This study examined how parents ‘teach’ young children between the age of 5 to 12 about alcohol. It explored parents’ attitudes and family drinking practices using a national survey and in-depth case study research.

Drawing on a representative survey of 2,089 parents and carers, and case studies involving interviews and participant observation, as well as child centred methods, this research provides insights into:

- parents’ attitudes to alcohol;
- the development of family rules and guidance in relation to alcohol;
- the ways in which parents’ own childhood experiences influence their approach to introducing their children to alcohol;
- how parents and family members model drinking practices to children; and
- what children think about alcohol and their different understandings of social and health risks.
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This study examined how parents teach young children (aged 5 to 12) about alcohol. It explored parents’ attitudes towards alcohol and family drinking practices using a national survey and in-depth case study research.

Key points

- It is parents who are the most important influences on young children’s (aged 5 to 12) attitudes towards alcohol.

- The research found that contemporary parenting strategies are largely successful at conveying the social pleasures and risks of drinking at home, and the message that alcohol should be consumed in moderation. Young children even learn positive messages about moderation from witnessing their parents/relatives drinking to excess.

- The Chief Medical Officer’s (Donaldson, 2009) recent recommendation that children under 15 should avoid alcohol completely therefore appears to be unrealistic given that it is an unremarkable and taken for granted part of many families’ everyday lives. There is a danger that such advice ‘problematises’ sensible parental attitudes and approaches to alcohol.

- The study identified, however, that young children (aged 5 to 12) are not being taught to recognise the potential health implications of alcohol consumption. This is because unlike the social risks of drinking, health risks (e.g. cancer of the mouth and throat, sexual and mental health problems, liver cirrhosis and heart disease) do not resonate with parents’ own experiences of alcohol and are less easily raised in the context of everyday family life. This finding has implications for those bodies that currently provide guidance to parents about how to talk to children about alcohol.

- In focusing on the social risks associated with alcohol the study found that the parental emphasis on learning to drink at home in a ‘safe’ environment over-simplifies and misses the opportunity to teach children about the range of other drinking practices and spaces they may encounter throughout their lives. The stress on individual choice also does not educate children about the impact personal drinking and drunken behaviour may have on others and consequently their potential wider social responsibilities as adult consumers of the future.

- In addition to government campaigns targeted at parents, alcohol education in schools is one way to address the gaps in what children are learning about alcohol and the differential levels of education and support children receive at home. Yet the majority of children who participated in this study stated that they had not been taught about alcohol at school. This implies that it would be beneficial for the Department for Education to review the way alcohol education is currently delivered as part of the National Curriculum within primary schools, in order to improve its efficacy. As part of this, alcohol education in schools should involve parents and/or should run in parallel with campaigns targeted at parents to maximise impact.
Background to the study

In 2009 for the first time the UK Government published *Guidance on the consumption of alcohol by children and young people* (Donaldson, 2009). In this report the then Chief Medical Officer, Liam Donaldson, recommended that children under the age of 15 should avoid alcohol completely. While there is a significant body of research about teenagers’ awareness of alcohol and drinking practices, much less is known about how parents teach younger children (aged 5 to 12) about alcohol, and the extent to which young people’s current/future drinking habits may have their roots in earlier childhood experiences.

This study has addressed this gap in knowledge by investigating parents’/carers’ attitudes towards the role of alcohol within the family and their drinking practices, as well as their children’s (aged 5 to 12) knowledge and understanding of alcohol. It considered both *extra-familial* ‘norms’ about parenting and drinking cultures that are generated in society (e.g. by the law, media, social networks etc.) and *intra-familial* ‘norms’, the personal home rules and practices that individual families establish (e.g. as a result of specific family structures, parents’ own childhood memories of being parented and familial communication styles).

Parental attitudes to alcohol

Parents perceive that there has been a significant shift in public drinking cultures and the nature of young people’s drinking since their own childhoods. While the findings from the survey suggest that the dominant parental attitude (i.e. their perception of what ought to be the extra-familial social norm) is that children in general should *not* be introduced to alcohol at home until their mid-teens and ought *not* to be allowed to drink in public spaces until they reach adulthood, the case study research suggests that parents are actually introducing their own children to alcohol at home at an earlier age than this. This is because they draw on experiences from their own childhoods, either repeating what they perceive as positive parenting strategies, or intentionally parenting in a different way.

Parents want their children to appreciate the pleasures and benefits of alcohol, as well as the risks of excess consumption so that as adults of the future they will drink in moderation. This attitude towards alcohol is perceived to be best learnt at home – as part of ‘growing up’ – rather than at school. In this sense, attitudes about *intra-familial* parenting in relation to alcohol do not appear to have changed as much as parents’ perceptions of *extra-familial* public drinking cultures.

Family rules and guidance

Between the ages of 5 and 12 most parents did not have specific rules for their children about drinking because children at this age were not particularly interested in alcohol. Indeed, most parents considered that there were other more pressing things that they needed to formulate guidance about (e.g. addiction to computer games), although there was recognition that these messages were also readily transferable to alcohol. While some of the case study families adopted a traditional model of parenting, establishing strict boundaries about general behaviours (e.g. bed time), others, rather than laying down the law with their children, adopted a more flexible approach, inviting discussions and negotiating rules with their offspring. Differences were also evident in parenting styles between ex-partners who were co-parenting children following the break-up of a relationship; and there was recognition by many parents that their children’s own unique personalities meant that each may require an individualised strategy when it came to alcohol.
Despite these differences in approaches to parenting about alcohol all of those interviewed were nonetheless keen to develop open and close relationships with their children. There was also a general recognition of the potential limits to parental authority, particularly when children become subject to the influence of peers in their teenage years. In this sense, the interviewees’ attitudes towards their role reflects the claim made by previous researchers that there has been an extra-familial shift in the emphasis of parenting between generations – from disciplining young people to enabling their expressivity – and that as a consequence of this greater closeness between the generations, some adults’ ‘natural’ authority is being eroded. As such, most of the interviewees argued that the best they could do as parents was to equip their children with the right personal qualities and skills (e.g. self-confidence and self-respect) to make sensible individual choices about alcohol once beyond the family and home. In doing so, parents acknowledged that it is the children themselves who ultimately will have to make their own choices about the role of alcohol in their lives. Yet, as some parents observed when complaining about other parents allowing their children to binge drink in public spaces, not all children have positive family support and as a consequence some children are much less well equipped to make ‘sensible choices’ than others.

Unintentional modelling of drinking

Parents who drink alcohol model its consumption as a pleasurable and hospitable activity at home. Parents generally disagreed that it was acceptable to be drunk when responsible for children, although in practice many did allow their offspring limited glimpses of drunkenness (e.g. at parties and family events). For many parents allowing their children to see them drinking at home was regarded as an important way of modelling openness as a family practice and a more effective strategy for teaching children about drinking within safe limits than laying down strict rules, because parents rationalised that children will always subvert any boundaries that are set. At the same time, parents try to exercise more control over their children’s exposure to alcohol in public spaces (e.g. not taking them into pubs where food is not served), thus constructing home-based drinking as a safe and enjoyable practice in contrast to public consumption. The one exception to this is holidays, where parents seem unaware of the significance of the fact that they model specific, but often very different, drinking practices from their normal domestic patterns of consumption (e.g. indulging themselves, staying up late, drinking to excess).

As part of everyday home and holiday consumption practices many families initiate their children into tasting alcohol (usually instigated by parents, not children) and/or drinking rituals (e.g. knocking back water out of shot glasses, drinking alcohol-free cocktails, asking children to serve alcohol to visitors). However, they are careful to try to limit the drinking practices that children are exposed to by other parents through the indirect strategy of attempting to influence their children’s school friends (directly, or indirectly via choice of school), so steering them away from families who might model ‘inappropriate’ practices.

Drinking is for grown-ups: what children think

The children’s interviews bore a close resemblance to their parents’ accounts of how alcohol is introduced in the context of family life. All the children aged 5 to 12 were aware that alcohol is only for grown-ups (some also recognised the age restrictions on the sale of alcohol in supermarkets), although they had a relatively limited grasp of the legal and cultural frameworks which shape its consumption. There was strong evidence of the direct and indirect transmission of parental attitudes towards and patterns of drinking in the children’s accounts. There was also a clear link between alcohol and supermarkets/family shopping, reflecting the significance of contemporary home-based patterns of
alcohol consumption. While the children aged 5 to 12 had a reasonable awareness of the social harms associated with alcohol, they had a relatively poor grasp of potential health-related harms. However, the children imagine that as adults of the future they will only drink in moderation, an ambition that mirrors the model of sensible drinking that their parents aspire to teach them.

**Policy implications**

Parents who drank wanted their children to appreciate the benefits and pleasures of alcohol as well as the risks associated with drinking to excess, and aspired to teach their own children to drink in moderation in adult life. The case study research with children found that they had absorbed this message, recognised that alcohol is an adult product, were aware of the social albeit not the health harms of drinking to excess, and anticipated that in their future lives they would only drink in moderation.

The previous Chief Medical Officer’s (Donaldson, 2009) recommendation that children under 15 should avoid alcohol completely therefore appears to be unrealistic given that it is a taken for granted part of many families’ everyday lives. There is a danger that such advice ‘problematises’ sensible parental attitudes and approaches to alcohol.

The study identified, however, that young children (aged 5 to 12) are not being taught to recognise the potential health implications of alcohol consumption. This is because unlike the social risks of drinking, health risks (e.g. cancer of the mouth and throat, sexual and mental health problems, liver cirrhosis and heart disease) do not resonate with parents’ own experiences of alcohol and are less easily raised in the context of everyday family life. This finding has implications for those bodies that currently provide guidance to parents about how to talk to children about alcohol (e.g. government departments, service providers, voluntary, charitable and independent organisations).

In focusing on the social risks associated with alcohol the study found that parental emphasis on learning to drink at home in a ‘safe’ environment over-simplifies and misses the opportunity to teach children about the range of other drinking practices and spaces they may encounter throughout their lives. The stress on individual choice also does not educate children about the impact personal drinking and drunken behaviour may have on others and consequently their potential wider social responsibilities as adult consumers of the future.

Alcohol education in schools is one way to address the gaps in what children are learning about alcohol and the differential levels of education and support children receive at home. Yet the majority of children who participated in this study stated that they had not been taught about alcohol at school. The findings of this study imply that it would be beneficial for the Department for Education to review the way alcohol education is currently delivered as part of the National Curriculum within primary schools in order to improve its efficacy. As part of this, schools should involve parents in order that the same key messages about alcohol can be reinforced at both home and school. To maximise impact, any alcohol education in schools should be run in parallel with campaigns targeted at parents.

**About the project**

This project adopted a multi-method research design. Specifically, it employed a representative survey (n=2,089) to establish national patterns in relation to parents’/carers’ attitudes and practices towards the role of alcohol within the family, and in-depth case studies, involving interviews, participant observation and child-centred methods to unpack the specific processes through which drinking cultures are transmitted/interrupted within families.
1 Background to the study

In 2009, for the first time the UK Government published *Guidance on the consumption of alcohol by children and young people* in order to offer young people and their parents advice on how to identify and prevent problem drinking (Donaldson, 2009). In this report the then Chief Medical Officer, Sir Liam Donaldson, recommended that young people under the age of 15 should avoid alcohol completely, 15- to 17-year-olds should only consume alcohol with the guidance of a parent, and certainly no more than once a week (Donaldson, 2009). It is too early to know whether the new Chief Medical Officer will pursue this policy. In the meantime, the Coalition Government has announced a review of the licensing laws and has indicated it is open to discussion on minimum pricing of alcohol. Both aim to tackle alcohol supply issues. However, in his first major speech as Secretary of State for Health, Andrew Lansley emphasised the need to tackle demand and in particular the reasons why young people drink excessively including family background and self-esteem issues.

Whatever the direction of travel, the question of what role adults play in transmitting values and practices relating to alcohol to children has become a central feature of public debate.

The former Chief Medical Officer’s guidelines followed previous policy initiatives focused on young people such as the *Youth Alcohol Action Plan* (2008) which emerged from the UK government’s *Alcohol Harm Reduction Strategy for England* (2004) and *Safe, Sensible and Social* (2007), which sought to address alcohol-related problems for individuals, families and communities. Indeed, the UK charity Alcohol Concern has previously argued that the law concerning giving alcohol to children at home should be reviewed (Diment et al., 2007). It is concerned that young people are adopting the behaviours of adults, such as drinking alcohol at a younger age, and has called for a ban on the advertising of alcohol on television before the 9pm watershed and before non-18 films in cinemas, as well as for the National Curriculum to include increased alcohol education.

More recently, the government’s published alcohol strategies have been complemented by a national television advertising campaign entitled ‘Why Let Drink Decide?’, where teenage actors describe their future ‘risky and harmful’ decision-making dominated by alcohol. As well as offering links to the advertising campaign, the campaign website also provides advice about how to ‘be in control’, to ‘think before you drink’, to ‘drink less’, as well as guidance on ‘looking after a drunken friend’ and ‘having fun without alcohol’ (‘Why Let Drink Decide?’, 2010). These policy initiatives have helped ensure that the role of adults and families in transmitting values and practices relating to alcohol consumption to children has become a central feature of public and popular debate. Indeed, academics have long argued that ‘the family is the primary context for the socialisation of drinking behaviour in young people’ (Foxcroft and Lowe, 1997, p. 227) and consequently a major influence on the development of the drinking careers of young people in relation to both drinking habits and attitudes to drinking (e.g. Raskin White et al., 1991).

However, while there is a significant body of research about young people’s (aged 11 to 24) drinking patterns (e.g. Plant and Plant, 1996; Newburn and Shiner, 2001; NHS/NICE, 2007; Valentine et al., 2007; Newbury-Birch et al., 2008; Ipsos MORI, 2009; Velleman, 2009), and evidence of changing intergenerational patterns of drinking (Valentine et al., 2010a), less is actually known about the processes through which drinking patterns are transmitted or interrupted within families in the UK with younger children aged 5 to 12, if and how parents actively teach children to drink within a family setting and the extent to which young people’s current/future drinking habits may have their roots in earlier childhood experiences. Indeed, a recent study for the former Department for Children, Schools and Families
(now known as the Department for Education) suggested that 8 out of 10 parents have no pre-planned strategies to tackle irresponsible drinking by their children (Williams et al., 2010).

To address this gap in knowledge and to provide an evidence base in order to contribute to future policy and popular understanding, this study considered familial influences on children’s potential future drinking patterns via two sets of processes: first, this project addressed extra-familial ‘norms’ about parenting cultures and drinking cultures which are generated in wider society (through law/regulation, media/advertising, social networks etc.). Second, this research project focused on intra-familial ‘norms’: (i) modelling behaviour of family members (e.g. through positive attitudes to alcohol/personal drinking habits or initiating children in drinking), the influence on children of which they may be oblivious to, or self-reflexive about, and (ii) personal home rules generated within individual families (e.g. as a result of specific family structures; parents’ own childhood memories of being parented; familial communication styles). In doing so, the research explored the relationship between past, present and future by understanding whether parents identify any links between their own childhood experiences of alcohol and present adulthood drinking, and how, if at all, present family practices might impact on their children’s potential future drinking. In distinguishing between extra-familial and intra-familial processes, however, we do not imply that these are bounded or discrete. Rather, extra-familial norms may be interpreted/(re)worked differently within particular intra-familial contexts, and collective changes in intra-familial practices can, over time, re-shape extra-familial ‘norms’.

The specific aims of this study were to:

- map parents’/carers’ attitudes towards the role of alcohol within the family and their perceptions of the relationship between their attitudes and children’s potential future drinking;
- examine families’ own practices around the use of alcohol and to explore the possible relationship between these practices and children’s potential future drinking;
- understand how these attitudes and practices are transmitted through extra-familial social norms and personal intra-familial norms;
- examine how processes of transmission vary according to socio-economic status, family structure/support, age/gender and positioning of children within the family;
- identify the implications of these processes of transmission/interruption for alcohol harm reduction and family policies.

**Research design**

This project adopted a multi-method research design. Specifically, it employed a representative survey to establish national patterns in relation to parents’/carers’ attitudes and practices towards the role of alcohol within the family, and in-depth case studies, involving interviews, participant observation and child-centred methods, to unpack the specific processes through which drinking cultures are transmitted/interrupted within families.

**National survey**

The survey was designed and piloted by the research team and conducted by a social research company. It was implemented by telephone to a nationally representative sample of 2,089 parents with at least one child aged between 5 and 12. Appendix A summarises key demographic and
socio-economic characteristics of the respondents. The representativeness of the social economic status of respondents was checked against both the 2001 Census and 2005 Labour Force Survey (ONS, 2004; Hall, 2006), and the representativeness of the educational status of the respondents was verified by comparing information on the highest level of qualification: by marital status and presence of dependent children drawn from the 2008 Labour Force Survey (ONS, 2009, Table 3.19).

The survey was organised with five sections:

- household and family structure;
- family life and parenting (general);
- family life, parenting and alcohol;
- family life and alcohol (actual);
- demographics.

Specifically, it collected data on the parents’ perceived (above/below/at recommended levels) and actual alcohol consumption practices (what they drink, where, when, with whom and how this relates to the presence of children); their perceptions of national/local norms in relation to attitudes towards the role of alcohol in the family (how this varies by children’s age/gender and in relation to their own childhoods); and their awareness of the law and perceptions of national/local ‘norms’ in relation to children and alcohol.

The sampling strategy allowed us to establish national patterns in relation to parents’/carer’s attitudes and practices towards the role of alcohol within the family, and to benchmark the qualitative case study research within this national context. It was also used to recruit family participants for the qualitative research phases.

Case study research

Ten families, with at least one child aged between 5 and 12, were recruited via the survey as case studies for the multi-stage qualitative research (cf. Wallman’s 1984 Eight London households). The case studies were purposively sampled on the basis of the survey results to include families with diverse structures, socio-economic profiles and a range of attitudes and practices to drinking (including those who drink dangerously above, within and below safe limits; see Appendix C). A profile of the families is provided in Appendix B. We did not interview households that abstain from alcohol. Each family took part in five activities.

Family interviews/social network analysis: Interviews with parent(s)/carer(s) collected data about their attitudes/practices towards parenting, specifically in relation to alcohol in the family. These included discussion of the parent(s)’/carer(s)’ awareness of how their own behaviour, and that of other family members, might influence their children’s current/potential/future drinking practices and their deliberate strategies (and associated communication styles) for transmitting sensible drinking practices to their children. We also explored parent(s)’/carer(s)’ experiences of dealing with children’s misuse of alcohol or possible strategies to deal with future problems; differences in their attitudes/practices towards children according to age/gender/position in the family; and differences between their own attitudes/practices/communication styles as mothers/fathers and the complexities of how these relationships are negotiated/resisted/contested within the family (by children/other significant adults). Where families were constituted by two parents/carers they were interviewed together where possible.
As part of the interview process the parent(s)/carer(s) completed a social network analysis form. This identified the adults (relatives, friends, neighbours, other parents etc.) who play an important part in the family’s life and influence the mother’s/father’s practices in relation to children’s exposure to alcohol, and provides a measure of the social capital available to support/develop sensible drinking habits.

The children’s experiences of the above issues were explored through a child-centred interview process that as well as ‘conventional’ interview-style questions included exploring children’s understanding of alcohol by asking them to identify samples of drinks (alcoholic and non-alcoholic) by smell, and asking children which drinks they could identify from a series of advertisements for common products/brands. The role of alcohol in the family was then explored with the youngest children by using puppets or a dolls house to play-act a family party. Older children were shown clips from episodes of the cartoon series ‘The Simpsons’ which represent both adults and children as drinking/drunk. These were used as a basis for a wider discussion about their attitudes to alcohol and family practices. Where siblings were of similar ages they were ‘interviewed’ together, but where there was a significant age gap the interviews were conducted separately.

**Participant observation at a celebration:** Families invited a member of the research team to a special event where alcohol was consumed (e.g. birthday/anniversary/fireworks party, wedding etc.). This participant observation involved descriptive observations (about the location, guests, general activities/specific acts, ambience, role of children and their interaction with adults in relation to alcohol etc.) and narrative accounts that built up an overall picture of how attitudes/practices relating to alcohol were transmitted to children within the context of such events.

**Individual interviews with parent(s)/carer(s):** These interviews explored the individual parent(s)’/carer(s)’ own childhood experiences of alcohol, how they were parented and how these experiences have influenced their individual attitudes/practices towards parenting, specifically in relation to alcohol in the family. These individual interviews offered the opportunity to investigate perceptions of any conflicts/tensions/negotiations around alcohol that occur between mothers/fathers/other parent(s)/carer(s) as well as between the individual parent/carer and their children/siblings.

**Photo-elicitation activity and participation observation of a family meal:** This element allowed consideration of drinking at a ‘special’ family meal compared with a ‘normal’ family meal. Participants were asked either to photograph an eating/drinking event related to an appropriate religious or cultural festival (e.g. Christmas) or to dig out family photographs of previous such events. These images were used in a family interview to discuss how drinking in ‘special’ time/space contexts promotes or interrupts the transmission of everyday family drinking practices to children.

**Participant observation of a ‘normal’ family treat involving alcohol:** The researcher accompanied the family on a ‘normal’ treat that involved alcohol (e.g. meal out, a sporting/leisure/entertainment event, shopping etc.). The participant observation involved both descriptive observations and narrative account about children’s interaction with adults in relation to alcohol. This also acted as a “farewell” event where the family reflected on the research process and discussed the emerging findings with the researcher.
Structure of the report

Following this introduction this report has four substantive sections. Section 2 focuses on parents’ attitudes towards alcohol, childhood and family life in the UK, highlighting some of the extra-familial ‘norms’ in contemporary parenting culture, as well as some of the intra-familial ‘norms’ established through their own childhoods. Section 3 investigates the rules and guidance parents are developing for their own children about the risks and benefits of alcohol consumption in families and beyond. Section 4 considers the ways that family members also unintentionally transmit attitudes towards, and practices of, alcohol consumption through their own everyday behaviours which children may pick up or on imitate. Section 5 considers what children aged 5 to 12 know about drinking and their attitudes towards their parents’ practices and their own anticipated future drinking. The report concludes by reflecting on the implications of the research for alcohol harm reduction policies as well as highlighting future areas for research.
2 ‘It’s all part of growing up’: parental attitudes to alcohol, childhood and family life in the UK

For all of the families who took part in our study the role of alcohol in parents’ and children’s current and future lives was an issue of significant concern. Nonetheless, despite its perceived importance to personal and family life, attitudes towards drinking in adults’ and children’s lives was rarely simple and straightforward. This section unpacks some of the patterns and contradictions that circulate around parents’ attitudes towards alcohol consumption, and considers the relationships between parents’ own childhood experiences and their ideals or understandings of how they ought to parent in order to instil a sensible approach towards alcohol in their children.

Growing up today

The respondents were asked whether they thought that family drinking habits have changed across the generations. Thinking back to when they were between 5 and 12 years old, and comparing that to today, they came up with the following responses (see Table 1).

Table 1: Changes in drinking cultures since parents’ own childhoods

- 77.5% of respondents stated that the range of alcoholic drinks parents regularly enjoy has increased;
- 73.4% of respondents stated that the amount that parents drink at home compared to the pub has increased;
- 68.8% of respondents stated that the amount that mothers drink has increased;
- 65.7% of respondents stated that the amount of alcohol that parents drink in one session has increased.

These patterns reflect the fact that parents believe that alcohol in the UK today is both more affordable (62.8%) and increasingly marketed/advertised (63.3%) than during the period of their own childhoods (see Appendix D). This is a perception that is borne out by research: according to a review by Smith and Foxcroft (2009), alcohol is 65% more affordable now than in 1980 and accounts for only 5.2% of household spending compared to 7.5% in 1980 (ONS, 2007). Most notably, the price of wine has fallen relative to average earnings (Mintel, 2005).
While research (e.g., Bogenschneider et al., 1998, Valentine et al., 2007) suggests that young people today are drinking at an earlier age condoned by parents than previous generations, the respondents to this survey were more ambivalent about whether children’s access to alcohol has increased. While 38.3% of respondents thought that parents were allowing their children to drink at an earlier age than during their own childhoods, nearly 27.1% stated that the age of permitted consumption was unchanged, and another 28.3% thought that this age had actually increased. Indeed, most of the parents who were interviewed as part of the qualitative element of the research recalled being introduced to alcohol at home as children by their own parents (e.g., trying wine at meals or Christmas/special events) and witnessing their parents drinking at home and hosting dinners or parties where alcohol was consumed at a relatively early age.

My first drink I can remember vividly … we were allowed, me and my sister, my older sister, we were allowed one Babycham on Christmas Day. And I think my parents started this when I was about 13 and that was like the highlight of Christmas Day forever, my one Babycham [laughs]. [edit] It is such a memory, it was just like the best thing ever! You can’t imagine how I felt about this Babycham [laughs] … [edit] … We were allowed to choose because like you got that one bottle, fairly tiddly bottles; kind of drink it wisely I think was the message. But I always remember my sister and I kind of getting up Christmas morning and like ‘Oh when can we have our Babycham?’… I think we held back until about mid-morning, at pressie time and opening this bottle and oh … honestly, it evokes such memories, it’s wonderful. So that was my … not my first drink ever; I think I’d had sips of drinks that my parents had given me but that was my first ever, my glass, my drink. (Mother, Family E)

Rather than a change in ‘private’ or intra-familial drinking cultures, the interviewees identified what parents perceived to be shifts in both public drinking cultures and in the nature of young people’s drinking since their own childhoods. These perceptions correlate with intergenerational studies of continuities and change in UK drinking cultures (Valentine et al., 2010a). Notably, several of the interviewees claimed that when they were young it was less common to see either adults or young people drunk and behaving badly in public spaces, and that their own underage drinking had been motivated by sociability and a desire to have fun, not by the aim of getting drunk (a contemporary youth practice that Measham, 2006, has labelled ‘determined drunkenness’). While alcohol was part of their teenage social lives, most of the interviewees had few recollections of peer pressure to drink to excess until they were young adults at college/university or in paid employment. As such, some of the interviewees made comments about how children are becoming older younger which accords with Postman’s (1982) thesis about the ‘disappearance of childhood’.

Mother: We didn’t drink loads … if we had a full night out, we’d perhaps get two Martinis [laughs], with lemonade…. We [she and her then boyfriend, now husband] used to be in the Venture Scouts and we used to go on holidays and we’d get a bit merry but not drunk-drunk…. We’re more likely to go out and get drunk now than we were back then…. If we go out now, we usually have quite a few…. I mean even when I was 19/20, going out with some old school friends, nobody got drunk…. Interviewer: Right. I mean why do you think people didn’t? Mother: It wasn’t the culture, back in the 1970s/80s, people didn’t, you didn’t have this culture where you’d get into town on a Saturday night now and people are staggering, you didn’t get that. People would have had a drink and been quite merry and whatever but you didn’t see people being sick or getting … it just didn’t happen…. It wasn’t as intimidating going out. I mean I wouldn’t dream of going to town on a Saturday night now. (Mother, Family C)
I think just from the general kind of stuff that you listen to on the news and in newspapers and magazines, it just all seems to be happening a lot, lot earlier…. I just think there’s a natural instinct to experiment at a certain age and I think that is lower nowadays [edit] … I mean at 13 I started thinking about a lot of things but maybe didn’t actually action things until a bit later, about 15. And that had nothing to do with what my parents had instilled in me. (Mother, Family E)

Although the current legal age at which children can consume alcohol in the home is five, the parents who responded to the survey claimed that children should be in their mid-teens before it was acceptable for them to experiment with alcohol at home and an adult before they should drink unsupervised in public spaces (see Table 2). These parental perceptions correspond quite closely with the recent advice from the former Chief Medical Officer (described above), that children under the age of 15 should avoid alcohol completely, and that 15- to 17-year-olds should only consume alcohol with parental guidance.

Table 2: Average age at which respondents think it is acceptable for children to engage in alcohol-related activities

<table>
<thead>
<tr>
<th>Acceptable for children to …</th>
<th>Average age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be given a taste of an alcoholic drink</td>
<td>13</td>
</tr>
<tr>
<td>Fetch, pour or serve alcoholic drinks for others at home</td>
<td>14</td>
</tr>
<tr>
<td>Have a watered down alcoholic drink with a family meal</td>
<td>14</td>
</tr>
<tr>
<td>Get away with having a sneaky sip of an alcoholic drink at a family event</td>
<td>15</td>
</tr>
<tr>
<td>Have an alcoholic drink at family events</td>
<td>16</td>
</tr>
<tr>
<td>Have an alcoholic drink with just their friends, in the family home under supervision</td>
<td>16</td>
</tr>
<tr>
<td>Drink unsupervised with their friends on Friday/Saturday nights</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: Family Life and Alcohol Consumption questionnaire survey

There were some minor differences in the attitudes of parents noted in Table 2 in terms of social class, levels of family support and whether parents drink above weekly recommended levels of units. Specifically, the average age which parents thought it acceptable for their children to have a watered down alcoholic drink within a family meal and to fetch, pour or serve alcoholic drinks for others at home, for parents who never drink alcohol, is 16. In contrast, for those who drink at/below recommended levels (see Appendix C) it is 14, and for those who drink above recommended levels the figure was much lower, at 12.

As Table 3 shows, a relatively small percentage of parents who took part in our survey believed that their own children (aged 5–12) had actually drunk alcohol either in their own or other people’s company.
However, the qualitative case study research – which included families with very diverse parenting styles and different levels of personal alcohol consumption – found that the majority of their children (aged 5 to 12) had either been offered or had tried alcohol at home, with a family meal or at a family event (these findings are reported in detail in Sections 4 and 5). These domestic practices actually accord closely with the parental interviewees’ recollections of their own childhood experiences of being introduced to alcohol (see also the next section, “Under the influence”, or what parents do’), yet differ significantly from the average age responses to the survey questions. The contradictions between the quantitative and qualitative elements of the research may be explained in one of two ways. First, the under-reporting of alcohol consumption in questionnaire surveys is a widely accepted phenomenon. Indeed, as Table 4 shows, there is a discrepancy in our survey between parents’ perceived and actual levels of consumption. Here, our ‘perceived’ rates are derived from a survey question about whether respondents thought they currently drank at/below, drank above or drank well over recommended levels. ‘Actual’ rates are gauged from a question about reported number and types of drink(s) consumed on the heaviest drinking day in the past week (these were then converted into alcohol units and recoded into the categories presented in Table 4).

This raises the question of whether the parents surveyed may have under-reported their knowledge of their own children’s consumption of alcohol because of the ‘sensitivity’ of this issue and a desire to fit in with perceived extra-familial parenting ‘norms’.

Second, parents may have responded to the survey with their ideals or how they intended/thought they ought to parent, which while genuine responses, may not be how they actually parent in practice because of the pressures of everyday family life that mean that intra-familial lived realities do not always accord with extra-familial ideals (cf. Valentine, 1999).

In the following sub-section we reflect more closely on the ways in which the case study parents’ relationships with alcohol were developed through their own childhoods, and how these experiences have influenced their strategies for introducing their own children to alcohol.

---

Table 3: Percentage of parents’ responses to where their children aged 5 to 12 have tasted/drank at family occasions and/or social situations

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children had tasted/drank alcohol at a family celebration</td>
<td>25.0%</td>
</tr>
<tr>
<td>Children had tasted/drank alcohol at a relative’s/friend’s home</td>
<td>10.0%</td>
</tr>
<tr>
<td>Children had tasted/drank alcohol at a pub restaurant</td>
<td>3.0%</td>
</tr>
<tr>
<td>Children had tasted/drank alcohol at a public event</td>
<td>1.0%</td>
</tr>
<tr>
<td>Children had tasted/drank alcohol with their children’s friends outside their home</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Source: Family Life and Alcohol Consumption questionnaire survey
Table 4: Perceived and actual levels (heaviest drinking day in past week) of alcohol consumption by gender (%)

<table>
<thead>
<tr>
<th></th>
<th>Perceived</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never drink</td>
<td>14.9</td>
<td>n/a</td>
</tr>
<tr>
<td>Drink at/below recommended limits (&lt;4 units)</td>
<td>68.7</td>
<td>26.5</td>
</tr>
<tr>
<td>Drink above recommended limits (4–6 units)</td>
<td>14.5</td>
<td>18.1</td>
</tr>
<tr>
<td>Drink well above recommended limits (&gt;6 units)</td>
<td>2.0</td>
<td>55.4</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never drink</td>
<td>21.8</td>
<td>n/a</td>
</tr>
<tr>
<td>Drink at/below recommended limits (&lt;3 units)</td>
<td>71.2</td>
<td>34.0</td>
</tr>
<tr>
<td>Drink above recommended limits (3–4 units)</td>
<td>6.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Drink well above recommended limits (&gt;4 units)</td>
<td>0.5</td>
<td>63.9</td>
</tr>
</tbody>
</table>

Source: Family Life and Alcohol Consumption questionnaire survey

‘Under the influence’, or what parents do

The parents who participated in the qualitative research had had very diverse introductions to alcohol in their families, which ranged from positive role models through to negative experiences of parental alcoholism.

The interviewees who described their parents as positive role models recalled being introduced to alcohol as a normal, acceptable, taken for granted part of family life. The memories described capture the sociality and pleasures of drinking with family meals and of family parties. Being allowed to participate in this drinking culture – either by mimicking adult practices with a non-alcoholic drink or by actually being allowed alcohol – was remembered by interviewees as an important ritual in practising and marking their gradual transition from childhood to adulthood.

Sunday lunch was a big family occasion and that was yeah, a three-line whip really, everyone had to be there, regardless, on Sundays. And so there was always wine going quite liberally really with meals there. There was this funny thing with being the youngest in the family because my older brother’s eight years older than me and there’s still this thing actually, even now, that while he’ll help everyone to drinks, he doesn’t with me, I’m still the baby. It’s really odd, I have to ask. And he’ll top everyone else up and it just doesn’t cross his mind … it’s really strange. But you know, he and my sister would have a drink, I would imagine a glass of wine probably from their mid-teens I suppose. [edit – later in the interview she recalled] Sometimes as we got older, there would be the sort of non-alcoholic cocktails sort of thing, to make you feel grown up. Which actually I notice I do on special occasions here, actually giving you those drinks in a wine glass, so you felt grown up as well…. It’s just little things like that, that sort of mark a difference and make it more of a celebration doesn’t it you know…. (Mother, Family A)
Both my mum and dad drank … and I suppose when they had parties, dinner parties and stuff like that you know, they’d be obviously drinking then and we’d go off to bed and then come down in the morning and there’d be all the wine bottles and all this kind of stuff around. [edit] … I think my mum once sort of got a bit merry and she was cooking dinner or something and she just decided she’d have a Drambuie and she had … ended up having two or three and got a bit giddy and that’s probably about it [laughs]. (Father, Family C)

Indeed, even when parents who were moderate drinkers ‘over did it’, our respondents suggested that seeing or hearing about their usually ‘sensible’ parents drunk had the effect of teaching them an important message about the effects of alcohol. This parental openness about drinking and the sometimes negative effects of excess consumption were practices that these interviewees try to replicate with their own children. Indeed, the interviewees who had a positive experience of alcohol at home tended to draw heavily on their childhood experiences to inform their adult attitudes towards drinking, to assess whether they were correct in their judgement of their own children’s possible future drinking practices and to plan how they intended to deal with their children’s possible future alcohol-related behaviours:

[recalling his childhood] … it was quite common to have a glass of wine with Sunday lunch or something, at that sort of level, which is what we do. So the same sort of level of drinking really as what I think we do as a family now. (Father, Family A)

Yet not all of the interviewees had such positive introductions to alcohol. Some had unpleasant childhood experiences because there was a heavy drinker/alcoholic in the family, or they remembered occasions spoiled because of alcohol. These negative memories made them determined to adopt a very different approach to both alcohol and parenting with their own children.

I remember the Christmas we found out that Father Christmas wasn’t real … I was about eight or nine and I remember waking … I heard a crash on Christmas Eve and me and my brother woke up, went onto the landing and my mother had gone up into the attic to get the Christmas presents out and because she was drunk, she’d misplaced her foot, fell out of the attic and she was absolutely … she was so drunk, she really was. And that’s how we found out Father Christmas didn’t exist, by my drunken mother. [edit] She wasn’t a doting parent. Whereas now, I hug ours all the time … and I them I love them and stuff like that. [edit] The main difference is between my childhood and … my kids are … are much more confident with the knowledge that they are loved and they’re looked after. And that if they need sometimes, then they know they can ask. They might get told no but they’ll ask and I know they’ll ask if they want something. I have routines for them…. There were no routines for us … never knowing were they going to be in?… Whereas for my two, it’s just completely different. I don’t hit them … [edit] I’ll sit them down and I’ll ask them what’s happened and I’ll explain to them when something’s right or wrong. And I think that’s a big thing, explaining things and making sure that they know that they’re loved. (Mother, Family B)

And caring for small children…. I can’t imagine it with a hangover because when you’re tired anyway, you end up shouting at them. I can see why my dad with a hangover was a horrendous parent because it just doesn’t go, you know. If you’re tired anyway and then you’ve got four children [edit] … with needs you know, ‘I want this’, ‘I want that’ you know, how are you going to manage that with a hangover?… And it’s either your kids are going to suffer or you’re all going to suffer. (Mother, Family I)
Other interviews (quoted below) also reflected critically on the way they were parented for reasons that were not related to alcohol. In particular, these respondents felt that their own parents had been over-protective/controlling or that their childhood family relationships had not been open and honest because their own parents had been distant and authoritarian. Consequently, as children, these respondents had not felt able to confide in their parents about personal issues such as alcohol, drugs and sex, or their parents had kept secrets from them. Like the parents quoted above who described their childhoods as ‘blighted’ by heavy drinking by family members, these interviewees, despite having more positive experiences of family life, also wanted to avoid reproducing some perceived failing of their own parents in their relationships with their own children. They too were seeking to develop close and loving relationships with their children by establishing practices of openness and good communication within their families that included directness about alcohol (the significance of this is explored in more detail in Section 3). This pattern of a desire for open relationships was also evident in the survey responses, where only 14.7% of the respondents agreed strongly with the statement ‘I try to protect my child, and don’t talk to them about adult topics’.

They were a very strong influence in how I feel about things. But I think that’s with everybody you know, you draw on your own experiences and want to better them. And also I think oh you know, you think back and you think oh that would have a real negative effect on me, I’d never do that with my children, or I would do things differently. Do you know what I mean, you make your own judgements from your experiences I think. And also good things as well, I mean certainly a lot of the good things I think what my mum did with us you know, I’ve done with my children. [edit] Yeah, the bad thing, she was extremely protective because I think she knew she had to be the sole parent she … wouldn’t let us play out very much with our friends or only for a short period of time. When we got to secondary school, when there were school discos, we weren’t allowed ever to stay to the end, she always insisted on picking us up half an hour before the end…. So she was overprotective and because of that we retaliated and we were hard work and in trouble a hell of a lot. (Mother, Family D)

I want to be more relaxed with my children. Because I think … I mean there’s loads of things I didn’t tell my mum as I was growing up, loads of things which I wished I could, and I wouldn’t want my children to feel that way, which is why I think I want to be more open and more relaxed…. I want them to be honest. That’s the one important thing to me…. I think in time that kind of makes the relationship closer, makes them feel a bit more secure. And if anything you know, upsets them at school or friendships when they get older, then hopefully they’ll be happy to talk to me about it and hopefully we’ll sort it out. (Mother, Family E)

Reflecting on the attitudes about alcohol that they are attempting to convey to their own children, all of the case study parents stressed the importance of moderation. All the interviewees enjoy the positive aspects of drinking themselves (as a source of relaxation, sociality and so on) to varying degrees and want their children to grow up to enjoy these pleasures too. At the same time, the parents recognised the potential risks of drinking to excess – even if they occasionally did so themselves – and wanted to ensure that their children were aware of these dangers. Indeed, one family whose daughter is currently anti-alcohol were concerned that as a result, when she becomes a teenager, her views may swing to the other extreme and she may be vulnerable to drinking to excess. As such, they too shared the views of other parents that children should be taught to appreciate alcohol in moderation so that they would in turn learn to consume it in moderation as adults.
Father: I mean personally I’d hope that she’d have just a very sensible attitude towards alcohol. [edit] … Well you know, that it’s not good in itself or bad in itself but that you know, it’s to be kind of drunk in moderation I suppose. There are dangers in terms of excessive drinking and you know, that’s kind of all there to be seen around. But it’s not that she shouldn’t touch alcohol you know, from the other side…. I suppose a pragmatic outlook is what I’d hope that she’ll develop.

Mother: She can enjoy an occasional drink…

Father: Yes, that’s right…. In terms of with Lucy I think in that sense, I think that her present attitude [she is anti-alcohol] is a bit over the top and in that sense, it wouldn’t be right if she still had that attitude in five years’ time really because you know, there’s probably more kind of danger that she’d go the other way completely. I think it’s good for children to have an educated view of drugs generally you know, and an awareness of what the dangers are, as well as you know, possible benefits. (Parents, Family J)

Who is most at risk?

While most of the parents interviewed did not feel their children (aged 5 to 12) faced any current alcohol-related harms, many of them were worried about the potential risks their children may face as teenagers. These risks of future dangers were perceived to be highly gendered, with girls described as being vulnerable to sexual violence when drinking in public spaces, and boys as vulnerable to getting involved in fights or other kinds of social disorder in the night-time economy (e.g. bars, clubs, restaurants). These views mirror wider social attitudes about gender and alcohol consumption. While there has been a significant increase in drinking by women, with the gender gap between men and women’s drinking behaviours narrowing in the past 30 years (Smith and Foxcroft, 2009), moral attitudes towards women’s drinking in public spaces have not kept pace with this social change. Women drinkers still face more opprobrium than their male counterparts, reflecting the persistence of traditional gendered (and classed) expectations of ‘respectability’ and historical sexual discourses about women in public spaces as ‘loose’, and as inviting male violence (Plant, 1997; Day et al., 2004; Holloway et al., 2009).

Father: I think they’re natural worries that everyone has. But I think with the girls, I know it sounds sexist but I always feel like girls need more protection. I think as teenagers, they are almost more vulnerable….

Mother: I think … well I’m speaking from personal experience where sort of you think you are indestructible and it’ll never happen to me, and I look back now at things that I did and think I don’t want my children to do that. I don’t want them going out wearing high heels and short skirt and then walk home on their own, thinking ‘Oh nothing will happen to me’, when clearly it could. Interviewer: So the risks are slightly different?

Father: The risks are different …. I just think there is a responsibility that both boys and girls need to understand, it’s okay to go out and get drunk but don’t go out and get so drunk that you end up doing silly things or getting yourself into trouble…. And I think that applies to both….

Mother: And do it in a safe environment, if possible, which would be at a house party. (Parents, Family F)

No, I mean obviously I don’t want them to be raving drunks or whatever and I suppose I’d be more concerned about my daughter getting drunk at parties and getting into trouble…. Then the other side is lads going out and getting drunk in town centres are at risk as well, so. (Father, Family D)
Bound up in these interview quotes is an implicit attitude that some spaces are ‘safer’ than others. Here, young people’s drinking is considered more risky outside the home because the extra-familial norms associated with young people drinking in public spaces are predicated on representations of bingeing and ‘anti-social’ or irresponsible behaviour. In this context, most of the parents perceived that it would be safer for their children to drink alcohol at home (and one family in the space of their local neighbourhood pub), where they would be under the surveillance of family, friends or neighbours which would moderate their consumption and associated behaviours, than for them to drink ‘in public’, unsupervised on the streets or in city centre venues (cf. Forsyth and Barnard, 2000). Here, some of the interviewees placed responsibility for young people’s problem drinking in public spaces on what they perceived as poor parenting by ‘others’, which they were quick to stress was about particular families’ practices and ‘bad’ choices rather than a class issue.

It’s better than on street corners. Yeah, I said ‘I’d rather you [to her older daughter] were sat in [name of local pub] with a group of friends responsibly’. And I did point out to her that she could go in [name of pub] and drink soft drinks at 16 and it’s a social thing for her every week now. [edit] ... And I think well it’s up the road, we know where she is and you see so many kids on street corners with bottles of Vodka and cans of cider. (Parents, Family C)

I’d rather do it that way [allowing his son and friends to drink in his home], then I know what he’s doing and then hope that by doing that, it will open a link of trust between us both … once they’re out of that front door, you’re not going to know until you get the knock on the door from the police or whatever, saying ‘He’s been found drunk’. You know, I’d be quite happy to supervise him…. (Father, Family B)

But I don’t think binge drinking in itself is the problem, I think it’s the type of people who do the binge drinking. [edit] … It may be I think you know, how they were brought up. I just think however drunk you are, your basic morals will still be there. So yes, I might get really drunk and steal a traffic cone, which is you know, when you’re at university quite funny, but I can’t imagine … that I would ever get really drunk and smash a bottle in someone’s face. You just know … however drunk you are, you have your limit of what’s acceptable and what really isn’t, what’s unacceptable social behaviour. (Mother, Family F)

Yet contrary to this common perception that ‘other’ people’s parenting is at the root of young people’s alcohol-related anti-social behaviour, most of the interviewees argued that home was the main site where children should learn about alcohol rather than school. While some interviewees noted the potential role of education in reinforcing messages about responsible drinking and meeting the needs of those who do not get support at home, most parents felt that their children needed tailored advice and guidance which they were best placed to offer because of their intimate knowledge of their children, their friends and the spaces that they inhabited and consequently the people and situations they were likely to encounter. In this sense, the interviewees articulated a rather individualised model of parenting (a discourse that is explored further in Sections 3 and 6).

Father: Definitely from the parents. I think that should be the first introduction. I don’t think schools should really….  
Mother: It’s not appropriate really in schools.  
Father: No, schools are to educate you, not to learn about drinking.  
Mother: Yeah, it’s not something … I think introduction definitely within the home life.
Father: Not to set up a whole lesson in school in the curriculum on drinking or whatever. I mean there’s talk about changing school curriculums to include all these sort of life skills, but I mean that’s almost taking over what parents should be doing.…

Mother: You’re right but a lot of parents don’t and I think that’s why they’re looking to introduce it or do more in school because a lot of kids don’t have as much guidance as you or I might be able to give them.…

Father: It’s a vicious circle because the parents don’t put enough effort in because they know the school’s going to do it. (Parents, Family D)

Summary

In this section we have seen that parents perceive that there has been a significant shift in public drinking cultures and the nature of young people’s drinking since their own childhoods. While the findings from the quantitative element of this research suggest the dominant parental attitude (i.e. their perception of what ought to be the extra-familial social norm) is that children in general should not be introduced to alcohol at home until their mid-teens and ought not to be allowed to drink in public spaces until they reach adulthood, the qualitative element of the research suggests that parents are actually introducing their own children to alcohol at home at an earlier age than this. This is because they draw on experiences from their own childhoods (either repeating what they perceive as positive parenting strategies, or intentionally parenting in a completely different way from how they were brought up) to inform their specific intra-familial parenting practices. In other words, there is a discrepancy between how respondents perceive parents ought to behave and what they are actually doing themselves in practice. In particular, parents want their children to appreciate the pleasures and benefits of alcohol, as well as the risks of excess consumption (particularly in the context of public spaces) so that as adults of the future they will drink in moderation. This attitude towards alcohol is perceived to be best learnt at home – as part of ‘growing up’ – rather than at school. In this sense, attitudes about intra-familial parenting in relation to alcohol do not appear to have changed as much as parents’ perceptions of extra-familial public drinking cultures.
3 Rules and guidance: the transmission of advice about the risks and benefits of alcohol consumption

In this section we move beyond parents’ general attitudes about childhood, family life and public/private drinking cultures to consider how these attitudes are actually being translated into the ‘rules and guidance’ that parents and significant others establish with their children in relation to alcohol.

‘Not just yet … they are too young’

Many of the parents in our case study research considered that in the age range of 5 to 12 children were too young to be burdened with advice about alcohol, but argued instead that they would broach the subject once their offspring showed significant interest in drinking or their behaviour became a concern. All the parents recognised that their children would experiment with alcohol at some point – probably in their teens – and that drunken indiscretions were likely to occur.

Mother: Yeah, I mean I think a conversation about alcohol … it will happen but it won’t happen for a while. She’s not that bothered. …

Father: But she’s almost bound to have at some point … some kind of Martini moment, do you know what I mean, where she’s spewing her guts up because she’s drunk too much, smoked too much, whatever, taken some bloody pill or whatever. You know, it’s almost bound to happen and it’s how you … how we prepare ourselves for that as parents. And how we prepare her for that, knowing kind of pretty much for sure, almost definitely that it’s going to happen. (Parents, Family H)

Indeed, as this quotation indicates, most of the children aged 5 to 12 in our case study families currently have little interest in alcohol (see also Section 5), and as such the majority of parents are happy to have alcohol available at home with little concern to secure it away from their children. In this sense, alcohol is a taken for granted or unremarkable feature of everyday household life, although previous research has suggested that having alcohol available at home is related to higher drinking levels among teenagers (van Zundert et al., 2006). Of the respondents to our survey, 54.8% always/usually have alcohol stored in the home (although respondents in the lowest social groups were statistically less likely to have alcohol at home), 28.3% openly display their alcohol in wine racks/on sideboard/kitchen units, 33.6% keep it in the fridge, 37.6% in cupboards/cabinets and 24.5% in cellars/garage/under the stairs. Only 13.0% of the respondents stated that they kept alcohol in locked cupboards and 16.6% that it was stored on high shelves/cupboards out of reach of their children. Despite this domestic visibility of alcohol, while relatively high numbers of parents stated that they ‘monitored’ alcohol to make sure it did not go missing (with no difference in relation to family support or parents who drink above recommended drinking levels), few parents expressed any concern that their children would steal/try it without permission. Only 3–4% of respondents reported that they had told off their eldest, second or third eldest child for such alcohol-related behaviour. This quotation from the qualitative case study research further confirms parents’ lack of concern about the visibility of alcohol at home:
Mother: Well they’d know that we sometimes have a couple of bottles of wine on the rack near the sink, they probably notice that or a box of wine in the fridge when we do that or beers in the fridge. They would know that’s there. But it wouldn’t cross my mind that they would go and try and consume some.
Father: They wouldn’t … they wouldn’t even know how to open them…. Mother: At the moment I think we can trust them with stuff like that [laughs]. (Parents, Family A)

Indeed, most of the case study parents perceived there were more pressing issues for which they needed to establish clear advice/rules and monitor their children’s behaviour – specifically in relation to time spent playing computer games, watching television and using online social networking sites, as well as health-related risks such as the consumption of sugar (in food and drinks). However, the guidance about ‘good’ and ‘bad’ behaviour and the risks of addiction that parents offered their children about these other issues were perceived as easily transferable to alcohol as well, based as they were on ‘common sense’ and consistent parenting:

Yeah, I mean we sort of jokily talk about addiction to playing on the DS and stuff like that but actually you know, it’s helpful to actually understand that compulsion, that thinking about the next time you can go on it and … it’s actually just a similar instinct that’s transferred to something else. That’s something a kid can understand and particularly for Linda, there is a huge compulsiveness there. (Mother, Family A)

Yes, because daddy smokes and they know that daddy finds it hard to stop and it’s wrong and they know it’s not good for your health. So not in an alcohol context but they know that some things are bad for you and it’s difficult to stop…. (Mother, Family D)

It [sugar in soft drinks] does damage your body, so just be aware that it’s like anything, too much sugar ain’t good for you … too much of anything isn’t good for you, too much alcohol and you’ve got to think why am I drinking? (Mother, Family I)

Parenting styles and experiential learning

The case study families had different parenting styles. For some, establishing strict rules and clear boundaries about issues such as bed times, meal times and access to television and other new media technologies backed up with appropriate disciplinary strategies (such as the naughty step) along a ‘traditional’ authoritarian model of parenthood was very important.

Mother: There are parental controls, certainly on the computer…. Very strict ones and he’s not allowed certain games over a certain age limit and stuff. So we certainly monitor what he’s doing…. I think the reason it’s so kind of easy now is because of how we’ve brought him up, literally from day one, he’s had you know ‘If you do this there might be a consequence and we’ll carry it out’. So he knows it’s very strict discipline but we hardly ever have to use it because he kind of does what he should. [edit] …
Father: Yeah, I’ve done a course and I’ve seen some stuff on telly but like rewards versus punishment and you know, positive praise and all that kind of thing, I’m a big believer in all of that. And fortunately it’s worked with John. (Parents, Family E)

Whereas other families, while perceiving themselves to have boundaries, nonetheless had less specific or more negotiable/flexible guidelines rather than hard and fast rules about such everyday practices.
In particular, many parents expressed concern that being too strict with their children might prove counter-productive. Often drawing on memories of their own childhood experiences as a resource, these parents argued that issues which are made taboo automatically become more attractive to young people because the process of making the transition from childhood to adulthood necessarily involves testing parental boundaries, and engaging in risky behaviour is one way of demonstrating independence (cf. Bogenschneider et al., 1998).

Mother: … if she says to me ‘Oh can I have a sip, can I have a little taste?’…. If I said to her ‘No, you can’t have that’, course … she would be in the fridge … she would have done it by now if she was denied being able to have some. You know, it’s kind of like well why are you having it? And it’s like if I said ‘Oh well it’s really bad and you can’t have that’. 
Father: So by making it ordinary you completely withdraw any of its attractions to them as children for using it to kick against you … when they get to their mid-teens when it all gets really awful and they completely reject you as people and your entire set of standards. But that’s a necessity for them to make the crossover from childhood into adulthood and they’ve got to physically and emotionally go through a barrier to get into adulthood themselves…. And that barrier unfortunately involves telling you and everything that you stand for to you know, take a run and jump. (Parents, Family H)

Mother: We know that Karl’s coming up to puberty and we’re really honest about what’s going to happen to him and we talk about it quite openly. And I think we’ll be the same with things like alcohol, drugs, smoking, sex…. I think we’ll just be as open and explain the whys and wherefores of it in the hope that they’ll be safe. I don’t want to make things to be this big ooh….
Father: A taboo.
Mother: … a taboo, therefore it becomes exciting and they’re more likely to try it. Whereas if you’re open about it, give them the information and don’t make a fuss, there’s nothing exciting about it really is there … was forbidden from doing all sorts when I was younger and oh I’ve done it all now, yeah. And just to defy my mum, you know. (Parents, Family B)

For these parents, instead of establishing rules to shape their children’s behaviour, the emphasis instead is on communication. These parents imply that children do not just accept the values or attitudes of older generations but rather have to experience things for themselves – and therefore necessarily to make their own mistakes – in order to have a sense of ‘being themselves’. They also recognise that as their children become teenagers and then adults they will have less and less influence over them. Nonetheless, by developing a close and open relationship with their children these parents believe that they can equip them with the skills to make the ‘right’ individual choices about issues such as alcohol, while also creating an emotional bond with them which will enable their offspring to draw on their support if, and when, they have a bad experience. This style of parenting is commonly described in academic writing (e.g. Gullesstad and Segalen, 1997) as a neoliberal model (i.e. emphasising individualism, choice and expressivity rather than discipline and obedience etc.).

I don’t think it’s necessarily a bad thing to see the consequences of having too much, although I still think almost every teenager will still experience it for themselves, even if you have seen someone being really drunk…. But seeing someone clearly drunk … won’t make you sort of think right, I’ll never do that then. The chances are you’re still going to do it yourself because that’s how we learn, we experience things for ourselves, we don’t just take other people’s experiences and say ‘Oh right, I’ll never do that’. (Mother, Family F)
A little bit of guidance from us … but perhaps unfortunately they might trip but that might be the way they learn. You know, you don’t want them to trip but that’s the easiest way they learn and I think James will definitely go down that route. (Mother, Family D)

Here, in developing connections between their own childhoods and their parenting style, interviewees tended to reflect in most detail on the trajectories of their own drinking careers, from their earliest memories of tasting alcohol, through their teenager years, to being young adults, starting a family and so on in order to picture their own children’s lives. In doing so, parents expressed the hope that their children would follow their pattern of relatively positive experiences of youthful excess followed by settling down into what they perceive as more sensible consumption habits.

Of the survey respondents, the majority (73.9%) thought that they were equally strict as their current partner. The case study interviews also suggested that most of those who were in a current relationship and parented together had negotiated shared approaches to how to provide guidance, rules and discipline their children. However, it was evident that the division of labour in terms of who was responsible for putting this into practice was not always so even. Rather, it was more commonly mothers who claimed that they were responsible for the lion’s share of the childcare and who often had the closer emotional relationship with their children as a result, leaving the father in a more disciplinary role but also therefore as the parent who because of this detachment was sometimes more willing to allow the children to take greater risks than a mother. However, this was not always the case, and some examples were given in the interviews where an individual child had a closer bond to a particular parent, sometimes cross-gender attachments (see also the section ‘Other people influence them too … but we can’t control that’, and Section 4).

William usually leaves me to do most of the talking to the children, although he does talk to them as well. He has probably particularly with Dean; Dean listens to him more than he will to me. (Mother, Family G)

Mother: Yeah, I’m letting the reins go a little bit more.…
Father: Slowly.
Mother: Slowly [laughs]. I’m far more worried, nervous and all the rest than you are.
Father: When he’s out with me he gets just a little bit more [freedom]….  
Mother: Yeah. I am getting better I think as he’s getting that bit older. I mean there would have been a time that I would not allow him to go to the post box round the corner but I don’t freak out so bad now. (Parents, Family E)

Moreover, in reflecting on how they formulate rules and guidance for their children about alcohol parents also argued that it is impossible to generalise too much about the ways in which they develop and enforce rules because their children were each individuals who required specific approaches that accounted for their different personalities.

I mean sure, I’ve said lots of times on different aspects, Josh is quite easily influenced and I believe or I hope as he gets older, he will be a bit more sensible. But I can see him at the age of 15/16 going to parties, somebody else might have some drink, he’ll have a bit because his friends are and it might affect him badly, he might have too much, and I can see me going to pick him up and he’s sick or whatever, and that’s a learning curve, for me. Beforehand, I will have a conversation with him because I know that it might be likely that this sort of opportunity will be there, so I will talk to him as much as I can. (Mother, Family D)
Mother: [If they wanted some alcohol] Anne would sneak, Karl would ask. [edit]
Father: … Anne’s a bit of a lush, [but] it could come to the point where she’s 16 and will never touch anything again. Where Karl who never really touches it might be a bit more adventurous and go out….  
Mother: Although I do have visions of Anne being sick in the front garden.
Father: You’re cleaning that one up. (Parents, Family B)

‘Other people influence them too … but we can’t control that’

The majority of the respondents to the survey considered that they were either about as strict (60.4%) as friends with children of a similar age, or were less strict (25.1%). However, differences in parental approaches were more evident among separated/divorced parents. Only a third (35.5%) of these respondents considered themselves to be equally as strict as their ex-spouse/biological parent.

The case study research included two reconstituted families and one lone-parent family. The issue of parental differences around alcohol had arisen in two of these families – most strikingly in Family I. Melissa is a lone parent. She only drinks in moderation; her ex-partner, however, is a heavy drinker. Although she has sole custody of their daughter, she has had to obtain a court order to prevent him taking their daughter to the pub during his access visits. She is very concerned about the attitudes and practices towards alcohol that he has been transmitting to her daughter and is fearful her daughter may develop a problematic approach to alcohol in adulthood as a result. She can only counter the way her ex-partner is modelling drinking to their daughter by trying to teach her about sensible drinking.

[S]he said ‘Mummy, I’ve got to tell you this, daddy gave me some alcohol in the pub. He said “Here, drink some of this”‘…. He’s not supposed to take her into a pub … he doesn’t have her that often and he manages to go to [name of pub]. So I’ve just said he does it again and that’s it, contact is stopped…. He’s not supposed to be drunk when he’s with her. She knows that I don’t like him taking her to the pub because it’s just awful, he takes her in [name of pub] and she has been seen sat on the doorstep outside and it is against the court order. And it’s not for her, she’s bored, it’s not … she doesn’t want to go there. [edit later] I just worry that because of the dysfunctional family and the fact that Anastasia’s got a dad like that, that you know, I’m a single parent and I have a big worry that she’ll go to drink or drugs or you know…. And I think certain personality types are more prone to abuse alcohol and drugs, you know, if they’re addictive personalities. And I would worry about that with maybe Anastasia as opposed to Gemma [her other daughter by a different father]. (Mother, Family I)

Family F is also a reconstituted family with both parents having children from previous relationships, as well as a daughter of their own. The father’s two eldest children live for two weeks in Family F and then two weeks at his ex-partner’s (their biological mother’s) home. The mother’s daughter lives permanently with Family F but spends alternate weekends with her biological father (the mother’s ex-partner). The children are exposed to different rules/guidance about alcohol when they are with their other parent/family. While the parents in Family F are aware of these differences and it has sometimes caused them concern, resulting in a discussion with one of the ex-partners, nonetheless it has not led to conflict within Family F, or between this family and the children’s other parent(s)/family. Rather, the parents recognise that while they might have different approaches from the children’s other parents/carers about how to teach young people to drink sensibly, nonetheless their fundamental attitudes towards alcohol are the same and so they use these specific moments of disagreement about rules/boundaries as an opportunity to talk to the children about alcohol and alternative approaches to it:
Mother: … the difference with the alcohol is that, I think it was last year or the year before, Andrew [her husband’s son and thus her step-son] was going to a party and Clare [the boy’s biological mother] bought him four alcopops to take or two alcopops or something, which I absolutely disagreed with. ... Because he was only 14 or 15. 

Father: 15 … I think he was 15 and he was going to a party and she said ‘Well I’d rather know what he’s drinking than him just drinking anything there’. So I could kind of see her argument but it wouldn’t have been my approach. So I think in a way, they [his ex-wife and her new partner] do have the same morals, the same way of looking at it but sometimes act on it … you know, their decisions are different from mine. But not necessarily the wrong decisions. … I may disagree with what they’re saying but I wouldn’t disagree enough to think well that’s the wrong decision, it’s just a different way of doing it. (Parents, Family F)

Parents in the other case study families, although not encountering tensions with ex-partners, were nonetheless also aware that other people including their own friends and extended families as well as other adults that they came into contact with might also influence their children’s attitudes to alcohol in both positive and negative ways. Like Family F above they also regarded other people’s drinking practices – particularly excess drinking in public spaces – as providing a useful resource to enable them to talk to their children about alcohol in a specific rather than an abstract situation, and to offer guidance about consumption without needing to do so in a context where they were reprimanding their children about their own behaviour. Indeed, examples from beyond the family context were seen as particularly useful for providing advice about alcohol in this way because they were less ‘value laden’:

I mean there’s a gentleman in our congregation who’s suffering with alcohol…. They’ve seen what he’s lost in his life as a result of alcohol and that’s been quite a lot of awareness for kids of that age really, they’ve seen the deterioration and separation from his family, etc. And they’ve seen the state that he’s turned up in sometimes [edit] … we have talked quite openly because he’s had a bit of time out from the church just recently … those opportunities to actually have those conversations are part of the teaching process as well. I think my parents’ generation would have not been open…. So actually by being upfront about things like this and saying you know, this is what’s happened to whoever you know, as a result of their choices with alcohol or whatever it happens to be, it actually then raises awareness that those aren’t sort of solitary things to be hidden and hopefully will enable conversations if they feel that there’s something they’re struggling with later on in life. (Mother, Family A)

Finally, most of the interviewees recognised that at their children’s current age (5 to 12) they had relative power to shape their behaviour but that as their offspring reached their teenage years and early adulthood, this parental influence would diminish in relation to the influence of the children’s peers. As such, the interviewees argued that all they could do to counter this would be to equip their children with the right personal qualities and skills – such as self-confidence and self-respect – to make sensible choices when faced with decisions about drinking. In this sense, most parents articulated an individualised approach to parenting and their children’s future lifestyles, regarding both as about individual choice rather than about shared social practices/responsibility.

Father: Well I think … you can have a massive influence, just by showing and teaching them in a safe environment.
Mother: But only up to a certain point. You can only do it up to a level and then beyond that, it’s his peer group.
Father: But it’s better to show them at home … rather than let them experiment away from you.
Mother: But we can only go so far with that…. We will give him the very best grounding and all the moral guidelines that we wish to put onto him but there will be a point that he just steps off that precipice and he’s kind of on his own. And we can just hope that what we’ve done is enough. (Parents, Family E)

Father: Rather than banging on about the drinking, it’s just you know, helping them to be confident in who they are and you know, that it’s okay to be … to drink non-alcoholic drinks while others are having alcohol and that’s no loss of face for you and actually you know, you can have just as much fun…. And I think that would be a major achievement if they could just believe in themselves enough not to have to resort to alcohol just as a way to have fun, you know…. Mother: But also, there’s something in there about self-respect isn’t there … there’s a certain respect not to get so out of your head that you aren’t in control … but obviously at the end of the day, they’ll make their choices, so it’s acknowledging that we can’t totally influence them but we can equip them within those choices they’re making…. But I think you’ve got to believe that you’re going to be able to influence them, otherwise you know, it would be terrifying wouldn’t it really [laughter]? (Parents, Family A)

Summary

Between the ages of 5 to 12 most parents did not have specific rules for their children about drinking because children at this age were not particularly interested in alcohol. Indeed, most parents considered that there were other more pressing things that they needed to formulate guidance and rules about, although there was recognition that these were also readily transferable to alcohol. While some of the case study families adopted a traditional model of parenting establishing strict boundaries about general behaviours (e.g. bed time) others, rather than laying down the law with their children, adopted a more flexible approach, inviting discussions and negotiating rules with their offspring. Differences were also evident in parenting styles between ex-partners who were co-parenting children following the break-up of a relationship, and there was recognition by many parents that their children’s own unique personalities meant that each may require an individualised strategy when it came to alcohol.

Despite these differences in approaches to parenting about alcohol all of those interviewed were nonetheless keen to develop open and close relationships with their children. There was also a general recognition of the potential limits to parental authority, particularly when children become subject to the influence of peers in their teenage years. In this sense, the interviewees’ attitudes towards their role reflects the claim made by previous researchers that there has been an extra-familial shift in the emphasis of parenting between generations – from disciplining young people to enabling their expressivity – and that as consequence of this greater autonomy and closeness between the generations, some adults’ ‘natural’ authority is being eroded (e.g. Gullestad and Segalen, 1997; Beck and Beck-Gernsheim, 2002; Valentine, 2004). As such, most of the interviewees – echoing neoliberal discourses – argued that the best they could do as parents was to equip their children with the right personal qualities and skills (e.g. self-confidence and self-respect) to make sensible choices about alcohol once beyond the family and home. In doing so, parents acknowledged that it is the children themselves who ultimately will have to make their own choices about the role of alcohol in their lives.
4 ‘Do as I say, or do as I do’: the unintentional transmission of attitudes towards, and practices of, alcohol consumption through parental modelling

While the previous two sections have focused on parents’ attempts to transmit social attitudes about alcohol by the intentional transfer of parental ideas through guidance and advice to young people, this section focuses on how parents also deliberately and unintentionally model their attitudes towards alcohol through their own drinking practices.

Modelling when and where it is appropriate to drink

In keeping with the attitudes described in the previous sections parents suggested that they model positive attitudes to alcohol at home through their own consumption practices. Just over half (54.8%) of the parents surveyed reported that they always/usually store alcohol in the family home; children in the case study families were not always aware of where it was kept, however (see Figure 1).

**Figure 1: Family variations in keeping alcohol within the home**

![Pie chart showing family variations in keeping alcohol within the home](chart)

- **We do not allow alcohol in our home**: 9.6%
- **We have little or no alcohol in our home**: 35.6%
- **We usually have alcohol stored at home**: 26.3%
- **We always have alcohol stored at home**: 28.5%

Source: Family Life and Alcohol Consumption questionnaire survey

The majority of the parents surveyed agreed (strongly or slightly) that it was acceptable for parents to drink in moderation in front of their children (86.1%), and that it was acceptable for parents to have a drink with a meal in front of their children (86.0%). Indeed, most of the parents (68.9% of men and 71.4% of women) who responded to the survey considered themselves to drink at/below recommended levels, with only 16.4% of men and 6.9% of women claiming that they drank above or well over
recommended levels. For many of the interviewees, drinking at home was an instant and important form of relaxation, particularly because as parents the responsibilities of childcare limited (or at least complicated) their opportunities to unwind by pursuing leisure activities in public spaces. Moreover, the days of the week that male respondents to the survey described drinking most were weekends (Saturday: 43.4%; Friday: 24.6%; Sunday: 16.6%) when they could escape the pressures of work, yet this was also family time. Most parents therefore appeared to be modelling alcohol consumption to their children as a pleasurable activity or treat which was a counter to the stresses of everyday work life (which accords with their general attitudes towards alcohol, expressed in Section 2). In some cases the interviewees also imagined enrolling their children into this family relaxation ritual.

You don’t have to go out, you don’t have to bloody get in the car, you don’t have to arrange a babysitter and although there are plenty more pleasures to have in life, they take a lot more effort than unscrewing a bottle of bloody wine or opening a bottle of beer to wind down, you know. Equally, Nigel will go to the cinema, he’s got an unlimited card and I go swimming…. But it’s [alcohol] an instant wind down pleasure and it’s there isn’t it; I think that’s a lot of the appeal is that it’s ... you can have pleasure out of something that doesn’t take any time to do. Whereas I enjoy going swimming … but you’ve got to get in the car and drive there. (Mother, Family H)

Mother: I don’t mind him having a sip, just to try it. He wouldn’t … he kind of doesn’t want to at the moment, does he?
Father: He’s had a smell and he’s just not interested at all....
Mother: I would say a teenager when you might in a social environment have a drink.
Father: But I’d prefer him to do it at home rather than in a group out....
Mother: A treat, yes. Yeah, it’s a family thing, it’s a family treat, a meal, a celebration, whatever … when I was allowed my first, I must have been about 13.... I can certainly picture him in the right environment having a beer with us or certainly by the time he’s 16. (Parents, Family E)

Just under half of the parents (47.5%) surveyed said that over the last 12 months their children had seen them offer a drink to make visitors feel welcome in the home. For most of the case study respondents alcohol played an integral part in family get-togethers, a practice of hospitality of which the children were well aware. Most of the children described in their interviews how friends and relatives visiting their homes brought alcohol with them, and how their parents took alcohol as a present when they were going to other people’s houses.

Well when we go on holidays to my granny’s house, my mum and my granny have some wine. And sometimes in the holidays when granny comes here, they have some wine as well. My mum would usually bring wine to granny’s, as a present. (Aileen, aged 8, Family G)

As was argued in Section 3, most of the parents who were interviewed aspired to develop close and honest relationships with their children and were fearful that if they were secretive about their own lifestyles, their children would in turn be furtive about their own early drinking practices, thus putting them more at risk. As such, for parents allowing their children to see them drinking (and in some cases drunk) at home was regarded as an important way of modelling openness as a family practice, and a more effective strategy for teaching children about drinking within safe limits than laying down strict rules because parents rationalised that children would always subvert any boundaries that were set.

We’ve never hidden the fact that we have a drink and obviously on Saturday night, they’ve seen us drink and stuff. So I want them to be open with us about what they’re doing …. and not them hide it behind my back. (Father, Family B)
Yet, while parents were relaxed about modelling their own home drinking they expressed concerns about the practices to which their children might be exposed in other people’s homes. Although, as Section 3 outlined, for children to witness different attitudes or practices can be useful to parents in helping them explain or justify their own rules and advice, they were nonetheless concerned that persistent exposure to what they considered inappropriate behaviour outside the framework of their own control in the family home might set a bad example to their offspring.

Linda’s [her daughter] friend’s mum you know, she and her partner are often drinking when the kids are around. When she comes in from work you know, they start opening beers or wine or whatever it happens to be and off they go. So you know, I think Bella [her daughter’s friend] very much grown up around people being drunk at times…. So Linda does see that when she goes there. And I know Jackie [her daughter’s friend’s mother] has quite a … I suppose quite a lot more relaxed attitude to parenting and stuff than we do … so you know, we kind of cope with that. (Mother, Family A)

While parents recognise that they cannot dictate to other adults how they should behave in front of their children, nonetheless they subtly attempt to restrict what practices are modelled to them in other spaces. This is done directly, by not allowing their children to visit specific friend’s homes at times when adults may be drinking, and indirectly, by trying to influence their children’s friendships to steer them away from their peers who were from families which they perceived to model inappropriate practices (‘the wrong crowd’). Here, parents regard choice of school as a strategic way of controlling the environments within which their children mix.

I fear him falling into the wrong group and then it becoming a group thing, so you’re always looking out for the type of kids he’s hanging around with. (Father, Family E)

Father: I was nervous that Edward wouldn’t pass the 11-plus and his best friend at primary school was obviously going to turn into someone that was always going to be in trouble.
Mother: A thug.
Father: Yeah, you could tell he was going down that path. And fortunately … well Edward just failed the 11-plus and I appealed and he got through and he goes to the grammar school that his brother goes to and he’s now doing really well.
Mother: He’s doing fine, yes.
Father: But his best friend, they both play football for the district and I saw him about a year ago and he drinks alcohol, he’s smoking and you know, I just thought I’m so glad that Edward got into the grammar school and has moved away from that influence, because it could easily have been different. (Parents, Family F)

Parents were also very ambivalent about taking children to pubs/bars when they were going to be drinking without food. Only 16.9% of those surveyed agreed (slightly or strongly) that this would be an acceptable practice. Most of the parents interviewed restrict their children’s exposure to public drinking to meals at child-friendly establishments but were careful to avoid them experiencing more “traditional” adult-oriented venues. In this way, parents implicitly transmit a construction of their own home-based drinking as safe or unproblematic in comparison to drinking in public spaces.
I mean it’s just kind of like common sense really, I don’t think we’re doing anything bad by having a drink in the home or if people come round, other people having a drink. Or even if somebody gets quite drunk, it’s normally very kind of happy drunk experience, it’s not like something that she’d be horrified at. But equally you know, I wouldn’t dream of going out to a pub … on a Friday night with all the kids. (Mother, Family H)

While parents model the benefits and pleasures of drinking, the majority are also careful to avoid demonstrating the negative consequences of drinking to excess. Of the respondents to the survey, 90.4% disagreed (slightly or strongly) that it was acceptable for parents to be drunk when responsible for their children who were in bed and 87.8% disagreed (slightly or strongly) that it was acceptable for parents to be hungover when responsible for children. The interviews with case study informants suggested that this is both because of concerns for children’s safety and because of the painful realities of caring for small children with a hangover.

Nonetheless nearly a fifth (19.4%) of the respondents to the survey agreed or slightly agreed that it was acceptable for children to stay up late at parties or events where parents or other adults were drunk; an eighth (12.5%) said their children had seen a parent with a bad hangover; and 2.4% stated their child had seen a parent sick or vomit because of excess alcohol consumption. Moreover, the qualitative case study research suggests that these survey results may underestimate children’s exposure to drunkenness. First, because parents rationalised that there are degrees of drunkenness and that while their children may have seen them behaving in ‘silly’ or ‘happy’ ways when they had been drinking this was still an extension of positive sociality of alcohol consumption, and was not the same as children witnessing the negative consequences of complete intoxication (such as falling over, being aggressive and so on). Second, because some of the children who took part in the case family interviews described occasions where they had seen one or both parents drunk which their parents had not defined as drunkenness, had forgotten about or were unaware that the children had witnessed.

Here, parents also describe moments when their children had observed their drunkenness:

I’m still embarrassed about that actually, that they actually saw me that drunk, I just think it’s wrong…. And it hit me and I realised just I was really drunk and I thought, oh the kids are up and they know and they’ve seen me, oh my God, this is awful and I was just like ‘I’m really sorry that you’ve seen mummy drunk’. And they were just like ‘Yeah, yeah’. I don’t think … I think it was more me because I just thought … although they’re aware of alcohol and we’ll drink around the children but I don’t like them to see that, I just don’t think it’s responsible. It wasn’t responsible drinking and I don’t want them to think that that’s what you do. (Mother, Family B)

My dad is sometimes [drunk], they don’t pick up on it, they don’t realise that people are tipsy and they’ve had too much. They really don’t. I mean we’ve had a couple of house parties in the evening and they’ve stayed up a little bit later and perhaps some of our friends have been a bit tipsy. I mean they haven’t been falling over on the floor or anything like that, that the kids have seen … so I think they’ll slowly be introduced to a bit of excess. (Mother, Family D)

In particular, children identified holidays as times when they had observed their parents and/or siblings drunk. Holidays are celebrated as times when people can relax by forgetting their normal routines/rules by indulging themselves in ways that they would not normally do so at home (e.g. by staying up late, dressing differently and eating and drinking more than usual).

I mean when we’ve been away on holidays, the girls have had you know, Bacardi Breezer which is very low in alcohol…. I suppose I feel that sometimes if you’re not allowed to do it, that’s where you push boundaries and you’ll do it. (Mother, Family G)
Boy: Are those shots?
Girl: I’ve seen shots…
Interviewer: So do you know what’s special about shots or what’s different?
Boy: Is it strong vodka or something like that?...
Girl: Yeah because it’s only small … so you could probably drink three and be drunk.
Interviewer: And have you ever seen anyone actually drinking them?
Girl/boy: Yeah.
Interviewer: And how do they do it?
Boy: They go like that, in one…
Girl: I’ve seen my mum do it when we went to Greece because we did this quiz one night at the bar and our team won and they got free shots. (Tim and Emma, aged 10, Family C)

Yet none of the parents recognised holidays as a time when they were modelling specific, albeit different from their ‘normal’, drinking practices, even when they described allowing their children to drink alcohol on holiday when they were not allowed to do so at home. In this sense, because ‘the holiday’ is imagined as a space outside of everyday reality, it is not perceived to have a significant impact on children’s attitudes towards, or future practices of, alcohol consumption.

Modelling drinking practices through experimentation

In addition to transmitting messages about when and where it is appropriate to drink through their own drinking behaviours parents also intentionally model drinking practices to their children by socialising them into drinking rituals and encouraging them to try alcohol. Over two thirds (67.5%) of the survey respondents reported that their eldest child in the age range 5 to12 had been allowed a taste of alcohol, 23.1% to sip an alcoholic drink and 2.6% to have a watered down drink. The most common drinks tasted in this way were wine (56.6%) and beer/lager/cider (52.4%). Three-quarters of the parents who responded to the survey said that their eldest child in the age range 5 to12 had tasted alcohol (with/without permission) at home (76.1%). Fewer children had tasted alcohol in other situations including: at a family event/celebration (33.4%), at a relative or friend’s home (9.9%) and at a pub (3.6%). The qualitative case study research suggests that this experimentation is commonly instigated by parents rather than the children themselves:

We have introduced it slightly by saying ‘Do you want a bit of cider, with a bit of lemonade?’.
So we have introduced it very slightly. And you know, even if I have a can, he doesn’t even ask…. I will say ‘Do you want some?’.
He doesn’t come up and ask for it; it’s me that asks him if he wants some and a lot of times he’ll say ‘No’. So it’s kind of very hit and miss with him, he’s not bothered at the moment. I think he’s still very much a child and there’s much more important things … he’d rather have a milkshake [laughs]. (Father, Family B)

In addition to encouraging children to try different types of alcohol, some of the case study families had also encouraged children to imitate adult drinking practices or rituals albeit with non-alcoholic drinks. These included giving children non-alcoholic cocktails that were modelled on the parents’ own alcoholic drinks, teaching children how to drink shots of water and asking children to fetch alcohol at home or to serve alcohol to visitors.

[identifying a picture of a drink] Cocktails!... Sometimes my mummy makes them and my uncle makes them…. My mummy makes a special one for me…. Mummy’s has got alcohol in it. I don’t have alcohol in mine. (Anne, aged 7, Family B)
I would drink beer in the house and I used to have Miranda trained, she used to … when she was little, I had her trained quite well where she would go to the fridge and get me a can of beer. (Father, Family H)

Boy: I’ve seen … they’re shots of some kind.…
Interviewer: And do you know what’s in a shot?
Boy: Alcohol, it’s a shot of alcohol.
Interviewer: And why do you only get that much, do you know?
Boy: Yeah because it’s … it’s because it’s a very strong alcohol…. You just go … like that [imitating knocking back a shot]. I’ve actually drank … I’ve actually put some water in there and … my dad asks me to see how long it takes me to drink four of them. (Karl, aged 10, Family B)

Parents also unintentionally use soft drinks to model the way that they themselves regard alcohol: as ‘naughty but nice’. For example, in many of the case study families, sugary drinks such as colas, some types of fruit drinks and fizzy drinks were regarded by parents as bad for children’s health because they were perceived to rot children’s teeth or to induce hyperactive behaviour. This construction has obvious parallels with the way that alcohol is perceived as a potential risk to adults’ health and as inducing them, when drunk, to behave in abnormal ways. Just as most of the adults interviewed were aware of the risks of drinking above recommended levels and regard alcohol as a treat or reward, so too their children were being made aware of the potential health risks of particular soft drinks and were not allowed to drink these products regularly by their parents, except as treats: at weekends, on special occasions (e.g. celebrations, parties, when eating out), on holiday or when they were being rewarded for good behaviour. In this way, a reverse morality of drinking is constructed within families where ‘good’ behaviour (by parent or child) is rewarded with a drink that could be potentially ‘bad’ (if health advice is disregarded) for the consumer (cf. James, 1990).

Girl: It smells like lemonade.
Interviewer: Okay, so you like that smell and you’ve had that before, that drink?
Girl: Yeah because my brother, Neil, always has it…. We’re only allowed fizzy drinks in the holidays and things like that.
Interviewer: Okay, why is that?
Girl: It’s because sometimes they have sugar in and it kind of makes you a bit hyper because Neil used to have it when … he tried it and he got a bit hyper … you can be hyper with them [both laugh] … we’re allowed it at parties as well. (Aileen, aged 8, Family G)

Interviewer: … if you could have a choice, what would you ask for do you think?
Girl: Lemonade … I’m not always allowed it.
Interviewer: Why not?
Girl: Because mum says it’s really bad for my teeth … because it’s sugary.
Interviewer: Okay, so you don’t have fizzy drinks very often?... What sort of occasions might you have them?
Girl: If I be good. (Anastasia, aged 7, Family I)

Studies of the modelling of gambling behaviour within families suggests that it commonly follows gender lines – having a father who is a problem gambler increases the risk that a son will follow suit more than having a mother who is a problem gambler raises the likelihood that a daughter will do so (Walters, 2001). Likewise, a study of family health and lifestyles found that mothers’ health-risk lifestyles transmitted only to girls, whereas father’s health-risk lifestyles transmitted only to boys, which the researchers argued was a product of the fact that children and parents are more likely to spend time
interacting in same gender pairs (Wickama et al., 1999). Yet the evidence of the qualitative case study element of this research is that drinking practices appeared to be more commonly modelled from father to daughter than father to son or mother to daughter. This appears to stem from the fact that fathers tend to drink more alcohol at home than mothers and that girls in the age range 5 to 12 appear to be more interested in the lives of adults and therefore to imitate parental behaviour than boys, reflecting wider gendered patterns of social competence (Valentine, 1997), although it is impossible to assess whether this is an age-specific cross-gendered practice or will become a pattern that persists into the teenage years or early adulthood without the benefit of longitudinal research.

Girl: Beer [identifying a sample of alcohol by its smell].
Interviewer: Beer, okay. So where have you seen that one before?
Girl: Everywhere…. Everywhere in the house, apart from upstairs.
Interviewer: And who drinks that one?
Girl: Daddy.
Interviewer: Have you tasted it ever? Do you know what it tastes like?
Girl: Yeah, I do like it but daddy doesn’t let me have a lot ... because it’s too fizzy.
[edit later]
Interviewer: [showing a picture of a brand of beer] And who drinks that one?
Girl: Daddy and me.
Interviewer: And you? How many times have you tasted beer do you think?
Girl: Five or six. (Mel, aged 5, Family D)

Anne’s had the odd sip of our drink, alcohol isn’t the nicest tasting drink. It’s not sweet. So you know, it’s surprised me when Anne’s had a sip and she’s gone ‘Oh I want some more’. Is it because obviously that I’ve got it, that she wants it? It surely can’t be the taste. (Father, Family B)

Summary

This section has demonstrated that in line with their positive attitudes towards alcohol (outlined in Section 2), parents who drink alcohol model its consumption as a pleasurable and hospitable activity at home. Parents generally disagreed that it was acceptable to be drunk when responsible for children although in practice they did allow their offspring limited glimpses of drunkenness (e.g. at parties and family events). At the same time, they try to exercise more control over their children’s exposure to alcohol in public spaces, thus constructing home-based drinking as a safe and enjoyable practice in contrast to public consumption. The one exception to this is holidays, where parents seem unaware of the significance of the fact that they model specific, but often very different, drinking practices from their normal domestic patterns of consumption. As part of intra-familial home and holiday consumption practices many families initiate their children into tasting alcohol and/or drinking rituals (as well as modelling drinking moralities through soft drinks), yet are careful to try to limit the practices that children are exposed to by other parents/their children through the indirect strategy of attempting to influence their school friends (directly, or indirectly via choice of school).
5 Drinking is for grown-ups: children’s perceptions of alcohol and its effects

While previous sections have primarily examined parents’ attitudes towards, and practices of, alcohol consumption, this section focuses on what children actually know about alcohol and its effects.

All of the children in the case study families aged 5 to 12 recognised that alcohol is just for grown-ups, although they had only a very sketchy understanding of the legal framework relating to children’s alcohol consumption (e.g. the age at which children can enter a pub or buy a drink).

Interviewer: [in character as a puppet] … When can children start to have these drinks?
Girl: Well children can’t have them but when they grow up they can have them.
Interviewer: So how old do they have to be?
Girl: 36 or maybe like 49 or something like that. (Lucy, aged 7, Family I)

Interviewer: And can children go in pubs?
Boy: Yeah, sometimes.
Interviewer: Could you go into a pub on your own?
Boy: No … because I’m not over 13 years old….
Interviewer: And could you go in and order anything you wanted when you were 13?
Boy: I might do. Yeah. (James, aged 9, Family D)

Interviewer: [in character as a puppet] Can you have wine at parties?
Girl: Not really.
Interviewer: Not really; oh did you hear that, Dennis? He said what about your cousin, who’s 13, can she have it?
Girl: Because she’s big.
Interviewer: Dennis [the puppet] wants to know, he’s not very big, so he can’t have any but he wants to know how much can you have when you’re big?
Girl: A whole bottle.
Interviewer: … so when you’re big you can have a whole bottle?… He [the puppet] wants to know how many drinks are in a whole bottle; how many glasses do you get in a whole bottle?
Girl: Two. (Mel, aged 5, Family D)

The reasons children gave for why they think that only adults are permitted to drink alcohol hinted at an awareness of some of the embodied consequences of alcohol consumption including recognition that: alcohol will affect children more rapidly than adults; it has both physical effects on the body and social effects on behaviour; and that there is a risk of addiction (see Table 5).
Yet the children had very diverse, and in most cases an inaccurate, grasp of the alcohol content of different types of drink and the number of drinks necessary to make someone drunk. Indeed, in several cases the children suggested that it was the size of the glass that mattered. Some of the children also had a misperception of alcopops, assuming it was mainly ‘pop’. There was a greater association made between drunkenness and beer and spirits, but not wine, which was perceived to take longer to consume and to be weaker than beer. There appeared to be no obvious pattern to the children’s knowledge in terms of age or gender.

In a product recognition test the children demonstrated very limited knowledge of specific brands or types of drink. While a few children did recognise specific drinks from films and television programmes (the farmer drinks cider in the film Fantastic Mr Fox and stories (gin is referred to in George’s Marvellous Medicine), the majority of children only correctly identified the alcohol that their own parents or relatives (including older siblings and grandparents) drank, including in some cases recognising gendered product preferences and the consumption of different drinks on holiday (notably cocktails and shots). These patterns highlight the significance of ‘modelling’ (see Section 4) in the transmission of attitudes towards, and practices of, alcohol consumption.

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Boy: [identifying a picture of a drink] It looks a bit like WKD.
Interviewer: Right. What’s WKD?
Boy: It’s like pop, alcopop, vodka sort of thing, like my sister has every so often.…
Interviewer: Oh right. So it’s something that your sister drinks. So when might she have that?
Girl: When she goes out.
Boy: When she goes to the pub maybe and at parties.
Girl: [identifying the next picture] It’s a cocktail.… My mum and my sister when we go on holiday.…
Interviewer: And do you know any different kinds of cocktails?
Boy: I’ve heard of some.… Sex on the Beach.
Girl: I’ve heard of that one.… My Mum and sister had it when we went to Spain. (Tim and Emma, aged 10, Family C)

The children’s interviews and games (with models in a dollshouse and puppets; see Section 1) also demonstrated how they had picked up the association of alcohol with friendship and sociality which is modelled through parents’ practices (as described in Section 4). A comparison of the interviews with parents and children within each case study family also revealed evidence of the transmission of specific individualised patterns of consumption. For example, Karl (aged 10, Family B) said that if he was going to a party he would take a bottle of Smirnoff, which he had previously described as his mother’s favourite drink and which his mum’s friends bring when they visit his house. Likewise, the parents in Family A enjoy whiskey and consider themselves to be connoisseurs. This narrative of distinction, which was evident in the parents’ interviews, was echoed in the children’s accounts where the girls referred to ‘precious drinks’ and associated alcohol consumption with the Queen and being ‘posh’, a construction of drinking practices that was not evident in any of the other children’s narratives.

I developed a taste for whiskey.… So yeah, there is something about sort of the connoisseur thing I suppose … my dad was quite a connoisseur of the wine I think [laughs], or liked to think he was, yeah. (Father, Family A)

Interviewer: [playing a game in the dolls house with Rachel] And would they have any drinks?… What sort of drinks would they like then?
Girl: Well they’d have to ask the mum and dad … if they could have a drink because they can’t just help themselves…. There might be a precious drink that they want and it might be that they don’t know if it’s precious. Very precious, only for mum and dads.
Interviewer: So what would that be, what kind of drinks are precious?
Girl: Like maybe some wine that’s really precious. (Rachel, aged 6, Family A)

All of the case study families drink alcohol and with the exception of one child, none of the children demonstrated any awareness of the concept of abstinence. Lucy (aged 7, Family J), however, attends a school within a predominantly Muslim catchment area and as her parents describe below, while they drink, their daughter has developed negative attitudes toward alcohol which they presume she has picked up from the broader community’s culture of abstinence at school.

Father: … Lucy’s got this kind of funny extreme anti-alcohol ideas…. I guess that partly comes from the school experience with most of the children you know, not eating pork or not eating … in a very expressed kind of positive way, that these things are forbidden…. Lucy will sometimes say ‘Well I can’t have this toothpaste because it’s got alcohol in it’ and things like that [after a digression he returned to the same point].…. I think the non-Muslim children probably do take on quite a bit of the prevailing stuff that goes on in the school.
Interviewer: What do you mean?
Father: Well like the alcohol thing, I mean most of the children are Muslim but for the children who are not, it’s like some influence there. I don’t think it’s a bad influence really…. I think probably it’s quite good really…. I think there’s a sense of danger about it, a sense of it’s not for children, it’s bad. (Father, Family J)

When children were asked to name places which they associated with alcohol the most common response was to name a supermarket rather than traditional venues such as the pub, bar or the off-licence, even though most of the children had been to pubs or restaurants for a meal with family members. Indeed, many of the children had never heard of an off-licence. A few of the younger children named atypical locations where they had seen a parent drink (“at my school summer fayre when Mummy was having it”, Lisa, aged 6, Family F), again demonstrating the significance of the practices parents model. However, the children’s general association of alcohol with family shopping routines reflects the extent to which there has been a recent extension of the geography of alcohol consumption, from a predominantly public practice in specialist locations to an everyday domestic practice. This growth in home-centred drinking is evidenced in the growth of off-trade sales (Holloway et al., 2008). Children were also aware of the Challenge 21 campaign in supermarkets, raising this unprompted by the interviewer, although in several cases they were confused about the age a person must be, or look, before it is legally possible to purchase alcohol.

Girl: [referring into a picture of a product] Well that one would be for grown-ups only because it’s alcohol.
Interviewer: Right, so how do you know that one’s got alcohol in?
Girl: I just do…. If you go in and you have a look, it would say this is for grown-ups only.
Interviewer: Would it?
Girl: Yeah, or over 25. Yeah because in Tesco, if you go into the wine column, it says if you look like you’re under 25, you have to give … they have to look at your driver’s licence [edit].
Interviewer: Tesco’s, are there any other places where you can buy those drinks?
Girl: You can probably get some in Waitrose, you can get some in Marks & Spencer’s…. (Aileen, aged 8, Family G)

‘Zig-zagging around’ and ‘going crazy in the head’: children’s perceptions of drunkenness

Most of the children had a good general understanding of what a drunken person looks like and how they behave from popular culture (‘look tired’, ‘eyes half closed’, ‘smell of drink’, ‘walk strangely’, ‘get dizzy’, ‘zig-zag about’). They also repeated messages about drink-driving which they had learned from television campaigns, although several children also nuanced these general warnings with more specific limits on consumption (it is permissible to drink one alcoholic drink and drive) that they had picked up from their parents; some of the younger children, however, were less clear about whether the restriction on drinking and driving applied only to alcohol or also to other ‘adult’ drinks such as coffee.

Approximately one in five (20.6%) of the parents who responded to the survey said that their child had ever expressed a concern about somebody’s drinking: their own, their spouse/partner, ex-spouse/ex-partner, sibling or a friend/relative. Approximately 17.8% of the respondents said their child had mentioned only one individual as a source of concern, while 2.8% said their child had a concern about two or more people. Children from five of the case study families described having seen a parent or sibling drunk, although the occasions which they described were commonly related to
parties or holidays, reflecting the observation in Section 4 that parents are often unaware of the significance of moments when they model ‘abnormal’ patterns of consumption.

Interviewer: Have you seen people drunk?
Girl: No. Oh yeah, my mummy [laughs].
Interviewer: You’ve seen your mum drunk?
Girl: Yeah.
Interviewer: And how can you tell?
Girl: Because she throws up sometimes. (Anne, aged 7, Family B)

Boy: My dad once drunk alcohol but then he had to go to bed. [edit]
Interviewer: Do you think that you will have drinks when you grow up?
Boy: No.
Interviewer: No? Why not?
Boy: No…. Well I think when I grow up, I think my dad might drink some alcohol and then he might fall asleep, so that’s why I won’t drink it. (James, aged 9, Family D)

Girl: When we went to Greece my sister, she had about one or two cocktails and when we went back to our … apartment and she went into her bedroom and she just laid down on the bed laughing….
Interviewer: So what does alcohol do to you when you drink it? Does it change people in any way?
Boy: It makes them a bit less controlled of their self.
Girl: Yeah, my friend, she asked her mum if she could have a dog … when she was drunk, and she went ‘Yes, maybe’. And then she asked her the next morning [when the mother was sober] and … she was like she can’t have one….
Interviewer: Yeah, it makes people say things that they don’t maybe mean?
Girl: Well they sing stupid songs … my mum and my friend’s mum got drunk…. They was a bit drunk and they started singing a song about what you do when you need the toilet when you’re working in the garden.
Interviewer: Right, so what’s a bit drunk then?
Boy: Sort of a bit strange, a bit weird. Yeah, just a bit strange, not their self…. 
Girl: A bit … like really messy hair.
Boy: She had hair all over the place before didn’t she?
Interviewer: Did you think it was funny at the time…?
Boy: Not a lot, no…. Because it’s not good for her. (Emma and Tim, aged 10, Family C)

Children did not appear to feel threatened or upset by their parents’ drunken moments. Rather, they commonly represented their parents’ uncontrolled or silly behaviour in a rather bemused way, although one child recognised that there are degrees of drunkenness and that if someone is ‘a bit drunk’ you can have fun with them but if they are ‘very drunk’ you should stay away. However, when children talked about being drunk in abstract terms rather than in relation to friends and family they represented it in very negative imagery, drawing a striking association between alcohol and aggression or violence. This perhaps reflects contemporary media representations of binge drinking in public spaces and the frequent portrayal of alcohol and violence in some television soap operas and films, as well as some children’s recollections of seeing drunken strangers behaving in threatening ways on the streets. It also suggests a clear disassociation between negative social effects of drinking to excess and everyday family practices.
Girl: Because alcohol has this sort of thing in that can make like kids do things that they’re not supposed to do … like fight people and kill people when … and kids aren’t supposed to do things like that. And the other reason is it can damage them.

Interviewer: Right. How can it damage them, do you know?

Girl: Because if you drink some, it can damage them because they might not be able to like be like a proper person anymore because they might just be drunk the rest of their life.

[edit later]

Interviewer: Right, okay, so does alcohol make people … change the way that people feel?

Girl: Well sometimes because if they have alcohol, it can make you really like naughty…. They might punch people, sometimes say things that they don’t mean, like ‘I hate you’, to like your parents or something … if they have a lot they do nasty things but if they don’t have that much, they’re nice. (Linda, aged 9, Family A)

Interviewer: … Have you ever seen anyone you know drunk?

Boy: No…. I’ve only seen one or two [drunk strangers] and it’s been after a football match. But one man, I was walking home from school and my mum actually called the police on him [edit].

Interviewer: So do you think getting drunk is something that lots of people do or just a few people?

Boy: Teenagers do it quite a lot…. And they usually talk about murdering and things.

Interviewer: Murdering?

Boy: Yeah, other people and on the news and things they’re just talking about teenagers, blah blah blah … they just do bad things? (John, aged 9, Family E)

While children were aware of some of the social harms associated with alcohol they had a poor understanding of the health risks associated with drinking above recommended levels, compared to their knowledge of the harms associated with smoking. Indeed, in some cases the children muddled the health warnings associated with smoking, drugs and alcohol. John (aged 9, Family E), for example, suggested that drinking might damage your lungs, Aileen (aged 8, Family G) thought that Michael Jackson had died from alcohol rather than drug consumption, while Lucy (aged 7, Family J) (see below) makes a loose association that alcohol is more of a threat to children’s health than adults’ and could result in a heart attack. Where children were aware of the concept of addiction they associated it with warnings about playing computer games – the framework within which many parents introduced them to this concept (see Section 3) – rather than with alcohol. These (mis)perceptions may also reflect the fact that most of the children said that they had not received any education about alcohol at school.

Everything in moderation: children’s perceptions of their future drinking practices

Despite the fact that all the children (aged 5 to 12) in the case study families were exposed to alcohol consumption at home, the majority said they had little or no interest in experimenting with it. Some had tried it either on their own initiative or on their parents’ instigation but most either actively disliked the taste of alcohol (particularly girls) or preferred soft drinks. This was further borne out by the evidence of the research team’s participant observation at family events. Here, children showed little or no interest in alcohol despite adults openly drinking even when talking to or playing with them. Rather, at these events the children commonly carved out their own ‘private’ space where they could play together independently from the adults’ activities and were happy to enjoy their own ‘treats’ such as colas and fruit drinks without showing any interest in what the adults were consuming. Parents and the research team’s observations suggest that girls show more general interest in the adult world than boys, picking
up on issues being discussed and asking questions in relation to their surroundings or adult conversations; this rarely translated into an active interest in drinking, however.

Boy: [identifying a picture of a drink] WKD sign or something like that.
Interviewer: So is it something that you’ve drunk ever?
Girl: I haven’t.
Boy: I have had a bit.
Interviewer: You’ve had a bit, so you’ve had a taste of this? Yeah. And do you like it?
Boy: It’s alright. I prefer cola.

[edit]
Interviewer: [to the girl] Have you ever asked [to try it]?
Girl: No, I don’t want to, it’s horrible.
Boy: You’ve never tried it though.
Girl: It’s [the smell] horrible. (Tim and Emma, aged 10, Family C)

Girl: They [her parents] would say ‘Would you like to try a bit of this?’ and then I’d say … sometimes I would say yeah … to see what it was like. Sometimes my dad used to … my dad gave me little sips of his beer but I went urgh!
Interviewer: Didn’t like it [laughs].
Girl: Because I think it’s too strong for me. (Linda, aged 9, Family A)

When asked about their probable attitudes towards alcohol and drinking practices when they are adults, the children interviewed anticipated a future of moderation. In particular, their imagined futures hinted at a sophisticated recognition that drinking alcohol is a pleasurable and social activity, while also showing awareness of some of the social risks associated with excess consumption (particularly drunkenness), despite their generally limited or confused understanding of the possibilities of alcohol-related harms to physical health (as described above). In this sense, their views generally replicated the balanced attitude towards alcohol that their parents suggested in Sections 2 and 3 that they wished to instil in them.

Interviewer: Do you think you’ll drink when you get older?
Boy: Probably, yeah … maybe beer or something…. I don’t think I’d ever get drunk.
Interviewer: Right, so you think getting drunk is bad?
Boy: Yeah…. Because it makes you go a bit crazy in the head, like I said before.
Interviewer: … does it have any other effects on your health?…
Boy: I think it like damages your lungs or your heart or something. (John, aged 9, Family E)

Interviewer: So do you think you’ll have them [referring to drinks] when you get older?
Girl: Probably not.
Interviewer: Why not?...
Girl: Getting addicted, like you’ve tried it and then you want to do it again and again and again…. You can get addicted to a game, like Club Penguin…. 
Interviewer: Do you know of any famous people who drink a lot of alcohol or celebrities?
Girl: I know someone who did but he died.
Interviewer: Who’s that?
Girl: Michael Jackson.
Interviewer: Michael Jackson; he was addicted to alcohol was he?...
Girl: He died from it. (Aileen, aged 8, Family G)
Summary

The children’s narratives bore a close resemblance to their parents’ accounts of how alcohol is introduced in the context of family life. All the children aged 5 to 12 were aware that alcohol is only for grown-ups although they had a relatively limited grasp of the legal and cultural frameworks that shape its consumption. There was strong evidence of the direct and indirect transmission of parental attitudes towards and patterns of drinking in the children’s narratives, as well as a clear link between alcohol and supermarkets/family shopping, reflecting the significance of contemporary home-based patterns of alcohol consumption. While the children had a reasonable awareness of the social harms associated with alcohol they had a relatively poor grasp of potential health-related harms. However, the children imagine that as adults of the future they will only drink in moderation, an ambition that mirrors the model of sensible drinking that their parents aspired to teach them (outlined in Section 3).
The dominant attitude of parents surveyed and interviewed for this research project was that children should be introduced to alcohol by families at home. Parents who drank wanted their children to appreciate the benefits and pleasures of alcohol as well as the risks associated with drinking to excess and aspired to teach their own children to drink in moderation in adulthood. Indeed, the case study research with children found that they had absorbed this message, recognised that alcohol is an adult product (including age restrictions on the sale of alcohol in supermarkets), were aware of the social albeit not the health harms of drinking to excess and anticipated that in their future lives they would only drink in moderation. However, it is impossible to know whether (and if so, how) children’s current understanding of alcohol will translate into their adult lives without undertaking qualitative longitudinal research.

Most of the parents who participated in the case study element of the research did not have specific rules related to alcohol for children aged 5 to 12 as they did not consider them to be interested in drinking at this age. At the same time, the case study parents modelled a positive attitude towards alcohol – emphasising pleasure and sociality (notably a reverse morality that good behaviour can be rewarded by a ‘naughty but nice’ drink) – through their domestic drinking (and shopping) practices, including encouraging children to try alcohol and to participate in drinking rituals, albeit often by mimicking these practices and moralities with soft drinks at a much earlier age than current government guidelines recommend. However, the parents were more reluctant to expose children to drinking (unless it was with a meal) in public spaces, thus implicitly constructing an understanding of home as a safe space to drink in contrast to the risks associated with alcohol in public spaces, a message children further absorbed from media representations of ‘public’ drinking in both news and drama programmes.

Indeed, those who took part in the qualitative element of the research had an individualised approach to parenting about alcohol. They were reluctant to reprimand other people’s children for inappropriate drinking or for other adults to discipline their own children; resistant to the suggestion that alcohol education should be provided at school; and considered that general advice in relation to alcohol would be ineffective, believing that each child had an individual personality and needed to be parented in specific ways. In emphasising children’s expressivity, rather than parental discipline, the interviewees presented families as resources out of which individual children construct themselves, defining the role of parents as to equip children with the right personal qualities and skills to ensure that they make sensible choices in relation to alcohol. This neoliberal model of parenting assumes that a child is able to distinguish between what might be the right action for himself/herself in a particular time and place. However, it does not recognise that an individual’s drinking can impact on many other lives beyond his/her own and consequently it does not acknowledge the wider shared social responsibilities of adults or children. Yet, as some parents observed when complaining about other parents allowing their children to binge drink in public spaces – without appreciating the significance of their comments – not all children have positive family support and as a consequence some children are much less well equipped to make ‘sensible choices’ than others.
The implications of these findings are as follows:

**Government advice**
The former Chief Medical Officer’s (2009) recommendation that children under 15 should avoid alcohol completely appears to be unrealistic given that alcohol is an unremarkable and taken for granted part of many families’ everyday lives. There is a danger that such advice ‘problematises’ what appear to be sensible parental attitudes and approaches to alcohol.

**The role of families in advising and guiding young children in relation to alcohol**
At ages 5 to 12 it is parents who are the most important influences on children’s attitudes towards alcohol. Contemporary parenting strategies appear to be largely successful at conveying the social pleasures and risks of drinking alcohol at home, and the message that alcohol should be consumed in moderation. Indeed, young children even appear to learn positive messages about moderation from witnessing their parents/relatives drinking to excess.

**What families are not teaching children**
The findings of this research suggest that there are gaps in younger children’s knowledge and understanding around alcohol use, which have implications for those bodies that currently provide guidance to parents about how to talk to children about alcohol (e.g. government departments, service providers, voluntary, charitable and independent organisations). The children in this study did not appear to be being taught to recognise the potential health implications of alcohol consumption. The research suggests that some parents are unaware of the current sources of advice or are reluctant to/ineffective at transmitting health messages to their children. The social risks associated with alcohol readily arise in many households because of intra-familial practices (e.g. parents’ modelling behaviour), as well as the visibility of popular and political debates about alcohol (e.g. on television). In contrast, the public health risks (defined by the Department for Education as cancer of the mouth and throat, sexual and mental health problems, liver cirrhosis and heart disease) do not resonate with parents’ own experiences of alcohol and are less easily raised in the context of everyday family life.

In addition, in focusing on the social risks associated with alcohol the parental emphasis on learning to drink at home in a ‘safe’ environment over-simplifies and misses the opportunity to teach children about the range of other drinking practices and spaces they may encounter throughout their lives. It appears that the parental stress on individual choice also does not educate children about the impact their personal drinking and occasional drunken behaviour may have on others and consequently their potential wider social responsibilities as consuming adult citizens of the future.

**The role of education and/or other support services in advising and guiding younger children in relation to alcohol**
In addition to the gaps in what parents are teaching children (identified above) it is also important to recognise that not all young people have the familial support described in this report. For example, some may be over-exposed to ‘problem’ drinking, others ‘over-protected’ from knowledge about alcohol, or not informed about alcohol for cultural or religious reasons given that there is some evidence of the presence of alcohol even in communities that abstain (Braby, 2007; Valentine et al., 2010b). Alcohol education is therefore one way to address the gaps in what children are learning about alcohol and the differential levels of education and support children receive at home. Indeed, the Department for Education states that children aged 7 to 11 will learn about the health and social risks associated with alcohol and the basic skills for making good choices about their health and recognising risky situations at school as part of the National Curriculum.
Yet the majority of children who participated in this study stated that they had not been taught about alcohol at school, which suggests that this education is either not taking place, or is not being delivered in an effective manner. The findings of this study imply that it would be beneficial for the Department for Education to review the way alcohol education is currently delivered as part of the National Curriculum (for 7- to 11-year-olds) within primary schools in order to improve its efficacy. As part of this, schools should be encouraged to involve parents in order that the same key messages about alcohol can be reinforced at both home and school. To maximise impact, any alcohol education in schools should be run in parallel with campaigns targeted at parents.


Ipsos MORI (2009) *Multiple domains research on drinking cultures*. London: Social Research Institute, Ipsos MORI


### Characteristics of the survey respondents (i.e. those who do most of the childcare within families)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Data summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Female = 1,535 (73.5%); male = 554 (26.5%); missing = 0</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Mean = 39.6, median = 40; minimum = 21, maximum = 69; inter-quartile range = 35–44; missing = 4</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td>Married = 1,577 (75.5%); Cohabiting = 147 (7%); single never married = 138 (6.6%); divorced = 106 (5.1%); separated = 85 (4.1%); widowed = 19 (1%); other relationship = 17 (0.8%)</td>
</tr>
<tr>
<td><strong>Ethnic group</strong></td>
<td>White UK = 1,857 (89%); white other = 94 (4.5%); black = 64 (3.1%); Asian = 54 (2.6%); mixed/other = 20 (1%)</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td>Christian = 1,284 (61.6%); none = 674 (32%); Muslim = 46 (2.2%); other religion = 40 (1.9%); Hindu = 19 (0.9%); Jewish = 15 (0.7%); refused = 11 (0.5%)</td>
</tr>
<tr>
<td><strong>NS-SEC</strong></td>
<td>Lower managerial/professional and intermediate = 784 (37.5%); own, small and lower supervisory/technical = 487 (23.4%); semi-routine and routine = 325 (15.5%); large employers and higher managerial/professional = 286 (13.6%); unemployed and refused = 207 (10.0%)</td>
</tr>
<tr>
<td><strong>Highest education level</strong></td>
<td>Below A-level = 540 (25.8%); NVQ 4 and 5 and other vocational = 430 (20.6%); first degree = 392 (18.8%); A-level = 358 (17.2%); higher degree = 222 (10.6%); no qualifications = 147 (7%)</td>
</tr>
<tr>
<td><strong>Don’t drink</strong></td>
<td>415/2,089 = 20%</td>
</tr>
<tr>
<td><strong>Interested in participating in further research</strong></td>
<td>859/1,674 = 51.3%</td>
</tr>
</tbody>
</table>
Appendix B

Characteristics of the families participating in the case study element of the research (anonymised)

<table>
<thead>
<tr>
<th>Family pseudonym</th>
<th>Family members</th>
<th>Highest earner's occupation, highest qualification</th>
<th>Children's drinking as reported by parents</th>
<th>Parental drinking level, frequency and amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A: ‘Atkinson’</strong></td>
<td>Father, aged 40s (Q respondent) Mother, aged 40s Married, living with partner Two daughters, aged 9 and 6 Father: White English Rest of family: White British</td>
<td>Father: Higher professional, degree Mother: Works part time, degree</td>
<td>Both daughters tasted and had a sip of wine at family celebration or home</td>
<td>Father: At/below recommended levels, never/little Mother: Drinks less, less frequently</td>
</tr>
<tr>
<td><strong>B: ‘Bilton’</strong></td>
<td>Mother, aged 30s (Q respondent) Father, aged 40s Married, living with partner Son, aged 10 Daughter, aged 7 Mother: White English Rest of family: White British</td>
<td>Father: Intermediate, other qualification Mother: Intermediate, other qualification</td>
<td>Both children have tasted and sipped beer/ lager/cider and wine at family celebration or home Eldest told off for drinking alcohol Children have seen parent(s) hungover</td>
<td>Father: At/below recommended levels, two to three times a week Father: Drinks less than mother, less frequently Neither parent drinks in the working week, but ‘binge’ at weekends</td>
</tr>
<tr>
<td><strong>C: ‘Clough’</strong></td>
<td>Mother, aged 40s (Q respondent) Father, aged 50s Married, living with partner Two daughters, aged 17 and 10 Son, aged 10 (twin of daughter above) Mother: White English Rest of family: White English</td>
<td>Mother: Intermediate, degree Father: Made redundant</td>
<td></td>
<td>Mother: At/below recommended levels, four or more times a week Father: Drinks at a similar frequency, although drinks less</td>
</tr>
<tr>
<td>Family pseudonym</td>
<td>Family members</td>
<td>Highest earner’s occupation, highest qualification</td>
<td>Children’s drinking as reported by parents</td>
<td>Parental drinking level, frequency and amount</td>
</tr>
<tr>
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</tbody>
</table>
| **D: ‘Durham’**  | Mother, aged 30s (Q respondent)  
Father, aged 30s  
Married, living with partner  
Son, aged 9 (different biological father, no contact relationship with child)  
Two daughters, aged 5 and 1  
Mother: White English  
Rest of family: White English | Father: Intermediate, O-Levels  
Mother: Took redundancy, previously worked in sales | All children have tasted alcohol, elder two have had sips of beer/cider/lager and/or wine at home and on holiday  
Children have seen parent(s) with hangovers | Mother: Above recommended levels, four or more times a week  
Father: Also drinks above recommended levels |
| **E: ‘Ellis’**  | Mother, aged 40s (Q respondent)  
Father, aged 40s  
Married, living with partner  
Son, aged 9  
Mother: White English  
Rest of family: White English | Father: Intermediate, O-Levels  
Mother: Full-time parent, registered disabled | Child hasn’t tasted alcohol, as “is too young” | Mother: Above recommended levels, four or more times a week  
Father: Drinks less alcohol and less frequently |
| **F: ‘Fisher’**  | Mother, aged 30s (Q respondent)  
Father, aged 30s  
Living with partner/cohabiting  
Two sons, aged 16 and 14 (from father’s previous relationship)  
Two daughters, aged 6 (from mother’s previous marriage) and aged 4 months (biological daughter)  
Mother: White English  
Rest of family: White English | Mother: Lower managerial/professional (part-time), higher degree  
Father: Self-employed businessman, A-levels | Daughter aged 6 has had a taste and sip of wine (and fortified wine with mixer)  
beer/cider/lager, champagne/cava | Mother: At/below recommended levels, monthly or less  
Father: Drinks more, more frequently, but doesn’t get drunk |
<table>
<thead>
<tr>
<th>Family pseudonym</th>
<th>Family members</th>
<th>Highest earner’s occupation, highest qualification</th>
<th>Children’s drinking as reported by parents</th>
<th>Parental drinking level, frequency and amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G: ‘Green’</strong></td>
<td>Mother, aged 50s (Q respondent)</td>
<td>Mother: Intermediate</td>
<td>Eldest son told off for drinking alcohol</td>
<td>Mother: Recommended levels, two to three times a week</td>
</tr>
<tr>
<td>Nuclear</td>
<td>Father, aged 50s</td>
<td>Father: Intermediate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North East England</td>
<td>Two sons, aged 14 and 10 (twin, see below)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two daughters, aged 10 (twin of son) and 8</td>
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<tr>
<td></td>
<td>Mother: White Irish (self-assigned)</td>
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<td></td>
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<tr>
<td></td>
<td>Father: White British</td>
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</tbody>
</table>

| **H: ‘Harris-Bailey’** | Mother, aged 30s (Q respondent) | Mother: Lower managerial and professional, degree | Eldest daughter has had a taste and sip of alcoholic drinks, and a watered down drink: wine, beer/lager/cider and champagne/cava at home, family event, parents’ friend’s home in a pub and at a public festival | Mother: At/below recommended levels, four or more times a week |
| Nuclear | Father, aged 40s | Father: Lower managerial and professional (short-term contract) | Eldest daughter has possibly seen mother with a hangover | Father: Similar to mother |
| Yorkshire and Humber | Living with partner/cohabiting |                                  |                                  |                                             |
| No religion | Three daughters, aged 7, 20 months and 4 months |                                  |                                  |                                             |
|                  | Mother: White English |                                  |                                  |                                             |
|                  | Rest of family: White English |                                  |                                  |                                             |

| **I: Irwin** | Mother, aged 40s (Q respondent) | Lower managerial/professional, higher degree | Eldest daughter has had a taste and a sip of beer/cider/lager – given to her by her biological father at the pub | At/below recommended levels, monthly or less |
| Single-parent | Single |                                  |                                  |                                             |
| Yorkshire and Humber | Participant’s mother, aged 70s, also resides with family on a semi-permanent basis |                                  |                                  |                                             |
| Christian (Catholic) | Two daughters with different fathers, aged 7 (sees father every Saturday) and 4 (sees father more regularly on less formal basis) |                                  |                                  |                                             |

| **J: Jones** | Mother, aged 40s (Q respondent) | Mother: Lower managerial/professional, A-Levels | Daughter has not had alcohol to mother’s knowledge – is not allowed it and child dislikes the idea of it | At/below recommended levels |
| Reconstituted, elder children elsewhere | Father, aged 40s |                                  |                                  |                                             |
| Yorkshire and Humber | Living with partner/cohabiting |                                  |                                  |                                             |
| No religion | Daughter, aged 7 |                                  |                                  |                                             |
|                  | Two elder children from previous relationship (over 18) now living independently elsewhere |                                  |                                  |                                             |
Appendix C

Definition of recommended limits

In 1995 the Government report *Sensible drinking* changed the guidelines for recommended limits from a weekly to a daily measure of consumption, reflecting the concern that: ‘weekly consumption can have little relation to single drinking episodes and may indeed mask short-term episodes which … often correlate strongly with both medial and social harm’. The change from an emphasis on weekly to daily levels does not increase the recommended upper limit for weekly consumption.

The current Department of Health advice is that men should not drink more than 3–4 units of alcohol per day, and women should not drink more than 2–3 units of alcohol per day. Binge drinking is less clearly defined, but has been referred to by the Department of Health and Office for National Statistics as ‘consuming eight or more units for men and six or more units for women on at least one day during the week’, in other words, double the daily recommended levels of consumption.

A unit of alcohol is 8g or 10ml of pure alcohol. As a rough guide, the following unit measurements apply:

- A pint of ordinary strength lager: 2 units
- A pint of strong lager: 3 units
- A pint of bitter: 2 units
- A pint of ordinary strength cider: 2 units
- A small (175ml) glass of wine: 2 units (approximately)
- A measure of spirit: 1 unit
- An alcopops: 1.5 units (approximately)

It is, however, very difficult to be accurate as measures, strengths and types of alcohol vary considerably.
Appendix D

Pie charts showing perceived changes in trends in family drinking habits and issues

a: Amount mothers drink

- Increased 68.60%
- Decreased 9.86%
- About the same 17.81%
- Not sure 3.73%

b: Age at which children are allowed to begin drinking

- Increased 28.16%
- Decreased 38.76%
- About the same 26.95%
- Not sure 6.13%

c: Amount parents drink in one session

- Increased 65.67%
- Decreased 7.75%
- About the same 19.34%
- Not sure 7.24%

d: Amount parents drink at home

- Increased 73.24%
- Decreased 6.99%
- About the same 12.30%
- Not sure 7.47%
e: Amount of advertising/marketing

The advertising, or marketing of alcohol

- Increased 63.26%
- Decreased 18.76%
- About the same 11.33%
- Not sure 6.65%

f: Affordability of alcohol

The affordability of alcohol

- Increased 62.77%
- Decreased 21.10%
- About the same 9.13%
- Not sure 7.00%
We would like to thank the Joseph Rowntree Foundation for supporting this research project. In particular, we are very grateful to Charlie Lloyd and Claire Turner for their encouragement and advice throughout the different stages of the project.

We also want to acknowledge the Advisory Group for their valuable contributions to the development of the research: Betsy Thom (Middlesex University), Dianne Draper (Department for Health), Clem Henricson (Parenting and Family Institute), Anne Delargy (Alcohol Concern), David Foxcroft (Oxford Brookes University) and Jackie Marsh (University of Sheffield).

Finally, we would like to thank the families who participated in this study for sharing their experiences with us.