

Relationships education, relationships and sex education, and health education: Department for Education consultation response

Do you agree that the content of Relationships Education as set out in paragraphs 50-57 of the guidance will provide primary school pupils with sufficient knowledge to help them have positive relationships?

Neither agree or disagree

As members of the Alcohol and Families Alliance (AFA), we support and share their position on this consultation item. The Institute of Alcohol Studies has also produced research examining low level parental drinking which is of relevance to this item. As such, we offer as our response to this item the response of the AFA, supplemented with details of our own research:

The AFA supports the focus of this section on preventing abuse and equipping children with “the knowledge they need to be safe and to report abuse”. Research has identified that a high number of children in the UK live with an alcohol dependent adult, and a much larger number may be adversely affected by non-dependent parental drinking. The AFA believe it is essential for children to be given age-appropriate learning regarding alcohol use in families.

Problematic alcohol use within families is an issue which affects a significant number of children. Research covering 2014/15 found that almost 200,000 children in England lived with at least one alcohol-dependent adult.¹ In Scotland, this figure is estimated to be up to 51,000.² This is reflected in figures on care applications for children; in England, 61% of these involve alcohol or drug misuse,³ and the same figure for child protection conferences in Scotland is 39%.⁴ Indeed, the NSPCC reports that of all calls to their helpline in which adults raised concerns around families facing adversity, 68% of these cases – more than 10,000 calls – involved parental substance misuse.⁵

It is not only the children of alcohol-dependent adults who are at risk of harm. There is a growing body of research suggesting that parents and family members do not need to drink at dependent levels for harm to children to occur – this can begin from lower levels of alcohol consumption,⁶ leading the Children’s Commissioner to note: “different levels of consumption (not just parents who are dependent drinkers) and particular styles of drinking (such as binge drinking) may affect children and it cannot

¹ Pryce, R., Buyk, P., Gray, L., Stone, T., Drummond, C., & Brennan, A. (2017) Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence. Prevalence, Trends, and Amenability to Treatment. Public Health England.

² Scottish Government (2012) Final Business And Regulatory Impact Assessment For Minimum Price Per Unit Of Alcohol As Contained In Alcohol (Minimum Pricing) (Scotland) Bill. Scottish Government.

³ Hedges, S. & Kenny, C. (2018) Parental Alcohol Misuse and Children. Parliamentary Office of Science and Technology.

⁴ NSPCC Scotland (2017) How safe are our children? 2017, Report Briefing: Scotland Context. NSPCC Scotland.

⁵ NSPCC (2018) Children living in families facing adversity: NSPCC helplines report. London: NSPCC. p. 9.

⁶ Foster, J., Bryant, L. & Brown, K. (2017) “Like sugar for adults” - The Effect of Non-Dependent Parental Drinking on Children and Families. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland.; Adamson, J., Thompson, L. & Clifton, J. (2012) Silent voices: supporting children and young people affected by parental alcohol misuse. Office of the Children’s Commissioner.

be assumed that higher levels of consumption equates to greater harm.”⁷ Indeed, work from 2017, surveying 1000 UK parents and their children found that harms to children may begin from low levels of parental drinking. The research noted that “there is a clear gradient with increasing proportions of children reporting problems in line with increasing parental consumption. This included a parent being more unpredictable than usual, arguing with a parent more than normal, or a disrupted bedtime routine.”⁸ These negative impacts were fairly common, with 15% of children stating that their parent's drinking had led them to have their bedtimes disrupted (being put to bed earlier or later), and 12% said their parents paid them less attention.⁹

Not only this, but because of their parents’ drinking, 18% of children had felt embarrassed and 11% worried.¹⁰ Worryingly, “children of all parents regardless of drinking levels were more likely to report both of these emotions if they had seen their parent tipsy or drunk – the strength of this effect appeared to be similar for both states.”¹¹ These findings are important as drinking patterns are changing in the UK and home drinking has become more prominent – 65% of alcohol in England¹² and 73% of alcohol in Scotland¹³ is sold in the off-trade, such as supermarkets – meaning children are likely to be increasingly exposed to their parents’ drinking, and these kind of harms from low level alcohol use might become increasingly prevalent. Clearly, the ability to recognise an environment made harmful by alcohol is a skill we need to equip children with.

The case for this learning is made stronger given the pro-alcohol environment that surrounds our children as they grow up in the UK, and how this might prevent children accessing the information and support they need to cope with family alcohol misuse. As the AFA noted in our policy report, Families First, “there is a widespread acceptance of heavy drinking in parts of British culture” pervading “many areas of society, including those involving children such as holidays, weddings, and even school events.”¹⁴ This alcogenic environment can mean that substantial proportions of parents and children find it difficult to communicate on this topic,¹⁵ and that more severe alcohol problems can be difficult for families to identify and address.¹⁶ The cultural acceptance of alcohol’s role in family life coupled with stigma children may feel if a family member experiences an alcohol misuse disorder, can mean they “struggle ‘opening up’ about issues”.¹⁷

⁷ Adamson, J. & Templeton, L. (2012) Silent voices: supporting children and young people affected by parental alcohol misuse. Office of the Children’s Commissioner.

⁸ Foster, J., Bryant, L. & Brown, K. (2017) “Like sugar for adults” - The Effect of Non-Dependent Parental Drinking on Children and Families. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland. p. 4.

⁹ Ibid. p. 59.

¹⁰ Ibid. p. 56.

¹¹ Ibid. p. 5.

¹² Public Health England (2017) Alcohol sales in England in 2014: Analysis to assess suitability for inclusion as an indicator in the Local Alcohol Profiles for England. Public Health England.

¹³ Giles, L. & Robinson, M. (2017) Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS): Monitoring Report 2017. NHS Health Scotland.

¹⁴ Alcohol and Families Alliance. (2018) Families First. p. 22.

¹⁵ Foster, J., Bryant, L. & Brown, K. (2017) “Like sugar for adults” - The Effect of Non-Dependent Parental Drinking on Children and Families. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland. p. 49.

¹⁶ Adfam (2013) Out of Focus: How families are affected by problem drinking, and how they look for help.

¹⁷ Foster, J., Bryant, L. & Brown, K. (2017) “Like sugar for adults” - The Effect of Non-Dependent Parental Drinking on Children and Families. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland. p. 39.

Whether it is making children feel unhappy or unsafe, it is essential that we equip children with age-appropriate knowledge to recognise problematic alcohol use in the family, and to seek help.

Do you agree that the content of RSE as set out in paragraphs 65-77 of the guidance will provide secondary school pupils with sufficient knowledge to help them have positive relationships?

Neither agree nor disagree

As members of the Alcohol and Families Alliance (AFA), we support and share their position on this consultation item. As such, we offer as our response to this item, the response of the AFA:

Like those in primary school, secondary school children also find themselves in an alcogenic environment¹⁸ that stigmatises familial alcohol problems¹⁹ – they too must be armed with the age-appropriate knowledge and confidence to seek support and raise concerns surrounding this.

As children age, they find themselves needing to make decisions about their own drinking – perhaps in the context of a friendship or intimate relationship – and they will find themselves beginning to be targeted by alcohol advertising. These concerns merit their own consideration.

The guidance suggests RSE will allow children to “judge when a family, friend, intimate or other relationships is unsafe”. Within this, we believe alcohol’s role in domestic violence and sexual harassment and assault must be covered, in an age-appropriate manner. While alcohol cannot be considered a cause of these, research has repeatedly suggested that alcohol is a compounding factor.^{20, 21, 22, 23} Alcohol may be used to control or coerce behaviour – for example, to incapacitate victims of sexual assault.²⁴ Indeed, a systematic review examining findings relating to sexual assaults among college students found “on average, at least 50% of college students’ sexual assaults are associated with alcohol use.”²⁵ As young people begin their adult lives, and begin to form intimate relationships, it is essential they understand this.

Young people are actively targeted by alcohol brands in their advertising; internal communication documents from alcohol producers and advertising agencies

¹⁸ Alcohol and Families Alliance. (2018) Families First. p. 22.

¹⁹ Foster, J., Bryant, L. & Brown, K. (2017) “Like sugar for adults” - The Effect of Non-Dependent Parental Drinking on Children and Families. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland. p. 39.

²⁰ Bennett, L., and Bland, P. [Substance Abuse and Intimate Partner Violence](#). National online recourse centre on violence against women.

²¹ Gilchrist, E., Johnson, R., Talriti, R., Weston, S., Beech, A., and Kebbell, M. 2003.

[Domestic Violence offenders: characteristics and offending related needs. Findings. 217](#). Home Office.

²² Galvani, S. 2010. [Supporting families affected by substance use and domestic violence](#). p. 5.

²³ Brecklin, L., and Ullman, S. 2002. [The Roles of Victim and Offender Alcohol Use in Sexual Assaults: Results from the National Violence against Women Survey](#). Journal of Studies on Alcohol and Drugs, Volume 63: Issue 1, pp. 57–63.

²⁴ Against Violence and Abuse (2014), ‘Not worth reporting: women’s experiences of alcohol, drugs and sexual violence’

²⁵ Abbey, A., 2002. [Alcohol-related sexual assault: A common problem among college students](#). Journal of Studies on Alcohol, supplement, (14), p.120.

uncovered by a Health Select Committee inquiry found that advertising campaigns have been targeted at young people. Market research data from 15-16 year olds was found to have been used in campaigns and brands explicitly described their campaigns in ways suggestive of a youthful audience – Lambrini noted their position of their TV advertisement as “a cross between Myspace and High School Musical” while Carling hoped to “become the most respected youth brand...”.²⁶ It is essential that these messages are countered by guidance from the trusted source of the school, to equip children with the age-appropriate knowledge and confidence they need to recognise problematic alcohol use, and its impact on their relationships.

Do you agree that the content of physical health and wellbeing education in paragraphs 86-92 of the guidance is age-appropriate for primary school pupils?

Agree

As members of the Alcohol and Families Alliance (AFA), we support and share their position on this consultation item. As such, we offer as our response to this item, the response of the AFA:

The Alcohol and Families Alliance welcome the inclusion of the effects of alcohol on health in this learning. It is important this is included for primary school pupils as evidence suggests that children begin to develop knowledge and understanding of alcohol even before they begin primary school,²⁷ with recent systematic review work suggesting that children begin to build this knowledge as early as age 2.²⁸ Indeed, a sample of children aged 7 to 12 years were found to be able to distinguish between “occasional and habitual drunkenness” and to display understanding of “addiction and problematic drinking, and of acceptable and unacceptable drinking behaviour.”²⁹ NHS figures suggest that by their 13th birthday, more than a quarter of children have had their first alcoholic drink.³⁰ It is essential therefore that learning about the health effects of alcohol use, framed in an age-appropriate fashion, can be included in the primary school curriculum.

Do you agree that the content of physical health and wellbeing education as set out in paragraphs 86-92 of the guidance will provide primary school pupils with sufficient knowledge to help them lead a healthy lifestyle?

Neither agree or disagree

²⁶ Memorandum by Professor Gerard Hastings. 2010.

“[They’ll Drink Bucket Loads of the Stuff: An Analysis of Internal Alcohol Industry Advertising Documents](#)”, to the House of Commons Health Select Committee Inquiry. p. 1.

²⁷ Kuntsche, E. and Kuntsche, S., 2018. Even in early childhood offspring alcohol expectancies correspond to parental drinking. *Drug and alcohol dependence*, 183, pp.51-54.

²⁸ Voogt, C., Beusink, M., Kleinjan, M., Otten, R., Engels, R., Smit, K. and Kuntsche, E., 2017. Alcohol-related cognitions in children (aged 2–10) and how they are shaped by parental alcohol use: A systematic review. *Drug and alcohol dependence*, 177, pp.277-290.

²⁹ Eadie, D., MacAskill, S., Brooks, O., Heim, D., Forsyth, A., & Punch, S. (2010). Pre-teens learning about alcohol: drinking and family contexts. p. 5.

³⁰ NHS digital. 2017. Survey of smoking, drinking and drug use among school children in England. Table 6.24.

As members of the Alcohol and Families Alliance (AFA), we support and share their position on this consultation item. As such, we offer as our response to this item, the response of the AFA:

The AFA support the inclusion of age-appropriate learning on the physical and mental health effects of alcohol use, as research has shown this knowledge to be severely limited in the general population. While alcohol has been linked to more than 200 disease and injury conditions,³¹ including 7 cancers,³² research has found that only 1 in 10 know of the link between alcohol and cancer.³³

While government guidance on alcohol use and young people states that an alcohol-free childhood is best,³⁴ there appears to be widespread unawareness of this recommendation. Evidence suggests a substantial proportion of UK parents supply their children with alcohol. Indeed, research examining 10,000 UK children found that 1 in 6 have been supplied alcohol by their parents before their 14th birthday.³⁵

Children ought to be equipped with age-appropriate knowledge to make informed decisions about their own alcohol consumption, and an understanding of how their family members' alcohol consumption might affect their own mental wellbeing. Children who have a parent who misuses alcohol are at an increased risk of many mental health difficulties, including a five-times raised risk of developing eating disorders and a three-times raised risk of considering suicide compared to other children.³⁶

In light of evidence that alcohol is the leading risk factor for death for UK 15-49 year olds,³⁷ and the cause of over 1 million alcohol-related hospital admissions in England every year,³⁸ any health education curriculum that did not cover the risks of alcohol use would fail pupils.

Do you agree that the content of physical health and wellbeing education as set out in paragraphs 93-99 of the guidance will provide secondary school pupils with sufficient knowledge to help them lead a healthy lifestyle?

Neither agree or disagree

³¹ World Health Organization (2014). Global status report on alcohol and health 2014. Geneva: World Health Organization. Available from: http://www.who.int/substance_abuse/publications/global_alcohol_report/en/

³² Connor, J. (2017). Alcohol consumption as a cause of cancer. *Addiction*, 112(2), 222-228. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27442501>

³³ Buykx, P., Li, J., Gavens, L., Lovatt, M., Gomes de Matos, E., Holmes, J., Hooper, L. & Meier, P. (2015). An investigation of public knowledge of the link between alcohol and cancer. University of Sheffield and Cancer Research UK https://www.cancerresearchuk.org/sites/default/files/an_investigation_of_public_knowledge_of_the_link_between_alcohol_and_cancer_buykx_et_al.pdf

³⁴ Donaldson, L. (2009) Guidance on the Consumption of Alcohol by Children and Young People. Department of Health.

³⁵ Maggs, J. & Staff, J. (2018) Parents Who Allow Early Adolescents to Drink. *Journal of Adolescent Health*, 62(2), pp.245-247.

³⁶ APPG on Children of Alcoholics (2017) Children of Alcoholics: A Manifesto for Change. APPG on Children of Alcoholics.

³⁷ Institute for Health Metrics and Evaluation (IHME). GBD Results Tool. Seattle, WA: IHME, University of Washington, 2017. Available from <http://ghdx.healthdata.org/gbd-results-tool> (Accessed 11/09/2018)

³⁸ NHS Digital, Office of National Statistics (2018). Statistics on alcohol: England, 2018; Tod, E. Grant, I., Mesalles-Naranjo, O., Stockton, D., Robinson, M., McCartney, G., Fischbacher, C., Dobbie, R., & Craig, N. (2018). Hospital admissions, deaths and overall burden of disease attributable to alcohol consumption in Scotland. Edinburgh: NHS Health Scotland. <http://www.scotpho.org.uk/media/1597/scotpho180201-bod-alcohol-scotland.pdf>

As members of the Alcohol and Families Alliance (AFA), we support and share their position on this consultation item. As such, we offer as our response to this item, the response of the AFA:

Once again, the AFA welcome the inclusion of age-appropriate learning for children about the physical and mental health risks associated with alcohol consumption. These risks are poorly understood amongst the UK public, as discussed.

However, it is concerning to see this section of the guidance refer to a notion of “(relatively) safe alcohol consumption”. While the AFA recognise the need for schools to teach children about the risks associated with alcohol use later in life, we also believe it is important that the official government advice that an alcohol-free childhood is best;³⁹ is promoted in any learning for young people on this subject.

Draft statutory guidance - Engaging with parents and the wider community

Do you agree with the approach outlined in paragraphs 36-46 on how schools should engage with parents on the subjects?

Agree

As members of the Alcohol and Families Alliance (AFA), we support and share their position on this consultation item. The Institute of Alcohol Studies has also produced research examining low level parental drinking which is of relevance to this item. As such, we offer as our response to this item the response of the AFA, supplemented with details of our own research:

The Alcohol and Families Alliance support engagement with parents in these subjects. This is important for alcohol education for two reasons; firstly, because awareness of the physical and mental health risks associated with alcohol are low amongst the general public, and secondly, because parents may not recognise the impact their own drinking might have on their children.

Firstly, as touched upon previously, public awareness of the health risks associated with alcohol use is low. Including parents is necessary to avoid confusing children with different messaging about alcohol and health from the school and the home. It will also allow parents to make informed choices about their children’s own alcohol use. The English Chief Medical Officer recommends that an alcohol free childhood is best,⁴⁰ and research has confirmed that alcohol use during adolescence can be harmful to brain development including the memory and learning skills,⁴¹ but, as noted above, research examining more than 10,000 UK children has found that 1 in 6 of them have been given alcohol by a parent by the time they are 14.⁴² Parents might consider this a way to teach children about drinking in a controlled

³⁹ Donaldson, L. (2009) Guidance on the Consumption of Alcohol by Children and Young People. Department of Health.

⁴⁰ Donaldson, L. (2009) Guidance on the Consumption of Alcohol by Children and Young People. Department of Health.

⁴¹ Scottish Health Action on Alcohol Problems (2014) Alcohol and the Developing Adolescent Brain: Evidence Review. SHAAP; Welsh Government (2010) You, Your Child and Alcohol. Welsh Government.

⁴² Maggs, J. & Staff, J. (2018) Parents Who Allow Early Adolescents to Drink. Journal of Adolescent Health, 62(2), pp.245-247.

environment,⁴³ but evidence suggests that this incurs no future protection for children,⁴⁴ and in fact, may have the opposite effect; research from Australia has identified that young people who were supplied alcohol from only their parents were more likely to go on to binge drink, to experience alcohol-related harm, and to exhibit symptoms of an alcohol use disorder than those who did not receive alcohol from their parents or another source.⁴⁵

Secondly, involving parents in this learning might increase awareness amongst them of how their own alcohol use might affect their children. As noted above, research is beginning to suggest that it is not only children of parents drinking at a dependent level that might experience harm; for example, a 2017 survey of 1000 UK parents and their children found that 18% of children had felt embarrassed by their parents' drinking and 11% worried,⁴⁶ while 15% said that their bedtimes had been disrupted (being put to bed earlier or later), and 12% said their parents paid them less attention,⁴⁷ and that they were more likely to experience these if they had seen a parent tipsy or drunk.⁴⁸ The report also found that "if a child had seen their parent tipsy or drunk, they were less likely to consider the way their parent drinks alcohol as providing a positive role model for them."⁴⁹ Including parents in this learning may firstly inform parents of this, but also may go some way to counteract it, and support the parent and child to have informed conversations about alcohol use. Indeed, researchers have previously recognised the benefits to including parents in this school-based learning around alcohol, suggesting "alcohol education in schools should involve parents and/or should run in parallel with campaigns targeted at parents to maximise impact."⁵⁰

Draft statutory guidance

Do you have any further views on the draft statutory guidance that you would like to share with the department? Do you think that the expectations of schools are clear?

As members of the Alcohol and Families Alliance (AFA), we support and share their position on this consultation item. As such, we offer as our response to this item, the response of the AFA:

The AFA feel it highly necessary to cover not only the impacts of dependent parental drinking on children, but also those of non-dependent parental drinking. It is essential that young people are equipped with the age-appropriate knowledge to recognise

⁴³ Valentine, G. et al (2010) Alcohol Consumption and Family Life. Joseph Rowntree Foundation.

⁴⁴ Ward, B., Snow, P., & Aroni, R. (2010) Children's alcohol initiation: An analytic overview. *Drugs: Education, Prevention, and Policy*. 17(3), pp 270–277.

⁴⁵ Mattick, P. et al (2018) Association of parental supply of alcohol with adolescent drinking, alcohol-related harms, and alcohol use disorder symptoms: a prospective cohort study. *The Lancet*, Volume 3, No. 2, e64-e71.

⁴⁶ Foster, J., Bryant, L. & Brown, K. (2017) "Like sugar for adults" - The Effect of Non-Dependent Parental Drinking on Children and Families. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland. p. 56.

⁴⁷ Ibid. p. 59.

⁴⁸ Ibid. p. 5.

⁴⁹ Ibid. p. 5.

⁵⁰ Valentine, G., Jayne, M., Gould, M., & Keenan, J. (2010). Family life and alcohol consumption: A study of the transmission of drinking practices. p. 5.

these harms, and the awareness of the resources they can access to help them deal with these.

It is necessary to ensure teachers have adequate understanding of how all levels of parental drinking might impact on children, and how to support children with needs arising from this. Indeed, as the AFA have noted in our policy report, Families First, we recommend that government act to provide "better training for universal service practitioners to identify parental drinking problems and signpost families to specialist support where appropriate." There may be a need for teachers to receive training to allow them to best support such children, for example, by considering the suitability of classroom settings for discussions or the need to meet with a child individually.

Alongside this, we believe it is important for schools to consider how wider school policies might impact this learning; we believe a whole-school approach must be taken. Not only should the learning relating to alcohol outlined in this consultation response be included in the classroom-based curriculum, but schools should consider how their wider activities shape the understanding of alcohol harm that the children in their care have. Schools, for example, ought to consider their policy on the serving of alcohol at school events which children attend. They should ensure that not only teachers, but wider school staff, such as school nurses and other pastoral staff, are trained to recognise the signs of parental alcohol misuse and are equipped with the resources to refer children to for further support.

As well as age-appropriate learning about the impacts of alcohol use on health, it may also be beneficial for children to understand more about the harmful aspects of the alcogenic environment they grow up within in the UK. For example, research has shown alcohol advertising to be highly gendered. The Institute of Alcohol Studies and Scottish Health Action on Alcohol Problems have noted that "when marketing is targeted at women...the aim is to establish a link between alcohol and empowerment...Marketing targeted at men often depicts women as sexual objects..."⁵¹ Recognition and discussion of such issues within RSE could help equip children with skills to resist these regressive gender norms and avoid these developing into more harmful attitudes and behaviours.

The AFA also recommend the government ensure that people caring for those with alcohol problems are informed about their rights and benefits as carers.⁵² As young carers might benefit from this learning, we feel it essential this information be included in this curriculum.

One final point to consider is how these lessons will be delivered and supported. Research has repeatedly demonstrated the shortfalls of industry-funded corporate social responsibility programmes; a 2014 examination of 215 industry CSR schemes found that more than half (52%) were assessed by public health experts to be likely to cause harm (e.g. by increasing levels of consumption) and two fifths (40%) were assessed as likely to promote brands or products – only 8% were found to be 'evidence-based'.⁵³ It is essential that any learning on this subject is funded publicly.

⁵¹ SHAAP and IAS. 2018. [Women and Alcohol: Key Issues](#). p. 7.

⁵² Alcohol and Families Alliance. 2018. Families First. p. 9.

⁵³ Robaina, K. et al. 2014. [Effectiveness and Strength of Evidence of the Alcohol Industry's 'Industry Actions to Reduce Harmful Drinking'](#). American Public Health Association 142nd Annual Meeting & Expo.