's and grandmother's dependent drinking style. She interpreted 'being drunk' or 'getting drunk' in much the same way as other participants related to the concept of 'being alcoholic', i.e. 'it means they've had too much and they can't stop'.

Violence and physical harm consequences

Most violence and harm narratives related to encounters with strangers outside the home. Where incidents of harm emerged within the home, they normally involved accidental injuries and were relatively minor.

Analysis of the narratives revealed three main themes: drunkenness (falling over, lying in the street, walking into a wall, getting hit by a car); violence (getting angry, kicking doors, starting fights, beating people up, chasing you, trying to get money from you); and vandalism (setting a fire, breaking and throwing bottles, smashing windows).

If you're in the car going down the street and some people are in, like, clubs, if some people are in, like, clubs and they come out and they have a fight and everything, and they wake up in the morning, if they are injured, they'll be really, really sore and you don't even realise what happened.

Focus group, girls, 7–9 years, rural affluent community, FG16

As before, there was a clear divergence in participants' experiences by study area. Participants from all four areas had witnessed instances of aggression and violence (and related harms) but the frequency and severity, and the extent to which the threat of harm was directed at the participants themselves, varied markedly. Young people in the affluent rural area were subject to fewer and less severe incidents than their counterparts in the other three study areas.

Participants living in the affluent study areas, particularly the rural affluent area, drew heavily on media portrayals, and in particular popular TV crime dramas, to inform their understanding of this facet of drinking. They tended to relate the punitive and longer term social consequences of drink-related crime during interview, often describing how people who behave badly because of drinking alcohol can end up being arrested and locked up and how their actions can affect other people and family members.

Some younger viewers struggled to fully comprehend the significance of these media portrayals, sometimes taking unintended meaning and messages from the storylines, for example, by equating drunken behaviour with jumping off buildings.

Well, they just can't normally – they don't mean to do, like, something, what they're, like, say I was drunk, but I'm not going to – I wouldn't mean to, like, go in front of a car or something. Or maybe get in a fight or jump off a building, because your body just takes over and stuff. And sometimes it shuts down. Because I watched it on The Bill where it's about police people, and this guy was drunk and he was on a building and he was going to jump off, but his body shut down so he couldn't move, so he fell.

In-depth interview, daughter, aged 10, rural affluent community, Int55 CS14

Many parents reported permitting their children to watch this type of programme but there was no indication of its being used to prompt discussion, or of attempts to gauge or clarify the types of messages and information that their children might be taking from it.

Harms related to drinking and driving also emerged from the analysis as a theme. Many children in the study group demonstrated a fairly detailed knowledge of parents' drink-driving behaviour: for example, the importance of refraining from drinking if driving (typically mothers) or using taxis when drinking and, less frequently, the importance of not driving the next day.

... my mum, whenever she's like after a bottle of wine say the night before, she doesn't go straight in to her car or she doesn't go straight in to the car unless it was like a taxi driver you know, she wouldn't drive in case any accidents happen.

In-depth interview, son, aged 10, urban deprived community, Int20 CS06

This knowledge appeared to be acquired through a combination of observation and conversation with parents. Reality TV shows, portraying images of drunk-driving, also had an important role in reinforcing participants' understanding of the accident risks associated with drinking and driving. School-based education appeared to inform participants about more technical issues, such as how long it takes for alcohol to leave the system and the impact of alcohol on reaction times and perception.

Few differences emerged between study areas with regards to drink-driving narratives, although it was a more prominent theme in the rural affluent study community. This may be explained by a greater reliance on private transport.

She's [mother] usually the person that drives everyone home after parties 'cos she's like the only one who's not had anything to drink.

In-depth interview, daughter, aged 11, rural affluent community, Int45 CS12

Finally, in contrast with children's responses to strangers drinking and the threat of harm, there was no evidence of anxiety regarding parents' drink-driving narratives.

Family celebration

Celebration narratives emerged as a relatively minor theme among spontaneous associations with alcohol in the drawing task. However, it was more evident in the words and drawings produced by the girls focus groups, and was particularly prominent in the older girls focus group conducted in the rural deprived study area.

The images and participants' accounts relating to this theme differed markedly from many others in that they conveyed relatively positive experiences and associations. For example, the drawing task included specific references to 'Christmas', 'special occasions', 'parties' and 'happiness', and images of firework displays and families gathered around the dinner table eating together. This theme also included references to licensed premises, with participants providing detailed depictions and images of bar environments. These contained a mix of images, with depictions of bar counters and outdoor scenes, some with drinkers seen drinking through the windows and others with drinkers in the street. Some of these images also referred specifically to local bars in the community and specific forms of bar entertainment, such as live music.

Subsequent discussions in the focus groups, and narratives from the case study interviews, underlined the positive associations with this theme. Participants themselves sometimes differentiated their experience of drinking in these contexts with their more generally negative impressions and feelings about drinking.

Well, I haven't really heard any good things about alcohol, the only good thing is when you're like a celebration where it's not too much.

In-depth interview, son, aged 10, urban deprived community, Int20 CS06

A key factor in drawing this distinction was the drinking styles and behaviours that participants witnessed at such events, and their apparent acceptance of drinking where it forms part of the celebratory experience and sense of occasion.

Some people celebrate with it and sometimes, like, New Year, people celebrate it and they, they don't go hyper than what they normally do. They just calm down a bit and they watch the telly a lot 'cos it's special ... cause they have, like, the countdowns and then they cheer.

Focus group, boys, 7–9 years, urban affluent community, FG7

These experiences contrasted sharply with their understanding, and in many cases overt rejection, of illicit forms of drinking. For example, a boy living in the rural deprived community, where youth drinking was a common part of the local culture, drew a clear distinction between youth drinking and accepted forms of drinking in the home.

Well basically they just think they're cool getting alcohol into their system and it's no really that cool, eh? You only drink if it's like a special occasion or something, that's the only reason you would actually drink.

In-depth interview, son, aged 10, rural deprived community, Int36 CS10

These findings appear to underline the importance of the family and the normative drinking behaviour experienced at celebratory events as a source of learning for acceptable drinking behaviour. Participants were able to identify different drinking styles and levels of intoxication, ranging from 'sounding giggly' and 'looking a bit wobbly' to 'overdoing it' and 'getting totally steam boats'.

Participants from the more deprived study communities were able to draw on a wider vocabulary to describe these effects: for example, 'last time they had a serious drink ...' and 'she gets a bit hyper with the drink, but I've never seen her walking into doors like'. They also had an understanding of relatively sophisticated drinking practices such as 'spiking'.

I think it's drugs and they like just put it, like spiked, like say you're away to the toilet or something and you leave your drink with somebody like that you know, that you're maybe sitting at a table with and they maybe just turn their head and anybody can walk round and stick, it's like a wee tablet ...

Focus group, girls, 10–12 years, rural deprived community, FG10

This vocabulary was partly picked up from adult family members and older siblings, and formed part of the shared language and conversation within the family. In contrast, participants from the affluent study communities, particularly the rural community, often struggled to find the language to describe their parents' drinking behaviour. These differences may reflect the different levels and frequency of intoxication observed within the study communities.

Alcohol products

The final theme examines participants' understanding of alcohol products and the links with family. It focuses on references and images produced by the drawing task and the narratives that flowed from it. This was the most prominent theme and generated the largest number of references, although this was partly because the drawing task used an outline sketch of a bottle to help participants engage with the exercise. Nevertheless, the number and range of participants' references to alcohol products were striking.

References included alcohol categories, such as wine, whisky, vodka, beer, lager and cider, and references to specific brands. Humorous links were also made to fictional products, such as Duff Beer, the choice of TV cartoon character, Homer Simpson. Outliers included images drawn from participants' experiences of retail environments, with references to price promotions, '3 for the price of 1' and signage for shop ID schemes referring to specific age limits, '18' and '21', which some participants used to denote the age restrictions governing who could buy alcohol and, in some cases, who could consume it.

Analysis of the narratives relating to the product theme revealed that participants' brand awareness was informed by the drinking repertoires and preferences of those around them. Participants linked specific brands with individual family members and relatives, 'My mum loves Smirnoff', and often conveyed a sense of affiliation and, in some cases, affection for these products. Parents also gave accounts of their children being excited, often calling out when they identified a commonly purchased alcohol product on the supermarket shelves, 'That's dad's beer, mum', which was a source of mild embarrassment for some parents (see Chapter 2 for children's impact on parents' drinking). It is noteworthy that male partners were sometimes responsible for purchasing alcohol in affluent families, normally unaccompanied. This contrasted with families in the more deprived study communities, where female partners were often responsible for managing the family budget and for making all the family purchases, including alcohol.

These experiences were mirrored by participants' reaction to a brand recognition exercise used in some of the focus groups, with familiar products images often prompting an animated response: 'Baileys, my auntie drinks that', 'I've seen that in the shop' (Smirnoff Ice), 'My sister buys it' and 'Whisky, my Granda loves it'.

Parents' drinking preferences were influential in guiding participants' thoughts about the products they themselves were likely to drink when they were older, with choices often divided by gender.

If I was going to have one, it would probably just be a, if I'm going to be older, it would probably be a pint.

Focus group, boys, 10–12 years, rural affluent community, FG15

There is a broader discussion of the roles of children and parents in product trial and experimentation later. However, it is worth noting at this point that product flavour emerged as an important factor in discouraging experimentation, with many participants describing the taste as 'disgusting' and 'horrid'. Some participants therefore interpreted the practice of mixing alcoholic drinks with soft drinks (e.g. vodka and Coke, and whisky and Irn-Bru) as a way of masking the taste of alcohol.

In relation to gender differences in product choice, participants (particularly those in the older sample group) were often able to make judgements about the types of products that appeal to men and women. These judgements were at least partly informed by observations of the tastes and preferences of family members and relatives.

I: So who likes Guinness that you know?

P: My granddad normally has it, more men.

P: More men have it.

P: Women more drink wine.

P: And then men normally drink beer or whisky or something.

Focus group, boys, 10–12 years, rural affluent community, FG15

However, participants also recognised some products that were not related to gender. One notable example was the tonic wine, Buckfast, often referred to as 'Buckie'. It was frequently identified as the drink of choice of young drinkers or 'neds' in the rural deprived and urban study areas, and was the only example of a well known alcohol product that was associated almost exclusively with drinkers outside the immediate family. Since the marketing support for this product is known to be particularly low key, its prominence may partly be explained by the consumption style of Buckfast drinkers and the distinctive pack design. Participants frequently gave vivid descriptions of young people they had seen hanging about drinking it out of bottles in the street or at the local park.

I saw people drinking it, they chucked it [the bottle] and tried to hit the duck and that, the swans [at the local pond].

Focus group, boys, 7–9 years, rural deprived community, FG9

While Buckfast did not feature in youth drinking narratives in the rural affluent study area, another caffeine-enriched product, the energy drink, Red Bull, did. Significantly, some participants labelled the product as an alcoholic drink. Detailed probing revealed that this was seen to be a popular drink among young people at the local senior school who were several years older than those in the study group. The confusion stemmed from a perception that the product gives the drinker a 'buzz', which is seen to mirror (and is confused with) the effect associated with alcohol. While caffeine products do not appear to pose the same kind of risks as alcohol, it is illuminating that this product can assume a position and status similar to alcohol products among those in the study age group.

Participants in the study group were able to make qualitative judgements about the strength of different alcohol products and some referred to, and showed some appreciation of, alcohol unit measures. Closer examination of alcohol strength narratives revealed that participants can misattribute the strength value of alcohol products by relying on the drinking styles and behaviours of those around them. They

can also make pejorative judgements about different alcoholic drinks based on simple association. For example, the following case describes the accounts of one participant in the urban deprived area who was judging the drink of choice of her best friend's step-father. The step-father demonstrated a dependent drinking style and regularly drank to excess.

I: You get different drinks don't you?

P: Some drinks are worse than others.

I: What ones are worse do you think?

P: Vodka.

I: Worse than?

P: Beer.

I: Why do you think it's worse?

P: Because ... my best friend's step-dad he takes it and he gets drunk like that. [clicks her fingers]

In-depth interview, daughter, aged 11, urban deprived community, Int25 CS07

Finally, while participants' observations of adult drinking behaviours and preferences influenced their understanding, awareness and, in some cases, emotional response to alcohol products, other wider influences, most particularly the media, also appear to have a role in reinforcing positive associations with alcohol. Many of the alcohol products that participants recalled were also popular brands that received regular coverage in mainstream media. Some participants spontaneously referred to advertising images that they found particularly entertaining, normally on TV.

Famous Grouse, I love the adverts, it's just like a little grouse that's got music to it and it's bobbing it's head, it looks like it's dancing.

Focus group, boys, 10–12 years, urban deprived community, FG1

Summary of children's understanding of alcohol and drinking

The analysis identified five main themes in the study group's understanding of alcohol and drinking. Many of these were linked by the idea of intoxication, a finding that of itself is striking given the limited exposure that participants had to instances of drunken behaviour.

The majority of the themes positioned drinking in a negative light, with a focus on the violence and harm impacts of intoxication and on longer term health effects of excessive consumption. In contrast, links between consumption and family celebration were generally positive, as were the commercial images and marketing activities associated with the promotion of alcohol products. Much of this understanding is informed by observation of drinking in home and family environments. Media portrayals also have an important role and can be responsible for some misunderstanding about the effects of drinking. School-based education has an important role in communicating the health effects of drinking.

Children's attitudes to drinking

This section examines how children's experiences of drinking influence their attitudes and, in particular, how drinking in home and family contexts shapes future drinking intentions. It also draws on smoking narratives to explore how attitudes to smoking help inform participants' understanding of drinking and risk perception. The section covers three main themes: drinking and moderation; future drinking expectations; and comparisons with other substance use risk behaviours.

Drinking and moderation

Controlled drinking, or the idea of drinking in moderation, emerged as a unifying concept across the attitude narratives. This was variously expressed in terms of managing the amounts, frequency and contexts in which alcohol is consumed. These views were often expressed as avoiding negative consequences associated with heavy drinking, such as fights and ill-health, and enhancing the social benefits of drinking, a theme particularly common amongst girls in the study group.

I feel that it's all right to have like a wine or something but not like loads and loads because it's just damaging everything that you've got. It's taking away everything and it's damaging everything in your body, so.

In-depth interview, daughter, aged 11, urban deprived community, Int25 CS07

It was noteworthy that the concept of moderation could also incorporate the idea of intoxication. There was some acceptance of occasional drunkenness, particularly at lower levels of intoxication and in the context of special occasions.

P: Well, he [older half-brother aged 17] went to my friend's sister's party – we were just coming out of the house and we like saw him kind of like staggering with a few friends like a bit further on, but I don't think he noticed that we were there. But they weren't like being sick or anything they were just kind of like wobbling and singing and stuff.

I: So what did you think when you saw that?

P: Well, I didn't mind that much because it was New Year and he'd just been to a massive party so.

In-depth interview, daughter, aged 11, rural affluent community, Int45 CS12

While most participants in the study group demonstrated an acceptance of drinking, mediated by ideas of moderation, there were some notable differences to emerge in relation to age and study community with regard to how these views were formed. Younger participants, particularly in the affluent rural study community, often relied on relatively vague, abstract associations with the negative consequences of drinking. In many cases they lacked a clear appreciation of the possible benefits of more moderate drinking styles.

P: You could do silly things with your friend and maybe do vandalism or something and not know what you're doing.

I: Yeah and do you know what sort of people might do vandalising things?

P: People that could be in jail or they've already been in jail. They're being a bit naughty.

In-depth interview, daughter, aged 8, rural affluent community, Int51 CS13

Older participants, particularly in the deprived study areas, were more likely to rely on personal accounts of exposure to contrasting drinking styles in order to assert a position. This was most apparent in the deprived rural community, with instances of participants rejecting the drinking styles of teenage street drinkers prevalent in the community, often in favour of more moderate styles. For this group, the dangers attached to youth drinking could be very real.

I widnae drink even if my pals dared me to ... even if they called me a wimp, I widnae care because I'm no gonnae turn into an alcoholic at that age. Or any age, I'll just be drinking at special occasions, eh? ... Alcohol should only be made for celebrations and no anything else and neither should smoking. Unless you're just trying to be all cool you shouldn't even be daeing that. That's what I think.

In-depth interview, son, aged 10, rural deprived community, Int36 CS10

Although the concept of intoxication was widely rejected by participants in the study group, there were instances where it was seen to offer certain benefits. These are discussed at some length in Chapter 2. In those communities where reports of intoxication in home and family contexts were most prevalent, namely the two deprived communities, positive attributions were observed. For example, the following comments from the girls group conducted in the deprived rural area illustrate the value of drunken behaviour as spectacle, and its central role as a social stimulant at celebratory events. Also noteworthy are the behavioural cues that participants use to differentiate between acceptable and unacceptable levels of intoxication.

It's kind of funny when people are drunk because they'll start singing karaoke and making fun of themselves and falling over and things and I like laughing at people ...

When they get too drunk there's big, they start fighting and big riots and that and then everybody else that's no drinking gets hurt and it's like no really fair.

Focus group, girls, 10–12 years, rural deprived community, FG10

Celebratory narratives from the affluent communities also relate incidents of drunken behaviour but often describe quite different reactions. For example, participants might seek reassurance from their parents, and parents themselves would often regard drunken behaviour as a cue to withdraw or take the children home. Narratives from related themes reveal contrasting social scenarios in the affluent areas, with use of alcohol identified as a means of relaxation.

I: Why do you think folk do drink alcohol?

P: For comfort, maybe, like, on an evening, like, if they're relaxing, they might want to just, like, calm down and maybe, like, have some music on or turn the TV on just, like, sit down and have a drink.

Focus group, boys, 10–12 years, rural affluent community, FG15

Generally participants were broadly accepting of parents' drinking behaviours and styles, and often considered parents to be mindful of the possible impact of their drinking styles on their children and their views about drinking. Some expressed concern for friends whose parents displayed dependent or problematic drinking styles.

My friend Karen, she lives across the road ... well, she isn't really my friend, but this girl that lives across the road, her mum is always drunk and all that. But she's only 6 so I feel quite sorry for her because she's going to see that and then she's going to grow up thinking that it's okay to drink.

In-depth interview, daughter, aged 9, urban affluent community, Int7 CS03

Participants were also generally accepting of guidance their parents offered about drinking. This contrasts with a more confrontational relationship between parents and older siblings who, in seeking to assert their independence, are more likely to challenge their parents' will and guidance about experimenting with alcohol. Parental concerns about older siblings' drinking behaviour are reported in Chapter 2.

Future drinking expectations

As already indicated, participants typically reject the drinking styles associated with teenagers who drink on the street. They model their own future drinking behaviours on accepted adult drinking patterns and, in particular, on the moderate drinking styles and product preferences of their parents.

The second factor relates to children's experiences of the health consequences of smoking. Participants provided numerous examples of older family members trying to give up smoking and others, typically grandparents, being treated for smoking-related illnesses and, in many cases, dying of them.

P: I think smoking does more.

P: Yeah, smoky lungs and then you can die.

P: I've actually witnessed that because my gran died with lung cancer, she hadn't smoked for two years before she died.

Focus group, girls, 7–9 years, urban deprived community, FG2

Events such as these also stimulated dialogue between parents and children about the risks associated with smoking. Dialogues about drinking were less frequent.

I: Would you smoke in the future?

P: My mum has asked me that hundreds of times.

I: What does mum say about smoking?

P: Well I know it is bad for your lungs and my mum said I don't want you to ever smoke.

In-depth interview, son, aged 8, urban deprived community, Int9 CS04

I: Do you ever have any conversations with mum or dad about drinking or alcohol?

P: No we don't talk about it 'cos there is nothing really to talk of.

In-depth interview, daughter, aged 10, urban affluent community, Int3 CS01

Close examination of the themes in parent–child dialogues revealed that much of the discussion about drinking is triggered by exposure to episodes of drunken behaviour that exceed familiar limits and norms. These narratives related to the drinking behaviour of other family members and to strangers in public contexts. However, parents tended not to disclose and discuss cases of dependent drinking where this existed within the immediate family.

Finally, analysis of smoking narratives indicates that observations of smoking also help to shape participants' understanding of the relative dangers of drinking. It is noteworthy that some participants, particularly older participants, drew on their understanding of the perceived addictive properties of tobacco to underline their rejection of smoking. As the following narrative illustrates, this understanding is largely informed by observation of parents' smoking behaviour and their efforts to give up, and contrasts markedly with experiences of parents' use of alcohol and acceptance of drinking.

I: You're saying you would drink but you wouldn't smoke, I don't understand ...

P: Because like when I'm older I'm not going to be drinking millions like the way when you can't see properly, I might just have like one glass but it won't be millions.

I: So it's how much you drink is the problem?

P: Yeah, and then with smoking it can become addictive.

P: Yeah.

P: You get addicted to it.

I: Can you not get addicted to drinking then?

P: Well yeah you can but like it's not like when you, if you go, if you kind of have a glass of wine or something and then you go, like you can go, "Oh, I feel like a glass of wine today", and you feel like another one, feel like another one, but like a cigarette you can go, you can have one and then a couple of minutes after you can go, "Oh, I need another one".

I: What about your mums and dads, what would they think about drinking and smoking?

P: Well my mum and dad really want to stop smoking even on special occasions, they still want to stop

doing it so they don't really like doing it, but they think drinking's okay but if you're having millions of it they don't think it's okay.

Focus group, girls, 10–12 years, urban affluent community, FG8

These findings indicate that exposure to habitual smoking patterns helps to inform participants' understanding of addiction and delineate the dangers of smoking compared with drinking.

Summary of children's attitudes to drinking

Drinking in moderation emerged as a common theme across all social groups, though younger participants and participants in more affluent areas were more likely to reject drinking as 'bad'. Moderation was variously expressed in terms of managing the amounts, frequency and contexts in which alcohol was consumed. It could incorporate the idea of intoxication, with an acceptance of occasional drunkenness, particularly in the context of special celebratory occasions. Participants generally modelled their future drinking intentions on accepted adult drinking patterns and on the moderate drinking styles of their parents, often rejecting the drinking styles associated with teenage street drinkers.

In contrast to their acceptance of drinking, participants almost universally rejected drugs and smoking. Smoking emerged as a particularly prominent theme and was often seen to go hand-in-hand with drinking. It was normally rejected on health grounds and was seen as more damaging than drinking, with enhanced addictive properties. These views were informed by messages received at primary school and by direct observation of people trying to give up smoking and being treated for smoking-related diseases, situations that encouraged dialogue between parents and children about the perils of smoking. These dialogues contrasted with the relative silence surrounding alcohol addiction and its effects on family.

Children's accounts of sampling alcohol

This section describes children's personal accounts of sampling alcohol and covers three main themes: quantity and frequency; settings and scenarios; and triggers or factors responsible for stimulating trial. A description of parents' perspectives on sampling behaviour and their role in guiding the trial of alcohol is provided in Chapter 2.

Quantity and frequency of sampling alcohol

For some, sampling alcohol was an unfamiliar idea. Some participants, mainly younger participants, reported that they had never had an alcoholic drink or the opportunity or desire to sample alcohol. For others, sampling was a relatively rare event, typically annually at end-of-year celebrations. Many others reported sampling alcohol only on a single occasion and a large proportion of these appeared to be dissuaded from further trial by the unpleasant taste and flavour.

I didn't actually swallow it, it was just, I actually just put my tongue in and it tasted minging so I didn't even drink it.

Focus group, boys, 10–12 years, urban deprived community, FG1

Most trial, especially by younger participants, was relatively cursory. Most described having little sips or, in some cases, dipping their finger into an adult drink. Others were permitted a small sample given in a glass or cup, which in some cases would be diluted with water or a soft drink. In some families the sample quantity varied in accordance with age; for example, younger siblings received sips and older siblings were given separate portions. Where siblings were a similar age, these distinctions were less apparent.

My mum just lets me have a little bit of wine on special occasions, not a lot, but really posh wine glasses, but it's just that's the cup and she just puts a little bit at the bottom.

In-depth interview, son, aged 11, rural affluent community, Int56 CS14

While sampling alcohol was a relatively rare event for most, normally involving small amounts, there were some instances where more habitual sampling and more substantial amounts were offered. One older boy in the rural affluent community was regularly allowed to sample wine at meal times. Another older boy in the rural deprived area was allowed to drink bottles of beer on occasions, along with his older brother (aged 11 and 13 respectively). These cases are discussed further under parenting approaches in Chapter 3 but it is pertinent to note here that these participants showed an appreciation of alcohol flavour and demonstrated specific and contrasting drink preferences, as the following quotations illustrate.

P: Dad usually asks me, "What can you taste?"

I: He asks you what it tastes like, what you like and what you don't like?

P: Most of them I don't like.

I: How often do you get the chance to try it?

P: er ... I'd say about, just a regular week about two or three times a week, two or three just. Usually only at dinner.

In-depth interview, son, aged 10, rural affluent community, Int52 CS13

Consistent with other findings, there was evidence of participants in the rural deprived study area developing personal drinking narratives that were not evident in the other study areas. For example, the following extract indicates how one older girl in the rural deprived community used the stimulant effects of energy drinks to replicate the drinking patterns observed in adult drinkers.

I didn't really drink without my mum's like permission, the shop across the road, there's this stuff called Boost and it sells drink and everybody is like, "Aye, that's drink and that's alcohol", and all that, and I usually sometimes when I'm like bored or no bored but like I'm upset about something and it's like an energy drink and it gets me lively and that and it's like, the bottle's about that size but I'll go home and I'll put it in a beer bottle, I'll put some in a beer bottle and then keep that in the fridge or something but my mum lets me drink that because it's not ...

Focus group, girls, 10–12 years, rural deprived community, FG10

The following short narrative from a young boy in the same community also shows a level of engagement with the concept of intoxication and independent drinking that was not evident in the other communities. Although it is not possible to confirm that this is a literal description of actual participant behaviour, it nevertheless demonstrates an ability and willingness to associate with ideas of drunkenness and more extreme drinking behaviours.

When I was five my dad gived me about this much beer and when it was morning I woke up and I was kind of drunk ... I've drank a lot of kinds of beers.

Focus group, boys, 7–9 years, rural deprived community, FG9

Participants from the rural affluent area appeared to receive smaller samples (typically a sip), and anticipated delaying trying alcohol until they reached legal drinking age. In contrast their counterparts were sometimes permitted fuller portions and anticipated receiving larger portions as they approached legal drinking age.

I: So it's okay if you don't have too much to drink?

P: Yeah, okay if you have like one glass that would be fine if you were over 18 so, and just little sips of at this age roughly. Just little sips.

In-depth interview, son, aged 10, rural affluent community, Int52 CS13

I will drink, I wouldn't say I would drink so, like really often and that but I will drink on like maybe my sweet 16 or, and I know I won't get too much drink but I'll get maybe a wee bit more than I get the now like when I'm 13 because it'll be in to a teenager but I don't think I'll get much.

Focus group, girls, 10–12 years, rural deprived community, FG10

Scenarios and settings for sampling alcohol

Most sampling took place under supervised conditions within the home or family context, typically as part of a social event or special occasion. Frequently mentioned occasions included end-of-year family celebrations, such as Christmas and New Year, family birthday parties and holiday celebrations and barbecues.

I: Have you ever had a taste of alcohol?

P: Dad once gave me a sip of cider.

P: It was a year ago. It was at a country pub. We were with some other people and they were in the swimming pool and me and dad were at the side in the café thing and he said if I wanted to try ...

In-depth interview, son, aged 9, urban affluent community, Int5 CS02

The special nature of events surrounding the trial of alcohol made the activity particularly memorable, with participants often providing detailed descriptions of the time and setting (particularly for first trials) and, in some cases, listing the trial events, key players and products involved. As the following extract illustrates, participants in the rural deprived community were able to provide particularly vivid descriptions.

I had a drink of Bacardi Breezer before I think, Bacardi Breezer it's called. It was on my sister's birthday, it was on her 19th and she had a limo, aye her 18th and she had a limo and a party in the Leven Hall and it turned all upside down because these boys didn't get to go to her party so they smashed all the windows and like and then they came in and they stole all the cakes.

Focus group, girls, 10–12 years, rural deprived community, FG10

A key theme underlying the sampling behaviour of participants living in the rural deprived area was the notion of protection and the desire to avoid unsupervised environments and the threats posed by underage drinking. These threats appeared very real for those living in this community.

Like now I'll just get a couple at like a one, like an occasion, like a birthday or New Year's or a party. It's better than going out to the streets getting off your head and falling asleep ... I think it's wrong that they get to go out and stay out that late and get drunk.

[Name of town] is quite bad for everybody just going down to the shops and drinking and stuff.

In-depth interview, son, aged 11, rural deprived community, Int41 CS11

In contrast, the sampling narratives in the affluent areas indicated more controlled environments. Participants referred specifically to educational themes, which in one case had incorporated supervised alcohol trial as part of a research project examining the different properties of alcohol products.

P: I was, like, we were doing some research on vodka and alcohol and stuff like that, and I says, "I wonder what vodka tastes like", and he says, "If you really want to know, just a teeny bit", and then he gave me half a teaspoon.

I: What did you think of it?

P: It was disgusting. My dad said, some are nice and some are disgusting. My dad said that, only, like, adults like it because they're older and are used to it. So I've not really liked alcohol.

Focus group, boys, 7–9 years, urban affluent community, FG7

Some sampling narratives indicated that participants are often introduced to the idea of drinking and adult drinking styles through offers of low-alcohol or alcohol-free drinks such as Bucks Fizz and the grape juice, Schloer. In many cases these were offered to participants as adult sized portions and in adult style drinking vessels. In contrast to drinks containing alcohol, they often appealed to participants' palates.

... like when the family come over my mum gets like the kids Schloer and so like when all my wee cousins and my big cousins come over it's like, it's kind of like kids' wine so we're not having real wine but like put it in the glasses ...

Focus group, girls, 10–12 years, urban affluent community, FG8

It was apparent that some participants were not certain about the actual status and alcohol content of these drinks and that parents sometimes propagated this uncertainty deliberately.

I don't think this is alcohol but, Schloer, is that not a kind of juice?

Aye, my dad used to pretend that was alcohol.

Focus group, girls, 10–12 years, rural deprived community, FG10

Triggers for sampling alcohol

This section examines the factors involved in triggering a trial of alcohol. It is not always apparent from participants' accounts how sampling was initiated, particularly in the two deprived areas. However, where triggers were clear, the majority of first time trials were initiated by the parent, usually a father and less often a mother. In some cases there was an element of opportunism, with parent invitations being prompted by children's curiosity. In a smaller number of cases, participants had felt some degree of pressure.

I said, "How can you drink that?" and my dad said, "Put your finger in and have a little taste", and I did and I felt like puking.

In-depth interview, daughter, aged 10, rural affluent community, Int60 CS15

Trial narratives indicate that older siblings can have a more coercive influence on the study group's sampling behaviour, with some being permitted to drink in the home, though not to excess and often under supervised conditions. Older siblings generally sought to set a 'good example' when looking after their younger siblings, but sometimes sanctioned experimentation. In the following example, the older sibling actually challenged the younger sibling to try alcohol while acting as the supervising adult.

My mum and dad were away watching football at the pub and I was with my big brother and his girlfriend and she was drinking a vodka thing and then Darren dared her to give me some so we had to drink it.

Focus group, girls, 10–12 years, rural deprived community, FG10

Celebratory events in the home setting can provide both the impetus for trying alcohol and the supply of alcohol to make it possible. Although participants' trial of alcohol was often sanctioned and, in many cases, initiated by parents or another adult family member, there were also examples where participants themselves took the lead unsupervised. Often this involved the child 'sneaking a drink', typically sampling or taking a sip from an adult drink. There were also a couple of instances of a child acquiring a full alcoholic drink and sharing it with friends in their own private space. In the example below, this action was in response to the parent's decision not to provide alcohol when the child asked for it directly.

My daughter came to me and now she'll say, and asked, could she get a drink, and she was 12. I nearly fainted. I was, like, "On your bike" ... She went up the stair to her bedroom and she got caught on a camera, like a mobile phone, with a bottle of Bacardi Breezer in her hand. So somebody came down and told me and I went straight up and took it off her. I just couldnae, I couldnae focus the fact that my daughter was up there, trying to squiggle and all this.

Focus group, mothers, urban deprived community, FG3

It is apparent that product features could also have a role in stimulating participant interest. For example, some participants reported being attracted to the foamy head of poured beers, apparently confusing the texture with cream, while others were attracted to brightly coloured products such as the vodka mixer, Blue WKD, with one participant likening it to a flavoured-ice product.

When you sip you can taste the alcohol like it tastes like ice poles, the blue ones.

Focus group, girls, 10–12 years, urban affluent community, FG8

Some trials, particularly early or first time trials, were accidental. Participants mistook an adult drink for a familiar soft drink: for example, by thinking that vodka and Coke was a cola drink.

Well it was an accidental one because of my mum. I was sitting on her knee and the other day, the now and they were talking together and all that, then I kept drinking orange juice and I didn't realise there was whisky or alcohol in it.

In-depth interview, son, aged 10, rural deprived community, Int36 CS10

There were other similar scenarios where participants described sampling products without prior knowledge of their alcoholic content. One participant described sampling an 'alcohol chocolate' or chocolate liqueur, and two others consumed wine unwittingly as part of a religious ceremony.

Summary of children's accounts of sampling alcohol

Some participants were not familiar with sampling alcohol; younger participants and participants living in the affluent study areas often reported that they had never had an alcoholic drink, or the desire to do so. For others, sampling was a relatively rare event and was usually instigated by a parent (normally the father) as part of a family celebration. Many participants were dissuaded from further trial because of the unpleasant taste. Most trials involved taking a sip from an adult drink, although some participants were permitted a small sample in a glass or cup, sometimes diluted with water or a soft drink. There were relatively few examples of habitual sampling behaviour or of illicit consumption. Some trials were accidental, when the participant was unaware of the drink's alcohol content. There was some evidence of older siblings having a more coercive influence in encouraging trial of alcohol.

2 The parents' perspective

The second part of the findings presents the parents' perspectives on children's drinking, with particular regard to their ability to influence their children's future drinking behaviour, and their strategies to manage children's exposure and initiation to alcohol.

The section covers five main areas:

- parents' attitudes to children's drinking, with specific reference to their future drinking behaviour;
- controlling children's exposure to alcohol and drinking;
- approaches to initiating children to alcohol;
- the perceived need for support for parents; and
- child agency and impacts on parents' drinking-related behaviours.

The findings in all five sections draw on narratives from the focus groups and from the in-depth interviews, with parents as their primary sources, and are supplemented by the enquiries with children to provide contextual material.

Parents' attitudes to children drinking

This section examines parents' attitudes to children drinking. It aims to provide some context for understanding parents' approaches and perspectives when addressing the issue of alcohol with their children, as discussed in subsequent sections. Perhaps because of the relatively young age of the children in the study group, parents did not typically have strong concerns about their children drinking. Indeed, as discussed in the previous chapter, there were very few reported instances of children's illicit alcohol consumption and such instances represented one-off experimentation rather than a sustained pattern of alcohol consumption.

Findings from the analysis of parents' attitudes to their children drinking are discussed in more detail in the following sections: comparisons with other parental concerns, namely smoking and drugs; perceptions of children's anticipated drinking behaviour; and perceived ability to influence their children's drinking. Within these themes, there were some notable variations in participant responses from the different study communities. Gendered narratives also emerged from parents' responses across the study communities.

Comparisons with other parental concerns

Parents' attitudes to their children drinking alcohol can be contextualised within a broader range of parental concerns. Other concerns discussed by parents included smoking, drugs, food, health and fitness, street violence and the internet. Where the issues of smoking or drugs were raised, they were almost universally perceived to be of greater concern than alcohol. The heightened parental concern about

drugs and smoking resonates with the views of children, as discussed in Chapter 1. Although there was no suggestion that any of the children within the study group had experimented with drugs, this remained a source of anxiety for parents because of the perceived severity of consequences associated with drug use, including addiction. In the case of smoking, this heightened concern was also associated with addiction, alongside the negative health effects of smoking. As such, a more putative stance was taken towards smoking.

... I would break their fingers if I caught them smoking ... It's bad for your health, smoking's really, really bad for your health whereas, yeah drinking's bad for your health but it's not made quite as gory as what smoking ...

In-depth interview, mother, rural deprived community, Int39 CS11

While a small number of parents described their children challenging or questioning them about their drinking, this was much less common than with smoking. This disparity was typically understood to be the result of smoking (and other drugs) being addressed both at school and in other public health education campaigns to a greater extent than alcohol.

Where parents expressed concern about alcohol, there were some distinctions between deprived and affluent communities in the focus of this concern. Parents from deprived communities were more likely to associate alcohol with aggression or violence; parents from affluent communities were more conscious of the detrimental impact of alcohol on health. Some mothers from affluent communities also articulated concern about how to address the topic of alcohol with their children since, unlike smoking or drugs, there is a 'grey area' with alcohol.

The smoking thing is quite black and white but the drink thing is a different kind of – it is a difficult one to say what is acceptable and what is not.

In-depth interview, mother, urban affluent community, Int2 CS01

The idea of a 'grey area' for alcohol stemmed from parents' understanding that, unlike smoking and drugs, alcohol could be consumed and enjoyed responsibly in a way that minimised adverse effects.

It's about drinking sensibly and drinking non-sensibly; if you drink sensibly it can be healthy for you, I think, the research says that red wine can be good for the heart and all this...

Aye, in moderation.

Moderation.

... but smoking sensibly or insensibly is just bad for you ...

I think in sensible families normal people drink to unwind, just to chill and relax ...

Focus group, fathers, urban affluent community, FG6

Although moderate and responsible adult alcohol consumption was generally accepted across the different communities within the study group, this view was more commonly held by parents from affluent communities. These parents were more likely to reflect on their own alcohol consumption in the context of drinking with evening meals and the appreciation of certain types of alcohol (e.g. 'nice wine'). In keeping with parents' beliefs, the concept of moderation was clearly reflected across the different communities within the study sample in children's understanding and attitudes to drinking, as highlighted in Chapter 1.

There was also a common understanding among parents that alcohol is a normalised aspect of our culture, or a ‘fact of life’.

I don't think it's all right to get drunk in front of them, to see you drunk and incapable but drink's a fact of life and it's something, you know, it's a tool you've got to equip them with because it's there all the time, in their face.

Focus group, mothers, urban affluent community, FG5

This understanding of alcohol as a ‘fact of life’ informed parents’ approaches to initiating their children to drinking and will be discussed in a later section. However, the acceptance that their children will drink and will probably be drunk is striking, especially when compared with the strength of feeling against smoking and drug taking.

Anticipating children’s drinking behaviours

Parents typically stated that their children would drink at some point. Even where parents described their children as being ‘against drinking’, a view most prevalent among the younger children, they saw it as inevitable that this would change as the child matured.

A couple of weeks ago I said to him [son aged 8], “Do you think you’ll ever drink?” He went, “No.” I said, “I used to say that when I was wee”.

In-depth interview, mother, urban deprived community, Int11 CS04

Parents also anticipated that there would be a point when their children drank to excess as part of their initial experimentation with alcohol. This expectation was usually associated with children older than those in the study sample.

I think it will come. I do know it will come. I do know that one of these days I’m going to get a chap at the door and, you’ll need to come and pick [son aged 13] up, he’s over a hedge somewhere. I know it’s going to happen. If it doesn’t happen I’ll be chuffed to bits don’t get me wrong, but I know it will happen at least once.

In-depth interview, mother, rural deprived community, Int39 CS11

This mother’s understanding that her son (aged 13) would come home drunk stemmed from her belief that ‘every kid does it at least once’. She felt she would decide how to deal with it once it had happened, depending on ‘how the hangover is in the morning’. Other parents echoed this sentiment, especially those from deprived communities, and some anticipated that this event would act as the catalyst for ‘the discussion’ about alcohol.

... if [son aged 13] is gonnae drink then he’s gonnae drink ... I’d rather he done it, came hame and that’s probably when we’d have the discussion about drink. Come home drunk and being sick all that kind of ...

In-depth interview, father, urban deprived community, Int27 CS08

Few parents actually welcomed the idea that their children would drink in the future. However, there was often a sense of inevitability about it and parents did not typically disapprove, so long as it was in moderation.

A small number of parents thought their children would not drink when they were older. They tended to attribute this to the child having conflicting interests, such as sport, or having witnessed problem drinking within their family.

Some parents also articulated specific concerns about their daughters drinking in the future, particularly if this were to take place unsupervised in the street. However, this concern came from the perceived lack of respectability associated with women drinking ('it's no' nice seeing a woman drunk'), and their vulnerability to assault when drunk ('if you're a drunk girl it's easy to be taken advantage of', and 'anything could happen to her'), rather than a belief that girls were more likely to drink than boys. These views were expressed most strongly, although not exclusively, by fathers, particularly those from deprived areas within the sample.

Ability to influence children's drinking

Further review was undertaken to assess the extent to which parent participants felt they had the ability to influence their children's drinking behaviours directly or indirectly, compared with other influencing factors. This revealed underlying tensions between two contradictory and sometimes overlapping stances.

On the one hand, parents commented on a perceived inability to shape their children's alcohol consumption styles with increasing age, and the ever-growing significance of other influencing factors and exposure to alcohol from other sources. On the other hand, there was a strong sense that parents could actively mitigate these factors through effective parenting: for example, by acting as an appropriate role model. These two primary themes were augmented by discussion about the extent to which peer and sibling influences, media, education and wider social forces were seen to shape children's socialisation to alcohol.

Parental influence

In countering the perceived inevitability of exposure to alcohol and experimentation with it, parents were seen to have an important influence as positive role models; their drinking behaviours were understood, to a greater or lesser extent, to have a valuable impact on the way in which children were socialised to alcohol. These effects are discussed in a later section in relation to measures taken to manage children's exposure to drinking. Participants whose own parents had drunk irresponsibly during their formative years found that this guided their approach to alcohol consumption and to parenting.

Seeing my mother drinking I thought, I dinna want to be like that. And I was like I'll never do that I'll never put my family through that and I havena. Even my brother doesna drink.

In-depth interview, mother, rural deprived community, Int33 CS10

Many parents, especially from deprived areas, felt that their children could benefit from the learning and mistakes that they themselves had made in their earlier years, and that this put them in a good position to offer advice on the use of alcohol. They also felt that their own formative experiences with alcohol meant they were well equipped to identify any signs that their children were at risk of engaging in illicit behaviours and experimenting with alcohol.

While the study was not specifically designed to examine the parenting behaviour of those with problematic drinking styles, it did identify a small number of cases where participating parents had dealt with alcohol problems. In such cases, parents typically expressed concerns about the negative role model they had provided and the impact of their own behaviour on their children's perceptions of drinking. In some instances, however, parents also thought that a child who witnessed a parent with an 'alcohol problem' would be deterred from adopting similar drinking patterns.

Overall, there was variation in, and debate about, the extent to which role models were important in relation to other influences. Some parents thought they could act as a positive role model for their children in relation to drinking.

I'll not have more than two glasses of wine. It's not a case of I'll get drunk, I'll have maybe one or two glasses of wine and, I mean, I think that's actually a good thing for my daughter to see me doing that.

Aye, 'cause you're showing her that you're being sensible.

Focus group, mothers, urban deprived community, FG3

However, parents typically acknowledged that setting an example for children was only one of many significant influences, and that there were limits to the extent to which parents passed on their consumption styles to their children. This is illustrated in the following short exchange between two participants in which the former is challenged about the extent to which acting as a role model is beneficial.

Well, I think, obviously, the way you treat yourself, the way you act is going to have a slight influence on her.

I think it depends on what crowd they're going with.

Aye, I think a lot of it's more to do with sort of their friends, and just, basically, sometimes, where they live and what they see going on. I think that's got a lot to do with it, more than, it sounds bad saying more than what your parent does...

Focus group, mothers, urban deprived community, FG3

Parents who thought proactive parenting was important in relation to alcohol often also thought that encouraging interests and alternative pastimes could help to protect children from problematic encounters with alcohol. Taking part in sporting activities was the main protective factor, mentioned predominantly by fathers. Some parents merely expressed hope that their children's sporting interests would continue, while others actively encouraged them.

He loves the sport which is great, he loves his running particularly and he also plays table tennis and badminton and a bit of golf so yeah, I think hopefully these interests will persist and will reduce the time he has to invest in alcoholic consumption.

In-depth interview, dad, urban affluent community, Int23 CS02

A number of parents, particularly in the deprived study areas, lamented the lack of positive pastimes for children that could delay and distract them from problematic drinking. Community facilities were perceived to be limited and there were substantial cost implications in using them.

[Activity] was £50 a week for a whole week you know, but you paid it just because you knew he was doing something and he wasn't running about the street.

But it just costs too much money.

Aye, if you've got more than one child it's just impossible.

And anything they do that's free it fills up like that and they only do it for ...

But everything's money, that's the problem, she's like, "Oh, I'm going to the pictures", there's £15 right away, you can't be doing that every week.

Focus group, mothers, rural deprived community, FG11

Other influences

As discussed in the previous section, there was a perceived inevitability that children would consume alcohol and parents felt that their control of their children's development, both in general and with regards to alcohol, was somewhat limited. Most parents considered it naive to think that their own influence could be sufficiently strong to counteract wider social forces and other influences as children matured. Many cited their own experiences of growing up to illustrate this point.

While some parents were very negative, almost defeatist, about their influence, others were less downbeat. They felt it was inevitable that their children would experiment with alcohol and they viewed it as a normal part of development, arguing that curiosity and experimentation were an essential part of the transition to adulthood. This view was typically, though not exclusively, expressed by parents from affluent study areas.

In acknowledging the limits of parental influence, many parents believed their best hope was to delay the inevitable for as long as possible and to encourage sensible drinking styles.

I think all kids will do it eventually. We've all done it, you know, gone out and got completely bloated as a kid, you know, just experimenting with it, and no matter what you do, they will do it at some stage. But the thing is, if you can encourage them to be as responsible as possible for as long as possible, then that's half the battle.

Focus group, fathers, rural affluent community, FG14

Participants identified several factors that might mitigate their positive influence on their children's drinking. Peer pressure and influences, and to a lesser extent that of siblings, were cited as the main reason for the waning of parental authority over alcohol behaviours as children grew up. However, some parents expressed confidence in their children's ability to make their own choices about alcohol and to choose the people with whom they socialised.

The influence of the media also emerged as a concern. This ranged from exposure to advertisements and TV programmes through to the behaviour of television personalities such as children's presenters.

... we don't have enough time to influence our kids on what we drink and how we drink and is it a good thing for them, and it's not what the, the dinner table or the evening, it's the rest of the day when they're awake be it school, be it media, the other environments, they have a profound effect ...

Focus group, fathers, urban affluent community, FG6

Parents also raised concerns about their ability to control exposure to drunkenness and temptations to experiment with alcohol in known households. This might be at friends' houses when attending a party or sleepover or, in some cases, in the child's own home where there were differences between partners. The issue of managing exposure in home settings (as well as external environments) is discussed in a later section. Exposure to different parenting practices and different adult attitudes to drinking at home was felt to be difficult to control and, in some cases, awkward to deal with. Less concern was expressed about the effects of exposure to street drinkers on future drinking habits, which some parents thought would have a deterrent effect.

Parents frequently looked to personality traits to gauge the likelihood of children engaging in risk behaviours and, in particular, experimenting with alcohol.

Raymond just wants to be cool and I can see him, he'll be down that route, and that worries me, because I know the type of child he is. He's so impressionable, he wants to be one of the crowd, so I can see him just doing it just to be the in group, as opposed to your son who's a bit more strong-willed and thinking, "No, really, that's nonsense".

Focus group, mothers, rural affluent community, FG13

While parents agreed that drinking was inevitable, they had differing views on the extent to which individual children might be susceptible to negative influences. Some parents also argued that 'sensible' siblings or friends might have a positive influence on children's development regarding alcohol. The extent to which children's personalities were seen to interact with these influences was remarkable. It suggests that parents readily take into account the 'psychological make-up' of their own and others' children when considering parental control and peer pressure, and that peer pressure is contested by many parents.

It is also noteworthy that parents within the same family sometimes disagreed about the susceptibility of their children to experimenting with alcohol. In one family case with two daughters present, both of whom were within the study age group, the mother expressed concerns about the older daughter's susceptibility because she was 'easily led' or 'a follower', while her partner in a separate interview raised concerns about the likelihood of the younger daughter experimenting because she was more 'rebellious' and therefore more prone to trying new things.

Summary of attitudes to children drinking

Parents' attitudes to their children drinking should be viewed with the understanding that typically they did not have strong concerns about it. This is perhaps unsurprising, given the relatively young age of the children in the study sample. However, in comparison with their other concerns, such as smoking and drugs, parents expressed a more ambivalent attitude to alcohol, which they understood to be a normative aspect of our culture. They saw it as inevitable that their children would eventually experiment with alcohol. While few parents welcomed the idea that their children would drink when they were older, they were rarely disapproving of it, provided that alcohol was consumed in moderation and in safe environments. Some parents anticipated that they could act as positive role models in this regard; others were less optimistic about their influence on their children's future drinking behaviour in light of the growing influence of other social forces as the child matured.

Controlling children's exposure to alcohol and drinking

This section explores parents' approaches to controlling children's exposure to alcohol both within and outside the family home. It incorporates the storage and handling of alcohol, the inclusion of children in adult drinking rituals and scenarios, and witnessing drinking by adults. Most exposure to alcohol consumption occurred within the home; exposure outside the home occurred in settings such as bars, restaurants, sports clubs, holidays and parties. Exposure to alcohol and drinking in the home or in family settings often provided the impetus for children's initiation to alcohol, usually in the presence of parents. As discussed in Chapter 1, almost all the children in the study sample were able to give an account of their parents' drinking patterns and preferences, often detailing a range of contexts where they observed drinking.

Alcohol and drinking in the home

Handling of alcohol and participation in drinking rituals

It was relatively unusual for children to handle alcohol, except for some children who were asked to fetch their father's beer from the refrigerator while he was watching TV. However, some parents thought that incorporating children in social drinking scenarios could have a beneficial effect.

I think the fact that we don't hide alcohol away from them, alcohol is in the French, you know, the cabinet where the gin and the whisky sits, they know where the wine is. We've had them, you know, friends round for a drink, right, can you go and get the champagne through and you bring that through and bring the crisps through, you know, so that they're all part ... so it's not a case of they're not allowed near it.

In-depth interview, father, urban affluent community, Int15 CS05

Parents also described scenarios in which children were integrated in social occasions from an early age by being allowed or encouraged to take part in adult drinking rituals. This took the form of carrying glasses or drinks, drinking out of adult-style glasses, engaging in verbal rituals such as saying 'cheers', and pretending that they were drinking alcohol (or at least a children's version of alcohol).

You see, my kids have said "cheers" from when they were 18 months old.

Liam could be at this table with a glass of orange juice and saying, "Cheers, mum and dad", yep.

As long as it's not whisky.

Focus group, mothers, urban affluent community, FG5

Children's participation in these rituals was understood to reflect their desire to emulate adult drinking behaviour as part of the growing-up process. Parents commonly reflected on similar scenarios from their own childhood.

Parents understood children's participation in adult drinking rituals primarily as something children enjoyed and as an inclusive social activity, rather than as an encouragement to drink alcohol. However, some parents viewed children's engagement as a way of socialising and preparing them for future drinking encounters.

I've got a mate and he gives his boys wee tubes of juice and he's like that, "That's your beer, that's your kids' beer", but of course he's just introducing them in to as they get older because he knows they're going to go for a pint when they're 18, he's not trying to make it anything weird for them.

Focus group, fathers, urban affluent community, FG6

In the home, drinks were not normally hidden or concealed from children of the study age group, although parents described storing alcohol so that drinks, and spirits in particular, were out of reach of very young children. Parents attributed this relatively relaxed approach to the fact that their children understood they were being trusted not to touch alcohol without prior permission. Some parents also reflected that concealing alcohol from children could have the adverse effect of adding to its mystique.

Exposure to alcohol consumption

Parents said their children were most typically exposed to alcohol consumption at home in the context of a family meal, evening relaxation, watching sport on television or a family celebration or party. They commonly described exposure to moderate alcohol consumption as a routine aspect of family life.

P: I would say it's very unusual that I would sit down and relax and do the whole let's sit and relax and have a chat without a glass of wine or a gin and tonic involved.

I: So it would normally be in the evening.

P: Oh absolutely, yeah, and I'd say probably Ailsa'd gone to bed by that stage, although on a Saturday afternoon if Reece is watching the rugby or he'll maybe have a can of beer or a can of cider with crisps. But the kids tend to have their juice and crisps and it's very much a social gathering round the telly.

In-depth interview, mother, urban affluent community, Int14 CS05

Some parents waited until their children were in bed before having a drink. This was more because it was a time for adult relaxation than because they had concerns about their children witnessing them drinking or because the children's presence would prevent them from becoming heavily intoxicated.

The integration of drinking into family and home life was regarded as a norm for many families, particularly affluent ones. However, there was some acknowledgement that this practice had evolved over time.

I can't honestly remember my parents drinking in the house, but I do think the modern way is for families to drink in the house. We don't really go out social drinking in pubs. We occasionally go out to restaurants.

In-depth interview, father, urban affluent community, Int1 CS01

There were some notable differences between study communities in the nature of children's exposure to adult drinking within their own homes or those of friends and family. Children in deprived communities tended to be more integrated in social and celebratory activities than those in affluent communities. The following extract is more typical of a parent's narrative from a deprived community.

Sometimes we'd get the sangria from across the road there and put it in a jug and we'd have a wee party and the kids are all playing in the garden and stuff. She drinks in front of him as well but it's not excessively ... As I said he [son aged 8] loves a party ... He wants to be the life and soul of the party. He's running about hitting my aunties with water balloons and that and then they do and dunk his head in the paddling pool. He sees the drink is fun that way because they all have a right laugh. My aunties are that crazy they are like that when they've not been drinking.

In-depth interview, father, urban deprived community, Int10 CS04

Within affluent communities, children were more likely to be distanced from adult drinking because they stayed with a childminder or were in a separate room with other children. This may be partly because affluent parents have greater access to childminders or simply because they have more spacious homes.

P: ... there is one of my friends which is the main place we go, she's got like almost a bar at the bottom of her house, like a cellar, and then two floors up is where the kids' sort of Playstations and all that, and they all go up there to play, so they don't see it, you know, as such, so they're just up there.

I: Yes, and what would the thinking be around the children being in a separate room while you're drinking, or your friends are ...?

P: Just so they can speak their minds, I suppose, the adults and that out of watch, because a few of them are fairly young; they're ranging from about 8 years old, some of the children, so you don't want them to be listening to the adult jokes and banter. Obviously, once the chaps have had a few drinks, the jokes get a little bit... so, not suitable for that age group.

In-depth interview, mother, rural affluent community, Int57 CS15

The extract above suggests that the separation of adults and children does not happen simply because there is the space available; there is also a concern to shield children from some of the behaviours that accompany alcohol consumption. However, there is little concern about children witnessing alcohol consumption itself, only excessive alcohol consumption. On the whole, parents across all study communities considered it relatively harmless to expose children to moderate alcohol consumption.

I: Does it matter if he [son aged 8] sees you drinking?

P: No, I don't drink to excess. He'll ask me what is that you're drinking and I'll just say a whisky or a beer. He doesn't see me sitting there with a bottle of whisky by my side. I'd pour a whisky and then come in and sit down. I'll say to [partner] go and get me a beer in and she'll get him to bring me it in or she'll bring it in. He is quite comfortable like that.

In-depth interview, father, urban deprived community, Int10 CS04

In narratives about the acceptability of exposing children to moderate alcohol consumption, some parents, mainly those from deprived communities, also distinguished between their own behaviour when intoxicated and other people's violent or aggressive behaviour.

With Allan and I, he doesn't really see us drunk. He'll maybe see us merry. You know how people can get aggressive when they get a drink. We're not that type, when you've got a drink you get aggressive. As I said, I really drink to be more sociable, than drinking to get ...

In-depth interview, mother, urban deprived community, Int11 CS04

As discussed earlier in this chapter, some parents thought that exposing their children to moderate or responsible levels of drinking in the family home had the potential to act as a positive role model for future drinking behaviours. In addition to demonstrating that alcohol can be consumed responsibly, parents across the social spectrum sought to avoid demonising alcohol in case it provoked interest from children, as illustrated by the following focus group exchange.

I just feel, I personally, I don't know about other people, but I personally feel it's better, because if you don't drink in front of them, if you don't educate them, they will want to try it. So I always cannot see where, there's nothing really wrong with it.

It's demystifying it, isn't it?

Exactly. Because when you do it in front of them and they see you can do it, there's not any ...

But they'll still want to try it. It's not going to make any difference to them wanting to try it or not wanting to try it. Or maybe, if you don't drink at all ...

If they want to do it, they're going to do it.

... maybe if you don't drink at all in the house and it's seen as the demon drink, that might make them even worse when they get that age.

It'll make them want to try it even more.

Focus group, mothers, urban affluent community, FG5

Although it was rare, a few parents also speculated that there were benefits for their children in seeing them drunk, such as being able to exploit the situation by asking for treats or making fun of their parents (this is discussed in full later in this chapter).

Parents sometimes used humour as a strategy for dealing with the drunken behaviour of a family member, although this tended to be reserved for occasional drinking rather than sustained or problematic behaviours. Although most parents were not particularly concerned about their children being exposed to moderate alcohol consumption, they commonly described limiting their alcohol consumption in the presence of children. Mothers were more likely to do so than fathers, particularly single mothers who were less able to share parenting responsibilities. This contrasted with opportunities to socialise outside the family unit.

I: So if you have your friends round and the kids round, then you drink differently from what you do when you go out?

P: Aye.

P: Oh, definitely.

P: Your hair comes down when your weans are not there.

Focus group, mothers, urban deprived community, FG3

Analysis of parents' narratives revealed that there were two main reasons for restricting their alcohol intake. Firstly, being intoxicated would compromise their capacity to perform childcare duties. In some cases, parents described limiting their own alcohol intake if their partner was drinking more heavily to ensure that one parent was '*compos mentis*' or remained 'sensible'. Further, some sought to avoid inviting judgement from others about their parenting.

Secondly, some parents (particularly mothers) did not want their children to see them drunk since this would provide a poor role model.

P: No, as I say it's not something that I would, I think again in the back of my head this idea of the girls [daughters aged 9 and 15] seeing me drunk, that just horrifies me, I never saw my own mother drunk, I did my dad but never my mother and the idea of the girls seeing me drunk really is not a nice thought.

I: So you specifically avoid the drink?

P: Oh yeah, uhuh, I mean that's what I'm saying, if I was going to specifically go drinking the girls wouldn't be here, the girls would be staying somewhere so that they, and like the idea of me coming home drunk is not a ...

In-depth interview, mother, urban affluent community, Int6 CS03

In families where there had been a history of problematic drinking, it was particularly evident that there was concern to avoid exposing children to drunkenness, and parents frequently drew on their own negative experiences of witnessing such behaviour.

There were examples from all four study communities of parents trying not to subject their children to the same negative experiences as they themselves had had as children. In some cases, one parent would describe limiting their own alcohol intake if their partner was drinking more heavily in order to provide a positive role model.

P: I don't drink in front of my daughter. I do with my boys, 'cos they're older, I mean, they're men, but my daughter I don't.

I: Why wouldn't you do that? What's the thinking there?

P: Well, I mean, her dad and that, we split up, but he's just whisky, whisky, whisky, whisky.

I: So he's a heavy drinker.

P: She sees it with him. I don't think it's right she should see it with her mum.

Focus group, mothers, urban affluent community, FG5

Heavy drinking was a source of tension between parents, with mothers most frequently seeking to balance the heavier alcohol consumption of fathers or partners. In a small number of cases, mothers said the impetus to leave male partners had come from a desire to prevent children from being exposed to heavy alcohol consumption within the family home.

And I think if she [daughter] would have been living in amongst that, that's why I made that decision. Her dad opening a can before he got up out of bed every morning, 'cos I don't even like the sound of cans getting opened now because it would be [makes noise of can getting opened] every morning. No, I couldn't have brought my wee lassie up in that situation at all. She's got to have a semi-good start.

In-depth interview, mother, urban deprived community, Int24 CS07

This mother's desire for her daughter to have 'a semi-good start' suggests there may be other problematic issues in relation to her daughter's upbringing. It is likely that, where alcohol is an issue, it is only one of many concerns that parents have to deal with.

Alcohol and drinking outside the home

Parents described managing children's exposure to alcohol and drinking outside the family home in three main settings: other known homes and venues; licensed premises; and public spaces and streets. Regardless of the setting, parents' approach to controlling exposure to drinking was determined by whether they themselves were present at the time.

With regard to other known households, parents found it potentially awkward to deal with exposure to different parenting practices and adult attitudes to drinking. For example, a known adult might offer their child a drink, other young people might be permitted to drink or the child might see another parent in an intoxicated state. Where their child had been exposed to drunkenness, irrespective of whether the intoxicated person was an adult or peer, it was common for parents to prevent their child from visiting the venue or friend in question again.

We've had one experience where as the youngest one [daughter aged 10] had been on a sleepover with one of her friends and she'd come back and the dad who'd been there had to be helped upstairs and was in quite a bad way by the sounds of it. I think that actually, it kind of, it stuck in her mind, because I think it really being the first time where she'd really seen somebody that intoxicated [...] she hasn't been back.

In-depth interview, father, rural affluent community, Int58 CS15

Where parents were present at the time of exposure, some exerted a moderating influence on proceedings. As discussed in Chapter 1, this was particularly the case with parents from affluent communities who read signs of intoxication at social events as an indication that it was 'time to take the children home', thus shielding them from drunken behaviour.

Some parents also described scenarios where their children had been offered an alcoholic drink while at a party in the home of family or friends.

... it was like a Christmas party, I think it was something like that, a Christmas party or a New Year party but my sister was trying to give my daughter one behind my wife's back and my wife got upset about that saying she should have been asking us first ...

Focus group, fathers, urban affluent community, FG6

Where children were offered an alcoholic drink by another family member or a family friend, this was cited as a source of tension and an infringement of parental discretion and control, even in cases where parents had previously allowed a child to sample a drink in the context of the family home.

Although there were variations in parents' drinking patterns and the settings in which they chose to drink, there was common agreement across the study communities that licensed premises were inappropriate for children if they were likely to encounter rowdy or drunken behaviour. Parents who visited licensed premises with their children did so under particular conditions and not with the sole intention of drinking.

P: The only time I would take my daughter into a pub is if I was going for a pub lunch.

P: That's the only time my wee boy's in.

P: Or if it was somebody's party or something like that.

I: A special occasion.

P: But we go out for meals in all the restaurants and that, so it's kind of similar, isn't it? You can get a drink and sit and have your dinner or whatever.

I: Would you, if you were going out to the pub just for a drink, would you take the kids with you?

P: No [in unison].

Focus group, fathers, urban deprived community, FG4

Parents cited pub lunches and bar meals as the most likely reason their children would attend licensed premises. These outings were typically described as an enjoyable event for parents and children, and could also function as an opportunity to educate children about 'social' drinking.

P: Me and my mum and dad and my wee girl go nearly, well, we were nearly every Sunday for a meal in a pub.

P: I don't see that's ...

P: It's not as if you go into the pub and say, right, you can have a vodka and Coke because we're in a pub, do you know what I mean?

P: No.

P: That's teaching your kids how to be sociable round about drink, do you know what I mean, that people have drink with their dinner.

Focus group, mothers, urban deprived community, FG3

The other main opportunity for children to attend licensed premises was in the case of sports events or clubs. As previously noted, men, and in some cases women, in the deprived areas were often committed football supporters. Some in the urban deprived area were regular attenders at one of the two rival clubs in the area. However, children in the study age group were rarely permitted to share in these activities as they were considered too young to be exposed to the rowdy behaviour typical of fans. This contrasted with the experience of children from more affluent areas who were more likely to attend local sports activities, such as rugby clubs. Rugby clubs were often regarded by parents as appropriate family-friendly venues for children.

So there is no issue, if we take Angus [son aged 8] out, we go upstairs to the [rugby club] bar, there are people drinking there, but at the timing that we are going, it's not as if there's going to be people drunk. In saying that, I don't rule that I would be overly concerned if he was in that environment, for two reasons. One, because he knows so many people at the club, but secondly, almost there's a, "You don't really want to be doing that then do you?" exercise, so that you see it in a controlled environment as opposed to walking down Drysdale Road on a Saturday night at half-past eleven and there's guys fighting and rolling around on the ground and whatever.

In-depth interview, father, urban affluent community, Int15 CS05

Again, parents took the view that witnessing drunkenness under parental supervision could be an opportunity to educate children about alcohol. Visiting a rugby club reflected family tradition, in some cases, and was endorsed as a setting where other patrons were known to the family.

Holidays were also described by parents as times when children may be more exposed to drinking because the usual rules for bedtimes were relaxed and because holiday venues were more likely to cater for children. However, some parents were conscious that children's heightened exposure to alcohol on holidays was due to an increase in their own level of drinking.

Because that's what happened to us at Christmas time, we went away to an all-inclusive holiday and my wife, because we were on holiday we would maybe drink a bit more, and my wife does take vodka and Coke and it was, because it was an open bar where they served snacks and all that, and my boy

went up later on and said to the barman, "I'll have a Coca-Cola without vodka", and after that, that made us, although we laughed at the time, we were really shocked that he said that so he's obviously heard us saying vodka and Coke all the time ...

Focus group, fathers, urban affluent community, FG6

Parents were also aware that their children might be exposed to alcohol by seeing strangers consume it, or be intoxicated by it, in public places. Parents typically sought to shelter their children from such exposure, although some also used it to highlight the negative effects of drinking.

... we've had one incident [at a chip shop] ... there was a, I suspect, homeless man ... and he went from being quite jovial to being absolutely appallingly aggressive, clearly very drunk ... And Reece [husband] obviously got the vibes there was something wrong and came in and was a bit ... but by then he [son] was just absolutely agog about this man's behaviour and so was very much ... [We] explained that the man had drunk far too much beer and [...] that was why he was behaving so badly. And we probably did use it as a lesson to say, "Look, it can happen if you drink too much beer" ...

In-depth interview, mother, urban affluent community, Int14 CS05

This educational approach was particularly apparent in the affluent study communities where such events were considered to be relatively rare. Some parents from the deprived communities, where exposure to drunkenness in the streets was more common, also explained to their children that it was undesirable and hoped that the incident would have an educational function. However, it was not always clear how much dialogue with children accompanied these scenarios.

... every single Friday and Saturday weekend, the weans, every single wean, they look out the window and they'll see all sorts of people on corners, and my weans sometimes are disgusted with that, oh, all them out there, fighting again, drinking again, bottles getting smashed again, so hopefully they will turn back and think to themselves ...

Focus group, fathers, urban deprived community, FG4

In both the affluent and deprived study communities, parents reported their children being particularly anxious when they were exposed to the drunken behaviour of strangers or peers in the streets. In affluent communities, children's reactions were described as shock or curiosity in cases where they had not previously been exposed to this behaviour. Although the behaviour might be viewed from the safety of the car or the house, children sought reassurance from their parents. However, some children from deprived communities were described as being frightened, rather than simply apprehensive or curious, if they faced potential confrontation with drunken behaviour in the street. Perhaps unsurprisingly, the principle concern of parents in such situations was the child's safety and wellbeing. As a result, broader dialogue about the effects of alcohol appeared to be limited.

Summary of controlling children's exposure to alcohol and drinking

The majority of children's exposure to alcohol consumption occurred within the home, typically in the context of a family meal, while relaxing in the evening or watching sport on television, or as part of a family celebration or party. Parents commonly described scenarios where children were integrated in social occasions by being allowed or encouraged to take part in drinking rituals when adults were drinking, and this was understood to be something children enjoyed as an inclusive social activity.

Children in deprived communities tended to be more integrated in social and celebratory activities where alcohol was present than those in affluent communities. However, on the whole, parents across all study communities considered exposing children to moderate alcohol consumption to be relatively

harmless; some parents also felt that that doing so demonstrated to children that alcohol can be consumed responsibly. However, in families where there had been a history of problematic drinking, there was particular concern to avoid exposing children to drunkenness.

With regard to exposure to alcohol outside the family home, parents described managing children's exposure in relation to three main settings: other known homes and venues; licensed premises; and public spaces and streets. Moderating children's exposure to alcohol in these settings was a contentious issue, and the level of control that parents were able to exert was a particularly important factor for them. Although parents typically sought to shield their children from witnessing drunken behaviour, such incidents were also used to highlight the negative influences of alcohol.

Approaches to initiating children to alcohol

This section provides parents' perspectives on children's initiation to alcohol and complements the children's own experiences presented in Chapter 1. Most parents within the study group had initiated their children to alcohol by allowing them to sample it and this ranged from allowing children to dip their fingers into drinks, to allowing a sip, or a small or diluted portion, or a full glass or bottle. These sampling experiences tended to be rare and were usually associated with special occasions such as Christmas, birthday parties or other family celebrations. The nature and level of alcohol sampling varied according to the age of the child, the type of drink, and the social context.

Parents' approaches to alcohol initiation were informed by a sense of inevitability that their child would drink or at least experiment with alcohol at some point (see earlier in this chapter) and most acknowledged some level of responsibility for addressing this issue. Parental approaches to alcohol sampling are detailed in this section under three headings: early sampling and tasting of alcohol; supervised alcohol consumption; and responses to illicit and experimental alcohol consumption. Within each of these, parents' rationale for initiating children to alcohol is discussed, including areas of contention and variation between parents.

Early sampling and tasting of alcohol

The understanding that children (including those in the lower age range of the study sample) will be curious about alcohol was a unifying theme. Parents across each of the study communities commonly described scenarios where they had allowed their children within the study sample age group to taste alcohol. Parents typically described their children's first taste of alcohol (usually a small sip of a drink) occurring after children had asked questions about what they or other adults were drinking, or asked for a taste of alcohol directly.

Oh aye if I'm sitting with a can of beer or whatever, eh? The wee yin [son aged 10] will say, "Go gis a drink". "You'll no like it". But it's natural kids will ask, eh? Well I think it's natural, kids will ask what you're haeing and you explain to them and they're like that, "can I taste it?" So it's only natural that you're going to say, "here take a wee mouthful".

In-depth interview, father, rural deprived community, Int34 CS10

Parents described children becoming curious about alcohol from the age of around 8. At this early age, their interest was attributed to them being naturally inquisitive and seeking to copy adult behaviour rather than having an interest in alcohol for itself. However, it was understood that some level of interest in drinking alcohol would inevitably follow as children progressed through their teenage years. Where parents referred to children younger than those in the study group (i.e. under the age of 7), instances of sampling alcohol were described as accidental and something that parents discouraged (e.g. by describing alcoholic drinks as 'bad juice'). However, age boundaries were sometimes blurred if a more permissive approach was taken with younger siblings as a way of ensuring children were seen to be treated equally.

Parents' narratives about children's early sampling experiences typically highlighted the parents' supervisory role and the control they exercised to moderate the amount of alcohol consumed (e.g. by holding the glass).

I mean when she's [daughter aged 10] in here and she's asked, "What's that, can I have a sip?" I will give her a sip because I'd rather that she tasted it from me than anybody else. I mean she doesn't like it when she tastes it. But it's not as if it's like, there's a cup there you go.

In-depth interview, mother, rural deprived community, Int30 CS09

Two main sub-themes emerged in the rationale for allowing children to taste alcohol. The first centred on deterring children from further or illicit experimentation with alcohol on the basis that they would dislike the taste.

... it was just generally they were curious about what's that what does it taste like? And, you know, I suppose the reaction I was hoping for was horrible and you know that's the reaction we got.

In-depth interview, father, rural affluent community, Int58 CS15

The idea that allowing younger children to taste alcohol might curb their interest in it was a common theme across the study sample. This approach extended to parents who explicitly said that they did not want their children to drink, as in the case of the father in the extract above. Indeed, parents' expectation that their child would dislike the taste of an alcoholic drink was often confirmed by the child's negative reaction (e.g. it tastes 'horrible', 'disgusting' or 'minging'), as discussed in Chapter 1.

The second theme centred on demystifying alcohol and developing children's appreciation of different types of alcohol. This approach was described by parents in both affluent and deprived study communities.

But no, what we try and do if they [daughter aged 8, son aged 10] are tasting it, we'll say, "Well, what are you actually – what are you tasting?" So if it's red wine they'll try and guess the berries, or the fruits, or the spices ... I hope that we've introduced them to alcohol and in a positive side but not to be wary, not to be scared of it, not to want to taste it before they're 10. So when they get to 11 and somebody says, "We're having a can of lager" and they can say, "Well I don't like lager." Or, "Let's have a can of lightning cider" or whatever it is – "No, I don't like that." Rather than say, "Oh, I've never tasted this before." Not that we'll give them lightning cider [laughing].

In-depth interview, father, rural affluent community, Int49 CS13

In the extract above from a father in a rural affluent community, the rationale is grounded in encouraging children to be more discerning in their future drinking choices and to avoid the type of drinks typically associated with excessive alcohol consumption in the streets. In the extract below, however, the educational approach adopted by a mother in a rural deprived community appears to be motivated by a concern to ensure that the child is 'streetwise'.

P: But the wee ones [aged 10 and 13] they're kind of they're at the curious stage.

I: So they get a wee taster?

P: Just a wee taste but no I widna say there's a glass of alcohol, that's just a no no. But if I'm having it mebbe have a – because I like a liqueur so if I'm having that and they're like, "Oh that's different, can I have a wee taste?" And you let them have a wee taste because then it's keeping them in check and saying well if somebody was to gie them something out on the street then they need to know that trying to figure out the difference between an alcohol drink or a normal drink.

In-depth interview, mother, rural deprived community, Int33 CS10

The educational approaches outlined above were both intended to equip children for encountering alcohol in unsupervised environments at a later date. The educational approach taken by some parents was also intended to avoid presenting alcohol as a taboo, thus increasing the likelihood of illicit experimentation as a future act of rebellion against parental control. Parents adopting this approach referred to the 'European model' of drinking in which children were introduced to responsible drinking at an early age. However, it was evident that, where children were allowed to sample a drink, the level of dialogue between parents and children was variable and, at times, lacking. Where children at the lower end of the study sample age group tasted or inquired about alcohol, parents' explanations mainly related to its being 'for adults'.

There were also some limited references to the effects of alcohol (e.g. 'it can make you feel funny') and, as noted in the extracts above, there were some discussions related to taste. Perhaps unsurprisingly, the limited dialogue with younger children about alcohol was often attributed to the fact that it wasn't yet a particular concern. Acting as a positive role model for the responsible consumption of alcohol was therefore considered to be a more appropriate approach by some parents.

... I don't think we've ever sat down to talk about alcohol, he [aged 9] is aware that both his mother and I do take alcohol, he probably makes a joke of it more than anything else from time to time but we haven't spoken to him in any detail about the whys and why nots of alcohol consumption and hopefully we'll rely on what he takes in himself as to what he sees round about the household as to what is hopefully an acceptable way of consuming alcohol and I daresay I'm sure in time to come we may have to have more serious chats with him but at 9 years of age ...

In-depth interview, father, urban affluent community, Int23 CS02

As discussed earlier, parents who had witnessed the detrimental effects of excessive alcohol consumption in their own upbringing or their adult relationships considered it particularly important to act as a positive role model for children.

Supervised alcohol consumption

Teenage interest and experimentation with alcohol was considered to be normative behaviour, although there was some variation in how parents responded, or anticipated they would respond, to this interest. Parents described their children taking a more active interest in alcohol, and in some instances asking for an alcoholic drink (rather than just a sip or a taste), from the age of around 12. However, there was considerable variation in the nature and level of this interest. Children's interest in alcohol at this stage was largely understood to be an inevitable part of the transition to adulthood although, for some, particularly those from rural communities, it was associated with children progressing to high school where they would be exposed to different peer groups.

While some parents had defined ideas about the age when it would be appropriate to allow a child a supervised drink, others, most notably mothers, expressed uncertainty and concern about this issue.

But I do find it quite hard to kind of think well how do you, how do you in that kind of transition teenage years help them find a way to experiment but within boundaries and kind of fit with the social norm, because it is the norm for people to drink alcohol and it will be the norm for his friends to drink alcohol, so it's about how can I help him do that in a sensible way ...

In-depth interview, mother, rural affluent community, Int53 CS14

Allowing children to have a drink was a contentious issue for parents and there were mixed views about the age at which it would be appropriate under supervised conditions. Some parents, most commonly

those from the deprived communities, described taking responsibility when the need arose to educate their children in how to drink.

You wouldn't actually force it on them. You wouldn't say, you know, it's my duty to teach my child how to drink. Not that way round. You'd wait for them to come to you.

I think once, you know, they show an interest to you, that's when you have to kick in as a parent and show them how to do it properly, you know.

Focus group, mothers, urban deprived community, FG3

Parents who took the child's lead on when to allow an alcoholic drink were more likely to allow their children to drink at an earlier age, albeit under supervised conditions. However, in some cases the impetus for offering children a drink came from parents, mostly fathers. Parents in both the affluent and deprived study communities cited offering their children a drink even though the child was not interested in alcohol. The rationale was that it would dispel the mystique and reduce the appeal of illicit experimentation. Again, parents who adopted this approach drew on the 'European' model of introducing children to alcohol.

Like, my daughter, I would say to her, "Do you want a wee drink of that?" Just because I've seen the way it works in other countries, like France and all that, they seem to be, maybe they drink frae an early age, but they don't seem to have all this ...

They teach them and educate them in Europe.

They drink to enjoy it, not to get steaming.

Focus group, fathers, urban deprived community, FG4

Parents from affluent communities typically identified the age of 16 as appropriate to allow a child an alcoholic drink under supervised conditions, even in cases where they expressed a desire for their children not to drink and described strategies to distance them from drinking.

I: So you envisage a point where you may introduce Cathy to alcohol. You'd have her friends round and give them a glass of wine ...

P: Yeah, but I'm expecting not – probably five or six years. She's 10.

I: So 16.

P: I know it's illegal but again I'd rather her do it here.

I: Do you not think she might be exposed to it before then?

P: Yeah but I think, again, she would come to me and speak to me. She'll probably be exposed to it from 12 in high school, nowadays. But again I'm going to push her to keep fit and hopefully that will steer her away from the demon drink.

In-depth interview, mother, urban affluent community, Int2 CS01

While there were some notable examples of parents from deprived communities allowing, or anticipating that they would allow, a supervised drink before the age of 16, some were of the opinion that children should be 16 or older. This was a contentious issue for parents and was set among other contextual factors in the decision-making process, such as the social context, the maturity of the child and the amount and type of alcoholic drink.

Although the type of drink was a very relevant factor for some parents, opinions differed as to what was acceptable. Some parents voiced concern about their children being introduced to alcopops, on the basis that they may appeal to children's sweet taste, but some thought that alcopops may not be as

strong as other alcoholic beverages. Spirits were universally perceived to be inappropriate because of their strength. Wine was perceived to be more acceptable, partly because of the social context in which it was usually consumed (e.g. accompanying a meal).

Some parents identified the type of drink that was acceptable according to gender, viewing lager or beer as more appropriate for boys than wine. Where children were permitted an alcoholic drink, this tended to occur at a celebration or social gathering where parents were present. Clear distinctions were drawn between allowing children to sample alcohol in the context of a family gathering or the family home and deliberately buying alcohol for children to consume in the home. Parents, most notably those in rural deprived communities, voiced objections to buying alcohol for teenagers congregating in the streets and said they would not buy alcohol for other people's children.

The illicit consumption of alcohol was a primary concern for parents across the study sample, especially if it occurred in the streets. This was the case both for boys and girls but parents were particularly concerned about girls drinking in the street or in other unsupervised locations. As discussed earlier, these views were partly underpinned by safety concerns.

I'd rather do it in the house so I can keep an eye on her than as you say, going up the park and getting handed whatever, getting full of it and then you don't know what's going to happen to her either, getting that drunk, she could end up either getting raped or falling somewhere or getting lost, things like that you know?

Focus group, fathers, rural deprived community, FG12

As discussed in Chapter 1, there were few reported instances of illicit alcohol consumption within the study sample, but the gravity of concern about its possibility informed parents' decisions to allow their children eventually to consume alcohol in the family home.

Parents' narratives about allowing their children to sample alcohol were predominantly grounded in attempts to maintain some level of control in the face of other influences, as discussed earlier. It was sometimes older siblings or other family members who took the lead in allowing older children in the study sample to have a drink. Parents were commonly concerned about or disapproved of children being offered a drink by other family members, and this was cited as a source of family tension. Analysis of parents' accounts also revealed that there were sometimes tensions between parents, most evident with older children in relation to allowing the child to have a drink.

Well, my man had a problem when I started doing that with my older one and trying to explain it to him, he was, like, "Well, she's not getting any drink at all. She's not getting nothing until she's 18." He says, "I might bend when she's 16. I might bend when she's 16." I says, "You'll bend the now, because if we don't do it the now, she's going to go out the door with her pals and she's going to come in here pissed."

Focus group, mothers, urban deprived community, FG3

In the extract above, the mother adopted a more permissive approach as a means of circumventing illicit experimentation, and eventually persuaded the father to agree. However, fathers across the study sample tended to take a more proactive approach to initiating their children to alcohol. This finding was reflected in children's accounts as described in Chapter 1.

Responses to illicit consumption and experimentation

Parents typically anticipated that children were likely to engage in illicit experiments with alcohol from around the age of 14, although some parents from affluent communities anticipated that their children would be closer to the legal drinking age. In contrast to more permissive approaches to supervised alcohol

consumption, parents across all study communities described punitive responses to the illicit consumption of alcohol.

I think if I'd caught my daughter drinking at 14, I would put my boot right up her backside. I would.

But it would happen again.

But yours is 16 now, isn't she?

No it wouldn't, because she would be grounded until she was old enough to do it.

Focus group, mothers, urban affluent community, FG5

If I was to think that in four years time when he's 12 and I was giving him a bit of a longer lead to go up to his mate's six streets away and he was coming in at half-past nine and then I'd got a whiff that he'd been drinking, at 12 year old he'd have to remove my foot from his backside – severely. I would stop him from drinking totally. I believe myself that the legal law for you to drink is 18 and they are trying to put it up to 21. I see why they are trying to do that as well.

In-depth interview, father, urban deprived community, Int10 CS04

The strict approach taken by the father in the extract above contrasts with his approach to his son's alcohol consumption under controlled conditions.

I think the more confident we are with him, saying, "You want a taste of this, do you want a taste of that?" I believe if he is 14 or 15, making him up a wee half-pint shandy at New Year, that is not really going to do him any harm. You are talking about a quarter of a can of beer with an equal amount of lemonade and it isn't going to do him any harm. You know if he's getting that, he's not going to go over the top and try and do it. If he did go over the top he'd have severe repercussions off me.

In-depth interview, father, urban deprived community, Int10 CS04

Parental concerns about illicit experimentation with alcohol related primarily to the potential for excessive consumption and getting into trouble, particularly if these incidents were to occur in the streets. As discussed previously, there were few reported incidents of illicit experimentation among children in the study sample. The parental response to two incidents reported by parents in two different study communities is detailed below.

The first incident occurred in the rural deprived community when the 12-year-old friend of a boy in the study sample was found to be drunk. The boy's mother was alerted when she heard her son help his friend wash up sick in her bathroom, and responded by immediately sending the boy's friend home. The following conversation between the boy and his mother ensued:

... I said to Colin, I went, "That's the last time he's ever in my house" ... I went, "See when you're a wee bit older Colin," I went, "I've no got a problem ...

Aye, but he's 12 ... When you're sitting in your room ... Having a couple of drinks ... With me here," I went, "But the minute I ever catch you in the street," I went ... "That's it, eh?"

Focus group, mothers, rural deprived community, FG11

In this first example, the main concern appears to be the possibility of the child engaging in illicit experiments with alcohol, rather than the prospect that the child will drink alcohol in the future. The mother takes a permissive approach to supervised alcohol consumption. In the second example, below, the incident only came to light a few weeks afterwards when an empty beer can was found in the son's

bedroom bin. In this case, the son had taken a can of beer from the fridge and shared it with his younger sister and two friends on a sleepover. Once the mother realised, she addressed the issue with her son.

I hadn't realised, and I said to Ian, I said, "Why was there a tin of Stella in the bin?" ... He went, "Oh yes, Allan, Robert and Julie and I had it," and I went, "Oh", and he went, "Yes" [makes a laughing sound]. I went, "Well that was a bit stupid really, because I didn't know that you'd taken it, one can of beer between four of you probably wouldn't do you too much harm, but doing that can be dangerous and that's why I'm kind of concerned Ian because alcohol can be dangerous particularly for small bodies, you know you're much smaller than an adult," blah, blah. Trying to kind of do it on the physical effects but without going over the top ...

In-depth interview, mother, rural affluent community, Int53 CS14

Despite the young age of the children (10 and 11 years), this incident did not appear to merit particular concern. This may be partly explained by the fact that it occurred in the home environment with a relatively small amount of alcohol and had not been repeated since. However, the incident acted as a trigger for a discussion about alcohol between the mother and son, based on the physical effect of alcohol on children's bodies. Across the broader study sample, discussion of this nature appeared to be relatively limited, with much of the focus of discussion about actual or anticipated illicit experimentation being on parental sanctions.

Summary of approaches to initiating children to alcohol

Most parents in the study group had initiated their children to alcohol by allowing them to sample it, although these sampling experiences tended to be rare and were usually associated with special occasions. Parents' rationale for allowing children to sample alcohol at an early age was underpinned by a desire to demystify alcohol and to deter further interest because the children would find the taste of alcohol off-putting. As children matured, the issue of allowing them to have an alcoholic drink was a contentious area for parents and there were mixed views about the age at which it would be appropriate under supervised conditions. The social context, maturity of the individual child, and the amount and type of drink were identified as factors that would inform parents' decision about whether to allow it.

Parents' rationale for allowing their children to sample alcohol was predominantly grounded in attempts to maintain parental control over drinking, and deter illicit experimentation. The illicit consumption of alcohol was a primary concern for parents across the study sample, especially if it were to occur in the streets; this concern was heightened in relation to girls. Parents across all study communities described punitive responses to the illicit consumption of alcohol, although actual instances of this behaviour were rare within the study sample.

Perceived need for support for parents

This section discusses the extent to which parents felt there was a need for external support and interventions to help them address alcohol issues, and the shape that these might take. Questions about this topic were asked at the end of the interviews to avoid locating discussion of alcohol in a problematical frame. Two main themes relating to provision of parental support are addressed below: dealing with alcohol education within the family, and openness to external support and interventions within the family.

Alcohol education within the family

The strongest views about the usefulness of parental support and advice about alcohol were expressed by those participants who were steadfastly against the need for external support. A sizeable proportion

of participants thus felt that alcohol education was the responsibility of parents alone. Most participants in this category, made up of parents from both deprived and affluent areas, felt that their own personal experiences equipped them sufficiently to deal with the issue of alcohol without external interference, and that 'instinctive parenting' was most appropriate.

I think I've got a good handle on that, I daresay through my own experience with it I've got a good knowledge of what happens with alcohol or how silly you can get or how stupid you can be, so I think I've got a good, I think I learnt the hard way, when I was younger I learnt the hard way through alcohol.

In-depth interview, father, urban deprived community, Int16 CS06

Participants preferred to take a reactive approach when applying this knowledge, dealing with alcohol matters as they arose. For many with young families, alcohol rarely arose as an issue, and many anticipated the need for intervention in later years.

Underlying some parents' beliefs that alcohol should be addressed within the family rather than through external interventions, was the view that they themselves were the target of such interventions and that their own behaviours were likely to be brought into question. This is illustrated by the following comment from a father who had some concerns about his own drinking style and the extent to which he complied with recommended drinking levels.

I think it's common sense, isn't it? I mean, they're trying to educate people this and that and if you're that way inclined that you want to go out and get drunk, it's not going to make a difference how well educated, I mean, I know myself that drinking 20 pints isn't good for you but, if I was out for a night out, it's not going to stop you drinking all night, until the night's finished. So we all know what's good for us, what's bad for us. So I think they should just let people live their own life the way they see fit to live it instead of trying to, like, as they call it, the nanny state, try and tell you to do this, do that.

Focus group, fathers, urban deprived community, FG4

Similarly, many participants tended to attribute the need for interventions to so-called 'problem families' where understanding and behaviours regarding alcohol use were considered the underlying problem. In many cases, young or inexperienced parents, and families in which there were already alcohol problems, were implicated.

I think it would be quite a waste of resources and I think – I'm looking at the parents I know from this demographic. If we don't know at this age then it's a bad day. I know that there are 16-, 17-year-old parents out there and does that mean there should be something different for them? I don't know. But certainly not for the circle we move in. I don't know how this is sounding. But if we hadn't cottoned on, if we don't know by now then it is a bad day. I don't know that I would benefit from literature or classes. No.

In-depth interview, mother, urban affluent community, Int4 CS02

Some parents agreed with the principle of external interventions to support parents in educating their children about alcohol but understood such support to be needed by 'other' families.

I think there should be better education on the parents but again a lot of these kids are sitting out there drinking ... their parents are giving them it so they're getting peace. So they can sit in the house and have their drink, or so they can have their drugs or whatever. And that's just how I feel ...

In-depth interview, mother, rural deprived community, Int33 CS10

The extracts above highlight some of the sensitivities in alcohol use and suggest that some parents feel there is a social stigma associated with alcohol interventions in the family context.

Openness to external support and intervention

Some parents supported the principle of external intervention. While they were generally positive about it, these participants were typically not specific about the form that intervention might take and required prompting by the interviewer. In addition to the internet, leaflets were frequently mentioned as a useful resource, both in providing information and as a useful way to kick-start discussions about alcohol with children. However, the extent to which parents were themselves prepared to engage in this type of intervention was not always clear.

I would like to see some kind of – you know when I said there was last term of school Sharon [daughter aged 10], she was learning about drugs and things and she came home with leaflets ken for parents to read, for them to read. You get nothing like that about – well I don't know about any other area, but through in this area you don't get anything like that about alcohol.

In-depth interview, father, rural deprived community, Int31 CS09

There was some desire from parents for more general advice about how best to broach difficult topic areas with young people, and at what age, to mirror the advice some parents had received about health topics such as sex and drugs. There was a feeling that alcohol education needed to be sensitive to the many pressures on children so as to avoid alienating them or causing rebellion against parental guidance.

It's a very difficult one because it's how you communicate that without it seeming like it's a lecture on how to bring up your children and I know that must be a real challenge. Websites are probably where I would go for most of my information nowadays, they're certainly ... when the drinking issue came out recently about how to speak to your kids about sex which I did follow up and I have had a pack through which I found quite useful. And I think probably if there was a similar thing ... so that probably would be something I would follow through having found this other stuff quick.

In-depth interview, mother, urban affluent community, Int14 CS05

While there was a general lack of clarity regarding ideas for alcohol support and guidance, a common focus of discussion was the best means of introducing children to alcohol. Discussions were characterised by uncertainty about the best approach and the legality of introducing young people to alcohol in the home. This is an area where most parents seem to welcome advice, regardless of their general views on external support. It could provide an acceptable platform for raising more sensitive issues.

Well as I say, I'm never too sure when's the right age to you know, to introduce drink to the children, I do think that the wee ones are way too young still, I certainly think my oldest is very soon I need to start introducing, I don't know if there's maybe things that would give you a better idea that would help me in introducing it, what is acceptable, what should be done, how's the best way to do it ...

In-depth interview, mother, urban deprived community, Int17 CS06

There was a generally held belief that schools needed to offer alcohol education as they did for sex and drugs education. Parents tended to agree that useful support and advice was being provided as part of their children's education, but that alcohol education was lacking for younger children.

I don't know, I don't know how much education in school makes a difference in terms of sex or drugs, whether it actually has an impact and if it did, then why don't we do alcohol education for kids at this

age? It seems ludicrous that we teach them about sex but we don't teach them about alcohol at the age of 10, and yet that can be potentially just as disruptive and damaging and have quite serious consequences.

In-depth interview, mother, rural affluent community, Int53 CS14

Additionally, a few parents expressed a desire for more innovative approaches to education in other settings, such as in relation to sport.

... a rugby club can be where they can be, maybe introduced to alcohol and one thing and another, I suppose from that environment, at clubs when they maybe go on tours and things like that, there could be a degree of guidance and the emphasising to them that by the way, guys, it's sports, it's not getting drunk.

In-depth interview, father, urban affluent community, Int15 CS05

As discussed earlier, some parents already steered their children towards sporting and other activities in the hope that it would deter or delay their children's interest in alcohol.

Summary of perceived need for support for parents

Parents' views about the need for support in educating their children about alcohol were mixed. Some parents felt strongly that external interventions were unnecessary and that they were already well equipped to deal with alcohol issues as they arose. Other parents resisted the idea that external interventions would be of value to their own family but thought such interventions would benefit other families, particularly those characterised by problematic drinking or parenting styles.

Some parents were receptive to the idea of greater support to address alcohol issues with their children but did not express clear views about the form this support should take. However, there was much debate about introducing children to alcohol in the home and considerable uncertainty about the legal age for allowing children to drink in supervised settings. This is an area where parents would welcome further information.

Children's agency and impacts on parents' drinking

This section examines the evidence for children's agency in the context of adult drinking, specifically the impact that children's actions and attitudes could have on participating parents' drinking behaviours. Four broad themes emerged: amusement and embarrassment; recompense and opportunity; introspection and disapproval; and awareness of problematic alcohol use within the family. There were few instances where these influences were observed and the impacts were relatively limited in nature. Evidence emerged more often in parents' accounts than in children's and more frequently in the deprived study communities.

It is not clear why there are disparities between the study communities but it may be that affluent parents are more able to separate their drinking lives from their parenting responsibilities. They have access to a wider range of socialising opportunities in child-free public spaces and greater access to childminding opportunities than their counterparts living in the deprived communities.

It appeared that parents were more aware of their children's influence on family drinking patterns than were the children themselves. Only in the few cases where children had direct experience of problematic alcohol use by a family member or significant other, did the children seem aware of their potential to influence family drinking behaviours. These few cases and other less serious examples of children's agency in action, which emerged from the participating children's accounts, are also reported in this section.

Children's amusement and embarrassment

While some parents sought to keep their drinking lives separate from their parenting (or tried to conceal their alcohol use from their children, particularly where this use was more extreme), there were inevitably times when these spheres overlapped. For most these were infrequent occurrences such as New Year or family celebrations. One more frequent occurrence was watching televised football, which was of interest to both generations.

Perhaps because of the relative novelty of such occasions, parents often treated alcohol-related events in the family sphere as amusing, as in the example below where a mother, a light drinker, marshalled her children to ridicule their father.

... it's like, "Get your coats, kids" and they'll see that he's a bit swaying as he goes home, and we'll just take the mickey really. We'll just sort of laugh and go, "Oh he's going to regret that tomorrow, isn't he?" or they go, "He's silly", and that's that.

In-depth interview, mother, rural affluent community, Int57 CS15

As well as being amused, the children could feel embarrassed by their parent's behaviour, whether because the parent was intoxicated or because the parent was 'letting their hair down' in front of the child. Parents' awareness of the potential for both amusement and embarrassment was apparent from both generations.

[sotto voce] They just go, "Go on mum!" [all laugh] That's my mum! But they don't get upset or anything like that they just get embarrassed especially when I say, "I love you! MUM!" [laughs]

In-depth interview, mother, rural deprived community, Int39 CS11

I sometimes like it when my mum's drinking because it's really funny, she sometimes doesn't embarrass me and that but like I don't get really angry with them because they're not aggressive when they're drunk but on New Year that's just past and my mum was drinking, my dad wasn't really that drunk either, and I went home the next morning and my brother had texted me that morning to say we're going to pretend they had slapped somebody because she was kind of drunk so I went in the next morning ... I says, "Mum", I says, "Don't ever get drunk again because you started punching folk in the face last night", but it was all a laugh and she was worried for the next two days, she says, "Are you being serious that I really slapped somebody?" I says, "What are you speaking about?" She says, "On New Year", I'm like "Mum, we were having a laugh".

Focus group, girls, 10–12 years, rural deprived community, FG10

Recompense and opportunity for children

As in the previous section, there were consequences for parents of being under the influence of alcohol in the presence of the children. Children did not view these events entirely negatively: for example, improprieties could often result in the parent offering some form of recompense, which could be negotiated by the child to their advantage after the event.

Before you know it, you've committed yourself to a new dress and a bike.

Focus group, fathers, rural affluent community, FG14

On other occasions, the parent offered recompense at the time and while actually under the influence. Offers of instant recompense were unlikely to be as thoughtfully constructive as the new bike in the previous account.

Cos it's never – I'm never violent with them you know. I just pass out. I'm not – I'm a happy drunk give them money, sweeties.

In-depth interview, father, urban deprived community, Int27 CS08

In the deprived communities, extra pocket money could become associated with fathers' drinking sessions, as illustrated by way that any loose change (cash) generated during a drinking session could be exploited.

I ken for a fact if I come back with any notes then they end up back in Melanie's [mother] purse, fair enough. If I come back with any change it ends up in Sharon's [daughter] purse.

In-depth interview, father, rural deprived community, Int31 CS09

These transactions appeared to follow a recognised set of informal rules, where the parent's need to provide recompense was matched by the child's opportunism.

P: They try their best when you're sober as well. They've just got more chance when you've got a drink in you, you know.

I: What sort of things do they get up to?

P: Staying up late. If I've maybe crashed out on the couch or something and left the telly on, maybe watching Match of the Day last thing at night, they'll stay up till all hours in the morning.

Focus group, fathers, urban deprived community, FG4

Children's opportunism also extended to extracting non-material treats, such as the waiving of 'house rules'. In one example, the mother would go out at the weekend and leave the father to look after the children during the time slot when he would normally drink. He might attempt to make the night a special one for the children, for example by letting them stay up late, varying their meals or allowing their friends to visit.

... I suppose it's a Saturday night, you know. I used to do a thing with the kids on a Saturday night Melanie was working it was unlimited bedtime it was called and it was unlimited bedtime and you choose your supper sort of night. And they looked forward to it ...

In-depth interview, father, rural deprived community, Int31 CS09

Such opportunism was predominantly a feature of families in the deprived communities, and the transaction was acknowledged by both generations. As in the following account, where a father in one of the deprived areas recounts his own childhood experience, this arrangement may be a long-standing feature of family life that is transmitted between generations.

... you think back because when you're growing up at the time you're like, "Oh, they're getting pissed again, great" or "They're going out, we'll get a babysitter", you could run riot and you're out till all hours and all the rest of it, you thought it was good that way until you're an adult yourself and you've got your own ...

Focus group, fathers, rural deprived community, FG12

Children's introspection and disapproval

Some accounts of children's agency did not fit this familiar pattern. During the family shopping trip, for example, when the topic of alcohol arose, this sometimes surprised parents who had not previously realised how aware their children were of the presence of alcohol in the family. This could provide an opportunity for introspection by the parent concerned.

You're in Asda she'll say sometimes, it's so embarrassing, that's the one you normally buy when I'm at the wine aisle. I don't know whether she recognises the bottle or whatever, I don't know, but she's a bit young, I think, just now.

Focus group, mothers, urban deprived community, FG3

In this non-drinking context, the fact that the child merely indicated that they were aware of their parent's drinking preferences acted as an intervention. It appeared to raise feelings of guilt or shame about the appropriateness of exposing a child to alcohol and whether this was 'fit' parenting. This influence appeared most strong in the case of mothers from affluent communities, for whom the mere possibility could modify drinking behaviour, even to the point where they contemplated giving up altogether. Parents' own family histories and exposure to problem-drinking parents also had a mediating influence. This contrasted sharply with the experiences and acceptance of relatively habitual drinking patterns by some fathers from the deprived communities (see earlier).

P: If she came to me and questioned my drinking, I would completely stop, because of the way I was brought up.

I: You could see her how she would feel.

P: I said it to my mum so many times over the years and she embarrassed me that many times over the years. If Cathy ever said it to me I would stop straight away, because it is horrible.

In-depth interview, mother, urban affluent community, Int2 CS01

In some cases where the child already held a view on alcohol, such interventions were more proactive. They were based either on a general disapproval of alcohol or a specific disapproval of their parents' drinking behaviours, regardless of the parents' actual drinking behaviours. In order to limit consumption, one direct action was to refuse to comply with requests to fetch alcohol for parents and to signal to the parent that their consumption was under scrutiny.

P: Because sometimes they can be sitting watching like international football's going on, they'll be sitting watching he'll say, "Tom go into the kitchen into the fridge and bring me a beer". "Well that's two you've had!"

I: Uh-huh.

P: "Do you know how many?" because he can sit tell him, "Do you know how many units is in that?"

In-depth interview, mother, urban deprived community, Int17 CS06

As implied by the calculation of 'units' in the above exchange, some of the children's disapproval of alcohol use came from public health messages received during formal education, rather than from any real fear or direct observation of alcohol problems in the family. This education is likely to have been received by all children in the sample, regardless of their background.

Like when, like if, when the nurse came in to tell us about it and then I tell my mum in the car and then we just talk about it like how drink's bad for you and stuff, it kind of just gets caught up like that.

Yeah, like we were talking and me and my mum were talking about nurses it kind of all came up and I told her all the things I think about it, sometimes it's good, sometimes it's bad, and then she told me all the things that she thought about it.

Focus group, girls, 10–12 years, rural deprived community, FG10

It was striking that smoking behaviour was universally disapproved of by participants in the study group (see Chapter 1), a distinction that was widely recognised by parents who smoked (many of whom lived

in the more disadvantaged study communities). Parents who smoked felt that their children were actively pressurising them to give up, unlike with alcohol. Strategies included children setting their own rules for the parent to follow (e.g. prohibiting smoking in their personal space) and drawing attention to public health messages.

P: Aye, he disnae like smoking at all. He's always moaning about it. There's advertisements on constantly during teatime telly telling you about smoking and it's all wee kids saying, "I'm scared because my dad smokes" or whatever, you know what I mean?

I: So that encourages him?

P: So he's seeing these adverts. He's not saying about, "I'm scared about my dad drinking" or anything, do you know what I mean?

In-depth interview, mother, urban deprived community, Int26 CS08

In contrast, public health messages about drinking were mediated by the belief among parents that some level of alcohol consumption among adults was normative. Parents who drank alcohol were able to counter their children's disapproval by indicating that it was expected the children would follow suit and drink alcohol themselves when they were older (even if only moderately). This strategy was unlikely to be adopted by smoking parents.

Children's impact on problem use

Some children had first-hand experience of a problem drinker in their lives and were fearful that this fate might also befall their parents. In some cases they used this experience to intervene directly to modify their parents' (habitual) drinking behaviour, which they accomplished with some degree of success as implied in the following accounts from both generations.

P: I'm happy that he stopped, because he used to drink about five bottles a night, but now he stopped, to like one bottle a night, and I'm quite glad about that, but I'd like him to kind of not drink, because I don't like seeing some drinks on his computer and desk, and I didn't really enjoy it.

I: See when you say you don't like ... Do you think he's going to be like Lorraine's dad? You're not thinking that, are you?

P: No, I actually had a talk to him about, "Do you know if you drink too much, you'll become an alcoholic?" I think that might be Lorraine's dad ... because mum said, "If you don't want your dad to drink five bottles every Friday, you need to ask him that he should stop drinking", so we all went together and we keep saying, "Stop drinking, stop drinking."

In-depth interview, daughter, aged 10, rural affluent community, Int60 CS15

With me in particular – if she sees me having a beer she disnae like it ... I think that's through her dad, she'll just say, "Mum" – say I get a six pack right, I do like to get a six pack on a Friday, or maybe even a Saturday as well – she'll say, "Mum you've had two beers I think that's enough, you shouldn't be drinking any more, and beers aren't good for you."

In-depth interview, mother, urban deprived community, Int24 CS07

Interventions by children with negative experiences were not only verbal, and their direct actions could go beyond those of their counterparts who merely disapproved of parental drinking (as in the case of the child refusing to fetch alcohol, described earlier). In the following case, a child was aware that his grandfather had died of an alcohol-related illness and went to considerable lengths to limit his father's alcohol consumption, despite the child himself acknowledging that his father's drinking was already comparatively moderate.

P: Sometimes I bin the beer when no one is looking.
I: You bin it? And what happens? Does it get thrown out?
P: Uhuh.
I: Is it full?
P: Yeah.
I: Why would you do that?
P: Cos it's not good for you.
I: If you get caught will your mum and dad not be angry?
P: My mum won't but my dad will cos it's all his beer that I bin.
I: How much do you put out in the bin?
P: Five cans.
I: Do you sneak them in the bin?
P: Uhuh. I take the plastic bit.
I: Are you worried about your dad drinking at all?
P: Not that much cos he doesn't drink that often.

In-depth interview, son, aged 8, urban deprived community, Int9 CS04

The final exchange below involves a younger child. It is of particular interest in that it indicates the child's ability to influence parental alcohol use, their knowledge of their own agency to do so, and their happiness that they are able to influence parental drinking behaviour positively.

P: I don't, I don't find it funny. I ignore it a little bit and make sure she, when we went down to my gran's, make sure that she was safe and stuff. When I was on holiday with my mum, she was drunk from a pub and when she came back I was, me and my gran were worried about her because she started being silly over a bridge.
I: Over the bridge?
P: See, Joanna's and Jane's party, after you'd left, they were all still fine, like, it was about ten o'clock, blah, de blah, de blah, nobody had still got loopy, and I thought, hey, this is going quite well.

Focus group, girls, 7–9 years, rural affluent community, FG16

Summary of children's agency and impacts on parents' drinking

Children's agency impacted on parental drinking in four ways. Firstly, occasional intoxication sometimes provided a source of amusement for children and embarrassment for both parents and children. Secondly, where exposure to parental intoxication was more frequent, children sometimes exploited the situation to win favours from the guilty parent. In this research, such arrangements tended to involve fathers in disadvantaged communities.

Thirdly, in other cases, a child's mere acknowledgement of parental alcohol use acted as a modifier of drinking behaviour. Such unintentional interventions tended to have their greatest impact on mothers from affluent communities. Finally, adult drinking could be curtailed more actively by children (e.g. by verbal intervention). This was particularly the case where the child had direct experience of someone with an alcohol problem, and held fears that their parents risked similar problems.

3 Parental approaches to drinking practices

This section summarises findings from an analysis of the 15 families that participated in phase two of the study. Data from interviews with children and their parents was reviewed in parallel during this analysis. Families were spread evenly across the four study areas and revealed a wide range of parenting styles and approaches to handling the issue of drinking, as well as how different adult drinking styles and issues impact on the way children relate to and understand drinking. In conjunction with data from other research strands, this enabled identification of different parental approaches to drinking practices in the context of family. The case analysis therefore extends the findings from the thematic analysis, reported in Chapters 1 and 2, by providing insight into how factors combine to shape the way that families manage drinking in the home. In addition, they illustrate the important role of historical factors, such as the parents' own upbringing and personal drinking styles.

The case analysis demonstrates how parenting and drinking styles can sometimes change over time, and can differ between parents. It should be noted that in two-parent families the classifications for the individual cases reported here are based on the primary parenting style. Within the study sample, the primary parenting style was that typically adopted by the mother as the primary carer.

The analysis reveals a surprising diversity and variation both within and between families in terms of parenting styles and drinking practices, with a total of eight distinct types emerging from just 15 cases. These types also reveal differences in the ways that families introduce children to alcohol and the extent to which they talk to children directly about drinking. A detailed description of each type is reported separately below.

'Anxious abstainers'

Anxious abstainers were generally parents who adopt a highly protective approach to their child's upbringing. They are keen to shield their children from what they see as the vagaries of drinking and resist letting their children sample alcohol. Although they may be occasional drinkers themselves, they rarely express any interest in alcohol and their drinking is exclusively social. They tend to adopt a fairly dogmatic position, often highlighting the dangers of drinking and encouraging their children not to drink, even though they acknowledge that this position is unlikely to be sustainable in the longer term.

They can be critical of the drinking behaviour of those around them, and are particularly sensitive to potential dangers in the immediate community, even in the absence of clear evidence for this. For example, they may choose to run their children to and from school even though they live in a relatively safe environment, while their children's friends and peers are allowed to walk or to take the school bus. Children from these families sometimes demonstrate similar concerns and attitudes to drinking: for example, by rejecting drinking and expressing anxiety when exposed to adult drunken behaviour.

Parents in this group are likely to impose quite strict controls and to restrict their children's freedom to play unsupervised. They tend to be home-centred, often assuming wide ranging responsibility for the family and for childcare needs. Fathers appear to assume a passive, almost detached, parenting role in these families. In the two cases to emerge from this study, there was evidence of underlying tensions within the adult relationship about drinking behaviour. These tensions are sometimes expressed through the children, with mothers encouraging them to criticise and challenge their father's drinking style. Interestingly, the children themselves did not harbour any deep-seated concerns about their

parents' drinking as drunken behaviour was rarely observed. In the two cases identified, both mothers demonstrated anxieties about drinking that appeared to stem from their own upbringing and family experiences; in at least one case, concern was linked to their own father's problematic drinking style.

'Moral conformists'

The 'moral conformist' parenting type had similar characteristics to the 'anxious abstainer' in that they demonstrated anxieties about drinking. However, these anxieties stemmed from the parents' cultural and religious upbringing which assigned negative values to drinking, particularly in the case of women drinking. The one mother who fitted this type had a highly conflicted attitude to drinking: she was extremely selfconscious about drinking in front of her children and made great efforts to separate her family and childcare responsibilities from her drinking behaviour and social life. She never kept alcohol in the house, only drank socially and mainly with friends, never drank alone or to excess, and drank largely 'to fit in'. She held strong views about drinking, regarded drunken behaviour as morally wrong, and was horrified at the thought of her children seeing her intoxicated or enjoying alcohol. She did not support the idea of introducing children to alcohol and was highly critical of other parents who did so.

One consequence of these attitudes is that children in these families rarely see their parents (or at least their mothers) drinking, let alone drunk, and are inclined to adopt the same moral code and to express similar views and anxieties about drinking. These children can adopt a strong anti-drinking stance that is at odds with the position of their wider peer group. In addition, this is the parenting style that most strongly supported the need for state education to teach children the dangers of drinking. Perhaps paradoxically, it is also the group that appears confident in their own parenting approach.

'Selfconscious moderators'

The 'selfconscious moderator' type describes parents who have sought support for their problematic drinking behaviour and whose drinking styles have, on occasions, challenged their parenting capacities. One parent demonstrated a habitual drinking problem at the time of the study, and another reported seeking professional support to deal with an emerging drinking problem that had since been resolved. In the latter case, other close family members remained unaware of the parent's drinking problem.

Children in families with problematic drinking styles sometimes had anxieties about their parents drinking that resulted in independent challenges from the child to alter their drinking patterns, including requests not to drink or to drink less. This represents a reversal of the roles observed in some of the other parenting types, with the child taking on the role of active agent. In this particular case, the parent sought to justify her own drinking style which she described as 'sensible' compared with that of her former partner (the child's father) who had died as a consequence of a drink problem. The child demonstrated some anxiety about her mother's drinking, monitoring her intake and on occasions raising this with her, while the mother took measures to conceal her drinking and to limit exposure to its effects. The child did not report having seen her mother intoxicated.

As in cases where the primary parent adopted more normative drinking patterns, concern about the parent's drinking was often explained by previous exposure to problem drinking behaviours and associated violence, and intoxication of other family members, rather than by the parent's drinking style itself. In this particular case, exposure to the father's drinking behaviour and his subsequent death appears to be a major factor affecting the child's attitudes to drinking and her anxiety levels which were, on occasion, triggered by the mother's drinking.

‘Uninhibited socialites’

The ‘uninhibited socialite’ was the most common type to emerge from the analysis, and was found in families across the social spectrum. Parents in these families have an inclusive approach to drinking and often involve their children in a wide range of social events where drinking is a part, such as family meals, watching Saturday night TV or large family celebrations. They rarely feel there is any need to moderate or control their drinking because they see their drinking (and children) as responsible.

On occasions, some drink to excess when the children are in bed or when alternative childcare arrangements have been made. Few tensions exist between parents’ drinking styles, with drinking treated as a normal part of family life. The sharing of childcare responsibilities is reasonably equitable. However, views about what is normal and acceptable drinking behaviour can differ widely, reflecting the parent’s cultural background and upbringing. In this study, intoxication was more evident in families from less affluent backgrounds, although differences in consumption are less clear. For all families, irrespective of their socio-economic circumstances, retaining the ability to exercise their childcare responsibilities is regarded as central to good parenting.

For most parents in this group, drinking is a relatively unselfconscious activity. However, those brought up in a family where one or both parents had drink problems take particular care to present alcohol and drinking as normal rather than something to worry about. Families that adopt uninhibited drinking styles are characterised by their reactive approach to parenting, often only assuming an active educational role in response to an emerging issue. This means that most prefer to demonstrate responsible drinking by example, and to deal with drink-related issues when they present themselves.

For families with young children (i.e. all within the study age range), other issues are generally more important and take priority. This can mean parents tend to assume a passive, relaxed approach to drinking and family. Few actively encourage their children to sample drinks but do permit trial (i.e. a sip from an adult glass) when the child shows an interest or makes a request. One apparent disadvantage of this approach is that issues sometimes go unnoticed where the child chooses not to raise them with their parent or adult carer. Given children’s exposure to adult drinking, most are accepting of their parents’ drinking styles and comfortable being around drink.

‘New age continentals’

‘New age continentals’ are similar in many ways to ‘uninhibited socialites’ in that they treat drinking as part of a shared family experience. However, they actively aim to introduce the idea of drinking alcohol as a social activity from a relatively young age by encouraging children to sample varied tastes and flavours.

One case family epitomised this type, modelling their approach on an inclusive family drinking style that they associated with French food and drink culture. While other families referred to the benefits of a continental drinking style, this was the only family to embrace the approach with young children. This particular family had strong aspirational values: both parents had traditional working-class backgrounds, established professional careers, and made the decision to move to the relatively affluent market town in which they now lived because it offered them the type of security and schooling they wanted for their young family.

Unlike many other families, they regularly allowed their children to sample the different flavours and types of alcohol, and sought to establish moderate drinking as part of the meal time experience alongside different food tastes and textures. They saw this as a healthy way to introduce the idea of drinking to their young family, as a way of removing any mystique their children might associate with drink and as a way to separate alcohol from the type of youth binge drinking culture they are likely to experience when older. One consequence of this approach is that, unlike most other study children, these children held predominantly positive views about alcohol and drinking, and were able to express specific drink preferences. These families placed far less emphasis on learning about the dangers and risks associated with drinking. Much

like the 'uninhibited socialites', these moderate drinkers were more inclined to deal with the downsides of drinking as a reaction to the child's experience.

'Proactive libertarians'

The 'proactive libertarian' type was found exclusively in families from affluent backgrounds. In many ways it is similar to the 'uninhibited socialite' in treating drinking as a normative behaviour. However, these parents tended to be proactive communicators, often seeking to raise the issue of drinking (and other issues) without prompting. In some cases this could involve providing their children with education leaflets and written information about the risks associated with drinking and what was and was not acceptable drinking behaviour.

Parents in this group, and in particular the primary parent, appeared to have particularly close relationships with their children. They talk with them regularly and encourage them to discuss and raise issues of concern. In larger families, children in the study population were also encouraged to engage in dialogue regarding their older siblings' drinking behaviour, a topic which younger children could take great interest in.

Unlike most parents, parents with this parenting style often accepted experimentation with alcohol as a part of their child's general development. Consequently, they tended to see their role as facilitator by providing children with a safe and secure environment in which they could experience alcohol, often voicing disapproval and disappointment rather than using strict sanctions and punishments when they crossed set boundaries. For young children in the study population, this typically involved them being permitted to sample alcohol. This group also tended to have a broad, holistic approach to the child's development, typically trying to cultivate a range of interests and experiences (for example, active sports) and by actively managing their children's leisure time closely.

'Matriarchs'

In the 'matriarch' type, the mother has a primary parenting role and often adopts a very guided or directive parenting style. The two examples to emerge from this analysis were found in the deprived study communities and in relatively large families. Where male partners were present, they were often subject to the matriarch's strong will and nearly always deferred to their female partner's judgement on parenting decisions (and on many decisions beyond). In the two cases identified, both male partners had themselves been subject to very strict parenting styles and had received physical punishment from their fathers for their misdemeanours. Both male partners saw the virtues of physical punishment but their female partners tempered any attempt to exercise such measures with a more inclusive approach.

These parents have many of the hallmarks of proactive parents in that they have strong relationships and open channels of communication with their children. They are comfortable talking about a wide range of subjects, including more sensitive issues such as sex. However, unlike 'proactive libertarians' they often seek to impose their will and rules, and award relatively strong sanctions if rules are broken. Their more authoritarian approach typically reflects their own upbringing and contrasts with what they regard as more lax parenting styles. They sometimes associate this lax style with drug and alcohol abuse and a failure to give children the necessary care and support.

Sampling or tasting does not feature strongly in these families. Drinking is regarded as an adult behaviour denied to children until they are sufficiently mature. Both parents described instances of local children being given alcohol by their parents to drink unsupervised. These parents tend to lead by example, adopting responsible drinking patterns and drinking relatively lightly. Children in these families express very strong negative views on underage drinking and feel strongly about their intentions to delay consuming alcohol until adulthood. These intentions are often reflected by the drinking behaviour of older siblings who typically adhere to the rules laid down by the mother. They show considerable respect for the parent's

guidance, and their sense of identity and values can closely reflect those of the parent. These values may also be at odds with those of their peer group and can be a source of conflict and bullying.

‘Streetwise disciplinarians’

‘Streetwise disciplinarians’ tend to be younger parents living in communities where street drinking is commonplace, who themselves have been street drinkers in their youth. Some still maintain a preference for a binge drinking style, but this has been somewhat curtailed by parenting responsibilities. Two distinct examples of this type were identified. These parents appear to have very different attitudes and values from many other parents, and the dialogue they have with their children is limited and often directive in tone. They also adopt a punitive parenting style, relying on punishment, or the threat of it, to deter their children from drinking. This is a parenting style they themselves are likely to have experienced in their youth. One parent described how, as a teenager returning home drunk, she had been forced to drink a full bottle of vodka by her father to dissuade her from drinking (a measure that ultimately proved ineffective).

Parents in this group generally believe that their children will rebel and will follow a similar path to their own, drinking illicitly at some stage. However, they feel that their own experiences as street drinkers equip them to detect and deal with misdemeanours. As one mother said, ‘They know they’ll get caught’. These parents, uniquely, reported giving their children full drinks in a supervised home environment in order to discourage them from drinking illicitly. The number and size of drink they provided increased in line with the child’s perceived ability to ‘handle’ drink. One of these cases contained a rare instance of a child in the study population expressing a personal preference for a specific brand of alcohol.

Conclusions and implications

Conclusions

Children's understanding of drinking behaviours

Findings provide evidence that children across the study age range are developing a fairly nuanced understanding of alcohol and its effects (e.g. psychological, health, physical) and are also able to appraise different consumption styles. Children's accounts of drinking behaviours revealed that they were able to identify different levels of intoxication in adults. Many were able to differentiate between occasional and habitual drunkenness, indicating an understanding of addiction and problematic drinking.

Children expressed opinions about the extent to which drinking behaviour was 'good' or 'bad'. Initial responses were fairly simplistic, especially among younger children in the study group, so that they tended to view alcohol as 'bad'. Further discussion revealed more sophisticated knowledge, with some indication that girls were more likely than boys to identify with and relate to the social attributes of drinking.

Children's knowledge of alcohol products

Children in the study group appeared to have a relatively detailed knowledge of alcoholic drinks and brands, though they sometimes made mistakes when comparing the strength of different drinks. They were also readily able to recount the specific preferences of their parents, and there was some indication that these observations would impact on children's later drinking styles. Our data therefore suggests that children at this age can already anticipate modelling future drinking patterns on the drinking behaviour of adult family members, where marked gender differences in consumption styles could be identified.

Children's impact on drinking behaviours

Young children had an indirect modifying impact on parental drinking behaviours, because many parents felt they needed to act as a role model and adopt sensible drinking styles, particularly when in charge of children. Although few in number, some children also had a more direct modifying impact on the alcohol consumption patterns of family members whom they actively challenged on the subject, especially fathers. There were also indications that children were able to take advantage of their parents' (especially fathers') episodes of intoxication and might, for example, receive additional pocket money or be less closely supervised. These latter observations were more typical of families living in deprived communities where there was evidence of these behaviours being transmitted between generations.

Learning about alcohol

The family environment appeared to play a crucial role in children's learning about alcohol. Children are exposed to normal, everyday consumption and many children were already aware of prevailing consumption styles in their home, in some cases including intoxication. Exposure to alcohol consumption and intoxicated behaviours through other routes (e.g. seeing people drunk on the street, at parties or at

sleepovers) may be significant one-off events that serve as family discussion points, but it is the home environment where alcohol is understood by children in a normative manner and where children learn about its everyday use. In contrast, school-based education about alcohol was perceived differently from learning in the home: for example, it was less emotive and focussed upon conveying facts about alcohol and the effects of consumption, especially with regard to health. This indicates there is a danger that children are receiving mixed messages about alcohol and its acceptability.

While the home remains an important source of learning, dialogue between parents and children about alcohol consumption appeared fairly limited for the study age group; much of the learning was informal and based largely on observation. Relatively few parents sought to educate through proactive discussion and by providing information but they supported a supervised trial of alcohol, mainly on special occasions. This was seen as a means of socialising children to alcohol and removing mystique, and was sometimes undertaken in the hope that the unattractive taste would deter unsupervised experimentation.

Children often appeared to be relatively uninterested in trying alcohol, especially in the younger ages, and were indeed put off by taste. As previously noted, parents also sought to educate through their own behaviour, with mothers especially trying to avoid their child seeing them intoxicated. It is significant that few parents took into account the longer term health risks associated with a moderate drinking style that exceeds recommended limits yet does not involve high levels of intoxication.

Children's exposure to alcohol

Findings reveal that children in deprived and affluent areas are socialised to alcohol in markedly different ways, and indeed may be said to grow up in different worlds with regards to it. Differences can be identified as a function of socio-economic status in a number of respects, ranging from the home environment to the broader social and geographic context. While children from affluent areas appear more likely to be exposed to alcohol consumption during meal times, they are also much less likely to witness drunkenness and are less involved in family celebrations where alcohol is consumed. Similarly, the amount of alcohol parents offered children, and their expectations regarding future trial, also differed as a function of study area. Those from more affluent areas expected and received smaller amounts than those in deprived areas.

In this way, it is evident that certain types of alcohol consumption are more hidden in affluent communities, both within and outside the family. In contrast, consumption is more visible in deprived communities, where it is more integrated into home and family settings. These differences are likely to be perpetuated by the transmission of local cultural norms for alcohol consumption between generations. The rural affluent and deprived areas better reflect these differences, perhaps because in this study the urban areas from which the samples were drawn were comparatively close to each other. One consequence of differences in visibility is that families in the more deprived communities feel a sense of embattlement, trying to protect their children from harmful environments where street drinking and scenes of intoxication are the norm. It is likely that these marked differences as a function of study area reflect well documented health inequalities in relation to alcohol.

Parents' expectations for children's future drinking

Regardless of socio-economic status, parents' expectations of their children's future alcohol behaviours were often characterised by a sense of helplessness in relation to the wider social forces that shape behaviours. Future experimentation with heavy alcohol use was perceived to be inevitable in the face of other influences and pressures.

While most parents considered their influence as role models to be significant, and the way in which they introduced their children to alcohol to be important, many expected their children to drink to excess

at some stage. Parents' own recollections of growing up were frequently cited as evidence in support of parental limitations. One of the most pertinent findings to emerge from this research, therefore, was that while all parents wanted to teach their children to drink responsibly, they had a limited belief in their ability to do so reliably.

However, there were exceptional cases where parents set out to teach their children responsible consumption patterns, and expected their children to learn them. The effectiveness of the parenting styles in these case families, located in particularly deprived areas where heavy drinking was the norm, was evident in the responsible alcohol behaviours displayed by older siblings. This suggests that there is a need to emphasise that parenting can make a difference, even when there are seemingly insurmountable barriers.

Alcohol compared with other issues

In comparison with other substances and behaviours, alcohol was almost a non-issue for parents with children in the study age range. Many parents of primary school children were more concerned about obesity, smoking and drug taking and these behaviours were consistently regarded as unequivocally damaging to health or highly addictive.

Fear of these other risks did not always appear to be based on rational concerns, and seemed to be influenced by perceptions of what was covered in school (and possibly wider media). In this way, for example, drugs were frequently singled out as the most serious threat to children's general wellbeing despite most parents saying they knew far less about drugs than they did about alcohol and with virtually none of the children having been knowingly exposed to illegal drugs. It is possible that these perceptions relate to the fact that alcohol consumption is a more normative behaviour than drug taking or smoking.

Many parents with young families had not considered issues surrounding alcohol to date, and said they would deal with them when they emerged and their children began to experiment with it independently. Overall, alcohol consumption was evaluated normatively. Parents took a firm stance on behaviours such as smoking or drug taking and a more nuanced or ambiguous position on alcohol. The issue for parents with regard to smoking and drugs was about preventing or dissuading children from use. For alcohol consumption, it was about encouraging their children (albeit sometimes reluctantly) to drink in a certain way.

Further research

While this study provides many detailed insights into the manifold influences on pre-teenagers' learning about consuming alcohol in the family context, it can provide only a snapshot of family experience. One consequence is its limited scope to comment on the effectiveness of the parenting approaches observed.

In view of this, there would be real value in undertaking additional research with the same study cohort to assess how parenting approaches influence future drinking behaviour and how families respond to the different social forces they experience. There is scope for researching parents' roles in moderating the switch to greater acceptance of alcohol consumption.

There is also scope to explore the willingness to experiment in early teenage years, where the role played by energy drinks as a transitional product for young people seeking to copy and ultimately adopt adult drinking patterns and behaviours, is an emerging theme of particular interest. This perhaps points to the need for further study to explore its use among young people experimenting with alcohol and to assess the role this kind of product has in the initiation process.

Implications for policy and practice

Targeting pre-teenage children

Parents have a strong influence on their children's knowledge and understanding of alcohol, with many children in the study group (aged 7–12 years) anticipating modelling their future drinking behaviour on that of their parents. At this stage, children anticipate a future of moderate drinking, an ambition that mirrors the model their parents aspire to teach them.

Children at this age appear to be receptive to parental advice and influence, and it is therefore a good time to provide information and guidance to encourage dialogue between parents and children about alcohol and to underline the importance of parents as role models. This would be particularly valuable given that parental influence diminishes as children reach their teenage years, the period when many begin to experiment with alcohol independently.

Advice and guidance for parents

While the findings of this study suggest some uncertainty about effective parenting practices in relation to alcohol, parents indicated strong resistance to any interventions that take a heavy-handed approach to guiding their practice. A number of fathers in particular felt threatened by 'being told what to do', both in respect of their approach to parenting and their own alcohol consumption.

However, parents in this study commonly expressed concern about responsible ways to socialise children to alcohol. There was a lack of understanding of the law and of recommended practice so that parents were unsure when, how and in what contexts it is permissible to introduce children to alcohol. This could provide a relatively neutral platform from which to offer parenting guidance on alcohol consumption and to emphasise that, despite the many uncertainties, there are positive things that parents can do to influence their children's attitudes and behaviours towards alcohol.

Efforts in this area also need to recognise that the position taken by governments in the UK (that children should not be permitted to drink at all until the age of 15) is likely to be regarded as unrealistic. In the prevailing pro-drinking culture where alcohol consumption is an accepted norm, most families introduce their children to small samples of alcohol before this age.

Initiatives focusing on the family and the wider community

Some parents, particularly those challenged by social and economic deprivation, can feel overwhelmed by information and advice. Advisory messages also risk stigmatising parents as 'bad parents'. These findings therefore suggest that alcohol advice for parents could best be delivered through generic (as opposed to alcohol-specific) parenting initiatives. This would reflect the realities of family life where alcohol is one of many other issues. It would also provide an opportunity to convey positive messages about good parenting practice: for example, by communicating the value of developing an open and close relationship with children, and equipping them with the right skills and qualities to make sensible choices.

Similarly, there may also be value in community action initiatives that aim to engage the whole community and the wider family (including children). A focus on these broader groups could usefully address concerns about children's exposure to alcohol-related violence and risk of physical harm in the wider community – particularly outdoors, where encounters with drunken strangers are a real concern for both children and parents.

Ensuring consistent messaging

Parents consistently regard smoking and drug taking as unacceptable for their children and this position appears to be reinforced by primary school teaching. However, the same is not true of alcohol consumption where there appears to be some divergence between school and home. For example, in the recently introduced curriculum guidance in Scotland, alcohol is dealt with alongside other substances such as medicines, tobacco and drugs. For children in the study age range, the predominant focus is on understanding the negative effects of these substances on the body, the ability to make decisions, and on individuals, friends and family. This emphasis seems to be at odds with young children's experiences in the home. Parents provide a more nuanced understanding of alcohol with the emphasis on differentiating between acceptable and unacceptable drinking styles and behaviours.

These findings suggest there is a need to encourage greater involvement of parents in alcohol education in schools to help ensure a consistency of message. Furthermore, in view of the findings about the important influence of parents for children at this age, alcohol education in schools would benefit from parallel campaigns targeting parents, highlighting their importance as role models and underlining key guidance messages.

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Appendix I

Research design and methodology

The study had three main stages, each one informing those that followed.

S1: Preparation, including a brief literature review and focused re-examination of data from the research team's recent drinking cultures research in Scotland.

S2: Broad exploration of issues, using focus groups with children and parents to provide insights into social interaction within the family and beyond; drinking-related experiences, norms and values; and response to policy and practice interventions. Preliminary analysis enabled identification of additional issues for inclusion in the S3 family case studies.

S3: Family case studies to provide a more focused analysis of influences in the family and home context, incorporating perspectives from 'index' children in the target age group, parents and significant others. The use of one-to-one interviews enabled in-depth examination of individual understanding and experiences, as well as interactions and cross-referencing between family members.

S1: focused re-examination of local drinking cultures

As part of the preparation, researchers undertook a focused re-examination of transcripts from an earlier qualitative study of drinking cultures (MacAskill, *et al.*, 2008). The current research was undertaken in the same areas so that researchers were able to build on existing understanding about the communities and drinking behaviours. The findings from the re-analysis are summarised in Appendix II.

There was limited learning that was specific to the current study, reflecting the research questions that were set and the sample design of the initial study. Overall, the youth drinking narratives related almost exclusively to adolescents (i.e. older age groups than the current study) and concern about independent drinking (or unsupervised drinking, typically outside the family home) tended to relate to youth in general as opposed to their own children or family members. Narratives were almost exclusively negative or focused on problems.

There were some sub-themes that were relevant to the current study but these provided limited detail. They included parental protection of offspring from the drink-related influence of others or perceived external dangers; the varied impact of heavy parental drinking that some participants had experienced as children; a recognition that loosening of family cohesion contributed to problematic youth drinking; and the impact of poor parenting, usually by 'others'.

S2 and S3: focus groups and family case studies

Some general points here relate to the qualitative interview stages, with greater detail provided below.

In the spirit of ethnographic study, interviews were minimally cued and non-judgemental to give participants the freedom to express their views and priorities, and to avoid a 'problematized' health framework. Discussion themes were informed by and agreed with the JRF Project Advisory Group (PAG) and the internal study advisors, and reviewed as the research progressed.

Topic guides were developed for each interview element. They were intended to ensure all areas of interest were addressed and to give participants the opportunity to raise any additional issues that

were important to them. The guides were informed by the literature and study themes, and benefited from input from the PAG and internal study advisors. Pilot interviews were held with two groups of children and an individual child. This enabled review of the focus group topic guides and, in particular, the methods designed to encourage children to engage with the research topics. Children in the pilot interviews lived in disadvantaged areas outside the study communities and were identified through Stirling Youth Services. Topic guides for the family case studies reflected understanding gained from the focus groups in terms of themes and approaches. Family case studies were undertaken by the same researchers who had moderated the focus groups, ensuring considerable sensitivity to likely emerging issues and providing skills to address the themes in the one-to-one setting.

Particular attention was given to approaches for interviewing children to put them at ease and stimulate interest. These included a range of task-based activities. Within the children’s groups, activities included:

- developing a ‘what does it mean?’ spider diagram focused on a bottle;
- responses to photographs of adults and children in alcohol-linked situations;
- sorting cards to indicate what they were allowed to do and not allowed to do to explore general parenting approaches; and
- responses to pictures of common drinks to explore knowledge of products.

Children’s one-to-one interviews within the case studies were generally supported by use of an eco-diagram of concentric circles with ‘me’ in the middle and with ‘people in my life’ added by the child. In some cases, some of the above stimuli were used, depending on participants’ responses and the need to introduce additional material to stimulate discussion.

The investigators were also sensitive to children’s feelings, the environment in which interviews were conducted, and potential power imbalances (see ‘Ethical considerations’ below). For example, children’s group interviews comprised friendship groups, and case study interviews were conducted in the family home but out of earshot of parents.

The sample in both qualitative data-gathering stages was designed to ensure a range of family sizes and structures (e.g. two parent, single parent, extended family carers) and to represent different socio-economic backgrounds, and geographic localities with broadly similar gender balance. Adult participant drinking levels were examined by asking detailed questions about drinking at the time of recruitment,

Table 1: Group interviews by study area

	Urban affluent (ABC1)	Urban deprived (C2DE)	Rural affluent (ABC1)	Rural deprived (C2DE)	Sample size
Children’s friendship groups					
7–9 years	1 male	1 female	1 female	1 male	3–4 per group n=15
10–12 years	1 female	1 male	1 male	1 female	3–4 per group n=15
Parent focus groups					
Fathers	1 male	1 male	1 male	1 male	4–6 per group n=19
Mothers	1 female	1 female	1 female	1 female	5–8 per group n=26
Total					16 groups n=75

Table 2: Adult focus groups: drinking levels reported for the week prior to recruitment

	Urban affluent (ABC1)	Urban deprived (C2DE)	Rural affluent (ABC1)	Rural deprived (C2DE)
Fathers (participants)	Male Av. 20 units Range 4–31 units	Male Av. 35 units Range 2–73 units	Male Av. 18 units Range 6–26 units	Male Av. 23 units Range 6–54 units
Mothers (participants)	Female Av. 7 units Range 0–27 units	Female Av. 22 units Range 8–33 units	Female Av. 1.8 units Range 0–9 units	Female Av. 7 units Range 0–30 units

using a retrospective seven-day diary. This data provided a structured assessment of consumption levels and drinking styles as well as valuable contextual material to help guide the individual in-depth interviews. No parents were self-identified as having drinking problems although it did emerge during interview that some had had issues in the past. Overall, the study focused on exploring the range of ‘normal’ drinking experiences, although a small number of parents described experiences of heavy drinking above recommended weekly limits.¹

S2: focus group sample and recruitment

Stage 2 comprised group interviews with parents and children within the target age group. Table 1 gives an overview of the sample.

Parent groups comprised conventional focus groups, with all participants having at least one child in the study age bands. They were broadly heterogeneous in terms of socio-demographic criteria such as single gender and similar social class (ABC1 or C2DE, reflecting the relevant study area). There was slightly lower attendance among fathers than mothers. All reported having at least one drink in the last month, with fathers more likely than mothers to report drinking at least once a week (17 of the 19 fathers compared with 13 of the 26 mothers). It was decided not to have an upper threshold for amounts consumed on the grounds that only a small proportion of the sample are likely to emerge as problematic or dysfunctional.

Average consumption and range in the week prior to recruitment is given in Table 2. In practice, five men and five women reported drinking levels that were higher than the recommended weekly limits for their gender.

Children’s groups comprised friendship groups. These were based on an index child who fitted the criteria in terms of age, and had a parent who drank and who fitted the required social class indicators. Table 3 shows the range of drinking levels reported by the parents who provided consent, who were all mothers (six reported drinking levels over the recommended weekly limits for women although they were not reported to have drinking problems). The index child was asked to identify three other friends to join the group. The socio-demographic screening applied to the index child only. In practice, this resulted in single-sex groups although this was not a pre-requirement. A few group members were in a different age band from the index child but all were within the study group range (i.e. 7–12 years).

The group was held in the home of the index child, often after school, with the index parent (mother) present in the house but not in the room (although able to come into the room at any point). This approach was developed from the original proposal to provide a more relaxed context and environment for interviewing. However, the revised approach resulted in a smaller sample than that originally proposed.

Recruitment to groups was based on a combination of door-to-door and, in some cases, street intercepts in liaison with local primary schools. It was conducted by professional market research recruiters using a short recruitment questionnaire to ensure participants fulfilled sample requirements. Recruiters

Table 3: Children’s focus groups: drinking levels reported by consenting parents (mothers) for the week prior to recruitment

	Urban affluent (ABC1)	Urban deprived (C2DE)	Rural affluent (ABC1)	Rural deprived (C2DE)
Mothers (parents giving consent)	Av. 7 units Range 0–18 units	Av. 9 units Range 0–31 units	Av. 11 units Range 0–21 units	Av. 12 units Range 0–39 units

followed standard Market Research Society recruitment guidelines, including obtaining written informed adult, parental and child consent respectively (see ‘Ethical issues’ below).

- Parent focus groups were recruited by identifying people meeting the criteria door-to-door, and were held in local venues such as community centres.
- Children’s friendship groups were recruited by first identifying a child fitting the key criteria through door-to-door methods or street intercepts as above, and obtaining parental and child consent. The recruiter then approached the families of friends identified by the first child, and obtained children’s and parental informed consent. The members of the parent and child focus groups were not linked.

S3: family case study sample and recruitment

Family case studies were intended to provide a more focused analysis of influences in the family and home context, incorporating perspectives from ‘index’ children in the target age group, parents and significant others. The pictures were built up through one-to-one interviews with individual family members. Fifteen family case studies were achieved (as shown in Table 4), spread across the study areas and hence across different socio-economic groups. ‘Index’ parents had one or more children who were spread broadly equally across target age groups of 7–9 years and 10–12 years, and older siblings were also interviewed together with other adults who had a significant role in childcare. Four single-parent families were recruited, one from each of the study areas.

Recruitment to case studies was from the pool of parent focus group participants. The group discussions provided researchers with information about individual participants. This enabled identification of the desired range of characteristics across the case studies, in addition to the known socio-economic characteristics (such as drinking behaviours, attitudes and approaches to their children and drinking, and family structures).

Permission had been obtained at first contact for a re-contact if relevant. A recruiter approached parents identified by the researchers and asked for their informed consent in conjunction with that of the index child and then of significant family members. Individual interviews were held in the family home and were undertaken during a single session to minimise ‘contamination’ from family members discussing their interviews with each other. The only exception was a grandmother who was interviewed in her own home soon after the family interview. A total of 21 families were approached to achieve the 15 case studies, with five families refusing (i.e. one or more family members were unable to take part or expressed a wish not to do so) and one family not contactable.

Study areas

The characteristics of the four study areas are given below. Participants were representative of the areas from which they were recruited, e.g. those recruited in the urban affluent and rural affluent areas were

Table 4: Family case studies by study area

	Urban affluent (ABC1)	Urban deprived (C2DE)	Rural affluent (ABC1)	Rural deprived (C2DE)	Sample size
Cases	4	4	4	3	15 case studies
7–9 years	2 boys 1 girl	2 boys	1 boy 1 girl		5 boys 2 girls
10–12 years	1 girl	2 boys 2 girls	2 boys 4 girls	2 boys 1 girl	6 boys 8 girls
Parent(s)	4 mothers 3 fathers	4 mothers 3 fathers	4 mothers 3 fathers	3 mothers 2 fathers	15 mothers 11 fathers
Older siblings (13–18 years)	1 sister	2 brothers 1 sister	3 brothers	3 brothers	8 brothers 2 sisters
Other significant adults		1 grandmother	1 grandmother, 1 aunt	1 grandmother	4 other significant adults
Total					15 family case studies: 61 interviews

ABC1. These areas were used in an earlier study by the research team, focusing on adult drinking cultures (MacAskill, *et al.*, 2008).

Affluent and **Deprived** areas have respectively higher proportions of AB residents and higher proportions of E residents than the Scottish average. They are also respectively low and high on measures such as proportion of adults unable to work through disability, and low or high on numbers admitted to hospital for alcohol-related disorders in comparison with the Scottish average (ScotPHO, 2008). Rural areas are small towns distant from major towns, with populations of 7,000 and 8,500.

Urban affluent: located in the west end of a major Scottish city, this is a mixed commercial and residential area, including a large university. There is a wide range of boutiques, delicatessens and other small shops. There are many pubs and restaurants that attract both local residents and people from other parts of the city. It is ‘urban’ rather than suburban.

Urban deprived: situated in the north west of the city centre and adjacent to the urban affluent community, this area is characterised by traditional tenement corporation housing and more recent housing association estates. While the population characteristics incorporated a range of socio-economic and health indicators of disadvantage, the choice reflects the decision to avoid areas exhibiting extreme aspects of urban decline, including heavy drug taking.

Rural affluent: this is a market town surrounded by satellite villages, 20 miles from the nearest major conurbation, which many townspeople commute to and beyond. It has a busy town centre and vibrant social life with numerous shops and a well developed hospitality sector of bars, hotels and historical visitor attractions which serve a seasonal tourist trade.

Rural deprived: this is a former mining village made up of two large local authority housing schemes built around a rundown 1950s shopping centre, with some recent peripheral private housing. Despite its size there are relatively few facilities, although there are at least two pubs. Residents appear relatively isolated from other urban areas which are in reasonably close proximity.

NB: Both urban communities were located in the same city and were adjacent to each other, resulting in some commonalities of experience, for example exposure to street drinking.

Analysis

With participants' consent, interviews were recorded for transcription and then imported into QSR NVivo software (Richards, 1999a, 1999b) for thematic analysis. Codes were assigned to themes enabling comparison by the sample characteristics. An initial coding framework was refined in accordance with emerging themes. Researchers responsible for conducting the interviews coded the transcripts, and categories were compared in order to check for consistency and to identify relevant sub-themes. Separate case files were also compiled for the 15 family case studies and were used to identify family types and parental approaches to drinking practices.

Ethical issues

The study was conducted in accordance with the Institute for Social Marketing (ISM) Code of Practice on Investigations on Human Beings (October 2004, approved by the University of Stirling's Ethics Advisory Committee). Full details were submitted to the University of Stirling's Ethics Advisory Committee for approval and monitoring. The nature and purpose of the study and interview topics were explained in advance and written consent obtained. All participants were reimbursed with a small sum in recognition of their time and the expenses incurred by the study.

The study protocol adhered to the Data Protection Act 1998 to ensure the anonymity of all participants. For example, identification information was removed prior to data entry for safe storage and all references to people and place names in the reporting of data have been changed to ensure participant anonymity.

Issues in interviewing children were given priority. Parental consent was obtained for interviews with all children under the age of 16 years. An accessible informed consent leaflet for children was developed through several drafts and employed a colourful format and simple wording. It explained the purpose and implications of the research and their right to withdraw at any time and/or to be selective about what they responded to. Members of the PAG and the internal advisory group also contributed to the development of the recruitment process, including Louise Hill who shared a children's consent form she had devised in her own research.

Interviews were all conducted by experienced ISM staff. They had been checked for enhanced disclosure (Disclosure Scotland), which was a precondition for interviewing children. ISM guidelines relating to child protection issues were followed, and researchers explored confidentiality and agreed with participants that any child protection issues would be passed on with their knowledge. Group interviews with children always incorporated two researchers, and one-to-one interviews required at least one known adult to be at home, with a second interviewer also often present.

Appendix II

Focused re-examination of the drinking cultures research in Scotland

As part of the Stage 1 preparation, a focused re-examination of data from the recent ISM qualitative study of drinking in Scotland (the 'drinking cultures study'²) was undertaken to seek additional insights into attitudes and behaviours in relation to children and young people.

The drinking cultures study was conducted in 2006–07 in the same communities as the current study. It therefore provides comparisons in terms of drinking cultures and practices by setting (i.e. rural and urban) and affluence (i.e. deprived and advantaged). While these features form part of the current study, there are also important differences, particularly in the sample design and research focus. The drinking cultures study sampled adult, male and female drinkers aged 18 years and over, who consumed both above and below the recommended weekly limits. Parental responsibilities were not recruitment criteria, although many held such responsibilities. In addition, the study focused on personal drinking behaviour and changing patterns of drinking within local communities, although again parental responsibility and, in particular, youth drinking both emerged as significant themes.

Two separate analyses were conducted using Vivo software: a re-reading of code themes relating to youth drinking (i.e. 'attitudes to youth drinking' and 'interventions'); and a text search of the full data set using twelve stemmed terms relating to the nuclear family (i.e. 'child', 'kid', 'family', 'parent', 'mum', 'mother', 'dad', 'father', 'son', 'daughter', 'brother', 'sister').

Overview

The youth drinking narratives to emerge:

- relate almost exclusively to adolescents (i.e. older age groups than the current study);
- concern independent drinking, or unsupervised drinking, typically outside the family home;
- tend to relate to youth in general as opposed to own children or family members; and
- are almost exclusively negative or problem-focused. This emphasis is largely due to the research questions set and the sample design.

Where personal responsibility as parents emerges as part of the discussion, narratives tend to relate to the protection of offspring from the influence of others, or from perceived dangers outside family settings (typically by controlling when they are allowed out on their own, who with, where and so on). There are isolated examples of conditioning behaviour, that is, introducing children to alcohol under controlled conditions from a young age, in particular among the relatively advantaged participants groups. Some examples of heavy parental drinking were seen by primary participants to be of key importance to shaping their own alcohol-related attitudes and behaviours. These influences appear to have both positive and negative effects, with some mirroring their parents' excessive drinking behaviour and others rejecting alcohol altogether.

While there is limited discourse about parental influence on drinking behaviour, narratives on differences between generations provide some insights into adults' perceptions of societal change. Three major themes emerge from these generational narratives: a loosening in family cohesion and parental

control; a loss of respect for authority figures; and an evolving and strengthening youth culture where drinking is facilitated by a combination of increased commercialisation, greater liberalisation and inadequate policing. Together, these themes are partially seen by participants to explain the growth in problematic youth drinking. Changes in young women's drinking patterns are seen to be particularly marked, with the drinking patterns of both genders being seen to converge.

Poor parenting and lack of social opportunity also emerge as sub-themes in these discussions, although it is rarely personalised; typically 'other' parents are the problem. It is also apparent that direct exposure to (heavy) drinking during formative years is greater among those from less advantaged backgrounds, where adult leisure time centres more on drinking. Many of the youth drinking narratives also characterise young people as perpetrators who need to be disciplined rather than as victims struggling to cope with changes associated with the transition to adulthood. At the same time, younger adults have more empathy with young drinkers, having experienced similar drinking patterns and pressures in their own youth, with these patterns still prevailing in some instances. Underlining many of the generational narratives is a general disconnection between children and adolescents, and adult society.

Notes

- 1 Heavy drinking, 18-55: women +14 units per week, men +22 units per week; 65+: women +7 units per week, men +9 units per week
- 2 MacAskill, S., Eadie, D., Gordon, R. and Heim, D. (2008) *Drinking in Scotland: Qualitative Insights into Influences, Attitudes and Behaviours*, final report. Prepared for NHS Health Scotland. Stirling: Institute for Social Marketing. Available at www.healthscotland.com/documents/2659.aspx [Accessed 16 Sep 2010]

Linked studies can be accessed through www.ism.stir.ac.uk/projects_alcohol_description.htm#cultures [Accessed 16 Sep 2010]

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