

PARENTLINE PLUS DRUGS AND ALCOHOL EDUCATION REPORT: MAY 2008

Introduction

This research was conducted in the spring of 2008 to contribute to the government's review of drugs and alcohol education. Parentline plus were included as part of the DCSF led advisory group which conducted the review. As part of our contribution to the review we placed a web survey on our main website for parents www.parentlineplus.org.uk and analysed calls to Parentline across the previous two quarters in order to obtain a broad range of opinions from parents. The web survey concentrated on the delivery of drugs and alcohol education whereas the analysis of calls looks at all calls where drug or alcohol use was highlighted as an issue for the callers.

Key Findings

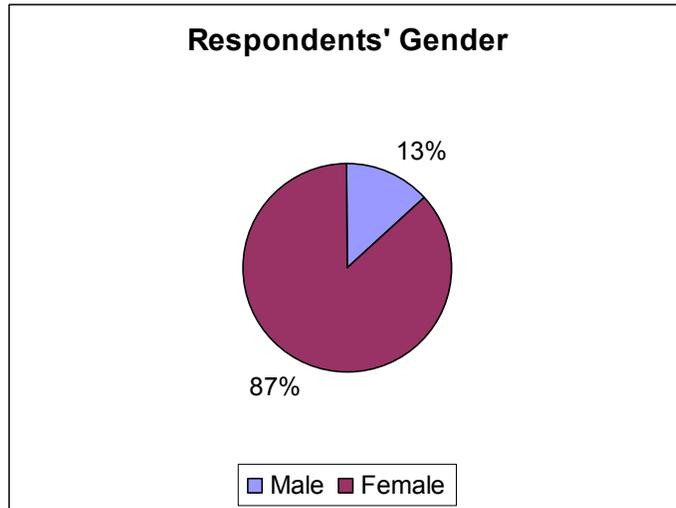
- Parents and carers want to be involved in their children's drugs and alcohol education
- Parents and carers want support for themselves to enable them to support their children
- Parents and carers want drugs and alcohol education delivered in schools as well as other settings and support from home.
- More parents and carers feel that they have the confidence to speak to their children than those who feel they have the knowledge to speak to their children.
- Parents and carers want reassurance that their knowledge is up to date.
- Parents and carers continue to show concern for their offspring's behaviour well into adulthood
- Parents and carers are more likely to express concern about their sons' behaviour relating to drugs and alcohol than their daughters, **except** with girls aged 10-15 who are consuming alcohol.

Part 1: Web survey

This survey was featured on the front page of our website, www.parentlineplus.org.uk, from 11th April until 19th May 2008 and we received 120 respondents. The survey was advertised internally across our nationwide network of staff, trustees and volunteers and externally via our e-newsletter, external networks and work with parents. The questions were devised with input from DCSF, specifically for the Drugs and Alcohol Education review and all answers have been anonymised. All the respondents are self-selecting and because it is a web survey, all respondents must have a certain level of computer literacy and access to a computer. Only 29% accessed the survey at weekends or out of office hours (before 8am or after 6pm) but there is nothing to indicate whether the respondents were using their own computer or whether they were accessing the survey from work or an

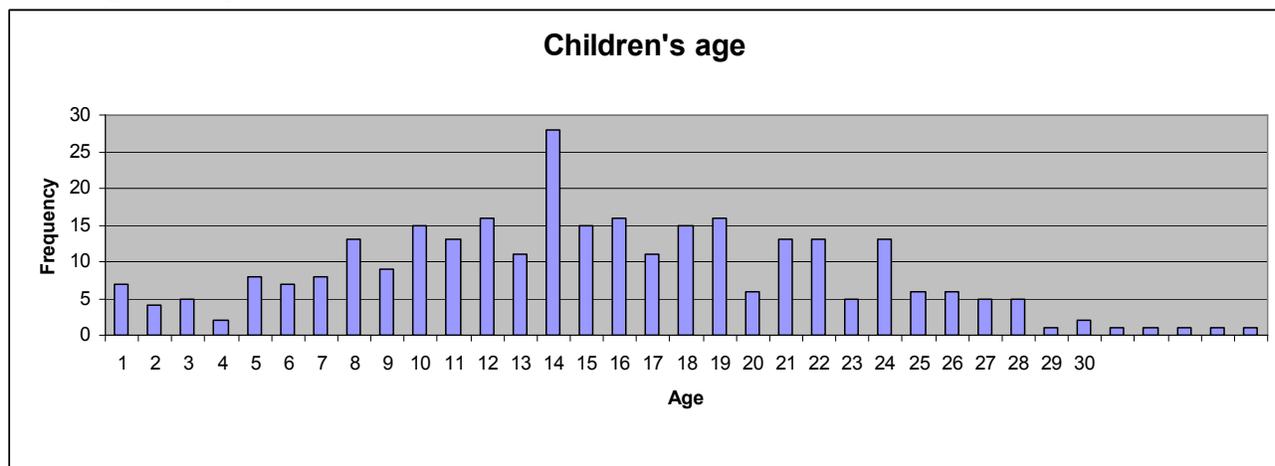
internet café. Although all the questions were optional except for the demographic data collection, we had an overall response rate of 82.5% which is high for optional questions. In order to keep the survey short and easy to complete, demographic data collection was kept to an absolute minimum.

Are you male or female?



These proportions of male and female respondents are broadly similar to the profiles of all our service users.

What ages are your children?



This chart shows the ages of the respondents' children and clearly demonstrates that parental concern about their offspring extends well into adulthood. The distribution across the ages does not necessarily express a concern about drug and alcohol use, because that link was not part of the questions; it simply shows the ages of all the children of the respondents.

These 120 respondents had 299 children between them and although some respondents only had children over 18 years old, there were several families with a very wide spread of ages, for example a spread of 30 years to 14 years or 24 years to 1 year so more than 80% of the respondents had at least one child aged 18 or less. The columns at the right end

refer to one respondent with children aged 49, 48, 47, 43, 38 and 28 although this respondent's qualitative comments also referred to grandchildren and great-grandchildren. Respondents were not asked for their children's gender.

Do you believe that drugs and alcohol education should be delivered in schools?



This chart indicates an overwhelmingly positive affirmation that parents and carers want drugs and alcohol education delivered in schools.

If not school then where?

Many replies referred to other places where the drugs and alcohol education could also take place, the most frequently mentioned place was the home followed by clubs and the media. Given the response to the previous question, this indicates that parents and carers want drugs and alcohol education to take place in schools but also want it elsewhere.

- *Not only in schools but youth/sports drama and music clubs and groups etc as well. Also via print, web advertising and media*
- *Within the family and wherever young people are gathered.*
- *[School] Plus at home*
- *Yes, but also available through other agencies i.e. youth work, libraries*
- *Media e.g. soaps on T.V where the dangers may register sub-consciously.*

There was only one answer that differed from the consensus view:

- *Available if needed, not rammed down children's throats*

Do you have a view on what should be taught and at what age? If so please give a few details.

Over half the respondents who answered this question, 55%, felt that drugs and alcohol education should start at primary school age. A further 24% said that it should start at secondary school age and 21% did not express an exact age but suggested that age appropriate teaching was their preferred choice. Only four respondents did not answer this question.

Typical responses are quoted here:

Start at primary age:

- *Basic discussion needs to begin in primary years. Children are surrounded by this topic in the papers, on the TV ... great opportunities to begin the conversation*
- *From about 7, clear facts and not just the bad scary stuff.*

Start at Secondary age:

- *I feel that drugs, alcohol and sex should be brought into secondary school possibly in yrs 8 and 9*
- *From the age of 11 up young people should have access to information about risks and where they can get confidential help*

Start at appropriate age:

- *I've always thought that the drip, drip, drip, method works best. Giving as much info as child is able to handle at any given age*
- *basic info from quite young, e.g. health issues (mental and physical) teaching for older kids needs to be realistic rather than just scare stories - they will know that not everyone who uses drugs and alcohol comes to grief*

Would you like to be involved in your child's drugs and alcohol education at school?

Parents and carers overwhelmingly agreed that they would like to be involved in their children's drugs and alcohol education (87.5% of responses). Only 12.5% said that they would prefer not to be involved at school.

Do you have any examples of how being involved in your child's drugs and alcohol education has worked well?

The following comments are direct quotes from parents and carers.

- *I attended a drugs awareness session when my children were in early years of secondary school. It was organised by the local school involving drugs workers and police. Information was really helpful as I felt so ignorant about signs/symptoms, what was available to young people and what the effects were. I was disappointed that there were only a handful of parents present as it was really valuable to hear other parents questions and concerns and made me realise I wasn't the only one who worried about my children getting involved in drugs.*
- *I am, but this is independent from school, if I am asked a question I answer or we look it up on the internet.*
- *School have sent home FRANK booklets that I have talked through with my children, at the right level for their ages.*
- *Not at school, but in reference to school, conversations at home backed up what was being taught and experienced there. All my kids knew who was involved with drugs, all of them could access drugs if they wanted, it was closer to home than perhaps most parents realise.*
- *My son came home and talked about it, we were able to discuss it freely. They had a reformed drug addict talk to them in school and this had a powerful effect on him.*
- *I have never been informed from my son's school regarding alcohol and drug talks. The only time I was called in for a talk was in junior school regarding a sex talk.*

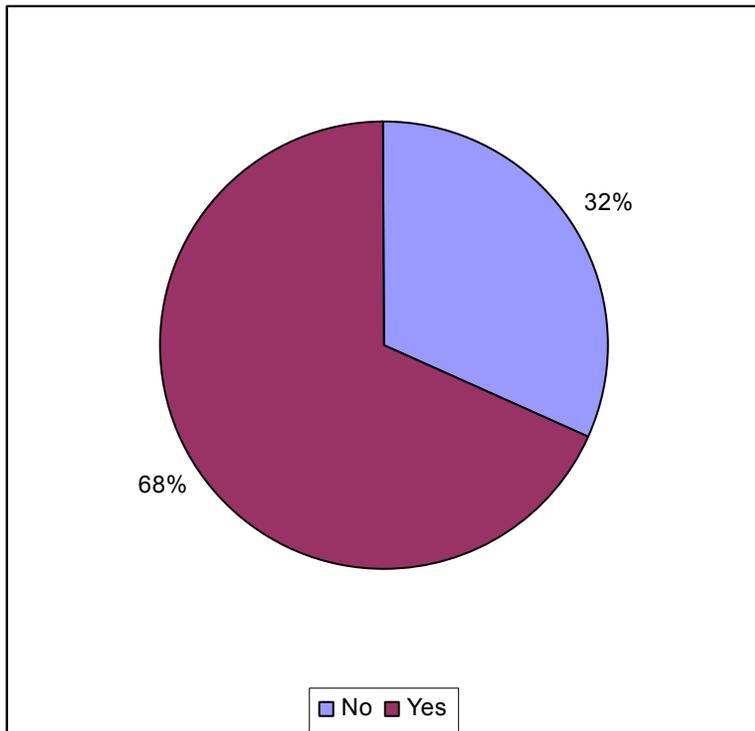
- *No, as mine haven't had any yet. I don't want to go to the school, I just want to know in advance that it's going to be covered and what the teacher will say, so I can back it up at home.*
- *A very good evening at my son's school where the key speaker was a recovering drug addict. All parents and children were very affected.*
- *Drama presentation to Parents before being performed to children*
- *No but would be good for parents to be involved in project work with children, got more information myself this way*
- *Working with the school on consistent information and approach*
- *Talking openly has worked well for us - as a parent I have had to learn the words and language that today's young people use which is different from how it was when I was young. It's really important to listen to what you children know and understand, and to help them think about their choices and also their anxieties. It's also important to realise what our own irrational fears for them are as their parents, and to keep our concerns balanced and realistic.*
- *My children learned from each other and their peers. My grandchildren learned from their parents. My great-grand children are learning from their parents by their questions being answered as their curiosity increases.*

There was an exceptional single comment from a father with children aged 6, 10 and 17 who said:

- *I gave my son some 'e's so he could see how much fun they are.*

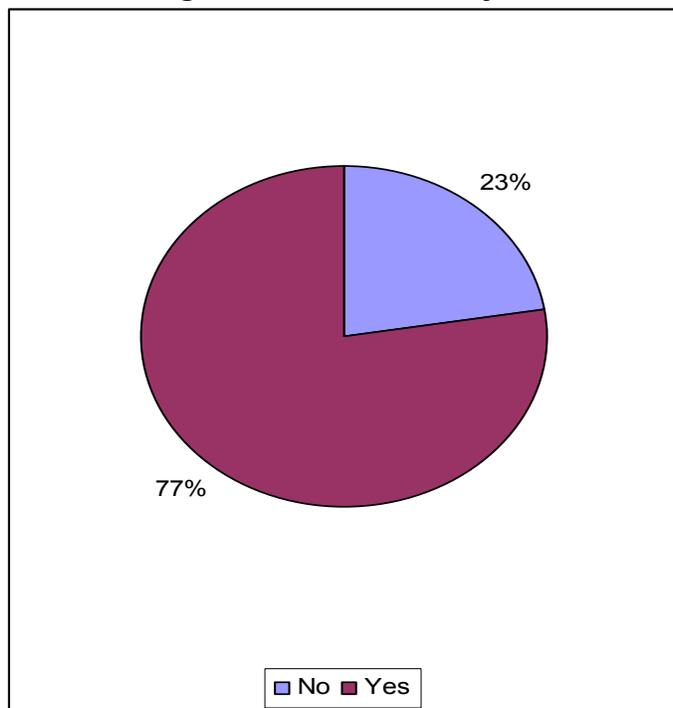
At first glance this looked like a 'rogue respondent', but all other statements from this respondent fit with the consensus view so it would appear to be a genuine comment.

Do you feel that you have the knowledge to provide accurate information and to discuss drugs and alcohol with your child?



Almost a third of these respondents do not feel that they have the knowledge to discuss drugs and alcohol with their children.

Do you feel that you have the confidence to provide accurate information and to discuss drugs and alcohol with your child?



A smaller proportion of respondents feel that they do not confidence to discuss drugs and alcohol with their children.

What would help to give you the knowledge to tackle tricky areas like this?

The following comments are direct quotes from parents and carers.

- *Internet*
- *non judgemental support, advertising, helplines to increase knowledge not just to deal with a problem once it has arisen. Support for parents so that they can support children to make sensible decisions and not give into peer pressure*
- *This is why I am looking on this website to make sure I give the correct info to my son.*
- *Parent forums, kids at school talking to others about their experiences.*
- *Schools acknowledging and taking ownership of drug and alcohol abuse amongst pupils.*
- *Parent groups and a helpline to ring*
- *Not "Let's not talk about it- bad press for our school!!"*
- *The education that is needed is less about facts (which change and become out-of-date)and more about how to make decisions and choices in new/unusual circumstances and how to get information when required*
- *Where I could source up to date info on what drugs look like, all forms they take & ALL names used for all types of drugs. I don't know enough about the price and*

availability of different drugs. it happens in a sort of parallel universe :mostly invisible to middle aged people

- *Better informed to know the 'street' words used for referring to drugs*
- *Websites /leaflets recommended by the school at the time of the education. The names and versions of dangerous drugs are always evolving and I would want to be up to date before trying to talk to my children about them.*
- *an update on the range of drugs as it seems that new ones are available and it's hard to keep up sometimes. I don't think it's particularly tricky if children are able to talk to their parents about anything.*
- *Maybe the schools could provide information to parents that can be used by them in discussions with their child. I am happy to have the discussion and indeed do so but I'm not sure how accurate my information is.*
- *Information from the same sources as the children*
- *accurate information. a 3rd party to mediate between parent and child.*
- *Information booklets and parents information evenings at school*
- *Good factual information so I know as much as they do Knowledge of how other parents tackle these issues and examples of how to approach difficult discussions or tricky situations*
- *Clear factual information Support to deal with issues effectively and to keep things in perspective*

What would help to give you the confidence to tackle tricky areas like this?

The following comments are direct quotes from parents and carers.

- *someone to talk to that has been there*
- *As much knowledge and information as is possible to discuss and talk about openly with my children.*
- *The same pointers and guidance that teachers or case workers are provided to tackle issues, possibly in a leaflet or booklet.*
- *Your question was ambiguous - Do you feel that you have the confidence to provide accurate information and discuss drugs with your child? I feel I have the necessary confidence to tackle tricky areas but not to provide accurate information*
- *I feel confident enough but would need to know the terms used as they have changed since I was at uni etc - when I was most aware of drugs being around my peers*
- *an open mind*
- *information that was easily accessible and easy to read*
- *Being more informed first.*
- *More involvement when children were at school; education for parents as well as children.*
- *Workshops*
- *More knowledge of up to date terminology, the support of the drinks industry*
- *More information; talks on the subject; helpline for parents*
- *Support and information*

Part 2: Parentline data

Calls relating to Drugs and Alcohol October 2007 – March 2008

This section of the report has been generated from the calls taken on Parentline from October 2007 to March 2008. In October 2007 we launched a new system to record details from calls and to analyse that data, it is not practicable to compare data from this new system with data from the old system.

Parents ring Parentline at times when they are most in need of support and information, often about situations which they experience as highly distressing. Two independent evaluations undertaken by the Thomas Coram Research Unit¹ demonstrate that parents ring us either at a difficult time or crisis and/or with deeply entrenched and chronic difficulties. As a result, the call data shows from parents' own descriptions, a range of serious difficulties and how parents are feeling.

Call takers using a helping process to enable callers to unburden themselves, explore the reasons for their children's difficulties, and consider further actions they could take to improve their situation.² When appropriate, callers are signposted to more specialist sources of advice, and can be referred for further help from our own Individual Support Service or for specialist support from other agencies.

Parents and other close members of the family are usually the first to spot something is wrong but often do not have the confidence and knowledge to intervene effectively or to support the young person to find further help and information. When looking at issues raised by parents we see a picture of parents feeling out of control, with little understanding of what to say to their children about drugs and where to turn to for more information or advice, particularly if their children are teenagers and already breaking away from the family unit.

It also indicates that parents are deeply anxious, stressed and isolated as they try to tackle their family problems. Parents are not just telling us about their children's drug and alcohol use – they want to talk about worrying levels of anger and conflict, crime, lying, running away and mixing with a bad crowd – behaviours they link with drug and alcohol abuse.

A total of 35,885 calls were answered during the time period October 07 – March 08. 15,086 of these were short calls and 20,799 were long calls. Short calls are those where the caller is just requesting Parentline Plus materials or the contact details of another organisation or perhaps the call is cut off or interrupted. We log general details about the short calls but the following more detailed data comes from the long calls only. Also please note that some figures may not add up to 100% due to rounding.

¹ see http://www.parentlineplus.org.uk/uploads/tx_policyreports/Parentline-Plus-helpline-2006-evaluation-TCRU.pdf

² see http://www.parentlineplus.org.uk/uploads/tx_policyreports/How-helping-works021106.pdf

Table1: Percentage of long calls to Parentline related to Children’s drug and alcohol use, October 2007- April 2008.

Topic of call	% of all long calls (n=20,799)	% of calls about children’s behaviour (n=5824)
Alcohol	3%	10%
Drugs	2%	9%

Parents and carers call us for a multitude of reasons which we then group together to aid analysis according to whether the issue is about children’s behaviour or adults’ behaviour and then analyse further according to the nature of the issue.

Table 2: Family status of long calls to Parentline Plus October 2007- April 2008

Family Status	% of calls for all reasons (n=20799)	% of calls about children’s behaviour which also included concern about drugs use (n=510)	% of calls about children’s behaviour which also included concern about alcohol use (n=579)
Adoptive	<1%	1%	1%
Foster	<1%	<1%	<1%
Gay/Lesbian	<1%	<1%	<1%
Grandparents	1%	3%	3%
Lone Father	5%	3%	4%
Lone Mother	45%	39%	39%
Nuclear: Co-habiting	4%	2%	2%
Nuclear: Married	31%	33%	33%
Other	3%	1%	1%
Stepfamily	11%	13%	15%

This table is showing the national figures for family types calling Parentline for all reasons. Callers are asked to define themselves from this menu. There is no double reporting (for example a lesbian lone mother) because the callers are asked to select which single category fits their situation best. It then shows those same family types but where the main reason for the call was behavioural issues and drugs or behavioural issues and alcohol. This shows that callers with concerns about drugs and alcohol have broadly similar profiles to those calling Parentline for other reasons with the exception of Grandparents where there is a marked increase in the number of calls.

Table 3: Ethnicity of caller in long calls to Parentline October 2007-April 2008

Ethnicity	% of calls for all reasons (n=20799)	% of calls about children’s behaviour which also included concern about drugs use (n=510)	% of calls about children’s behaviour which also included concern about alcohol use (n=579)
Asian	5%	1%	2%
Black	4%	3%	1%
Mixed	2%	1%	1%
Other	2%	1%	1%
White	87%	94%	95%

This table shows that compared to all calls, calls concerning drug and alcohol use dropped from all ethnic groups except amongst the white population. However it is important to note that although these figures add up to 100% a further 2000 callers were either not asked or preferred not to reveal their ethnicity. It is not always possible or appropriate for callers to collect demographic information because the caller may be very distressed so those calls have not been included in this table. We are working to increase the recording of demographic information.

Table 4: Household income of caller

Household income per annum in £	% of calls for all reasons (n=20799)	% of calls about children's behaviour which also included concern about drugs use (n=510)	% of calls about children's behaviour which also included concern about alcohol use (n=579)
0 – 5,000	8%	9%	6%
5,001 – 10,000	13%	12%	9%
10,001 – 15,000	12%	10%	14%
15,001 – 20,000	10%	11%	12%
20,001 – 30,000	14%	17%	19%
30,000 and above	22%	34%	30%
Not Sure	12%	7%	10%

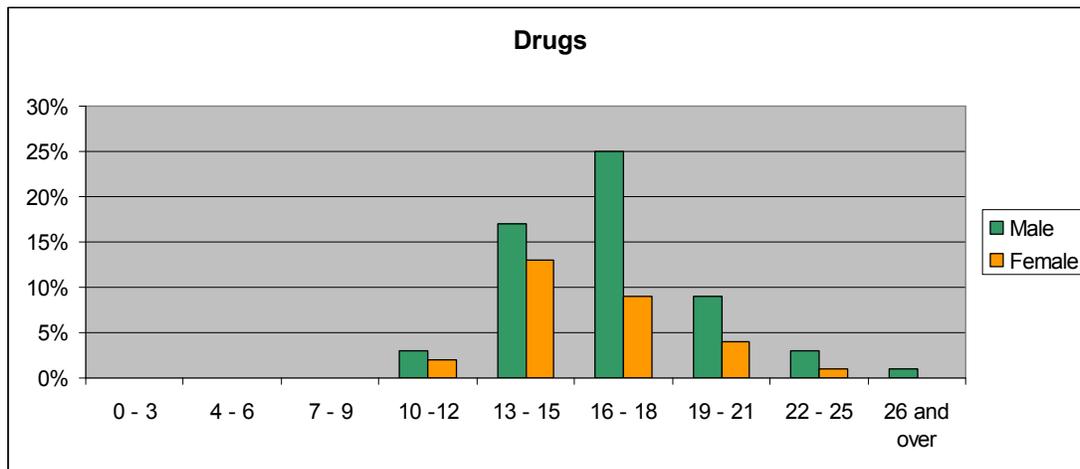
This table shows that there is a substantial increase in calls about drugs and alcohol for those households earning more than £15,000 per year compared with calls for all reasons. Similarly there is a small drop in the proportion of calls related to drugs and alcohol in the lower income brackets. This is another question that many callers choose not to answer and those nil responses have not been included here.

Table 5: Age of the Children causing concern

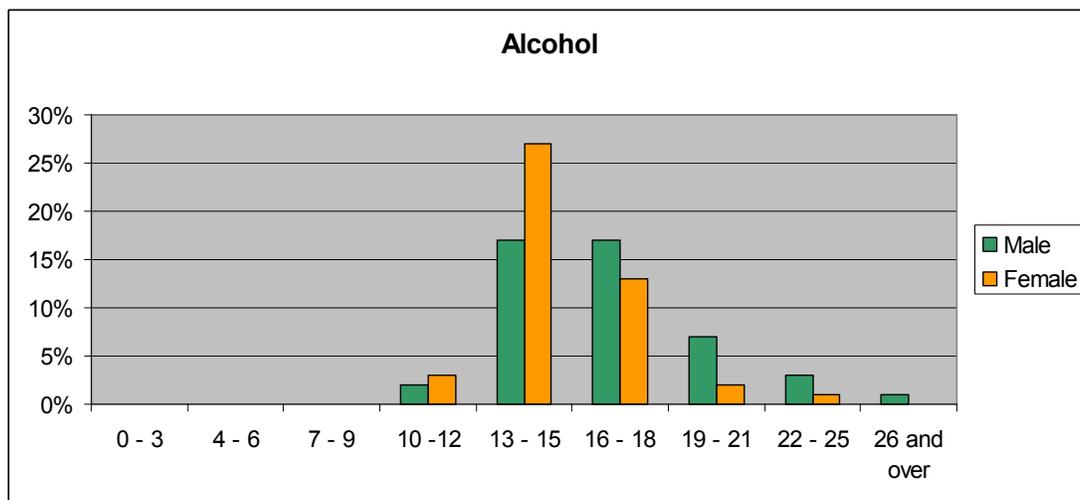
Ages	% of calls for all reasons (n=20799)	% of calls about children's behaviour which also included concern about drugs use (n=510)	% of calls about children's behaviour which also included concern about alcohol use (n=579)
0 - 3	13%	0%	0%
4 - 6	13%	0%	0%
7 - 9	16%	0%	<1%
10 - 12	19%	5%	6%
13 - 15	29%	41%	57%
16 - 18	18%	42%	37%
19 - 21	5%	15%	10%
22 - 25	2%	5%	4%
26 and over	2%	1%	1%

This table shows an expected spread of ages of children causing concern with the use of alcohol peaking at an earlier age than the use of drugs. However this is not clear cut when gender is also taken into account.

Age brackets broken down by gender when drugs was an issue in the children's behaviour section of calls to Parentline October 2007- April 2008.



Age brackets broken down by gender when alcohol was an issue in the children's behaviour section in calls to Parentline October 2007- April 2008.



There are two distinct, but not unexpected, trends within these two charts. The first is that callers are telling us that boys are more likely to be engaged in risky behaviours relating to drugs and alcohol than girls are but especially when the caller is expressing concern about drugs. However, girls overtake boys in their parents' concern about their alcohol use in the 10-16 age groups, especially among the 13-15 year olds. These two trends will be monitored over time to identify long term trends but also to spot any peaks and troughs across a calendar year so that we can target our support when parents need it most.

Table 6: Referrals from Parentline Plus when alcohol use was the caller's concern, October 2007-April 2008

Organisation	% of alcohol related referrals
Get Connected	30%
Young Minds	28%
Connexions	19%
Frank	17%
Drinkline	12%

Table 7: Referrals from Parentline Plus when drugs use was the caller's concern, October 2007-April 2008

Organisation	% of drugs related referrals
Frank	39%
Young Minds	28%
GetConnected	21%
Connexions	18%
Drinkline	2%

These tables show the organisations we referred callers to, when drugs or alcohol was noted as an issue when children's behaviour was the primary reason for the call, a caller could have been referred to more than one of these organisations.

Signed By: Hilary Chamberlain
Date: 21st May 2008