

‘Don’t *make* us talk!’: Listening to and learning from children and young people living with parental alcohol problems

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Abstract

Given the common issues of secrecy, shame and stigma, we know very little about the lives of children affected by parental alcohol problems from their own perspectives. Thirty children and young people (aged 9 to 20 years old) chose to communicate about this sensitive issue as part of a Scottish qualitative study. This paper reveals how children and young people have extensive knowledge about parental alcohol problems and can demonstrate considerable agency in choosing how to share this knowledge in a research setting.

Developing a greater understanding of children’s nuanced ways of communicating has implications for research, policy and practice.

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“Don’t *make* us talk!”
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parental alcohol problems**

Introduction

‘I don’t like talking about: My Mum. Not to Elaine (social worker).

What I think about my mum is private.’

The Story of Tracy Beaker (Wilson 1991:21)

The ratification of the United Nations Convention on the Rights of the Child 1989 has had an important influence on conducting research directly with, rather than on, children and young people. Article 12 requires States to ensure children can express their views freely, on all matters affecting their lives given due consideration in accordance with the age and maturity of the child. There are frequent assertions that research has the capacity to ‘give voice’ to children and young people (Hill, 2006). Research can provide an opportunity for otherwise silenced voices to be heard, if not necessarily listened to. Yet the need for a more critical understanding of the child’s ‘voice’ has also been recognised (Komulainen, 2007; Lewis, 2010). The absence of voice is particularly relevant for children affected by parental alcohol problems. An estimated 700 000 children live with a dependent drinker in the United Kingdom and we know little about their experiences (Manning et al., 2009). In September 2012, the Children’s Commissioner for England published a report, *Silent voices: children affected by parental alcohol misuse* highlighting that children remain hidden and overlooked by the support services that they need (Adamson and Templeton, 2012). The seminal work of the Advisory Council on the Misuse of Drugs (ACMD), *Hidden harm: responding to the needs of children of problem drug users* (2003; 2007) highlighted that the voices of children and young people affected by parental drug and alcohol use are seldom heard.

Drawing on an in-depth Scottish qualitative study, this paper explores how thirty children and young people (aged 9 to 20 years old) chose to share details of parental alcohol problems in a research setting. It is frequently reported that talking about parental alcohol and/or drug use is difficult for children (Kroll and Taylor, 2003); this paper argues that the circumstances in which children may choose to talk merits further attention. A failure to talk is often seen as a deficit, rather than as an active choice by some children and young people that should be respected; as expressed strongly by one group of young people in the study: ‘don’t *make* us talk!’ The aim of this paper is to contribute to the broader literature by exploring participants’ own nuanced ways of choosing to communicate about parental alcohol problems.

Listening to children affected by parental alcohol problems: what do we already know?

Across the studies, there is recognition that children often have considerable knowledge about parental alcohol problems from a young age and know far more than parents and professionals may believe (Tunnard, 2002; Gorin, 2004; Velleman, 2009). The impact of parental alcohol (and drug) use on children can be diverse and ‘each family has to be assessed in its own right and assumptions cannot be made’ (Kroll and Taylor, 2003:173). With this caveat and recognised need for context, problematic alcohol use can involve many different patterns: drinking in the home, in public houses, with friends and associates and in public spaces and can impact on the routines of family lives in different ways. For example, periods of absence from the family home may be a source of worry and equally a source of relief for children depending on the associated behaviour (Laybourn, et al., 1996).

Templeton and colleagues’ (2006:25) literature review found, ‘it is the associated factors, such as parental conflict and family disharmony or worry about drinking or drug taking, that

most significantly affect children'. In one of the first qualitative studies with children, Margaret Cork (1969) interviewed 115 children (aged ten to sixteen) whose parents were described as alcoholics, many of whom she considered to be from middle and upper class families in Canada. The study found the majority of children were mostly concerned about parental fighting and quarrelling; she concludes, 'children felt more deeply affected by disharmony and rejection than by excessive drinking' (Cork, 1969:64). Children's own accounts when phoning the confidential telephone helpline, ChildLine, identified: difficult family relationships, including violence, arguments, bereavement, parental separation and divorce, lack of parental attention and care (Gillan, et al., 2009).

Living with parental drug and alcohol use has been described as 'living with an elephant' where everybody pretends it isn't there and, despite the incredulity, it isn't talked about (Kroll, 2004). The majority of children do not talk openly outside of the family when a parent is experiencing problems with alcohol or drugs (Barnard and Barlow, 2003; Klee, 2002; Kroll and Taylor, 2003; Laybourn et al., 1996). One of the greatest concerns of parents affected by alcohol problems is that their children will be removed from their care; hence, there are high levels of mistrust in statutory child welfare services (Barnard and Barlow, 2003; Kroll and Taylor, 2003). A qualitative study with 40 multi-disciplinary practitioners supporting families affected by drug and alcohol use found that parents were frequently distrustful of professionals and that establishing and maintaining trust through relationships was pivotal (Kroll and Taylor, 2004). The literature commonly presumes that children in the family also share a mistrust of professionals; children of problematic drug and alcohol users, 'don't trust, don't feel, don't talk' (Kroll and Taylor, 2003: 185). However, this widely shared analysis is from the perspective of a relationship with social workers; hence, understanding the range of relationships where children can establish trust and feel able to talk is essential.

The Revealing Lives study

The aim of this study was to engage with children and young people who have been affected by parental (or significant carer) alcohol problems and to explore, from their perspectives, the perceived impact on their lives and their experiences of support. The research study involved 30 children and young people, aged nine to twenty years old recruited via eight voluntary organisations across Scotland. In the last decade there have been a growing number of voluntary organisations working with children and their parents where there are problems with alcohol and drugs (ACMD, 2007; Taylor et al., 2008). A range of informal discussions took place with service managers, at service team meetings, during visits to family homes as well as visits to meet potential participants with a service worker at a place they would feel comfortable (i.e. at the service, local café, family home) to share information about the study and provide meaningful choices for participation. The rationale for recruitment via services already working with children and young people was to provide any on-going support that may be raised through participating in a research study. Given that this is a hidden population, there are no claims that this sample is representative. Information leaflets and consent forms for children and parents/carers (as appropriate) were shared. Starting from ‘a presumption of competency’, I considered that many children and young people would be able to make an informed decision on whether or not they would want to begin to participate in the research study. I use Renold and colleagues’ (2008:427) phrase ‘becoming participant’ in research to emphasise an understanding of consent as a process.

The final sample resulted in sixteen females (53%) and fourteen males (47%) participating in the study and all participants were of white Scottish ethnicity. Just over two-thirds of participants lived in a Scottish city and nine participants lived in small towns or rural villages.

At the time of the study half of the sample (n=15) were living with their mother, either alone or with siblings. One fifth of participants were living with a mother and father/stepfather and siblings (n=6). Four participants lived with their father either alone or with siblings and two participants lived with their grandparents. One young person was living in a local authority residential Young Person's Centre (YPC), one young person was living in their own flat and another young person was living in temporary hostel accommodation. The majority of children and young people identified the problem drinker as a mother (n=17) or a father (n=5). One young person spoke about 'a family member' but chose not to specify further. Another young person was primarily affected by a mother and father's drug use and six young people did not reveal the identity of the drinker in the research study (n=6). Due to limited resources in a rural area, one young person was primarily affected by parental drug use and requested participation in the study with her peer group at a local support service for children affected by parental alcohol use.

The use of flexible research methods has been recognised as a significant advantage when conducting research with children and young people (Coad and Lewis, 2004; Hill 2006). There were three distinct phases of the study: phase one involved running two group work programmes over four weeks, 'The Good Ideas' groups, to share 'good ideas' about conducting research on the impact of alcohol problems in families (n=9). The second phase involved running a new group programme for boys, The Film Crew (n=3) using film-making to explore parental alcohol problems. Building on the methods developed through shared reflections in group work, the third phase involved individual interviews (n=7), paired interviews (n=4) and small group interviews (n=7) conducted by preference of the participants. In total, 30 children and young people participated in each distinct phase. Within the small groups and interviews, choices of task-based activities were provided to facilitate

communication. Drawing on creative research methods, task-based activities were used; for example, drawing, story-telling, drama, film, spider diagrams, designed to explore their views of research, who they were, their understanding of alcohol and family life, and knowledge of support (Punch, 2002; Veale, 2005).

Data analysis involved using an inductive approach to conduct a thematic analysis to explore emergent themes from the data (Mason, 1996). Although I used a range of research tools, primary analysis focused on the spoken or written words of participants; for example, when a picture was drawn as part of an activity, a discussion would frequently take place with the child about the picture. As Veale (2005:265) found, ‘children gave their interpretation of their drawings that provided the data for interpretation – words about pictures’. Feedback was provided to children and young people via voluntary organisations at each stage of the research process. To recognise and value children and young people’s participation, a range of ‘thank you’ opportunities were provided. Participants chose whether or not to be audio-recorded; for those who did not want to be recorded, notes were taken. All names are self-chosen pseudonyms. Ethical approval was granted from the University of Edinburgh Research Ethics Committee and Barnardo’s child care organisation.

A note on terminology

In Tunnard’s (2002) seminal review of parental problem drinking and its impact on children, she highlights the diversity of terms used and the lack of definitional consensus within and across disciplines. One of the aims of working with children and young people in the Good Ideas groups was to consider what language they used to talk about parental alcohol use. Children and young people used a variety of terms interchangeably to refer to parental alcohol use: alcoholic, alcohol abuse, alcohol problem, drinking, drink problem, ‘drunkie’,

‘steamer’, ‘on a bender’ and ‘on the piss’; although no consensus emerged, ‘alcohol problem’ was used most frequently. Throughout this paper, the most commonly used term of ‘alcohol problem’ is adopted to highlight the perceived impact caused by parental alcohol use in these children and young people’s lives. Other popular terms used by policy makers and practitioners, alcohol misuse or problem drinking, were not used by children and young people in this study.

This paper is divided into three sections: Firstly I consider the ways in which children and young people did directly talk about parental alcohol problems in the research study. Secondly, I share the more common indirect communication about parental alcohol problems. In the final section, I consider the implications for research, policy and practice.

Choosing to talk

All in the past...perhaps

Communicating with children who are currently experiencing parental alcohol problems has been raised as a specific challenge by social work practitioners; when the experience is in the past, it is more likely to be shared (Kroll and Taylor, 2003:230). When talking directly about their parents, most participants were keen to emphasise that parental alcohol problems were historical. For example, Homer explained, ‘my mum use to have an alcohol problem’ and Rob explained that ‘my ma’s stopped now. She’s on tablets...she cannae drink at all’. Children and young people who perceived parental alcohol problems as historical often gave the greatest detail about parental alcohol problems and the impact on their lives. Jim and Paige described their parents historically as ‘alcoholics’ with Paige adding, ‘my mum was an alcoholic, she’s not really an alcoholic now’. However, further discussions often suggested that parental alcohol consumption had decreased rather than stopped. Thirteen year old Paige

explained that in the past her mum drank two bottles of vodka a day and minimises mum's current drinking,

‘...she's has cut down to one bottle a day, and it's not even a bottle a day, it's half a bottle, maybe not even that, a couple of glasses out of it which is really, really good.’

The language used appeared to convey a strong loyalty to parents and was often moderated to differentiate from the historical situation to a more positive current situation. Talking about parental alcohol problems ‘in the past’, allowed some participants a sense of distance, thus creating an effective mechanism for sharing experiences. This may be understood as a protective strategy for themselves and their parents.

Use of treatment services

Another aspect of disclosing parental alcohol problems came from participants' views about treatment services for parents. The knowledge of parents' use of treatment services stemmed from their direct experiences; Rob described visiting the hospital in emergency situations ‘countless times’ due to his stepdad's drinking. One mum had a community psychiatric nurse following hospitalisation and another parent was in a residential treatment centre at some stages of the fieldwork. Alesha and Rob named a specific medication that a parent was taking and shared a concern about very serious consequences of drinking alcohol whilst medicated. Although most of these examples were shared orally, Ronaldinho chose to write down the name of a specific treatment centre where his mum attended. Some of these discussions were expressed as positive signs of parental engagement in treatment for their alcohol problems. In one of the Good Ideas group, Alesha shared her frustration at her dad's experience of alcohol counselling explaining, ‘it doesn't work and he just drinks again’. The level of awareness of children and young people of parents' engagement in treatment services was

high. This is particularly understandable when involving a physical absence from the family home through hospitalisation.

The accounts shared were most commonly medicalised with a focus on prescribed medication and hospitalisation. There were no discussions at this direct stage of parents accessing support groups (such as Alcoholics Anonymous). Furthermore, there was no shared view of a family model of treatment; instead it appeared that parents' treatment did not involve other people in the family. Many participants shared strong views about a range of treatments, using the third person, or talking without a direct association to their own parents.

Where I live

Direct statements were occasionally used as a form of explanation for participants' current or historical living circumstances. Most participants undertook a short warm-up activity, 'Important stuff to know about me', which involved writing or drawing what they wanted to tell me about themselves. I had expected to find out the current living arrangements anticipating flexible care provision involving parents, grandparents and wider family in a close location (Aldgate and McIntosh, 2006). Yet some participants shared their multiple living arrangements throughout their childhoods indicating directly or indirectly that parental alcohol use was a partial reason for these moves. Although in a minority of cases, parents were physically absent from the family home, in most cases children and young people had to move home. Paige was chatting at the start of the interview about living in Wales and explained the reason for the move to her father's house, 'cos my mum was an alcoholic'. Ten year old Jessica explained,

'I use to live with my mum, but she got a bit ill so we moved into Gran's house. Then she got better (sighs), so we moved back down, and then she got a bit ill again, and

then she got better, but ...so we are still waiting for arrangements for us to go back down. That was a big breath! Phew.'

Only later in the interview does she explain this illness as 'mum on the drink again'. Most moves occurred within family networks: grandparents, other parent (when parents had separated), aunties and uncles, and older sisters were most frequently mentioned. There was also considerable temporary mobility with children often spending weekends at the homes of grandparents, other parents or siblings. A minority of children had experienced foster care placements in their younger years, and one young person lived permanently in a residential Young Person's Centre. The significance of this finding is the fluidity of living arrangements for many of the participants and the important role of wider family providing support at times of crisis, hospitalisation or at the young person's own request.

There were few examples in the study where participants spontaneously described their home life in detail. Yet in a small number of individual interviews, participants shared experiences about their own parent's alcohol problems and the circumstances around this. In the extract below, thirteen year old Jim gives an account of a house party:

Jim They'd be house parties at my house every single day ... But I wouldnae. I dinnae like my mum drinking. I dinnae like my mum drinking cos she was screaming and shouting at me but they were the best days of my life. Do you ken the cha-cha-slide [dance]?

I Yeah

Jim See the minute that came out we were all sitting in my living room, two big sofas, and there were about 30 of us all in the living room and all doing it [Jim gets up and shows me the dance]. It was like this!

Jim provides a vivid insight into his experience and candidly shares the emotional complexity of living with his mum's alcohol problem. His decision to share this recollection of the party may be an expression of his own character and his relationship with his mum. Jim later shares his difficulties in sleeping and attending school the following day due to the regular parties. He also expresses concerns about his own heavy alcohol use. Thus, from these insights we begin to understand the day-to-day challenges for some children and young people and the emotional turmoil experienced from positive and negative aspects of parental alcohol problems.

Choosing to talk indirectly

For the majority of participants there was no direct discussion about alcohol in their own family; rather it was implied, insinuated and alluded to. Similarly to McKeganey and Barnard's (2007:146) study with children whose parents are current or historical heroin users, 'this is a world then more glimpsed than forensically examined'. In this section, I outline the five strategic ways participants' revealed knowledge about the impact of alcohol on the family: extensive knowledge about alcohol problems; using the third person; using a hypothetical scenario; talking about their own lives with the impact of parents' alcohol problems implied, rather than stated; and finally, talking about a collective experience. It may be that some participants felt that a direct disclosure of parental alcohol problems was unnecessary, given their choice to participate in a study about alcohol problems in the family.

The extent of participants' knowledge about alcohol was most frequently shared during an activity where participants were invited to draw or write anything they associated with the word 'alcohol' on the outline of a bottle shape. Emergent themes reflected participants'

knowledge about alcohol as a substance; the health consequences of drinking alcohol; and how it affects the behaviour of the person drinking, and to a lesser extent the feelings of those around them. Many participants' constructions of alcohol were insightful in revealing the extent of their detailed knowledge about excessive alcohol consumption, and in particular the negative consequences on the individual drinker and those around them, thus highly suggestive of familial experience. For example, the most serious concern about alcohol use was that it would result in death. As Taz and Rosie's bottle visually shows, alcohol is a poison and 'you can die' (see Figure One). Many of the bottles included descriptions of how people behaved when drinking in negative terms: Some participants spoke about a person being sad, getting upset and even feeling suicidal. Others identified drinking alcohol with increased aggressiveness and being violent. Rosie explained why she wrote feeling scared: 'because people are violent when they've been drinking'. Thus, there was considerable knowledge about the impact of alcohol on family life that indicated experiential knowledge.

Vignettes are particularly valuable when conducting research on a sensitive topic as participants can choose to talk through a 'third person' rather than talk directly about their own lives (Barter and Renold, 2000). The 'third person' was used frequently by participants to talk about parental alcohol problems. The majority of participants used the third person, often 'Amy' after watching the short film, 'Amy's story', to talk about parental alcohol problems and the impact on the family. The storyline and the character of Amy and others were used by many participants to express their ideas about Amy's life. Jessica even paraphrases what Amy is thinking, 'I think she is kind of like "oh no, not again, has she been doing it again" and all that'. Some participants highlighted similarities, such as Audrey who said, 'her life is totally different but not that different'; and Jessica said: 'there are quite a lot of people like Amy'. These comments were often suggestive of personal insights. Starting

from Amy's position appeared to enable children to create a scenario to share aspects of their own lives. Ronaldinho felt that 'Amy's story' was good 'cos it gives you something to build on'. Therefore, it appeared that the use of a third person was intrinsically useful.

Another strategy when talking about parental alcohol problems was to create a hypothetical scenario. The words 'if' and 'just say...' were used to talk about what personal reactions may be to a situation. I understand this as a form of distancing which allows greater expression. In a paired discussion, siblings Jodie and Ronaldinho talk about alcohol,

'If you get addicted to it you're not going to have any time to go out, you're just going to be in your house all day drinking.'

This exchange is suggestive that drinking in the house may relate to their personal family experience. The use of 'if' may also reflect an uncertainty or an unclear expectation about the future. Bart shares his worry about his mum's drinking in the future, 'if one day she starts getting really heavy'. In the context of Bart's direct statements and in particular, his mum's admission into hospital, it appears that mum has been a 'really heavy' alcohol drinker already. Yet, 'if' may be a device that allows Bart to retain his loyalty to his mum and reflects his optimism that she may not drink heavily in the future.

Another strategy used was to talk about the impact on their own lives without necessarily 'naming' parental alcohol problems. Clearly it is difficult to suggest that their experience of, for example, getting to school regularly and on time, was caused by parental alcohol problems and there may be a range of factors to consider. However, the context in which some of these discussions took place, most often as a reaction to watching and reviewing the

short film, 'Amy's story' suggested an implied understanding of familial alcohol problems. Many participants talked about school life and a number had difficulties in attending school: Luke explained: 'I was the only other person living there so I was having to bunk off school'. There were a number of reasons for not attending school that included having to look after younger siblings and parents, not being woken up in time for school, not being encouraged to attend school and being bullied.

A final strategy used in the small groups was an implied collective experience of parental alcohol problems. In these groups, the support service had a remit to support children affected by parental alcohol problems, so perhaps this finding is unsurprising. As Imogen reflected below, the children's experiences of talking in friendship groups may reflect their interaction in the research study:

'I think in this group it's easy, like, I don't know. I think it's mainly because when I was younger, I could sit and talk to anyone that went to [service] because they are either going through the same things, or they've been through it, or they're going to go through it. So I think it's easier to talk to you guys about stuff like that...'

This group identity often meant personal narratives were rarely shared in favour of a collective view. However, like Veale (2005:269), I became concerned that 'collective methods can hide inequitable participation' and a 'false consensus' can emerge, where the use of collective language was iterated by more dominant members of the group and may not be a fair representation of the diversity of views.

Discussion

Many children and young people have extensive knowledge about alcohol in their families; yet they often demonstrated considerable agency in choosing the mechanisms by which to

share this knowledge. Drawing on this empirical study, there are key implications for research, policy and practice. Firstly, researchers should ensure there are multiple opportunities for children and young people to ‘opt in and opt out’ throughout a research study, and to ‘choose’ how and when they wish to communicate. In this study, children and young people chose whether to participate in groups, paired interviews or individually. There was diversity in their participation; generally individual interviews led to more personal accounts of their family lives being shared. Although all participants were engaged in voluntary support services, it was notable how many still found it difficult to talk openly about parental alcohol problems and the variety of indirect strategies used in the research context. This may be a reflection of the many years of being encouraged ‘not to talk’ outside of the family. Researchers also should recognise that children and young people may chose not to talk to them in a research setting, but they may be talking to friends, family and other professionals on their own terms. Respecting a right to privacy requires a recognition that adults cannot (and should not) be all-knowing about all aspects of children’s lives. For children in potentially difficult circumstances, the importance of privacy can be overruled under the guise of child protection (Dowty, 2008). I am not suggesting that children should not be supported to share ‘secrets’ when these are a source of worry and concern. However, I take a similar stance to Bok (1984) in cautioning against viewing secrets as inherently problematic; a reflexive understanding of the value of secrets as a strategy for controlling what is known about themselves and their families may be justified.

Secondly, policy makers should recognise the complexities of secrecy for children and young people living with parental alcohol and drug use. Children can and do talk when given safe confidential settings that respect their own autonomy. The focus on children as ‘hidden’ and, in some accounts, ‘secret’ within the literature presumes the dominance of adults on the one

hand in ‘keeping secrets’ (i.e. parents not disclosing that they are parents to various agencies and acting as gatekeepers to services) and equally, an onus on professionals to ‘identify’ such children (ACMD, 2003; Scottish Executive 2006). Thus, children and young people’s own abilities to self-identify and access services may be overlooked. Many studies and reports have concluded that children and young people have the right to access support services; for example, Velleman and Reuber (2007) highlight in their cross-European study of domestic abuse in families with alcohol problems, that children require a service regardless of whether or not parents are engaging in a service for their alcohol use or violence. There needs to be greater recognition of children and young people’s own role in supporting their parents and potential for seeking support for themselves.

Thirdly, practitioners should recognise the multitude of ways in which children and young people can communicate about parental alcohol problems. The use of vignettes to communicate through a ‘third person’ may be a particularly valuable area to develop practice. Creating trusting relationships where children and young people are given time, space and opportunities to communicate at their own pace are fundamental in ensuring their views about complex family lives are heard.

I began this paper with the words of Tracey Beaker: ‘What I think about my mum is private’; children and young people have a right to privacy, and participating in a research study does not negate this right to control what is known about them (Wilson 1991: 21). As Wade and Smart (2002: 43) argue, ‘there is a risk in creating a culture where children are expected to talk’. Although they are referring to policy makers and practitioners, I think this is also highly relevant for the research community. I only saw glimpses into children and young people’s lives. I consider that children can make an active choice whether or not to share any

information based on the perceived consequences, the relationship with the researcher and their present frame of mind. Using research tools, in particular the draw and/or write bottle and watching and reviewing 'Amy's story' are open to interpretation and there is no requirement for participants to talk about their own family lives. One of the challenges is that knowledge can feel incomplete as children changed the subject, wanted to do another activity, went to the toilet, or chose not to continue with a conversation. If I had employed more direct questioning and the use of tools designed to understand personal biographies, such as the life grid (Wilson, et al., 2007), it is likely I would have more detailed narratives. However, this was never my intended aim. Simply, I wanted to see what glimpses children and young people wanted to share, even if this left gaps, anomalies and raised more questions. I conclude that children and young people have extensive knowledge about alcohol use in their families; yet they often demonstrated considerable agency in choosing the mechanisms by which to share this knowledge.

References

- Adamson J, Templeton L. 2012. *Silent voices: supporting children and young people affected by parental alcohol misuse*. London: Children's Commissioner's Office.
- Advisory Council on the Misuse of Drugs (ACMD). 2003. *Hidden harm: responding to the needs of children of problem drug users*. London: Home Office.
- Advisory Council on the Misuse of Drugs (ACMD). 2007. *Hidden harm three years on: realities, challenges and opportunities*. London: Home Office.
- Aldgate J, McIntosh M. 2006. *Looking after the family: a study of children looked after in kinship care in Scotland*. Edinburgh: Social Work Inspection Agency.
- Barnard M, Barlow J. 2003. Discovering parental drug dependence: silence and disclosure. *Children & Society* **17**: 45-56. DOI: 10.1002/chi.727
- Barter C, Renold E. 2000. 'I wanna tell you a story': exploring the application of vignettes in qualitative research with children and young people. *International Journal of Social Research Methodology* **3**(4): 307-323. DOI: 10.1080/13645570050178594
- Bok S. 1984. *Secrets: on the ethics of concealment and revelation*. Oxford: Oxford University Press.
- Coad J, Lewis A. 2004. *Engaging children and young people in research: literature review for the National Evaluation of Children's Fund (NECF)*. London: NECF.

- Dowty T. 2008. Pixie-dust and privacy: what's happening to children's rights in England? *Children & Society* **22**:393-399. DOI: 10.1111/j.1099-0860.2008.00173.x
- Gorin S. 2004. *Understanding what children say: children's experiences of domestic violence, parental substance misuse and parental health problems*. London: National Children's Bureau.
- Hill M. 2006. Children's voices on ways of having a voice: children's and young people's perspectives on methods used in research and consultation. *Childhood* **13**(1): 69-89. DOI: 10.1177/0907568206059972
- Klee H. 2002. Women, family and drugs. In *Drug misuse and motherhood*. Klee H, Jackson M, Lewis S. (eds), London: Routledge; 3-14.
- Komulainen S. 2007. The ambiguity of the child's 'voice' in social research. *Childhood* **14**: 11-28. DOI: 10.1177/0907568207068561
- Kroll B. 2004. Living with an elephant: growing up with parental substance misuse. *Child and Family Social Work* **9**: 129-140. DOI: 10.1111/j.1365-2206.2004.00325.x
- Kroll B, Taylor A. 2003. *Parental substance misuse and child welfare*. London: Jessica Kingsley Publishers.
- Kroll B, Taylor A. 2004. Working with parental substance misuse: dilemmas for practice. *British Journal of Social Work* **34**: 1115-1132. DOI: 10.1093/bjsw/bch132

- Laybourn A, Brown J, Hill M. 1996. *Hurting on the inside: children's experiences of parental alcohol misuse*. Aldershot: Avebury.
- Lewis A. 2010. Silence in the context of 'child voice'. *Children & Society* **24**: 14-23. DOI: 10.1111/j.1099-0860.2008.00200.x
- Manning V, Best DW, Faulkner N, Titherington E. 2009. New estimates of the number of children living with substance misusing parents: results from UK national household surveys. *BMC Public Health* **9**: 377-388. DOI: 10.1186/1471-2458-9-377
- Mason J. 1996. *Qualitative researching*. London: Sage.
- McKeganey N, Barnard M. 2007. Meeting the needs of children whose parents have a serious drug problem. In *Growing up with risk*. Thom B, Sale R, Pearce J (eds). Bristol: The Policy Press; 133-148.
- Punch S. 2002. Interviewing strategies with young people: the 'secret box', stimulus material and task-based activities. *Children & Society* **16**: 45-56. DOI: 10.1002/chi.685
- Renold E, Holland S, Ross NJ, Hillman A. 2008. 'Becoming participant' Problematizing 'informed consent' in participatory research with young people in care. *Qualitative Social Work* **7** (4): 427-447. DOI: 10.1177/1473325008097139
- Scottish Executive. 2006. *Hidden harm: next steps supporting children - working with parents*. Edinburgh: Scottish Executive.

- Taylor A, Toner P, Templeton L, Velleman R. 2008. Parental alcohol misuse in complex families: the implications for engagement. *British Journal of Social Work* **38**: 843-864. DOI: 10.1093/bjsw/bcl374
- Templeton L, Zohhadi S, Galvani S, Velleman R. 2006. *Looking beyond risk: parental substance misuse: scoping study*. Edinburgh: Scottish Executive.
- Tunnard J. 2002. *Parental problem drinking and its impact on children*. London: Research In Practice.
- Veale A. 2005. Creative methodologies in participatory research with children. In *Researching children's experience: approaches and methods*. Greene S, Hogan D (eds). London: Sage; 253-272.
- Velleman R. 2009. *Influences on how children and young people learn about and behave towards alcohol: a review of the literature for the Joseph Rowntree Foundation (Part one)*. York: Joseph Rowntree Foundation.
- Velleman R, Reuber D. 2007. *Domestic violence and abuse experienced by children and young people living in families with alcohol problems: results from a cross-European study*. Bath/Cologne: DAPHNE & ENCARE.
- Wade A, Smart, C. 2002. *Facing family change: children's circumstances, strategies and resources*. York: Joseph Rowntree Foundation.
- Wilson J. 1991. *The story of Tracy Beaker*. London: Doubleday/Corgi Yearling.

Wilson S, Cunningham-Burley S, Bancroft A, Backett-Milburn K, Masters H. 2007. Young people, biographical narratives and the life grid: young people's accounts of parental substance use. *Qualitative Research* 7(1): 137-153. DOI: 10.1177/1468794107071427