



University of Brighton

Understanding what makes for effective conversations about
alcohol between parents and their 15-17 year olds

FINAL REPORT – JULY 2017

Alexandra Sawyer, Lester Coleman, Nigel Sherriff, Lisa Hodgson,
Richard Cooke

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List of Abbreviations

BME	Black and Minority Ethnic
IMD	Index of Multiple Deprivation
PSG	Project Steering Group
WAY	What About YOUTH survey

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For enquiries contact:

Alexandra Sawyer
Centre for Health Research
School of Health Sciences
University of Brighton
Mayfield House
Brighton, BN1 9PH
Tel: +44(0)1273 644169
Email: a.sawyer@brighton.ac.uk

EXECUTIVE SUMMARY

AIMS

There is increasing awareness of the role that parents can have in the development of their children's drinking behaviour. The Centre for Health Research at the University of Brighton was funded by Drinkaware to understand how parental conversations can help reduce alcohol-harm amongst their 15-17 year old children. As such, this study aimed to understand what helps achieve effective conversations by addressing the following two research questions:

1. What are the barriers and facilitators to parents in the UK having effective current/future harm prevention conversations about alcohol with their 15-17 year olds?
2. What types of information, strategies and/or tools would enable parents in the UK to have more effective and on-going conversations with their 15-17 year olds?

METHODS

The project used a cross-sectional qualitative design. Recruitment took place over two phases to allow a purposive maximum variation sample of parents and young people. The final sample consisted of 48 parents and 16 young people (15-17 year olds) who took part in a semi-structured interview. The sample was diverse and included participants from throughout the United Kingdom. Thematic analysis was used to analyse the data separately for all parents, all young people, and 16 matched parent-child pairs.

MAIN FINDINGS

Parent interviews - The majority of parents drank openly in front of their children and this was considered to portray a sensible drinking message. Most parents were comfortable talking to their child about alcohol. It was considered that open and honest conversations helped demystify alcohol for young people. Most conversations that parents had with their children were small and informal and a wide range of triggers to these conversations were reported (for example: a television programme, witnessing someone drunk, social media). Although there were no major barriers reported that prevented parents from speaking to their child about alcohol, several topics were identified which parents felt less confident talking about such as units of alcohol, legal issues around alcohol, how to explain alcohol dependency to children, and types of alcoholic drinks that young people drink. There was some evidence that as children got older conversations became more frequent and more focused on safety.

Young person interviews – Young people generally exhibited low levels and infrequent occurrences of drinking. Alcohol-related conversations were generally viewed as being “in passing” and never a formal sit-down conversation. Timing of conversations was also important to young people, having a greater impact if they were at a suitable time or place, and when everyone was relaxed. Young people thought it was helpful to hear about their parents’ “real life” experiences. The findings suggest that young people attach great value to the information from their parents. A range of triggers to conversations were reported but the most frequent instance was just before a child went to a party. The most commonly discussed topics were around sensible drinking and limiting the effects of alcohol. Although young people generally considered themselves knowledgeable about alcohol some noted that they wanted more information in certain areas such as how to find their “limit”, different types and strengths of alcohol, and units of alcohol.

Matched parent-child interviews - Overall, the matched parent-child interviews were very consistent. Young people and parents generally reported similar accounts of their child's alcohol consumption. The mutual recollection of conversation starters and topics are indicative of the most salient and effective strategies to exchange knowledge about harm-reduction. There was also agreement regarding the style of conversation, which was viewed as an open and informal approach. It was fairly typical that not all topics were recalled by young people compared to those raised by their parent and vice-versa.

Overall, young people's low level of drinking and reported drunkenness suggests that the conversation triggers and the topics covered by parents could be considered as highly effective in generating harm-reduction behaviours.

STRENGTHS AND LIMITATIONS

This study provides an in-depth insight into the conversations that 48 parents have with their 15-17 year old children about alcohol. A unique aspect to this study is that 16 children of these parents were also interviewed. The sample was diverse with participants recruited from across the UK, a gender balance with respect to young people and parents, and parents from a range of BME backgrounds. However, interpretation of the findings and recommendations should be made in the context of the following considerations. Firstly, with regards to the sample, single-parent families, parents with lower levels of education, and parents and young people who experience problems with alcohol are underrepresented in this study. Secondly, the parents and young people that self-select to participate in a study about conversations may be those who are not having difficulty with conversations about alcohol. Thirdly, as there was no objective measure of conversations parents may over-report parent-child communication due to social desirability. Finally, parents' and young people's self-reported alcohol use may also be different to what they are actually drinking (either via under- or over-reporting).

RECOMMENDATIONS

Findings from the interviews with 48 parents and 16 young people were used to identify a set of recommendations to help parents communicate with their children about alcohol:

Modelling of parents' behaviour – It is important that parents recognise that their own attitudes and behaviour can impact and influence their child's attitude towards alcohol. Adopting a more open rather than authoritarian attitude to alcohol in the home can remove the taboo associated with alcohol.

First invitation to a party – Parents can play an important role in helping their child drink sensibly on the first few occasions where there might be alcohol present. For example, contacting the parents of whose party it is to find out more information, talking to the child about drinking sensibly, and putting in place harm-reduction strategies.

Style of conversation – An open and honest conversation can demystify alcohol for young people. Small, informal chats were viewed as the most appropriate way of speaking to children about alcohol compared to a more formal, "sit-down" style of conversation. It is important that young people are listened to and actively involved in any conversations.

When and how to start conversations – Timing of when to start conversations is important. There needs to be some relevant context and it is best to choose a time when everyone is relaxed. Parents might want

to use any relevant opportunities that occur. For example, when watching a programme on television. Hearing about real-life examples seems to be an effective way to communicate information. It is also important for parents to recognise that conversations might need to adapt to changing transitions (e.g. as their child approaches legal age).

What to talk about – The following topics seem important in harm-reduction: drinking water in between drinks; avoiding mixing alcohol; avoiding spirits generally but if used, not to drink them neat; eating well beforehand; drinking at a steady pace; keeping hold of drinks to avoid spiking; and the dangers of drink-driving. Topics which highlight the short-term dangers of alcohol appear to be more memorable and have more of an impact on young people. Findings suggest that parents and children might require more support with some topics. Messages between children and parents should be repeated and reinforced.

Several areas for future research are discussed including how important conversations might change when children reach the legal age to drink alcohol and drinking becomes more independent (possibly by following up this study's sample).

SECTION ONE: Introduction and background to the study

1.1 Alcohol use and young people

Young people typically first taste alcohol at the age of 13 and levels of consumption tend to rapidly increase as they advance in age (Fuller, 2015). Recent estimates show that 38% of young people aged 11-15 had tried alcohol and 15% of 15 year olds had drunk alcohol in the last week, relative to 1% of 11 year olds (Fuller, 2015). The majority of 11-15 year olds who consumed alcohol in the last week drank above the pre-2016 daily recommended guidelines for adults¹, for each drinking day (Institute of Alcohol Studies, 2013). Further estimates show that by the age of 17, almost two-thirds (64%) of boys and almost half (48%) of girls drank on a weekly basis (Public Health England, 2016a). Alcohol consumption among young people in the UK is also high compared to other European countries (Hibell et al., 2012).

Results of the What About YOUth survey (WAY; Health and Social Care Information Centre, 2015) provides further insight into the drinking behaviours of young people and shows that drinking is more of an issue among certain groups of young people. For example, young white people (72%) were much more likely to have had an alcoholic drink compared to those from a Black and Minority Ethnic (BME) group background (27%). Furthermore, patterns of drinking also varied by deprivation group where young people in the least deprived areas were more likely to have had an alcoholic drink (66%) and to be regular drinkers (8%) than those in the most deprived areas (44% and 4% respectively).

There is unequivocal evidence that frequent drinking and drunkenness is associated with adverse psychological, social, and physical health consequences, including brain damage, academic failure, violence, injuries, and unprotected sexual intercourse (Perkins, 2002). In the WAY survey the most commonly reported consequence from drinking was doing something that they later regretted (15.7%), hurting themselves (8.6%) and getting into a fight (2.8%). Needing to go to the hospital was the least reported consequence (0.6%) (Health and Social Care Information Centre, 2015). Therefore, although there are some indicators that suggest that levels of young people's drinking are reducing, risky behaviours are still prevalent and this disproportionately affects some groups of young people more than others (Public Health England, 2016b).

Such is the political concern of young people's alcohol consumption, the then Chief Medical Officer of England published the first official guidance on alcohol aimed specifically at children and young people (Donaldson, 2009) stating that 15-17 year olds should only consume alcohol with the guidance of a parent and no more than once a week. Further, the most recent Alcohol Harm Reduction Strategy (Department

¹ The Chief Medical Officer's Low Risk Drinking Guidelines (Department of Health, 2016) states a weekly limit of 14 units for both men and women and no longer a daily amount. This is in contrast to the previous guidelines, which advised that men should not drink more than three to four units a day – up to 21 units or less a week – while women should not drink more than two to three units a day, or up to 14 units a week (Department of Health, 1995).

of Health, 2015) states a need to promote “a reduction in the number of people aged 11 to 15 drinking alcohol and a reduction in the amount they drink” as one of its six key actions.

1.2 Parental influences on health

A range of factors influence alcohol use including genetic, family and peer influences and also wider social, environmental and legislative contexts (e.g. Donaldson, 2009; Schuckit, 2009). There is an increasing awareness of the role that parents² can have in the development of their children’s drinking behaviour (Jacob et al., 2016; Valentine et al., 2014; Valentine and Harris, 2016). The idea that parents’ attitudes and behaviour can have a crucial impact on their children’s substance use is also in line with the assumptions of social learning theory (Bandura, 1986), primary socialisation theory (Oetting & Donnermeyer, 1998) and the ecological systems theory (Bronfenbrenner, 1979). The role that parents have in preventing alcohol misuse in their children is also reflected in recent policy attention (Department of Health, 2007; Donaldson, 2009). Most of the research on parenting has used quantitative methods to explore attributes of the family environment such as family structure as risk or protective factors for adolescent alcohol use (Ennett et al., 2001). Furthermore, most studies have focused on adult “problem” drinkers, and their children, rather than “ordinary” families (Valentine et al., 2014). In contrast, there has been less research on parent-child communication (Demant & Ravn, 2013; Valentine & Harris, 2016). A review highlighted the need for more research on the role of family regarding children’s drinking particularly looking at parents’ attitudes and practices in relation to children’s alcohol consumption (Smith & Foxcroft, 2009).

Research on alcohol and the family suggests a number of factors are likely to influence young people’s drinking. For example, a systematic review of parenting strategies found evidence that parental modelling, limiting availability of alcohol to the child, parental monitoring, good parent-child relationship quality, parental involvement and general communication (degree to which adolescents feel they can talk freely with their parents) were associated with lower levels of later drinking by adolescents (Ryan et al., 2010). Hight (2005) also found that communicating and negotiating with children seem to be effective strategies in helping young people develop and sustain a sensible relationship with alcohol. Previous research into young people’s “risky” drinking has also found that most young people would like more discussion with their parents and carers about alcohol (Coleman & Cater, 2005).

Communication, including alcohol-specific communication, is multidimensional. The dimensions of communication not only include its frequency, quality, and content, but also the strategy it represents, such as discussion or asking questions (Boone & Lefkowitz, 2007). Open communication, which refers to the ability to share feelings, approach difficult topics, and ask for help (Riesch et al., 2006) is considered as high quality communication, and talking frequently is assumed to be a characteristic of good family functioning. However, although parents have been offered support to speak about a range of sensitive

² In this report, “parents” refers to the primary caregivers of young children in the home. In addition to biological and adoptive parents, main caregivers may include kinship (e.g., grandparents), foster, and other types of caregivers.

matters with their teenagers from generic parenting classes (e.g. Strengthening Families, Triple P – Positive Parenting Program) to sexual health (e.g. ‘Speakeasy’ operated by FPA³), there is relatively less provision to support parents in having alcohol-related discussions, especially amongst older teenagers. Previous studies have also found that many parents are unsure how to talk to their children about alcohol (Coleman & Cater, 2005; Stace & Roker, 2005).

1.3 Different support required by parents of older teenagers

Valentine and Harris (2016) researched strategies used by parents to talk to their 9-13 year olds about alcohol. Although most parents reported feeling comfortable talking to their children about alcohol, parents also reported that they were *“anxious about striking the right balance between being open and ensuring that their children learn a sensible approach towards alcohol, yet not normalising it to such an extent their children become ambivalent to the potential risks associated with drinking.”* (p.3).

There is however a key gap in evidence and support for parents of older children. As alcohol experience increases rapidly with age, it is clear that bespoke resources may be required for parents of older children. Strategies to reduce drinking frequency, drunkenness and adopting harm-reduction strategies/behaviours will be paramount alongside informational material. The most notable exception to this lack of evidence is a study conducted by Sherriff and colleagues (Sherriff et al, 2008; see also Cox et al., 2006a; Sherriff et al., 2006), which explored communication and supervision of alcohol in the family. This study was based on the secondary analysis of two datasets ($n=115$ young people and 65 parents) plus a further 40 interviews with parents about parent-child (aged 13-17) communication around alcohol. The findings from this study showed that many parents engaged in a discussion with their child about drinking. One of the main messages that parents tried to convey was that when used in a sensible and safe way, alcohol can be a normal part of adult life. However, many parents also reported concerns about communicating with young people about alcohol. For example, parents were unsure how to start conversations about alcohol and some parents expressed concern that their children would do the very thing that their parents have asked them not to do. Parents felt ill-equipped regarding communication about alcohol in the family and as such would value support and advice relating to communicating and negotiating alcohol use with young people. The findings from this research were used to develop a guide for parents to help them communicate effectively about alcohol with their children (Cox et al., 2006b).

The aim of the present study is to address the gap in research exploring conversations between parents and older teenagers by focusing on the parents of 15-17 year olds and incorporating the views from the children themselves.

³ FPA formerly known as the Family Planning Association.

1.4 Research questions

The two prescribed research questions reflect the importance of understanding how parental conversations can help drive alcohol-harm reduction amongst their 15-17 year old children. To enable this, there is need for a greater understanding of what helps achieve effective conversations, and this is reflected in the research questions as follows:

1. What are the barriers and facilitators to parents in the UK having effective current/future harm prevention conversations about alcohol with their 15-17 year olds?
2. What types of information, strategies and/or tools would enable parents in the UK to have more effective and on-going conversations with their 15-17 year olds?

SECTION TWO: Methods

2.1 Design

The design was a cross-sectional qualitative study.

2.2 Participants

The participants in this study were parents and young people (15-17 years old). In order for parents to be eligible to take part they needed to be a parent of child/ren aged between 15-17 years, they needed to be able to give informed consent, and be able to understand and speak English. In order for young people to be eligible they needed to be able to give informed consent and parental consent was additionally required to interview 15 year olds. Young people also needed to be able to understand and speak English.

2.3 Procedure

During the recruitment period parent/s were invited to take part in a semi-structured individual interview regarding communication about alcohol between themselves and their children. The semi-structured format allowed participants to have flexibility in their answers and identify areas not covered by the interviewer. The topic guide (see Appendix A) was designed to explore the following six key domains: communication, supervision, modelling, legal and health issues, difficult issues, and mobile technology/social media. In addition, a simple and short structured questionnaire was used to gather basic demographic characteristics (e.g. age, ethnicity, education; Appendix B). This was administered at the end of the interview.

Children (15-17 year olds) of parents interviewed were also invited to be take part in a semi-structured individual interview covering communication about alcohol between themselves and their parents. The topic guide (see Appendix C) was designed to explore the same six key domains: communication, supervision, modelling, legal and health issues, difficult issues, and mobile technology/social media. In addition, basic demographic information was gathered in the interview schedule (e.g. age, ethnicity, current education status).

2.4 Recruitment

The recruitment strategy took place over two phases which allowed a purposive maximum variation sample (a method used to ensure a wide range of participants are included) of parents and young people to be selected for in-depth interview. Final selection of potential interviewees was based on variations according to a balance of the following *indicative criteria*:

- Geographical location;
- Index of multiple deprivation (correlated with socio-economic status);
- Ethnicity;
- Religion;
- Children that do/do not drink alcohol;
- Children that do/do not get drunk over a set time frame (as most will have had alcohol by age of 15);
- Extent to which parents have addressed the supervision and monitoring of alcohol – from non-interest/not relevant; would like to but experienced difficulties; and have addressed these issues with perceived variations in effect.

2.4.1 Phase one recruitment

In order to maximise the potential recruitment pool for both parents and young people the research team engaged with Qualtrics Online Sample who have access to 20 online panel providers. Qualtrics panel partners randomly select respondents for surveys where respondents are highly likely to qualify. Each sample from the panel base is proportioned to the general population and then randomised before the survey is launched. An online screening questionnaire (Appendix D) was launched to the Qualtrics online panels. 100 people completed the screening questionnaire that were eligible to participate and 40 agreed to further contact from the University of Brighton about taking part in the interview. The research team contacted participants who expressed an interest to discuss the study in more depth, provided an information sheet, and arranged a date and time for the interview. At the end of the interview parents were asked if the researcher could also speak to their child/children. If they responded positively, the child/children were provided with an information sheet, either via their parents or a member of the research team. A member of the research team then contacted them directly to explain the study in more detail and arrange an interview. At the end of the interview parents were also asked if they knew of any other parents of children aged 15-17 who would be interested in participating, and if they did, to pass on the researcher's details so they could provide more information about the study. If no contact was made with participants after the first attempt, they were contacted a maximum of two further times (email, SMS, phone call).

2.4.2 Phase two recruitment – Additional focused strategies

Following phase one, additional purposive strategies were employed to ensure underrepresented groups were included. In particular, there was a need in this phase to recruit more parents of 16- and 17- year olds, single-parents, and young people. Further parents were invited through personal and professional contacts, and advertising (through leaflets) in specific sites. As per Phase 1, a member of the research team contacted participants who expressed an interest to discuss the study in more depth, provide an information sheet, and arrange a date and time for the interview.

2.4.3 Sample characteristics

Parents

Of the 40 participants who agreed to be contacted from Phase 1 (Qualtrics Online Sample) 28 were interviewed (70% response rate) and three additional parents were interviewed from referrals from these parents. 17 parents were recruited and interviewed as part of Phase 2. Therefore, the total number of parents interviewed for this study was 48. Table 1 displays the demographic characteristics of these parents. The sample is diverse and includes participants from a range of locations (see Figure 1 for a map of where the participants are located) and ethnic backgrounds. Of the 48 parents interviewed, 38 (79%) had one child aged 15-17, and 10 (21%) parents had two children aged 15-17. Of these 58 children, 30 (52%) were boys and 28 (48%) were girls. 26 (45%) children were aged 15, 19 (33%) children were aged 16, and 13 (22%) children were aged 17. The average age of parents was 47 (ages ranged from 34 to 63). Based on drinking frequency and the amount and type of alcohol consumed parents were classified into the following five categories: abstinent (never drinks alcohol), very low (e.g. rarely, one or two drinks at special occasions), low (e.g. couple of drinks once or twice a week), moderate (e.g. one or two drinks three or four evenings week), and high (e.g. one or two drinks a night)⁴. The majority of parents in this study can be classified as low to moderate drinkers. Table 1 also displays the demographic details of the 16 parents whose children were also interviewed.

Postcode data were analysed using the indices of multiple deprivation (IMD) from the Office of National Statistics to gain an indication of the socioeconomic background of the interviewees. IMD scores range from 1 to 32844 with a low score indicating most deprivation and a higher scoring indicating least deprivation. For the purpose of this research, IMD scores were categorised into quartiles to give an overview of the kinds of areas participants were drawn from. Analysis revealed that approximately 26% of the sample lived in the most deprived areas of England and 32% lived in the least deprived areas of England (see Table 2).

⁴ Participant drinking level was coded together by three members of the research team and another member of the research team also separately coded the alcohol level and there was a high level of inter-rater reliability (95% agreement rate and kappa = .97).

Figure 1. Map displaying location of participants interviewed



Table 1. Demographic characteristics of participants

	All parents N=48 (%)	Parents of children interviewed N=16 (%)
Gender		
Male	20 (42)	6 (38)
Female	28 (58)	10 (62)
Drinking level⁵		
Abstinent	6 (14)	0
Very low	9 (21)	4 (25)
Low	11 (26)	4 (23)
Moderate	12 (28)	6 (38)
High	5 (12)	2 (13)
Ethnicity		
White British	37 (77)	15 (94)
White American	1 (2)	0
White Italian	1 (2)	0
Black African	2 (4)	0
Pakistani	3 (6)	0
Other Asian	2 (4)	1 (6)
Mixed other	2 (4)	0
Religion		
None	26 (54)	10 (62)
Christianity	13 (27)	6 (38)
Catholicism	5 (10)	0
Islam	3 (6)	0
Buddhism	1 (2)	0
Marital status		
Married/Cohabiting	41 (85)	13 (81)
Partner (not living together)	1 (2)	0
Single	3 (6)	2 (13)
Separated/Divorced	3 (6)	1 (6)
Educational qualification		
None	1 (2)	0
GCSEs	5 (10)	1 (6)
A-Levels	18 (38)	5 (31)
Undergraduate	12 (25)	4 (25)
Postgraduate	11 (23)	5 (31)
Professional	1 (2)	1 (6)
Employment status		
Employed full time	22 (46)	5 (31)
Employed part time	13 (27)	6 (38)
Unemployed	6 (13)	1 (6)
Self-employed	5 (10)	4 (25)
Student	1 (2)	0
Retired	1 (2)	0

Note. On occasions the percentages may not add up to 100% precisely due to the rounding up or down of decimal places

⁵ It was not possible to calculate drinking level for 5 participants because they did not state type/amount of drink, however, these 5 participants reported drinking 2-3 times a week.

Table 2. Index of multiple deprivation (IMD) based on postcode data

IMD Quartile	N=38 (%)
Most deprived	
Band 1 (1-8211)	10 (26)
Band 2 (8212-16 422)	2 (5)
Least deprived	
Band 3 (16 423-24 633)	14 (37)
Band 4 (24 634-32 844)	12 (32)

Note. One participant did not provide their postcode and this table only displays data for participants from England. Northern Ireland (n=2), Wales (n=5), Scotland (n=2) all have separate indices. Of the five Welsh participants 3 participants were from the 50% least deprived Lower Super Output Areas and two participants were from the 30-50% most deprived Lower Super Output Areas. Of the two Scottish participants, one was from Band 1 of 5 (ranked 584 out of 6976 data zones, where 1 is the most deprived) and one was from Band 4 of 5 (ranked 5571 out of 6976 data zones). Of the two participants from Northern Ireland one participant was from an area ranked 316 out of 890 areas and another was from an area ranked 881 out of 890 areas (where 1 is the most deprived).

Young people

Forty-seven⁶ parents were asked if a member of the research team could also speak with their child and 16 out of 47 parents agreed (34% response rate) for their child to be interviewed and 16 interviews with their children were conducted. Of these 16 children eight (50%) were boys and eight (50%) were girls; three (18%) children were aged 15, seven (44%) children were aged 16, and six (38%) children were aged 17.

2.5 Data analysis

With participant's permission, all interviews were audio recorded, allocated a unique identifying number, and quality checked. Files were transcribed verbatim by an external University approved supplier who is experienced in dealing with sensitive and confidential data. Qualitative thematic analysis was used to inductively (from the data) and deductively (based on the project's objectives and indicators) analyse the data. Braun and Clarke's (2006) method was used to identify, describe, and analyse themes and patterns within the data. Specialised qualitative data software (NVivo) was used to support this process. Adopting a team approach, analytical processes were triangulated to increase reliability and validity of the findings. The analysis focused on: barriers and facilitators to conversations, comparisons in techniques to start conversations, perceived reactions and effectiveness of conversations, and suggestions for what would/would not 'work' through the parent-child interaction to reduce alcohol-related harm. Moreover, the purposive sample was explored to see if findings could be analysed according to the variations within it. For example, to assess whether the effective conversations differed by the age of the children, or correlated with the different levels of drinking by parents and/or children. Finally, the analysis also

⁶ One parent indicated they did not want any more involvement in the study because of time constraints.

explored whether the facilitators and barriers to the effective conversations were perceived differently between the parents and their children.

Findings from the data analysis were synthesised collectively to propose recommendations for evidence-based resources containing a compilation of the most effective parental conversations and the ways to overcome the barriers to such conversations. Direct quotes are referred to by participant codes to ensure anonymity (P=Parent; YP=Young person; mother/father; participant number; age and gender of young person). In this report the following terms were defined where relevant to illustrate the frequency of comments made by participants: none (no participant), one (one participant), a few (up to 10% of participants), some (10-50% of participants), many (50-70% of participants), majority (70%+ of participants) and all (all participants).

2.6 Data storage and confidentiality

All primary research data generated is stored securely at the Centre for Health Research (University of Brighton) using a password protected network and in compliance with data protection legislation. Only the research team and an approved University transcriber have access to this data. To mitigate against the unlikely loss of data, digital files are backed up daily to University external (secured) servers. All data will be retained for 10 years and then digital files will be destroyed/deleted and physical data shredded (as per University of Brighton policy).

2.7 Research governance and ethical approval

The University of Brighton's College Research Ethics Committee (CREC) for the College of Life Health and Physical Sciences reviewed and approved this research (Appendix F)⁷.

⁷ The full approved submission is available on request.

SECTION THREE: Results

3.1 Introduction

In this section, the findings from the interviews with parents and young people are presented in the following order: 1) Findings from all the parents interviewed ($n=48$); 2) Findings according to variations within the parent sample (age of young person, gender of young person, level of parent drinking, and religion); 3) Findings from all the young people interviewed ($n=16$); and 4) Findings from parent and child pairs ($n=16$).

3.2 Parent findings

48 parents contributed to this part of the analysis. The parents' findings are summarised within the following thematic areas:

- Modelling;
- Concerns about young people and alcohol;
- Sources of information;
- Conversations about alcohol;
- Topics conveyed during conversations;
- Supervision and monitoring;
- Support for parents and resources.

1. Modelling

This theme represents parents' own and other people's use of alcohol and/or how this is viewed by their children. In this sample six parents reported that they did not drink alcohol at all. The majority of parents were classified as low to moderate drinkers and reports of drunkenness were rarely mentioned by parents. The majority of parents reported that they primarily drank alcohol at home and did so openly in front of their children. This was considered a positive way to show moderation and portray a sensible drinking message to their children:

"It's not like we make an issue of it, so we don't hide it, but we don't make a song and dance of it either...so hopefully what I'm demonstrating or modelling to them is that you can drink, but you don't need to have a drink to have a good time and it's more part of a social occasion really." (P43, Father, 16-year old male)

One mother noted that her ex-partner was an alcoholic and one outcome of this is that her children are much more aware of the negative sides of alcohol compared to other children:

"...because she's seen him, I think she doesn't, there's no glamorisation of alcohol, like perhaps, like some teenagers who, I feel that although I wouldn't like my children to have a father who has got a drink problem, actually there are aspects of it, which can be quite useful, because it does make it much more, it demystifies it, they see it for what it is." (P45, Mother, 16-year old female)

A few parents recognised that if they were to hide drinking in front of their children this would only make them more curious and more interested in alcohol:

"And we are quite open with alcohol at home so I think in terms of children, if you try and hide things away from them the more they would want that thing and we've always been quite open with having alcohol around." (P30, Mother, 17-year old male)

Only one parent reported getting very drunk in front of his children, which he felt was wrong and would not want to do again:

"... and you wake up and your child says 'what were you doing last night?' And 'you weren't very nice to me', etc., etc., so it brings it into reality when the children say that 'I was worried about you last night'. And because of that I have cut down, I'm a different person, which is good, so you learn but that's all part of the binge drinking." (P46, Father, 17-year old female)

However, some parents did not drink at all in front of their children either because they do not drink alcohol themselves or because they felt that drinking alcohol in front of their child would have a negative impact on them. For example, one father expressed concern that drinking in front of his daughter would normalise alcohol use:

"...you know I tend now if she is with me or we are doing something or watching the TV I won't be drinking at all, because I don't want her to be thinking that this is a normal kind of thing to do." (P5, Father, 15-year old female)

As well as witnessing parents drinking alcohol there were also reports of children seeing siblings, other relatives, and family friends drinking alcohol and these reports were normally of drinking to excess, mostly at special occasions:

"...my partner used to drink quite a lot and she's probably drinking less now, but her and her family, they all drink a fair bit. So, Christmas, holidays, they would see people pretty hammered at times." (P3, Father, 15-year old twin males)

Some of these parents thought that these scenes of close family members consuming too much alcohol would act as a deterrent to the child by highlighting the negative impact that alcohol can have on people:

"Because I think they are still looking at ... and she is very different from my son because she used to see him, I think one night he went to the neighbour's house next door they were having a party and stupidly I wasn't there they let him drink about four pints of Stella and he thought he could handle it, and he didn't and she saw the effects of that. And if anything that's probably been a good thing because she has seen what alcohol did to him, and how sick it made him." (P5, Father, 15-year old female)

"...seeing dad [grandfather] drink and that sort of stuff they didn't like it because it was all the time, he would drink drive, he would not get nasty but he would get stupid. They didn't like being about that grandad. So when grandad was sober he was lovely, but when grandad was drunk they didn't like it." (P46, Father, 17-year old female)

Some parents also mentioned that it is not only parent/family drinking that can influence children but also factors outside the home such as the media, advertising, and peer groups:

"TV doesn't do anything to stop that, drink is seen as a good thing still I think." (P34, Father, 15-year old female)

"My main concern is that I know that some people in her year group in school are now drinking and they're fifteen-year old girls and boys and they're drinking hard spirits like vodka that I don't even drink myself as an adult so I do worry. I do worry that she will come to see that as normal and I don't want her to." (P31, Mother, 15-year old female)

Finally, it is also important to note in this section that some of the parents interviewed discussed that their own parents' heavy drinking has influenced their own attitude towards alcohol, and therefore how they approach alcohol with regards to their own children. For example, one mother stated that her own family were heavy drinkers and she found this troubling and disturbing as a child and as such her own attitudes towards alcohol is based on these experiences. Interestingly, she recognised that her attitude is negatively biased and therefore she wants to make sure she gets the right balance between positive and negative for her daughter:

"I also recognise that I am not very relaxed about it [alcohol] and I want to get that right for [daughter]." (P11, Mother, 15-year old female)

2. Concerns about young people and alcohol

This theme summarises the main concerns that parents in this study have about young people (specifically 15-17 year olds) and alcohol. As might be expected a range of concerns were reported by parents regarding drinking alcohol and this age group. Some of the most reported concerns were related to safety and increased vulnerability. Specifically, parents were concerned about the immediate dangers to young people (e.g. crime, fights, being taken advantage of, risky behaviours) as a result of drinking too much alcohol and therefore being out of control and unaware of their own actions:

“My main issue is, when you drink you are not aware, sometimes even you are not aware where you are, and anything can happen. That’s my main issue, so when you are drunk and you are over there, either someone can take advantage of you, someone can steal your money, if you have money on you, or your mobile phone, or ... anything can happen. You can get drunk and wake up somewhere else, and you wonder, ‘how did I get there?’ Sometimes I have a feeling you, you will not be able even to recall things you have done, when you are drunk.” (P4, Mother, 16-year old male)

“Just what they drink, where they drink, who they’re drinking with. Being taken advantage of, because they get into such a state that they don’t understand what’s going on, where it’s happening and what exactly is going on generally. That’s it.” (P9, Mother, 15-year old female)

Many parents were also worried about peer pressure and children being coerced to drink alcohol before they really want to:

“Another thing it’s peer pressure. I believe maybe some of these children they don’t want to, but when they go out and their friends are doing it, they think if they don’t drink it they will not be part of that particular group, so they have to do it to impress their friends [yeah]. That’s another worry, for me, peer pressure.” (P4, Mother, 16-year old male)

Some parents also reported that they were concerned about the context in which alcohol is drunk and “where they drink, who they’re with” (P9, Mother, 15-year old female). Specifically, when children are drinking in public places (e.g. parks, pubs), this was a source of concern:

“You never really know what they are getting up to outside.” (P5, Father, 15-year old female)

Parents did express concern regarding the long-term health effects of alcohol consumption (including physical damage to the body, addiction) but overall these were less frequently discussed compared to immediate concerns (e.g. vulnerability and safety):

“Oh yes. I think long-term it certainly doesn’t do you any good whatsoever. Sort of, yeah, your organs and your brain and yeah, your general health.” (P33, Father, 16-year old female)

A few parents also discussed that they had concerns specifically relating to social media. These parents were concerned that images of children drunk and/or doing something “*embarrassing*” could be placed on social media platforms:

“...or just making a show of yourself because nowadays you get like internet, like the YouTube and stuff like that. They’ll make a big video of you, think they’re having a laugh, or something like ... and they’ll put you on the video, you go viral and there you go.” (P18, Mother, 16-year old female and 17-year old male)

Other more isolated concerns included cost of alcohol, lack of focus for exams, ease of underage drinking, alcohol tolerance, and binge drinking:

“It’s not cheap it’s expensive, but I think also they are going through exams and they have got to be fully focused. And I know from the past even drinking alcohol even two or three pints the next day you don’t feel ... you are not 100 per cent switched on at my work, so you just wonder what they are like going to school or something like that if they have done something like that.” (P5, Father, 15-year old female)

3. Sources of information

This theme refers to where parents think their children should get information about alcohol from and what they think should be included in this information. All the parents interviewed thought it was important that young people were provided with information about alcohol as “*information is key*” (P3, Father, 15-year old twin males) to sensible drinking. It was thought that providing children with factual based information allows them to make their own (sensible) decisions. The majority of parents thought that it was their role to talk about alcohol with their children:

“It starts at home, definitely.” (P9, Mother, 15-year old female)

“I think it’s the parents who need to take ultimate responsibility.” (P8, Mother, 16-year old female)

However, many parents also recognised that schools have an important role in providing information in the same way that other topics such as sex, smoking, and drugs are covered. It was generally thought that this information should be provided alongside the information that is provided by parents. It was suggested that schools and parents offer different “types” of information with schools providing more factual-based information and parents providing more personal information with a moral focus:

“School is there to sort of back up what you’re telling them and to educate them but I think from a sort of moral point of view and an ethical point of view, yes, it’s what you get told at home.” (P33, Father, 16-year old female)

As discussed by a few of the parents one of the advantages of information being provided by schools is that children might listen to information from school more as it is less individualised, more direct, and is more likely to hold the child’s attention. Schools were viewed as a particularly important source of information if parents were unable to/did not talk to children about alcohol at home:

“If they can’t speak to them themselves I think the school should be involved in that way because the children do spend most of their time in schools.” (P19, Mother, 15-year old male and 16-year old female)

However, a few parents also suggested that they never really know what their child takes in from these sessions at school and they would also like to know more about what the school was teaching in these sessions and when they were happening. Therefore, it seems important to parents that there is more cooperation between school and parents regarding information that is provided around alcohol:

“I suspect there may be stuff in the school which I’m just not aware of that doesn’t get brought home and doesn’t get talked about.” (P40, Mother, 17-year old male)

Other sources mentioned by parents where their child got information about alcohol from included the internet and friends. However, interestingly, one parent expressed concern that children receive information from so many sources there is a potential for this information to be contradictory and lack cohesion:

“...that they [young people] have way more resources and information sources than I did when I was that age...so it’s much more broken up as to what those messages are.” (P3, Father, 15-year old twin males)

Again, as might be expected, a large range of topics were discussed regarding the information that should be provided to children about alcohol. These included: broad short- and long-term effects of alcohol, risks to health, putting themselves in vulnerable and dangerous situations, sensible drinking, strategies to keep safe, binge drinking, sexual risks, addiction, drink-driving, impact on behaviour, social responsibility, legal issues, units of alcohol, impact on work, and impact on social life and relationships:

“I think the dangers and what can occur from drinking too much alcohol over a short period of time, over a longer period of time, what it can do to your body, what it can do to your work life, to your social life, just everything.” (P5, Father, 15-year old female)

However, it is important to note that although these were the topics that parents thought *should* be given to children about alcohol they did not always provide this information themselves (see Theme 5 in this section for the topics that were discussed).

4. Conversations about alcohol

This theme introduces the conversations that parents have had with their children about alcohol including how parents feel about these conversations, the level and depth of these conversations, triggers/prompts to these conversations, what works well, and what does not work so well. Overall, the majority of parents felt comfortable having conversations about alcohol with their older children and found it easy to talk about:

“Very easy no problems at all, we talk to him openly about drinks, drugs, sex, everything, so we’ve always been open about all of those sort of things.” (P22, Father, 15-year old male)

One father highlighted that it was important to feel comfortable having these conversations with your child because if you do not it is likely that your child will in turn not feel comfortable talking to you about alcohol (and drugs):

“Because they see you feel comfortable with whatever you got to talk to them about, then they will feel comfortable in talking to you, that’s what it comes down to.” (P10, Father, 15-year old female)

The majority of parents thought it was important to have an open and honest dialogue with their children about not only alcohol, but all sensitive topics such as sex, drugs, and smoking. It was recognised that talking openly about these topics removed the taboo associated with them and if parents did not speak about them it would only create an air of intrigue around the topic:

“I think if people don’t talk about it, it then becomes more of a thing to do.” (P9, Mother, 15-year old female).

A few parents also noted that honesty is particularly crucial as children are perceptive in identifying contradictions, which could make conversations between parent and child less effective:

“I think it’s all dependent on the relationship with your carers, whether they’re parents or some other form of carer, that’s the framing, and I think young people look for incongruence in that, i.e. being told stuff that’s not the same as what they’re actually seeing people do. So my focus is definitely on trying to create an honest dynamic between myself and them.” (P3, Father, 15-year old twin males)

Interestingly, it seems that a few parents were motivated to do a better job than their own parents when it came to speaking to their children about alcohol (and other similar topics):

“I think my parents were very much, they didn’t talk openly to me about things like alcohol and drugs and it was always a bit of a taboo and I think probably in my twenties, I probably did make some mistakes in terms of my learning about sensible drinking and I do feel that my attitude is very much about giving kids information and not making these sort of subjects taboo, but talking openly about them.” (P14, Mother, 16-year old female)

However, although parents thought it was important to talk about alcohol some parents reported not really having any specific conversations around alcohol with their child, primarily because their child has no interest in alcohol and/or is perceived as being very sensible. This is discussed further in Section 3.3 when the role of child age is discussed. Regarding the level of conversations that parents have had with their children these were rarely big “sit-down” conversations but mainly consisted of small, casual, regular talks over the years:

“Very casual conversations, nothing like sitting down and a serious talk.” (P30, Mother, 17-year old male).

“It would just be you know a few couple of sentences and a couple of comments rather than a sit down talk.” (P32, Mother, 16-year old male)

It seems that parents view children as being most receptive to these types of conversations and these are best *“if you want to find out exactly how they think” (P30, Mother, 17-year old female)*. As such, the majority of parents actively avoided formal sit-down conversations with their children about alcohol as they thought this style of conversation would be ineffective. For example, this type of conversation might be perceived as a parent *“nagging”* and therefore children may not actually listen to what is being said:

“I think it’s important just to mention it whenever it comes up so that they feel comfortable. The moment you get a, ‘right, sit down kids, we’re going to have a talk’, they get that auto shut off thing where your parents are lecturing you so I don’t think they really take it in as much.” (P6, Mother of 15-year old female and 16-year old female)

Also, one parent recognised that this strategy might even have the unintended effect of *“almost making it [alcohol] a bigger deal” (P9, Mother, 15-year old female)*. Some parents recognised that although an informal conversation style worked now, if there was a problem in the future then they were aware that conversations might need to become more formal. This is consistent with one parent who had to have their only proper conversation with their younger child (aged 14) who got very drunk at his 17-year old sister’s party and was very sick:

“He woke up and we spoke about why he did it, what happened, and that was actually a proper sit-down conversation.” (P46, Father, 17-year old female)

Parents discussed a range of triggers and prompts that started a conversation around alcohol with their child but essentially it was very much about *“...taking opportunities to bring topics up ...”* (P31, Mother, 15-year old female). These included when watching television together (e.g. the news, programmes where people are drinking alcohol/getting drunk, television adverts), social media, newspaper articles around alcohol, when their child is going to a party/comes home from a party, seeing people drunk, follow-on from lessons at school, and the first time their child tasted alcohol in the home:

“I mean some TV programmes like ... I can’t remember what that programme was called where these people were getting so drunk they were ringing the emergency services all the time. You know, certain programmes like that, kind of brings it, what’s the word, that sometimes initiates the conversation.” (P9, Mother, 15-year old female)

“...because they could see somebody who was obviously not functioning in a normal way and I could say, oh that’s because they’ve had too much to drink and they’re not enjoying themselves anymore and they’ll have a headache in the morning.” (P34, Father, 15-year old female)

“In the early days when he mentioned going to parties, that’s when I first started to have the more serious conversations with him.” (P12, Mother, 17-year old male)

A few parents also noted that it was important to choose times to raise the topic when everyone was relaxed:

“I think it’s best to be done at a point where there’s no pressure, and everybody involved is calm about it.” (P44, Father, 16-year old male)

“Yeah, because normally that’s how ... when we are relaxed and you are sitting down having fun, maybe you are playing a game together it’s, it’s an atmosphere that you can start talking to your child about these things.” (P4, Mother, 16-year old male)

A few parents of children who go to parties also reported an interesting strategy of asking questions in general about the party to start a conversation about alcohol. This was seen as a less confrontational method of raising the topic that allows the child to direct the conversation where they feel comfortable:

“Usually by not asking them directly. So for example, I might say, ‘oh how was the party the other night?’ Knowing that alcohol had been there, ‘who was there? Did anybody bring any alcohol?’

Was anybody sick? Did anybody do anything that you're like err about?', it was that kind of, the talk. But talking about the party in general." (P45, Mother, 16-year old female)

Some parents also referred to family and friends who have problems with alcohol as a useful way of starting a conversation with their child about alcohol. It was thought that using a third person as an example helped raise the issue without appearing too direct or personal. For example, below is an example where the problematic drinking of a parent was often a prompt for conversations with her daughter:

"Or we just talk about it, because we talk about her father's [problematic] drinking, and that's often a route in, because of how, because of his behaviour towards her and behaviour that she's witnessed." (P45, Mother, 16-year old female)

Children were also proactive in conversations with their parents and often came to their parents with questions prompted by similar things to what has been discussed previously (i.e. seeing someone drunk, someone at school who has got drunk, if they are out in a restaurant):

"So, it would have cropped up then. It might be that we're in a restaurant and there's alcohol around and she says, 'oh that happened to [names of child's friends]' or whoever. So she tends to be the one to raise it, rather than us. And we don't shy, ever shy away or shut it down [yeah]. So, I think that's the biggest trigger." (P21, Father, 16-year old female)

"It's been when he was younger, when I was probably drinking a can of beer or something like that, he'd say 'oh, is that you know, is that beer?' And I'd say 'yes', and he'd say 'what sort of beer?' And that's how the discussion comes around." (P47, Father, 16-year old male)

Parents also discussed strategies that they used to initiate conversations or would advise other parents to use, which they thought were effective ways to start a conversation about alcohol with their child. For example, some parents referred to personal stories about their own drinking, which they thought effectively conveyed important information by making the message relevant:

"I've said to her before that I've been drunk in the past and have really struggled and I haven't been able to find my way home [mm] and said that's a really stupid thing to do and I wish I hadn't done it [mm]. I've explained the mistakes I made as a child or a teenager." (P21, Father, 16-year old female)

As previously discussed many parents thought that whilst watching television was a good way to start a conversation:

“A good thing would be picking up on something on a television programme or an advert or something like that, you can use that as a way of getting the conversation.” (P23, Father, 16-year old female)

Some parents also discussed that timing is crucial when speaking about alcohol with their child: *“it’s all about timing” (P9, Mother, 15-year old female)*. Specifically, they did not think it would be useful to start a conversation *“out of the blue”* when there was no reason or relevant context (i.e. background of an actual incident):

“So yes, it’s good if you see something where you can bring it up I think it’s a bit easier for the child as well to sort of take it that way.” (P7, Mother, 15-year old male)

Some parents also highlighted the importance of listening to and actively involving children in any conversations about alcohol:

“You’ve got to speak to them as you’re talking to them and then you want them to tell you how they feel. Yeah, it’s a two-way street, it’s a conversation; you listen to their point of view and maybe you know, it can work round whatever you need to work round.” (P9, Mother, 15-year old female)

Finally, although there were no obvious barriers to having conversations about alcohol with children, a few parents did mention that they sometimes struggled with finding the right balance between appearing too interested without invading the child’s privacy:

“I suppose I always would be weighing up how much private space they need versus how much do I want to, how much is decision, but I feel like I’ve got a certain amount, they will tolerate a certain amount of intrusion and interest, but only so much.” (P3, Father, 15-year old twin males)

One father also said that although he would be hesitant to provide his daughter with her own alcohol as he would feel like he was encouraging her to drink, he also recognised that it might be more sensible to give her alcohol (to prevent drink spiking), and he was unsure how to deal with this dilemma:

“...I wouldn’t really know exactly the best things to say, you know I don’t want to feel that I am encouraging them to drink, but at the same time I would rather know they have got a little bit of their own, if they have got that they are going to look after that and that’s for them.” (P5, Father, 15-year old female)

5. Topics conveyed during conversations

This theme describes the topics parents discussed around alcohol with their child. Parents reported discussing a range of generic short- and long-term effects associated with alcohol including hangovers, increased vulnerability, effect on behaviour, dangers of drinking alcohol, addiction, and impact on physical and mental health:

“Basically what a state you can get into if you have too much and how it can affect you long term, health wise, work wise, social wise, things like that. So just a general overall picture of how bad it can be if you don’t control it. Same as any drug or dependency.” (P22, Father, 15-year old male)

“I’ve spoken about alcohol in general as in the after-effects and it can make people ill, it can give people hangovers. It isn’t always a pleasant experience.” (P6, Mother, 15-year old female and 16-year old female)

Although parents thought it was important to discuss the negative sides of alcohol it was also important to convey that drinking can be a normal part of adult life if used sensibly and in moderation:

“Yeah, yeah, it’s about you can enjoy everything in life in moderation. If you’re having a drink with friends socially with food, it can become something you can enjoy and not go over the top.” (P9, Mother, 15-year old female)

The most common topics discussed by many parents related to sensible drinking and safety/harm-reduction strategies. Included in this sensible drinking discussion were discussions around not drinking too much/avoiding binge drinking, being aware of their limits, strengths of different types of alcohol, alternating between alcoholic and non-alcoholic drinks, and the importance of not mixing drinks.

“We have different types. They haven’t tasted beer. But we told them about beer and all that. So we told them there are different types of drinks, not only the brandy that we gave them to taste. And some people just drink beer, maybe on an occasion and they don’t get drunk but at the end of the day, it’s making sure that you can control what you are drinking and you don’t overdo it.” (P4, Mother, 16-year old male)

Views on how to stay safe when drinking were also prevalent in parents’ accounts and messages that parents tried to convey included: drinking water and eating before drinking, not leaving their drink unattended/drink spiking, keeping mobile phone charged, calling parents if there are any problems, staying with reliable friends, and drinking in a safe environment. One parent noted that you may not

always know what your child is doing and therefore it is important to provide them with information so that if they do drink, they do so sensibly and safely:

“I’ve always said to make sure if you do have a drink and you go anywhere, if they are going to try it because I don’t know and if they are just to make sure that they keep an eye on that drink and they have it with them all the time; they don’t drink something in a glass that somebody else has given to them that they don’t know what it is.” (P6, Mother, 15-year old female and 16-year old female)

Other topics that parents often spoke to their children about included drink-driving and peer pressure:

“Drinking and driving or making a show of yourself or stuff like that, that’s what I’ve talked to them about. If you do get into that situation you don’t drink and drive. It’s wrong, it’s totally not ... if there’s like an accident on the news and somebody has drunk and driven, they’ve not even got a long sentence.” (P18, Mother, 16-year old female and 17 year-old male)

“I tell them that if their friends pressure them to do something, especially alcohol wise, and they say no, that should be it. They should be able to just say no, no thank you, and that’s it. And if their friends then pressure them or make them feel uncomfortable, I mean it’s like anything, anyone that makes you feel uncomfortable even a friend, and they should be completely fine with just saying no thanks and if you’re going to keep hassling me I don’t want to hang out with you.” (P6, Mother, 15-year old female and 16-year old female)

One topic that was not so frequently spoken about with children was legal issues, perhaps because parents did not feel confident in their own knowledge to discuss this (topics that parents would like more support with are discussed below) or because it is a tricky area as most 17-year olds are already drinking alcohol:

“We tend not to touch on the legal side of that yet, because I suppose we are breaking the law already by him being, not being 18 yet, so we don’t really go into that side.” (P40, Mother, 17-year old male)

Interestingly, there was some discussion by some parents regarding the *type of topics* that they think are most effective in communicating about alcohol. Specifically, conversations are very much about the *“here and now”* as discussing long-term impacts may not mean very much to children:

“I think children struggle to understand the impact of something in 20 years’ time because they can’t. So I’ll probably talk more about, it’s only because I worry about you being safe, don’t wreck an event, just by being drunk.” (P21, Father, 16-year old female)

For example, two mothers discussed that if they were to highlight dangers to the children's personal belongings this would have more of an effect than discussing long-term impacts of drinking:

"If I sat down and spoke to [son] about the damage he's doing to his liver, I don't think he'd even engage in the conversation. But if you talk about you could get phone stolen because you're drunk, that would have more of an impact than the liver conversation." (P12, Mother, 17-year old male)

Although the majority of parents said they felt confident discussing most things to do with alcohol, some parents did feel their knowledge lacked in certain areas. For example, some parents were not confident in their own knowledge to talk about units of alcohol, legal issues around alcohol, how to explain alcohol dependency to children, and types of alcoholic drinks that young people drink:

"I suspect, if you tested me on what a unit of alcohol was, I would probably struggle, it would be a bit of a guesstimate." (P43, Father, 16-year old male)

"I suppose that for me it's my lack of knowledge about all the different types of alcohol out there now. And he'd mention a drink that I'd never heard of and therefore I'm immediately thinking well 'what drink is that, is it strong'? So yeah, so my lack of knowledge is that the modern alcohol of today that I'm not aware of. And so I struggle to have those conversations with him." (P12, Mother, 17-year old male)

It is also important to note that two mothers discussed difficulty talking to their children about the risks of girls being taken advantage of sexually when they had too much to drink, despite thinking this was important to discuss with their children:

"There was this incident, where this girl got drunk and...she was raped...so, explaining such a thing or talking to my son about such a thing, would be very difficult." (P4, Mother, 16 year-old male)

Finally, parents recognised that conversations will change (including the topics discussed) with age and/or significant milestones such as learning to drive, drinking outside of the home and independent of parent-supervised parties, end of exams, school proms, and going to university. Within this it was recognised by a few parents that once children are older (18+) and are drinking outside the home they will be reliant on *"whatever foundations they have built now"* (P3, Father, 15-year-old twin males):

"At the moment they can't go to a pub and have alcohol...yeah, the next stage is going into town or something like that and that's probably going to be a real worry and my hope is that conversations that we've had would have somehow stuck and again that's around a safety thing I think, yeah." (P15, Mother, 17-year old female)

"I think there will be another conversation when he is 18 and can legally buy alcohol, that will be another one, probably on the birthday, oh right you are ready to buy alcohol now and right here are the rules." (P40, Mother, 17-year old male)

6. Supervision and monitoring

This theme describes the supervision and monitoring strategies that parents have in place to manage alcohol and reduce alcohol-related harm in their children. The majority of parents do not have an outright ban regarding alcohol and their children, either by having allowed their child to taste alcohol or by allowing them to drink alcohol in the home and/or at parties. For many parents, this appeared to be a conscious strategy as they felt that banning alcohol would only serve to increase their children's interest and make it more exciting:

"If you take away that taboo, instead okay, you can have one drink or ... you know what I mean, it takes away that oh I'm going to get absolutely blasted because ... but there's no fun in that because they're allowed to have a bit of a drink." (P9, Mother, 15-year old female)

However, some parents have said to their children that they are not allowed to drink alcohol either because of religious reasons (discussed further in Section 3.3) or because they think it is better for their child to avoid alcohol:

"I was telling them not to drink. The reason why I told them not to drink, is because sometimes it's not their intention to drink. Maybe they go in there, and say, 'oh I'm going to have just a glass', and by the time they realise, maybe they've had three or four. I was just telling them that it's better if they don't drink at all." (P4, Mother, 16-year old male)

Many parents reported encouraging children to try their first taste of alcohol at home and/or to drink at home before they start drinking alcohol outside of the home. For example, some parents discussed an interesting strategy of allowing children to taste alcohol to put them off alcohol and essentially *"buy them a bit more time."* Allowing a child to taste alcohol was also seen as a way of satisfying a child's curiosity about alcohol and as a way to introduce a conversation about alcohol. Interestingly, two parents described that they purposely bought strong flavoured alcohol for their child to taste so that they would be put off by the taste:

"What my husband and I did, was to ... I remember we brought brandy and we bought beer and we gave him a little bit to taste and he was, when you looked at his face, you laughed, he was like 'ooohhh', it was burning his throat. We just wanted him ... because he had started questioning, because his friends drink and they all do all sorts of things, and he wanted to know, so [mm], we just gave him so he would know, what's it's all about, yeah." (P4, Mother, 16-year old male)

“Definitely they think all alcohol is ... based on their one experience that they had they think all alcohol is disgusting and should be avoided.” (P32, Mother, 16-year old male)

Some parents also said that they allowed their child to have small amounts of alcohol in the home as they thought this would be safer than drinking outside of the house. This was particularly relevant for children who had not yet had their first drinking experience outside of the home (e.g. not gone to parties). One father discussed that his daughter was going to her first party where there was going to be alcohol and he wanted to make sure she had a drink at home before so that she experienced its effects in a safe environment:

“She’s going to a party on Saturday night, it’s the first party where the parents have said that alcohol’s acceptable, I’m sure they smuggled stuff in other parties, but it’s the first one that she’s going to, so I would rather she’d have had, drunk in our house and she can understand the implications of drinking before she goes and does it first thing at a party.” (P21, Father, 16-year old female)

“..trying something low key, low amounts, low alcohol content in the house just so that he knows what he is dealing with.” (P32, Mother, 16-year old male)

Specific safety and harm-reduction strategies they had in place were discussed by parents of the children who were already drinking outside the home. These were particularly relevant to children who were attending parties. Some of the strategies that were discussed included ensuring that their mobile phone was charged, agreeing a time they had to be home by, texting parents when they arrive and throughout the night, and ensuring contact details of whose party it is has been provided. A few parents also discussed some unique strategies they have in place with their child. For example, a father of a 17-year old described a strategy he had heard about which he hopes to also use with his daughter:

“...so if his children were at a party and they're in trouble, they can just text the word X. So if someone saw them typing to their parents, X, you'd think it was a kiss or goodnight or something like that. And then the father then goes back with a phrase that they then respond toAnd that's quite a nice idea and we're sort of trying to put that in place at the moment with the kids.” (P46, Father, 17-year old female)

Of the parents who allowed their child to take alcohol to parties this was closely monitored with parents reporting that they would only buy drinks with low alcohol content (low strength beer or cider) and only allow them to take a few bottles. One mother also described how she gradually increased the amount of alcohol that her son could take to parties:

“Well he was only just turned 15 at the time, so the first party we said no because we just felt he was too young to be doing that with us not being there and without an adult there. Later on when he went to parties where I knew the parents and I knew that they were going to be there, we would then let him start taking one can. Then it would go up to maybe two cans of cider and then maybe three as he got older we increased the amount.” (P12, Mother, 17-year old male)

The examples described above cover clear safety strategies that parents have in place to reduce alcohol-related harm in their children. However, some interviews with parents suggest that there are more implicit strategies which are equally, if not more, important. Specifically, these parents have tried to convey to their children that they will always be there for the child no matter what. Ultimately what parents want is for their children to call them if they are in difficulty without the fear of being told off. For example, one father described that their daughter knows they can always call them if they are in difficulty, “no questions asked” (P46, Father, 17-year old female). Another mother described that as parents they can try and prevent their children from doing things but this is not always possible so it is important that her child always knows that her parents will be there to support her:

“I remember saying to her ‘we will always be here, we are here to catch you if you fall, be very very careful’ because ultimately we are just here to catch you.” (P11, Mother, 15-year old female)

“I would hope that by having an open attitude, rather than a disciplinarian attitude, that they might feel that they can tell me if something does go wrong.” (P14, Mother, 16-year old female)

7. Support for parents and resources

This theme describes parents’ perceptions of support for parents to talk to their children about alcohol and the type of resources that they would find useful. The majority of parents reported that they did not use any resources to either find out more information about alcohol or to help them talk to their child about alcohol. Parents provided a range of reasons to explain why they did not use resources to help talk to their child about alcohol. For example, a few parents said they have had no need to access resources either because their child has no interest in alcohol or because there have been no problems regarding alcohol:

“It could be if I had a child that, I mean I might have in another year I don’t know, that’s more wanting to be drinking then I’d want to show him more things about how much is safe to drink and things like that. So, then I think the internet or a website would be really useful to get information that’s quite simple and straightforward for them to understand.” (P7, Mother, 15-year old male)

“Possibly might use if there was a specific issue we wanted to look at and I can’t really think of any incidences where we would to be honest.” (P13, Father, 15-year old male and 17-year old male)

There was also a suggestion by a few parents that they have not used resources because they are confident in their own knowledge about alcohol and how to speak to their child about alcohol:

"I credit myself with what I think is common sense...I think some of this is more about situation and experience." (P21 Father, 16-year old female)

"But I've always, I just tend to go with my gut feeling really." (P12, Mother, 17-year old male)

Finally, another parent indicated that they have not looked at any resources because they do not really know what support is available or where to look:

"Yeah, but maybe that's the thing that you don't know what's there...Would I know where to go if I thought there was a problem? Not sure I would really". (P15, Mother, 17-year old girl)

Of the few parents who did access some resources they reported using the internet either via a google search or going to specific websites such as FRANK⁸. The one mother who used FRANK said she found the website very helpful, however she primarily used it to find out about different types of drugs and thought that how the website explained the "scientific" side of drugs was particularly helpful. Many parents thought that there was not enough support to help parents talk to their children about alcohol. One mother thought there was less support generally for this age group (15-17 year olds) and another mother thought there was comparatively less support about alcohol compared to other topics:

"I guess there is not [enough support to speak to child about alcohol] like with all parenting it's a bit of a minefield. I mean especially teenagers say 12 years upwards, but 15 to 17 it's more crucial, there is never much parenting guides." (P40, Mother, 17-year old male)

"... I see some literature or some things about danger, internet, and all internet, porn, drugs, ..., sexually transmitted disease, but I don't really hear about alcohol that much, for parents to talk about with teenager or children at all actually to be honest." (P39, Mother, 15-year old male)

However, some parents were simply not aware whether or not there was enough support as they had simply never looked for it, therefore it was hard for them to comment on what they "don't know". A range of formats for these resources was suggested by parents including websites, YouTube videos, SMS messages from organisations, and media (television and radio). A few parents also suggested that an online forum where they could go to for support would be helpful:

⁸ <http://www.talktofrank.com/> - a national drugs awareness site for young people and parents/carers.

“A forum where parents can sit down and help each other out because I’m sure parents all go through the same thing.” (P30, Mother, 17-year old male)

There was also a preference for more traditional resources such as DVDs and leaflets, especially as there was some concern from a few parents over the authenticity of internet-based information:

“So you don’t have to do much nowadays to Google something and find something on the internet, the issue is whether it’s a reputable source or not.” (P43, Father, 16-year old male)

Nonetheless, it was recommended by some parents that if anything was going to be used with young people then it is important these resources are delivered online, particularly through social media:

“Some sort of social media, Facebook, Twitter, everything, because nowadays kids of that age are on everything.” (P19, Mother, 15-year-old male and 16-year old female)

Information which parents thought should be provided to children has already been discussed in a previous section but a few parents said this information could be conveyed using a mixture of fact-based information and scenarios such as case studies. Parents thought that resources would be helpful to increase their alcohol-related knowledge which would then help them speak confidently to their child about alcohol and answer any questions:

“Somewhere you could actually go to if you do think that you need to sit down with your child and have a sort of open and frank discussion. Somewhere you can actually go that’s got all the answers that they’re going to throw at you and, yeah, a lot of useful information that you can give.” (P33, Father, 16-year old female)

“I have friends, I have spoken to people who even if they find it difficult, to set boundaries for their children [mm] and so I think a video or something that would help the parents, like a programme that the parents can go on and to give the parents confidence, to be able to talk to their children. I think this would really, really, really be good if something like that can be put in place.” (P4, Mother, 16-year old male)

It was also thought that resources could also be used to help initiate conversations with their children – *“a leaflet through the post is a reminder that you ought to be having these conversations” (P43, Father, 16-year old male)*. Another parent suggested that within this general information there could be specific advice about how to start a conversation about alcohol, such as when watching the news and there is a feature about the dangers of alcohol. Interestingly, a few parents suggested that schools could run a workshop where parents and children attend together, which could help facilitate discussion and this would be particularly helpful for parents who may not drink responsibly:

“We could go along, parents and children could go along to a little workshop at school where we could talk together about it and other people. Because the thing is, as much as I teach my children the right thing to do, there might be kids out there that have parents at home that are constantly drinking and not very responsible and they might look to them and think well that must be the right thing to do.” (P6, Mother, 15-year old female and 16-year old female)

One mother also suggested that resources should cover when to start talking to children about alcohol and another parent suggested that they would like help with translation of alcohol-related information into actual conversations with their child:

“That’s mostly what you would find isn’t it pictures and videos of people falling down drunk. Yeah and then you have got to have the skills to related those to your child or without them thinking, ‘oh god my parents are just droning on again about that’.” (P40, Mother, 17-year old male)

Finally, some parents recognised that parents need support generally about how to talk to their children about a range of different things:

“I think it’s not how to facilitate conversations about alcohol, but it’s about how to build relationships where you can talk about all sorts of things.” (P45, Mother, 16-year old female)

One mother said it is important to recognise that just providing information-based resources will not necessarily lead to parents talking about alcohol with their children. Rather, what is needed, are resources that are directed at breaking down the barriers to open communication that help adults talk to their children. One suggestion was a series of videos showing someone interacting with a child in a range of ways to help parents understand effective and ineffective communication.

“There may be some parents who want to have access to information but I suspect the reason that they [don’t] talk isn’t through lack of information but more because they are reluctant to talk.” (P16, Mother, 16-year old male)

3.3 Analysis by variations in the sample

This section explores if and how variations in the sample are related to the conversations that parents have with their children. Specifically this section will look at: age of young person, gender of young person, parents’ level of drinking, and parents’ religious beliefs⁹.

⁹ Data was explored to see if conversations differed between mothers and fathers and parental education (no qualifications or GCSEs compared to A-Levels and higher), however there was no evidence to suggest conversations varied according to the gender of the parents or parental levels of education.

Age of young person

The data was analysed to explore whether conversations varied between parent and child depending on the age of the child. Overall, there appeared to be a relationship between age of the young person and drinking experience. Most of the 15 year olds in this study had only tasted alcohol in the home and, according to the parents, showed no interest in alcohol. Therefore, these parents reported that the conversations with their children were generally small, infrequent chats mainly because of the lack of interest in alcohol shown by their child:

"I've only felt like I've needed to be quite brief about it because his response is...he just takes it in his stride and it's just well 'yes that's what some people do, I'm not interested, I don't want to do that at the moment', he said 'I don't think I'll ever drink', it's not something he's bothered about."
(P7, Mother, 15-year old male)

Conversations that do happen at this stage seem to be more about general information provision around alcohol:

"I suppose when he was 15 it was more the law, the sort of the quantity of alcohol, the impacts of alcohol. I suppose it was more of a lecture conversation when he was 15." (P12, Mother, 17-year old male)

There is also some indication that peer pressure is more of a concern for the younger children in this study (15- and 16-year olds) and as such parents speak more to children in this age group about peer pressure:

"I don't know whether it's a peer pressure. I think it was at the beginning when he was about 15, 16 and all the friends were starting to drink. I definitely felt it was then. Now, he's happy to say 'right, I'm not drinking at this party' or 'I am going to'. But definitely when he was 15 I would say it was peer pressure." (P12, Mother, 17-year old male)

In comparison, it seems that around age 16 children begin to experience alcohol for the first time outside of the home and for the young people in our sample this is primarily at parties. Parties are often a popular trigger for conversations around alcohol for this age group and is often the first time that a significant conversation about alcohol occurs:

"It was just about a year ago when she was 16 and when he was going to his prom after party, or when they were talking about his prom and the after party and questions about where everyone is going and what alcohol they were going to bring. It was all very exciting about who is going to bring a beer and what not, so that was probably the first time." (P41, Mother, 17-year old male)

“Yes I can remember a discussion with her. She was telling me she was going to this party, it was the school Christmas party...she said the after party there was going to be alcohol there at this friend’s house and we had a discussion. I said ‘What are you going, what do you think you’re going to drink, what do you think you would like to try, what do you think there will be there?’” (P14, Mother, 16-year old female)

Conversations at this stage (when young people first begin to drink alcohol outside the home) seem to take a different focus by becoming much more specific and personal. For example, as children are drinking outside the home the conversations are more related to personal safety. The example below shows a father speaking to his daughter about keeping her drinks safe ahead of her first party where there will be alcohol:

“Well you need to be careful about your drink, so don’t just leave it anywhere and think that something isn’t going to happen to it, you should carry it with you. And if, and if that means you have to go and buy another drink, because you’ve left it behind and gone for a dance or whatever, well go and buy another drink.” (P21, Father, 16-year old female)

Another parent also reflected that now her son is older and drinking more regularly the conversations have become more focused on both long- and short-term risks:

“More recently as they’ve particularly the older one, as he’s starting to drink a bit more socially with his friends, it’s been more about the overall health effect, damage to your liver, your brain and all that sort of thing and the need to keep it moderate and what have you...and definitely more about relationships with people, both his friends, like you can fall out with people, do stupid things when you’re drunk. Be careful what sexual activities you get up to.” (P44, Father, 16-year old male)

Generally, examples of explicit harm-reduction strategies and monitoring are absent from younger participants/those who do not drink alcohol. For example, a father of a 16-year old who does not drink alcohol and rarely socialises has focused on drinking in moderation:

“I think in terms of harm, but I don’t think we’ve really discussed that massively at this point, because he’s not at a time yet where he would be going out to the pub or trying to get in even on underage drinking, and doesn’t particularly go out with his mates in terms of such things. That’s not really a conversation we’ve had in terms of the harms of it, and again, maybe this conversation [being interviewed] is useful because it triggers, well maybe we need to talk about those things. So I haven’t done in any depth to date, but I think it would tend to be very much around everything in moderation type of thing, as being the focus of the conversation to date.” (P43, Father, 16-year old-male)

As expected, conversations about harm-reduction strategies and keeping safe were more prevalent with older teenagers:

“He knows he gets a decent dinner before he’s allowed to go to the party because I always say ‘you need to line your stomach’. And we always make sure that they’ve already booked their taxi to get home from the party, which are things we put in place to try and keep all the boys safe. Or parents, we work out which parent is going to go and pick them up from the party. So we do put all of those in place and [son], before he goes out drinking, has always had to tell me where he is, which friend’s house, what’s the address, and what time he was leaving the party. And always has to text me when he’s leaving.” (P12, Mother, 17-year old male)

Also, with older teenagers, especially 17-year olds, parents reported talking more about drink-driving:

“Now she’s 17, well will be 18 in September, we’ve had conversations about drinking and driving because the driving will be the next thing. So I think probably the conversations change as they go through that 15 to 17. At 15 I probably wasn’t having conversations about drinking and driving but now ... and also to make sure, say you never get into a car with anybody that’s been drinking.” (P15, Mother, 17-year old female)

There is also some indication that conversations with 17-year olds who are drinking relatively regularly, where there are no concerns, become less frequent:

“Because [name of son] isn’t a heavy drinker so I have less concerns than I thought I was going to have. At the outset I thought I was going to have a lot more concerns. But because he doesn’t drink every weekend and gets very drunk, I’ve not had to have as many conversations as I thought I would with my teenage child.” (P12, Mother, 17-year old male)

Finally, although this study focused on 15-17 year olds, the reports from parents suggest that conversations will change again as children reach 18, where drinking moves from outside of the home and supervised parties to pubs and clubs:

“Yes, because he’s going to be 18 this year and of course then it’ll be starting to look at going to nightclubs and it’ll be different conversations about drinks being spiked and the fact that you get buy one get one free, and therefore you’re encouraged to drink more than you normally would. So the conversation’s going to change slightly.” (P12, Mother, 17-year old male)

A few parents even raised concerns about drinking at university. Therefore, it seems that conversations between parent and child are associated with the child’s interest in alcohol and whether or not they are drinking outside of the home. Importantly, these findings show that conversations are rarely static within

this age group (15-17 year olds) that is faced with new perspectives, influences and experiences on a routine basis.

Gender of young person

Previous research suggests that parents use different communication strategies when speaking to boys or girls about alcohol use (Reimuller et al., 2011). For example, a large longitudinal study found that parents used more permissive messages with girls than with boys, suggesting more trust in how their daughters than sons will use alcohol safely. In the current study conversations did not vary depending on whether the young person was male or female. However, it is worth noting there is some indication that parents have some gender-specific concerns regarding alcohol. For example, some people expressed concern that boys are more vulnerable to fights:

*“They make themselves so vulnerable when they do that [drink alcohol], vulnerable to fights...”
(P35, Mother, 15-year old male)*

In comparison, some parents discussed that they were concerned that girls were more vulnerable to sexual assault when they have drunk too much alcohol and therefore have spoken to their daughters about this:

“...you've got the issue of, I call it date rapes or whatever they're called, where lads get girls really, really drunk and do things they shouldn't be doing to them. We have that conversation privately with my daughter.” (P46, Father, 17-year old female)

“We have talked about the consequences of being very drunk and other people doing things to her; I've not gone into massive detail but I think she knows what I'm talking about. And actually being careful when you're out that people don't actually take advantage of you and not being too drunk so that you don't really know what's going on.” (P16, Mother, 16-year old female)

Interestingly, two parents noted that it was important that their sons were also told about these specific risks to girls:

“So I'd want them to be aware, so it needs to be gender neutral, so that it addresses both boys and girls.” (P43, Father, 16-year old male)

Parents' level of drinking

The interviews were also explored to see whether conversations varied according to how much alcohol parents reported drinking themselves, specifically comparing those parents who were classified as

abstinent, very low drinkers, or high drinkers. Six parents were classified as abstinent from alcohol (three used to drink alcohol and three have never drunk alcohol), nine parents were classified as very low drinkers, and five parents were classified as high drinkers. Overall, it was not apparent that level of parent drinking impacted on conversations with children. However, as expected for parents who never consume alcohol their own drinking was not a trigger for conversations and one mother reported that because they do not drink, conversations were less frequent:

*“We can talk about it obviously but it never comes up that often because we don’t drink ourselves.”
(P18, Mother, 16-year old female and 17-year old male)*

Therefore, as with the majority of the sample, these parents reported a number of external triggers to starting conversations (e.g. television, witnessing other people drunk). It is also important to note that those parents who do not drink alcohol still think it is important to have conversations with children about alcohol.

Religion

Three adults in our sample were Muslim; a religion which prohibits alcohol. Although this is a small sub-sample and does not allow for any detailed analysis a summary of findings from these interviews will be briefly discussed¹⁰. All three parents reported that they do not drink any alcohol themselves. They also reported that their children have not tasted alcohol at home and were also very confident that their child did not drink alcohol outside of the home. Although religion was the primary reason behind abstinence one of the mothers also discussed that people in her wider family were heavy drinkers and also that her father had been seriously injured in a drink-driving incident, which has made her attitude towards alcohol particularly negative:

*“My dad was in an accident where an alcoholic nearly killed him. So, I’m scared of it because it’s there, like I said my children ... and it’s everywhere, it’s on TV, you can get it easily from the shops.”
(P18, Mother, 16-year old female and 17-year old male)*

Importantly, even though all three Muslim parents we interviewed do not allow their children to drink alcohol, they still think it is important to have conversations with their children about alcohol because alcohol is prevalent in our society and they realise that their children may face pressure from their peers. Also, they can never be certain what their child is doing outside the home:

“They know that... religious, we’re not allowed to drink, we’re not allowed to touch it. But obviously, we don’t know what’s going on outside but with our friends and everything, we don’t

¹⁰ Parents from other religions did not make any reference to religion and alcohol.

know what's going in school parties or hanging around with your mates.” (P18, Mother, 16-year old female and 17-year old male)

Interestingly, both Muslim women mentioned that addiction to alcohol was one of their main concerns. Topics that were particularly discussed with children were addiction, peer pressure, and drink-driving. One mother discussed that raising the topic of alcohol was sometimes difficult because they do not/are not allowed to drink alcohol. Therefore she finds it easier to discuss if prompted by something on the television. Indeed all three parents reported that they used television to initiate a conversation about alcohol:

“Some kind of scene that came on TV and some film we were watching and something about parents who were drunk. I was trying to explain to her why has that happened in that particular way.” (P10, Father, 15-year old female)

3.4 Young people's findings

A total of 16 young people contributed to this part of the study. They provide a detailed insight into the main objectives of the research, providing their own perspectives in a number of related areas. It should be highlighted that parents' and young people's findings were largely consistent. A more detailed comparison between parents and their own children is reported in Section 3.5. As a reminder, of these 16 young people eight (50%) were male and eight (50%) were female, three (18%) were aged 15, seven (44%) were aged 16, and six (38%) were aged 17. Given this profile and the numbers contributing to the study, it is recognised that the power to present within-sample comparisons (e.g. by gender of young person) is limited. The young people's findings are summarised within the following seven thematic areas:

- Young people's drinking experiences;
- The importance of parental influence;
- Starting conversations – the triggers;
- Topics conveyed during conversations;
- Additional sources of information for young people about alcohol;
- Effectiveness of these conversations;
- Resources young people recommend for parents.

1. Young people's drinking experiences

This theme describes young people's experiences of alcohol. In terms of experience, whilst all children had consumed alcohol on at least one occasion, the majority exhibited infrequent and low levels of

drinking, and even rarer occasions of drunkenness. Where drunkenness had occurred, this tended to be an isolated occasion. The sample of young people generally reported drinking at three different levels. Firstly, a few young people reported tasting/drinking alcohol on one or two occasions and from this, were not tempted to drink more regularly, commonly put off by general disinterest or taste:

"I have once yes, but that was at a party but I haven't touched it since...it was disgusting." (YP2, 17-year old female)

A further proportion reported slightly more experience, with alcohol confined to special events such as New Year's Eve or family gatherings. For the young people as a whole, this was the most common drinking experience:

"A tiny bit at parties like celebrations but I don't drink much at all...it's more kind of like home celebrations. It's only a drop at home when there's ... like New Year's or something like." (YP7, 15-year old male)

"Sort of twice when I've been at a friend's party...it wasn't that much." (YP10, 15-year old female)

A smaller proportion of young people reported more frequent drinking up to a couple of times a week and two young people recalled their experiences of being affected by alcohol or being drunk. Note in the second example that being drunk was a rare event that did not lead to more regular episodes of drunkenness:

"I drink when I go out with my friends...I'd say every other week maybe." (YP1, 17-year old male)

"I wouldn't say I am the most sociable person but it is a lot easier to talk to people that I don't really know, if I've had a drink. I don't like going too far, it's happened on two occasions but I don't like getting too drunk, too silly." (YP5, 16-year old male)

The majority of alcohol consumption occurs at home or at parties when adults are present, although a smaller proportion report drinking away from their or other's parents:

"I rarely drink, probably maybe once or twice a month, so and most of the time it's at home, so they know and stuff, so." (YP6, 16-year old male)

"If I've got more family coming round I'll, and on special occasions I'll drink at home but most of the time it is when I am out with my friends." (YP5, 16-year old male)

For those young people that had rarely drunk alcohol, the most common explanation was a dislike of the experience, the anticipated effects, and conflict with other activities:

"I obviously prefer the taste of softer drinks." (YP9, 16-year old male)

"I probably say that I quite like the idea of being in control of what I'm doing and I feel like I'd rather wait until I was a bit older, and bit less, ... what's the word influenceable, I don't know if there's a word for that." (YP3, 15-year old male)

Additionally, two young people reported feeling uncomfortable around drunk people, through witnessing altered behaviour which was associated with unpredictable and potentially harmful consequences, for example:

"I haven't seen them personally [friends drunk], but I've seen the after effects, so I've talked to them about when they were drunk, and it's ... it's just quite weird and scary really, that they've been ... that they've really not been themselves." (YP7, 15-year old male)

In comparison two young people shared positive effects of drinking, although there was no evidence that these children were regularly drinking or drinking to excess:

"It just made the whole atmosphere a bit more almost exciting in a way, it made it just have more of an atmosphere and it kind of made it fun." (YP10, 15-year old female)

"[When I'm drinking] I'm more sociable." (YP15, 16-year old female)

2. The importance of parental influence

This theme describes how parents' drinking and attitudes towards alcohol is perceived and impacts on young people. Most young people reported that their parents drank a couple of times a week and rarely to excess. With the majority of young people witnessing their parents engaging in moderate drinking, young people on the whole did not report any issues or concerns about this:

"I don't really mind it, I mean my parents drink in complete moderation and the rest of my family are all quite relaxed about it." (YP5, 16-year old male)

However, one person reported excessive drinking by their father which was viewed particularly negatively:

"I don't really like it when my dad drinks loads, because it's obviously not very nice." (YP8, 16-year old female)

With parents having a relaxed and open attitude to drinking alcohol at sensible levels within the household, a few young people noted how this presented a positive example for them. For example, one child noted how such an attitude from her parents would likely have a beneficial effect on her drinking behaviour:

"Yeah I think if you witness your parents being responsible with alcohol, from a fairly young age, I think obviously there's a too young age, but I think you're then more likely to be responsible with it yourself." (YP4, 17-year old female)

The exception to this was a hypothetical example of parents drinking to excess which, by contrast, would not set a positive example. Heavier drinking was potentially associated with increased drinking among young people:

"I've got one of my friends, and I think she must drink nearly every night, because she drinks with her parents, so in comparison to me, where I don't really drink very much at all, and she drinks nearly every night, just because they do and my parents don't." (YP14, 17-year old female)

A further exception was raised, again hypothetically, that parents drinking heavily may indeed put young people off drinking:

"Or it [heavy drinking in front of children] could probably help the opposite. Like if you see your parents heavy drinking, that might put you off it." (YP15, 16-year old female)

One of the most tangible influences that parents had on children was introducing them to alcohol and purchasing it for them when they deemed it appropriate. Many of the young people had been encouraged to drink alcohol by their parents (which is consistent with the findings from the parent interviews), as young as 12 or 13, to taste and experience the effect. This was viewed as a strategy to remove the taboo associated with alcohol and to allow children to gain valuable experience towards sensible drinking prior to being 18. This was clearly a memorable experience for young people and both examples below demonstrate a clear understanding of their parents' judgement:

"Probably when I was maybe 12, 13, probably, just saying drink small amounts, because obviously they just said to me, 'people have never drunk alcohol before and then when they're 18, they just drink excessive amounts and just become really drunk and do stupid stuff'." (YP6, 16-year old male)

“My first proper alcoholic drink must have been a couple of years ago so I was 14...It was a small bottle of beer, when we were on holiday in France. Yes, it wasn't particularly strong, my parents deliberately chose it.” (YP5, 16-year old male)

Beyond their first experience of alcohol, a few young people recalled instances of where their parents had bought them alcohol, most commonly when attending parties. Young people who experienced this recalled the important role of the parent being able to have some control over what and how much they were drinking:

“It was just they provided me with the cider to drink, to know that I'll drink that, not more than that if you get what I mean, like they'll buy me the amount that I should be allowed to drink.” (YP14, 17-year old female)

In addition, one young person reported that a parent buying alcohol for the party was used as a time for her mum to talk to her about alcohol:

“I think I just asked them if I could take some because everyone would be taking it and then they said yes and then me and my mum went to the shops and then we were looking at one and then she was saying which ones would be good to take and then we were looking at the alcohol content in them and seeing which ones had the lower alcohol content.” (YP15, 16-year old female)

Finally, parents were generally viewed as having an “open” attitude towards their child’s own alcohol consumption. As a product of the open nature of drinking, early introduction, and buying alcohol, a few young people viewed this very positively. This was by respecting a child’s independence and creating a trusting relationship around alcohol which, on the evidence below, could be a positive pathway for alcohol harm-reduction:

“They haven't put any restrictions on it, which I think is good for me because I don't want to rebel away from that in a way.” (YP10, 15-year old female)

“Yeah because I think if you're clear with your parents about what you're doing, you're more likely to be given more freedom, and you'll probably be more safe as well. I know some of my friends, their parents don't like them drinking, so they go behind their parents back and probably drink more than I would, because I don't know, yeah I think it's good to have a good open relationship with your parents about that sort of thing...Yeah I think it's helped me make, become, be more responsible with it.” (YP4, 17-year old female)

3. Starting conversations – the triggers

This theme describes the level of conversations and how conversations are primarily initiated. Conversations were all exclusively “in passing” and never a formal “sit-down” conversation. This type of conversation was most appreciated by young people due to its informality:

“Usually we don’t really have sit down conversations and stuff, usually you’re out and about doing stuff or walking the dog and passing something.” (YP4, 17-year old female)

“I think for some people it would be easier [to talk about alcohol] in passing because I think some people would find it hard to have like a sit down conversation because I think they’d find that quite intimidating for someone.” (YP10, 15-year old female)

An important part of the present study was to explore how conversations about alcohol are started. Overall, the conversations were often raised more by parents than children. A wide range of different strategies were used to start such an open and “in passing” conversation about alcohol. As noted in the parent findings (Section 3.2) drinking away from the supervision of parents appeared to be a significant transition point for more in-depth discussion. The most frequent trigger was just before a child went out for the night or was attending a party. The typical conversation, mentioned by the majority of young people, tended to be short and direct about being sensible. For these instances it was evident that no specific details were relayed about being sensible, implying that children understood what this meant from previous conversations. On other occasions if the conversation about a party occurred sometime prior to the event, then this allowed for a more lengthy dialogue. These two contrasting examples are shown below:

“Not an awful lot, just if I go to a party they will say ‘don’t drink too much, be sensible, know your limits’.” (YP9, 16-year old male)

“Like the first time that they knew I was going out to a party and I was going to see my friends and they knew that there was going to be alcohol there and then we like spoke about it and how to just make sure that I’m responsible with it.” (YP10, 15-year old female)

A further trigger to alcohol-related discussions were parents becoming aware of others in the peer group drinking. This influence from other people also extended to the behaviour of relatives. For two young people, their relatives were drinking more regularly, so presented an opportunity to talk about alcohol more frequently:

“My grandpa was debatably an alcoholic, so we’ve had discussions about that, so I’ve seen the negative consequences of it. So I guess I’ve learnt through that, but we’ve definitely had

conversations about how that can be really bad and stuff, but not necessarily directly about alcohol, more in the context of my grandpa and stuff.” (YP4, 17-year old female)

“Well, I guess, I don’t know, you just see my dad drinking and obviously it comes up into conversation.” (YP6, 16-year old male)

In general, the role of social media including Facebook, YouTube, and Twitter has become an important source of information for young people on a whole host of matters. Whilst being viewed as a source of information is important (discussed later in this section), it was also used as a means of facilitating a dialogue between children and parents about alcohol. In this example, information from social media was shared between the parent and child:

“I mean whenever my dad ever sees things on Facebook he will come and show me...I think he shown me some stuff on alcohol...like these things and like what it does to your digestive system and what happens to it when it’s in your stomach and it’s quite interesting when he shows me.” (YP10, 15-year old female)

With school also viewed as a useful source of information (again discussed later in this section), one young person recalled how her parents took the opportunity to discuss alcohol when it was known that a conversation in school had occurred or covered in a related lesson:

“I think probably they did speak about it with me when I came home from school, having said that I’d had a conversation about it at school, and then they’ve gone over it again just to reiterate it and clarify what their opinion was.” (YP14, 17-year old female)

As further context around starting the conversations, young people reported favourably on hearing about their parents’ own experiences. This ties in with the general respect children had about the experiences of their parents who were seen to authenticate the information transferred. These examples show the understanding that young people have about the greater number of experiences parents have had compared to themselves, and also the value attached to real-life examples:

“It’d be really difficult not to be able to [talk to your parents] because I think it’s a really important part because obviously they’ve had much more experience with everything.” (YP10, 15-year old female)

“Probably with examples, and ...relatable, physical type of things, as in if they were to maybe show that they were drinking and discuss the effects that it was having with them, as they were going and maybe talk about experiences.” (YP3, 15-year old male)

The value of the parental experience was further exemplified by this young person's unfortunate experience which has led him to trust his parents in the future:

"They suggested drinking spirits straight was not a good idea and I ignored them, and then I got drunk, and I found that was quite unpleasant so I follow that now. I realised they are probably right, I should let them tell me what they know, instead of just doing my own thing." (YP5, 16-year old male)

Beyond the specific conversation-starters, any triggering of conversation was also considered to have a better impact if it was at a suitable time or place. Young people expressed favour towards conversations at a relaxed time, occasionally over dinner:

"Probably at home, so maybe in the evening, probably at the weekend when I'm less busy, yeah generally fairly relaxed kind of time." (YP3, 15-year old male)

"We normally talk about it over dinner because that's when we're all sitting down together as a family and all talk about stuff." (YP10, 15-year old female)

4. Topics conveyed during conversations

This theme describes the information that was conveyed during conversations. Given children's general lack of experience of drunkenness and limited drinking, these discussions (and the way they were triggered) are considered on the whole to be effective in terms of harm-reduction. As expected, the information represented in these conversations was diverse and detailed. The main topic area reported by young people (and this was also the same for parents as previously reported) were ways to drink sensibly and limit the effects, which was expressed in several ways. As for most topics, young people's interviews tended to either express their harm-reduction behaviours and techniques or draw on the specific conversation with their parent that led to this. The more general chats lack specific detail implying that they are short-cut comments typical of the brief words of advice just prior to going out (e.g. to a party):

"Well sort of, just they tell me just to know your limit and make sure you don't go over it." (YP13, 16-year old female)

"Drink slowly, fairly, and know your limit, instead of and also I suppose to know your limit, you have to find your limit and doing that in a fairly safe environment." (YP3, 15-year old male)

There were also a range of more specific strategies used to limit the effects of alcohol. For a few young people, reducing the effects of alcohol involved having water in between drinks or drinking soft drinks:

“Yes, definitely, when it gets to a point I think I should probably stop, I will stop and then I'll drink something else like lemonade or water, for the rest of the evening or the time I am with my friends.” (YP5, 16-year old male)

In similar fashion this young person describes how her parents showed her how to drink and limit its effects by not drinking spirits neat:

“To stick to the cider or vodka, but mix it, so don't do it straight, warning more what and how to drink.” (YP14, 17-year old female)

A further means of limiting the effects of alcohol was to avoid mixing drinks, mentioned by a few young people, for example:

“It's probably more the fact that they were saying obviously warning not to mix spirits and cider and that, and to stick to the cider or vodka.” (YP14, 17-year old female)

A further strategy to minimise the effects was to ensure eating a full meal beforehand:

“Yeah, so obviously if I'm going to drink alcohol, I'll obviously eat before because I've learnt that drinking alcohol and then eating afterwards is not good for your body, because teachers have said stories about their friends drinking alcohol and eating afterwards and just being sick everywhere, so obviously I try to eat and then before eat while drinking and stuff.” (YP6, 16-year old male)

Again focusing on avoiding the short-term impacts, one person mentioned avoiding the dangers of spiked drinks:

“Yes, I keep my phone with me and I always take my drink with me wherever I go so I don't leave it...Just about making sure that you open your own drink and making sure that you know it's not been spiked, and not going over your limit.” (YP13, 16-year old female)

Aside from limiting the effects of alcohol, additional, more isolated comments included legal issues regarding drunkenness such as drunk and disorderly and the dangers of drink-driving (both in a legal and safety sense):

“Laws like don't drink and drive and things like that.” (YP1, 17-year old male)

Although the majority of the conversations were about the short-term consequences and ways to avoid these, two young people also mentioned they had had conversations about the longer-term health dangers and alcohol addiction:

“It was like obviously the immediate effects of getting drunk and stuff, and the fact that it can ... I don't know exactly, I just know that it can cause ... it can cause damage, internal damage if you're drinking too much, you can become addicted.” (YP7, 15-year old male)

A further conversation arose about general vulnerability, and this conversation is a good example of how this information was translated in an open and “in passing” manner:

“My dad did have a conversation with me the other week, we were on a dog walk, and talked about Uni and stuff, and he said, ‘you be careful about what other people can do to you when you're drunk and stuff’. So obviously I know to be sensible with it, and people can put stuff in your drinks, especially at university, when you're a bit older, because at our age I think you're quite safe, because you're usually at friends' houses, and parents are often there, and yeah but as you get older.” (YP4, 17-year old female)

Young people also noted that the conversation topics had become more informative as they had grown older, recognising that they were more likely to be in situations where alcohol was the norm. This is an interesting perspective that ties in with the age/experience dimension outlined under the parent findings (Section 3.3) and emphasises the fact that conversations are rarely static within this age group:

“Yeah, I think so, like with me getting older and stuff, I have noticed they [chats about alcohol] are becoming more frequent... I'd say mainly my parent's raise the topic.” (YP13, 16-year old female)

Finally, although from a small sub-sample, it was possible that there was some emerging evidence of a gender match in the conversations. Clearly, without knowing the dynamics or composition of each family it is difficult to substantiate the validity of this gender effect:

“My mum...I [female] don't know I guess I have a strong relationship with her, like I just find it easier to talk with.” (YP2, 17-year old female)

“Yes, generally if I've [male] got a problem as well about alcohol I'll talk to my dad instead of my mum, because of that experience that he has.” (YP5, 16-year old male)

“They've had past experiences and they were a teenager once, so they want to try and help you to not go through the same situations like they did, so obviously you talk to them. I mean, it's mainly my dad I [male] talk to alcohol about instead of my mum.” (YP6, 16-year old male)

5. Additional sources of information for young people about alcohol

This theme describes other sources, apart from parents, that young people draw on for information about alcohol. This is important additional information for parents as it shows how their own conversations can complement advice from elsewhere. There was most reference to receiving additional information from school. All young people made reference to the type of information received and the way it was delivered:

“Done a bit at school recently, we’ve been learning quite a lot about alcohol and we’ve watched documentaries about people who have had too much and the side effects and stuff like that.” (YP10, 15-year old female)

“They shared quite a bit of information on what you shouldn’t do, what you should do, how to avoid mixing your drinks, knowing what you should do if you come a bit over drunk...they were good.” (YP1, 17-year old male)

Given the value attached to school provision, young people were asked about how this compared to their parents’ advice. The results were varied, although there was a marginal preference towards parental sources. For example, parental information was thought to be more personal and tailored to a child’s own situation and experiences:

“Yeah I think it is because like I said at school, it’s not always going to really impact, because it’s just a general thing. But when your parents talk to you on a more personal level about it, it impacts you more than what you’re told elsewhere, so I think what they talk to you about it has a big effect... I do think that because I do that they’re more, going to have a bigger impact than just anyone that’s on a general level.” (YP14, 17-year old female)

“Again, it depends who it is but if you have quite a good relationship with your parents like I think I do, I am probably more likely to listen to them than a teacher, even though I do have good teachers. With my parents it is important.” (YP5, 16-year old male)

For some, school-based information was viewed positively because it was more indirect and formal:

“Like with your teacher it’s slightly different to your parents so it’s less direct and when you’re all together in a group it’s much more....I think it’s a much more calm environment than you can often learn about it and take things in without like them being direct and talking to you. But I also think parents are like a good thing.” (YP10, 15-year old female)

In consideration of the value shown to parental and school information, the overriding conclusion was that whilst they offered slightly different styles of advice, they were seen as complementary in educating young people about alcohol:

“I think a mixture would be good, I think school can be very informative. But then I think your parents and your friends are more like real life experiences I guess.” (YP16, 17-year old male)

In addition to parents and school, a further source of advice was the internet and social media, including information through YouTube and Facebook. This was the most frequent source of information beyond parents and school:

“It has stuff on like Facebook and Instagram of people drinking and stuff, you’ve seen that they’ve drunk quite a lot, so.” (YP6, 16-year old male)

“Yeah, I’ve seen videos about alcohol on YouTube, and yeah, I’ve kind of talked to some friends about it, as in when they’ve got drunk and they’ve experienced it, yeah..in particular, was this one video where she was explaining her addiction to it. And I’m basically against alcohol in general, for me, it’s not really the best thing to have. And if there was anything else I can’t remember at the moment, it’ll be similar to that.” (YP7, 15-year old male)

There were also a range of additional sources of information, although mentioned only by a few young people. Some of these referred to the more traditional sources of information such as TV and radio:

“Like I watched Eastenders as well which I found out about livers, because one of the people drunk too much and he got liver failure and he had to have surgery.” (YP2, 17-year old female)

“School, well school sometimes yeah and whenever they do, when they do new research and it’s on the radio and things.” (YP3, 15-year old male)

6. Effectiveness of these conversations

It is difficult to make firm conclusions over the effectiveness of parental conversations about alcohol in reducing children’s harm. However, beyond noting the low levels of drinking generally within this young person sample, positive inferences can be drawn in two ways. Firstly, young people’s judgement over their knowledge and awareness around alcohol and its potential consequences. For the few young people that provided information in this area, the majority (but not all – see later in this section) considered themselves sufficiently knowledgeable:

*"Yeah, well, it depends what you mean by successful, I mean, I've taken the information on board."
(YP6, 16-year old male)*

Secondly the young people in this study demonstrated an ability to avoid alcohol or drink in moderation:

"I've always listened to their [parents] advice and stuff and not drink excessively, I don't go out, I don't drink to get drunk or have fun, I just drink socially, so I don't want to get myself drunk." (YP6, 16-year old male)

"I know when to stop, I know what would happen if I did it too often and too much, and know the limits of what can and what can't be done safely with it." (YP14, 17-year old female)

In further evidence of effective conversations, the following example shows one of the closest links between parental conversations and positive outcomes. In this example, a young person was learning from her mum when attending the same event, and trusting her advice throughout. An instance of a conversation whilst drinking was a rare occurrence in this sub-sample but illustrates the issues of positive modelling, respecting the child's independence, and the child valuing her parent's advice:

"As I said at my party, it was have another drink and be like really bad or not, and I'd be like, 'mum, shall I have another drink?' And she'd be like, 'no', and I'm okay that's fine. So it's like she can see when I'm at my limit and obviously I can feel that as well, but I'll ask her and she'll tell me, no don't drink anymore." (YP14, 17-year old female)

However, it is also worth noting that young people were aware of their limitations and their desire to know more information about alcohol in certain areas. Some of these were identified as specific gaps of information, although excluded from these examples are areas where young people 'don't know what they don't know'.

"I know a bit about units but I'm not that confident in it...I think I know like how dangerous it could be if you let it get to measures, but I mean I don't really know much about it." (YP10, 15-year old female)

These following examples of knowledge-gaps were more abstract and are likely to require more detailed conversations or drinking experience, particularly in understanding one's own limit. Frequent conversations have been shown earlier about sticking to the limit, but this can be problematic if the extent of this limit is unknown or may change through time or depending on whether they have taken measures to influence their limit (e.g. eating beforehand).

"I guess [more information] like finding your own limit, I am not really, I haven't found mine yet."
(YP13, 16-year old female)

"Probably slightly, I could choose to have that [more about alcohol] discussion, yeah...Probably the effects that it has, and maybe ..., maybe why people drink...Yes because I suppose lots of people do it for lots of different reasons, so why they drink, why other people drink." (YP3, 15-year old male)

A further example was young people wanting to know about the different types of alcohol, and in particular how they differ in strength:

"I don't necessarily feel like I need any more information, but maybe more generally like the types of alcohol there are and which ones are the really strong spirits and which ones aren't...So it'd just be better to know them more and which ones are more like stronger and stuff that you should probably stay away from more." (YP15, 16-year old female)

Finally, one particular young person reveals she has limited knowledge about alcohol and does not receive much advice from her parents (arguably the least effective conversation by receiving very limited information). This example reflects a contrast to the majority of other young people's experiences. She explains this by the nature of her relationship with her parents compounded by her dad's use of alcohol. This shows that a fundamental feature underpinning effective dialogue about alcohol is subject to the nature of the parent-child relationship:

"We're not the sort of, we [with mum] don't have the relationship where she'd talk to me about things like that...because my dad's quite like a, I don't see my dad as much and because he's got quite a weird relationship with alcohol, I don't know, we don't really talk about it as much...No, they've never really offered me any information." (YP8, 16-year old female)

With this same example, there is a tentative case to show this is linked to a greater chance of alcohol-related harm with her perceived lack of crucial knowledge (see Parent-Child conversations in Section 3.5) and revealing she often drinks before going out:

"Yeah not an insane amount, but I definitely do it [drink before going out], especially if I'm with friends and we're getting ready." (YP8, 16-year old female)

7. Resources young people recommend for parents

This final theme shows young people's recommendations for how parents can increase their knowledge about alcohol. A number of specific suggestions were made. For example, a parents' group or a list of frequently asked questions:

"I don't know there should be like a meeting thing that parents could go to for like support for younger children...get parents together to talk about like it and everything and see if they can help each other." (YP2, 17-year old female)

"A guide to frequently asked questions for parents, I suppose that'd be quite helpful... Yeah maybe something that they could refer to as a more official line if they're not entirely confident in their own understanding." (YP3, 15-year old male)

In reinforcing the value of where young people sourced their information from, there was a strong preference towards social media:

"I mean it's good to have things that when you're on social media and they just like flick up on your feed and you read about them and you can watch things happen, I think that's quite...it's an easy way to learn about stuff." (YP10, 15-year old female)

"I think social media is probably a good way to get in touch and spread awareness, because most people our age are on it, and are on it quite a lot and things like that, so it's a really good way to spread awareness." (YP4, 17-year old female)

In more direct reference to their own experiences, a few young people referred to the conversational strategies that they valued, in terms of talking prior to a big event and drawing on real-life examples:

"I'd say probably around their first party or something like that if they go to ... around the time if they go to a party, before then." (YP5, 16-year old male)

"My dad and his hand [hurt during alcohol incident], it was something that I could see happening and it wasn't, it's a kind of, I don't know, even if it's a made up story, like say a story of when alcohol has caused something bad to happen and I think it kind of makes it easier for the children to be able to relate to it and listen to the warning a bit more." (YP14, 17-year old female)

3.5 Parent-Child analysis

A detailed analysis of the interviews enabled young people's accounts to be examined alongside their parent's interviews. This was possible for 16 child-parent pairs. The generally low level of drinking and the data outlined in the child-only accounts are possibly indicative of effective harm reduction conversations. However, analysis explored this further by examining where the nature and detail of the conversations concurred or differed between the children and their parents. As this was a matched analysis of child-parent pairs, many of the results are reported on a case-by-case basis. The findings¹¹ are presented below, within the following four thematic sections:

- Children and parents matching on levels of child drinking;
- Children and parents matching on conversation starters;
- Children and parents matching on topic areas;
- Occasional differences in children and parent accounts.

1. Children and parents matching on levels of child drinking

For each of the illustrations below, the child accounts are displayed first followed by their parent's. In general, parents were aware of their children's drinking experience and behaviour typified in the following example where the child and parent recall with accuracy the two occasions where the child has consumed alcohol:

"It's only really been sort of twice when I've been at a friend's party, so like when we were at New Year's Eve, or just a friend's birthday party. Yeah, I don't really know, I just sort of had what was there. It wasn't that much." (YP10, 15-year old female)

"On two occasions, there has been alcohol there [parties] and some of her friends had brought some alcohol. The last one she went to was new year and at New Year and she said she had some cider. And I realised before we went to that party and we spoke so much about being careful and I remember saying if you have any alcohol please be careful." (Parent (P11, Mother) of YP10, 15-year old female)

Children and parents also gave similar accounts of the amount of alcohol typically consumed, further illustrating the generally low level of consumption:

¹¹ As this is matched data from the parent and child samples some quotes may be repeated in this section that have been presented in previous sections.

"Yes, I've had it before but I don't drink an awful lot." (YP9, 16-year old male)

"But so last week's been, or the week before when he went, we bought him a pack of, I think a box of 10, and he literally probably had one or two, even. And they were the small cans as well. He's never been too fussed about it I don't think." (Parent (P47, Father) of YP9, 16-year old male)

"Yeah I really don't drink much, maybe once every month maybe." (YP16, 17-year old male)

"My son doesn't drink at all with the exception if he goes to parties and he will drink some alcohol so that he feels he's fitting in at the party with his peers. Otherwise he doesn't drink at home, or anything like that. He doesn't actually really like alcohol." (Parent (P12, Mother) of YP16, 17-year old male)

Underpinning these low levels of drinking are some of the negative attitudes to alcohol, for example the child not liking the taste:

"I have once yes, but that was at a party but I haven't touched it since...it was disgusting." (YP2, 17-year old female)

"When my ex-husband got married they let her have a glass of champagne, we do the odd thing like that, but generally she doesn't like it." (Parent (P41, Mother) of YP2, 17-year old female)

A further reason for not liking alcohol was shown by both child and parent, in this case a fear over vomiting:

"Yeah, I have a phobia of sick...The only thing that I remember is my mum talking about sick. [Okay]. Honestly, that's all I remember. And saying that if I'm sick in her car she'll never forgive me." (YP10, 15-year old female)

"I think part of her thing is that she knows if she drinks too much she will be sick, she has a thing about vomiting, she has a fear of vomiting." (Parent (P11, Mother) of YP10, 15-year old female)

For those children that do drink alcohol, there was once again matched awareness over children's sensible drinking. In all examples, the typical pattern is children drinking up to a certain point and then not continuing to drink to excess:

"Yes, definitely, when it gets to a point I think I should probably stop, I will stop and then I'll drink something else like lemonade or water, for the rest of the evening or the time I am with my friends." (YP5, 16-year old male)

"Certainly as far as my own son is concerned no, he seems to be, he's got his head screwed on right with it. From what he says about some of the people who are at the parties with him, yes he comes back sometimes with it's quite boring because everybody was paralytic and throwing up by 8.30 nine o'clock in the evening and it was dull." (Parent (P44, Father) of YP5, 16-year old male)

"Mostly with friends, sort of, but not stupidly if that makes sense...I think I know it can be dangerous, but if you have it in moderation, and are sensible with it, it's alright. So I think, I like to think I've got a responsible view on it." (YP4, 17-year old female)

"She comes back giggly from parties but she's never been sick, she's never been ... at the end of a party and I've collected her she's always been compos mentis, you can always understanding what she's talking, she's not slurring, she's just a giggly, happy 17 year old." (Parent (P46, Father) of YP4, 17-year old female)

As a further indication of matched responses, the parents in this example are clearly aware that the child only drinks at parties, and the details of the conversation around this are shown. The location of drinking and whether adults are present is a concern for parents (which was also found in the overall sample of parents) as this is thought to affect the likelihood of alcohol-related harm. In this case, particular attention is shown towards who is attending, the child's intention to drink and important information about how to prevent drink spiking:

"Sometimes when I am at my dad's I have a cocktail but I only ever really drink at parties." (YP13, 16-year old female)

"Over the last year I know she's been to a couple of parties where there has been alcohol ...She said the after party there was going to be alcohol there at this friend's house and we had a discussion about, well, I said 'What are you going, what do you think you're going to drink, what do you think you would like to try, what do you think there will be there?', and she said that she thought she would try beer, and we talked about how or I said to her 'I think it's quite important that you take a drink that hasn't been opened.'" (Parent (P14, Mother) of YP13, 16-year old female)

As noted in the young people's findings (Section 3.4), a particularly memorable occasion has often been their parents introducing them to alcohol. This may be an effective strategy underlying the sensible patterns of child drinking described above. This is the most frequent area of matching in terms of the child-parent accounts. This may be because this introduction was a deliberate strategy by parents, perhaps one that had been pre-planned which differs from the conversations about alcohol, typically "in passing". These two examples show how parents had actively encouraged their children to try alcohol, some as young as 12 or 13 years old, in an attempt to normalise and demystify alcohol and ensure safety messages were in place prior to reaching the legal age:

"My first proper alcoholic drink must have been a couple of years ago so I was 14...It was a small bottle of beer, when we were on holiday in France. Yes, it wasn't particularly strong, my parents deliberately chose it." (YP5, 16-year old male)

"I know from an early, a fairly earlyish age we let them have a small sip of whatever we've been doing. So they've tried beer, wine." (Parent (P44, Father) of YP5, 16-year old male)

"Probably when I was maybe 12, 13, probably, just saying drink small amounts, because obviously they just said to me, 'people have never drunk alcohol before and then when they're 18, they just drink excessive amounts and just become really drunk and do stupid stuff'." (YP6, 16-year old male)

"So yes so we actually encourage, particularly [son], who you'll speak to in a minute, he's nearly seventeen and probably for the last couple of years, we've sort of just encouraged him." (Parent (P43, Father) of YP6, 16-year old male)

A further strategy recalled by children and parents, and in close relation to the encouragement to drink sensibly, were occasions where a sensible type or amount of alcohol had been supplied when going to parties:

"Yeah because even when we go to parties, we have to take our own alcohol, so it's given to me, but it's an amount that they'd be happy with me drinking...Yeah they'd only send me to a party with, they wouldn't send me with too much alcohol, usually I have four drinks." (YP4, 17-year old female)

"So for instance now they're in teenage age, they go to these parties, my daughter would take four bottles of Smirnoff Ice things." (Parent (P46, Father) of YP4, 17-year old female)

2. Children and parents matching on conversation starters

The recollection of times where a conversation about alcohol was shared by both children and parents provides an indication of the most effective ways to start a dialogue. The purchasing of alcohol prior to a party was an opportune time to have a discussion and also allowed parents to have some 'control' over ensuring the child would avoid coming to harm:

"I think it probably happened the night after I first had my first drink and then it just carries on after basically every time I go out, just a quick know your limits, beforehand." (YP1, 17-year old male)

"No I think it was him, he asked me to purchase it because they are too young to buy it. So he has asked me to purchase it and I have willingly purchased it, because I would rather I go and buy this particular ... a brand of lager or whatever rather than him trying to sneak off, and I don't know just drink his friend's vodka because that's all they have got or something else. It's a small form of control I suppose." (Parent (P40, Mother) of YP1, 17-year old male)

The following example clearly illustrates how the conversation opportunity prior to a party may have contributed to the limited consumption of alcohol, again recalled by both child and parent:

"Not an awful lot, just if I go to a party they will say don't drink too much, be sensible, know your limits." (YP9, 16-year old male)

"Occasionally he would say like when he went to a party last week, we bought him some alcohol to take, but he didn't drink much at all." (Parent (P47, Father) of YP9, 16-year old male)

An additional account of starting a conversation about alcohol was where both the child and parent recalled a relative's drinking. Again, perhaps different to brief conversations in passing, seeing real-life examples of drunkenness among family members was perceived to produce a more memorable experience, shared by both the children and parents. This also supports the recommendations posted by young people earlier (Section 3.4), to hear more about alcohol through real-life examples:

"One particular conversation was when I was at a party and a family member got drunk, and they told us afterwards, basically not to get drunk." (YP7, 15-year old male)

"The first time we really discussed alcohol as a family we had gone to a family party and one of the relatives was really drunk and doing some very, saying some very silly things to them. And they were quite young at the time but they wanted to know what was going on." (Parent (P35, Mother) of YP7, 15-year old male)

Aside to triggering a conversation, the influence of seeing a relative's drinking pattern was shown to instil an attitude of "not wanting to be like that" when the children were older:

"Yeah because I think you definitely learn through experiences and witnessing other things and I think, as much as it was horrible, I probably learnt that I didn't want to be like that, through witnessing it, not that I'm saying you should witness it, but." (YP4, 17-year old female)

"So when granddad was sober he was lovely, but when granddad was drunk they didn't like it. And as I mentioned I went through a wobble when I drank too much at this do and I've learnt that the children see you in that way and you mustn't ... you've got to be a little bit more professional around them." (Parent (46, Father) of YP4, 17-year old female)

3. Children and parents matching on topic areas

There was also matching on a number of different topic areas. Collectively, where parents and children share similar accounts, this further supports the importance of parents effectively helping to shape their child's drinking attitudes and behaviours through a process of open communication. These can be considered as the most salient conversations that result in retained knowledge about alcohol among children. There were numerous examples that are shared below. The findings are split into general points, followed by matched child-parent accounts of the more specific topics discussed.

a) General points

In general terms, children and parents shared accounts of the open nature of conversations "in passing" rather than a "big sit-down" approach, with the former universally agreed as the preferable option:

"Usually we don't really have sit down conversations and stuff, usually you're out and about doing stuff or walking the dog." (YP4, 17-year old female)

"Yeah we're quite an open family so we ... we don't talk a lot about it but it comes up round the dinner table conversations, when we're in the car, walking the dog, it just comes up in general conversations, we don't actually sit down with them and say 'right you've got to listen to us'. We're not that type of people, it just comes up in conversation." (Parent (P46, Father) of YP4, 17-year old female)

A further general topic shared between a child and parent was a child reporting a dislike being around drunk young people; a view recognised by her parent:

"I don't like people being drunk near me or anything like that." (YP2, 17-year old female)

"She's frightened by drunk people and so I think that colours her view of alcohol." (Parent (P31, Mother) of YP2, 17-year old female)

As a further example of a general message being recollected, children were positive about their parents in helping them navigate their introduction to alcohol. In this example, the child shows the importance of this valuable support, how this conveyed a right for independence and trust, whilst knowing that the parents were always available to help out if needed. This was a message that was also remembered by the parent:

"I think it makes you more aware of alcohol for the thing and how to deal with it and I think they can often offer advice and like when they're there and they're not keeping anything over you and they're letting you have your own freedom, but I think it's important to let them know what goes on so that if you get into any situation they can help you out." (YP10, 15-year old female)

"I remember saying to her 'we will always be here, we are here to catch you if you fall, be very very careful', because ultimately we are just here to catch you, we can't cover every single thing, we can't achieve that, there's only so much we can do, we have to prepare and keep her views and outlook as balanced as we can but at the same time she's going to do something because kids do." (Parent (P11, Mother) of YP10, 15-year old female).

The majority of the general topic conversations were in relation to safety. In this example, the child talks about always being reminded about knowing his limits, which inherently equates to avoid going over his limit to a point where safety could be compromised. This is also matched by the parent's importance of reinforcing the safety message:

"I think it probably happened the night after I first had my first drink and then it just carries on after basically every time I go out, just a quick know your limits, beforehand." (YP1, 17-year old male)

"Kind of the safety aspects of it, I don't think you can tell them you should never drink, etc. Because if you ban things they just want to do it more, so it should be how to moderate it, and how to do it safely. It's no good saying, oh you can't drink until your 18 so we won't bother telling you about it. It's, well if you do drink this is what can happen it's the same sort of thing as with drugs if you take drugs this is what can happen. If you are drinking, if you are doing this please try and be safe with your friends and don't overdo it. And some of these health implications for people that drink a lot." (Parent (P40, Mother) of YP1, 17-year old male)

In the following example, both the child and parent consider safety to be the most important message at this age (17). However, they both acknowledge that although future topics including the long-term effects are not relevant now they may well need addressing in the future:

“I didn’t so much think ‘oh it’s going to affect my liver’ or anything like that, it’s just the things like there and then, about not wanting to do anything I’ll regret, or anything like that.” (YP14, 17-year old female)

“To have it a habit is bad but I think right now it is about safety, it’s about growing up, and getting through that period of knowing actually I think I need to stop drinking now and you get that as you get older.” (Parent (P15, Mother) of YP14, 17-year old female)

Related to the notion of safety was one matched conversation around vulnerability, with this being a topic shared in the following example:

“My dad did have a conversation with me the other week, we were on a dog walk, and talked about Uni and stuff, and he said, ‘you be careful about what other people can do to you when you’re drunk and stuff’. So obviously I know to be sensible with it, and people can put stuff in your drinks.” (YP4, 17-year old female)

“Certainly with teenage girls spiking drinks and that sort of stuff, they’re aware of that, I think they’re told that. But the influences that being under alcohol, it makes you more happier so therefore you’re more flirty etc., and people could take advantage of that.” (Parent (P46, Father) of YP4, 17-year old female)

The final shared example in the general area of safety was the use and encouragement of texting to keep in touch and ensure the child was okay when out drinking, for example:

“The majority of the parties I’ve been to, have been overnight ones, so it’s just a text, at midnight and a text when I wake up, just to say that I’m okay, and that I’ve had a good time.” (YP14, 17-year old female)

“I mean she hasn’t been to that many parties and she has ... she’s come home so I have text her during the evening, or if she’s been at friend’s houses, I’ve text the parent that’s there to say everything okay.” (Parent (P15, Mother) of YP14, 17-year old female)

b) Specific topic areas

In addition to these general accounts, there were numerous examples of where the precise topics of the conversation were recalled. This again strengthens the case for the most effective of conversations, where children reported knowledge that was retained from talking with their parents. This particular example shows a matched conversation about not mixing drinks:

“Oh, talked about mixing alcohol, quite a few conversations about that and drinks that I should not mix because of the effects or if they are too strong.” (YP5, 16-year old male)

“We make a point about not mixing drinks or getting drunk in front of them or anything like that.” (Parent (P44, Father) of YP5, 16-year old male)

A further example was a shared message about units and keeping below the recommended allocation, with both the child and parent being aware that this was information received at school:

“Where I think it was last year they [school] came up with the fourteen units a week, spread out I think it was, so that sort of thing, just when it happened.” (YP3, 15-year old male)

“So I mean I guess they get information at school, they get health information, and they would have known what their recommended units were per week and so on.” (Parent (P42, Father) of YP3, 15-year old male)

There were also matched conversations over the dangers of drinking spirits and, when this was occurring, to ensure they were not drunk neat, for example:

“Stick to the cider or vodka, but mix it, so don’t do it straight.” (YP14, 17-year old female)

“They tend to take along bottles of vodka to places and it’s like you know that you can’t drink all of that, you must share because you’re going to end up being in hospital having your stomach pumped. Or dead or something because that’s a huge amount of alcohol, an adult wouldn’t drink that. And she’d say yeah I know, I know, mum, I know.” (Parent (P15, Mother) of YP14, 17-year old female)

The following example is the most explicit illustration of where a topic of conversation raised by a parent, preventing drink spiking, has been translated into actual behaviour by the child:

“Yes, I keep my phone with me and I always take my drink with me wherever I go so I don't leave it...Just about making sure that you open your own drink and making sure that you know it's not been spiked, and not going over your limit.” (YP13, 16-year old female)

“We talked about how or I said to her ‘I think it's quite important that you take a drink that hasn't been opened’. I warned her about taking drinks where it's been poured for her and she maybe doesn't know who might potentially have tampered with the drink and we had that discussion really, and we talked about well, go and, see if you can find a drink that hasn't been opened and then go and ask, see if you can find someone that can point you to where the bottle opener is or whatever.” (Parent (P14, Mother) of YP13, 16-year old female).

In the example below both the child and parent recalled a conversation about eating well before drinking to minimise its impact:

“Yeah they always said to eat before I go out.” (YP16, 17-year old male)

“He knows he gets a decent dinner before he's allowed to go to the party because I always say ‘you need to line your stomach’.” (Parent (P12, Mother) of YP16, 17-year old male)

Finally, children and parents also had some similarities in their suggestions for future support. Social media sources were the most frequently mentioned option:

“I think social media is probably a good way to get in touch and spread awareness, because most people our age are on it, and are on it quite a lot and things like that, so it's a really good way to spread awareness.” (YP4, 17-year old female)

“And Facebook and Twitters and Instagram they use as well...So all those sort of platforms, social media platforms.” (Parent (P46, Father) of YP4, 17-year old female)

4. Occasional differences in children and parent accounts

The number of differences revealed between children and parents was less than the matched accounts shown above. To show the nature of the occasional differences, they are categorised as specific conversations that were not recalled and topics that children note they would like to know more information about.

a) Specific conversations not recalled

To start, it was typical that not all topics were recalled by children compared to those raised by their parent. For all children where this occurred, this could be indicative of not remembering these conversations, not considering them as relevant, or just not referring to them in the interview (even though they may well have been remembered). The following example typifies this mismatch as follows, with the child not drawing reference to specific topic areas that were raised by her parent:

*“We’ve had conversations about drinking and driving because the driving will be the next thing.”
(Parent (P15, Mother) of YP14, 17-year old female)*

“That sort of reassurance I suppose, and about being sensible, if when you do go out, about not leaving drinks around and having your drink spiked and just being sensible.” (Parent (P15, Mother) of YP14, 17-year old female)

In the following example, a parent talks in detail about specific safety strategies and reference to date rape – topic areas that were not recalled by their child:

“They just know that they can phone us if they're in trouble and we would come and my mum, if we had been drinking or if we couldn't, we've got local friends that know about it and we do the same for their families and my mum would go out as well.” (Parent (P46, Father) of YP4, 17-year old female)

“She knows that she can go to bar staff and there's certain code words that teenagers can use in certain pubs and that sort of stuff to get them out of trouble.” (Parent (P46, Father) of YP4, 17-year old female)

“I call it date rapes or whatever they're called, where lads get girls really, really drunk and do things they shouldn't be doing to them. We have that conversation privately with my daughter.” (Parent (P46, Father) of YP4, 17-year old female)

A further angle on the occasional differences between children and parents was where the child mentioned issues that had been raised, but were not recalled in the parent interviews. Again, it is worth reiterating that whether this is a factual inconsistency (a truthful account of a mismatch) or a case of the parent not recalling a conversation that may have occurred, is questionable. In this example, a child talks about knowing that to eat a big meal and drink water is a safety measure – topics not raised by the parent:

"I've been told that it is better to have a big meal before you drink, and drink water in between." (YP9, 16-year old male)

"All I've said to him like is you know, when he's talked about drinking, you know, what you're drinking doesn't taste like that it's alcohol, it's just quite a soft drink. You know, it's got alcohol content, so if you stop being aware what ... how much you're drinking. And don't quzzle it, because obviously, because it's such a mild flavour, you can almost drink it like you would a can of coke, and go off it. So that's the only sort of discussion we've had about it, and you know." (Parent (P47, Father) of YP9, 16-year old male)

"And a good example, that party he was going to, he went to a couple of weeks ago, I just you know, something like if you're drinking, it'll be your take and that's fine, but just be careful if you pick up a drink from somewhere else, you don't know what's in there." (Parent (P47, Father) of YP9, 16-year old male)

In further examples about topics, this next example shows a conversation raised by a parent about the effects of alcohol and disinhibition. In this example, the parent details this conversation and this was not mentioned in the child interview:

"She'd been very aware of the effects on some of her friends and she sort of described some of them, the way they were behaving, how they some of her friends were becoming very emotional and tearful and one girl started opening up about her relationship with her father and things like that. So we discussed about the impact of alcohol on making people a bit more disinhibited and that sort of thing." (Parent (P14, Mother) of YP13, 16-year old female)

In similar fashion, this next example shows a parent recalling a conversation about units which was not translated into retained knowledge. In this case, the child suggests he is not confidently aware of units, whereas the parent assumes this knowledge is adequate. This suggests that briefly explained topics may not always be understood if they are not placed into context (in this case linking units to the effects of alcohol):

"I know about the limits and things...Well roughly and the loosely know what the effects are and but I'm not sure whether I'd be able to relate those two things completely." (YP3, 15-year old male)

"well as I say they were asking how much I'd drunk and we sat down and worked it out [in units] and then they're almost sort of telling me off which is really funny. Because they're aware of how much is appropriate and so on and so on, yeah." (Parent (P42, Father) of YP3, 15-year old male)

As a more detailed example, this child recalls the main messages to her being around not leaving the drink alone. Interestingly this child also expresses a desire to know more about the dangers of alcohol and its effects. The parent account suggests these topics have occurred and either it may have been talked in insufficient detail or it may be a case of such topics will become more elaborate in the future:

"I guess [would like to know more about] like the dangers because I'd take it more seriously if my parents told me...like the health effects and also like doing things that you will regret." (YP13, 16-year old female)

"I think they need to know about alcohol content of drinks, and the different strengths of alcohol and they need to know about the effects of alcohol. They need to know about the effects on their behaviour and I think they need to know about consequences of that as well. So it's, they need to know what the risks are, and they need strategies for, if something goes wrong or what unexpected, or something that they're not, they haven't anticipated that they need to know what strategies they can use to protect themselves and to get themselves out of that situation and I think they need to know about the importance of being able to have honest discussions as well with an adult about the consequences of their learning to handle and experience alcohol." (Parent (P14, Mother) of YP13, 16-year-old female)

A particularly stark example of an inconsistent account was this parent who underestimated the occurrences when their child drinks alcohol. It appears that the son is drinking is twice as more often than the parent believes:

"I drink when I go out with my friends...I'd say every other week maybe." (YP1, 17-year old male)

"Well it's not frequent it's when he goes to a party or have a gathering with his friends which I don't know, there has been one this year, one last month so I would say on average maybe once a month." (Parent (P40, Mother) of YP1, 17-year old male)

b) Requests for more information from children

The second broad area of mismatch was concerning content that children wanted more information on - a need that arguably their parents are not aware of or are unable to address. There were a few accounts where children generally wanted to have more conversations with their parents about alcohol. By contrast, their parent's main concerns were long-term effects and losing control.

"Probably slightly, I could choose to have that [more about alcohol] discussion, yeah...Probably the effects that it has, and maybe ..., maybe why people drink...Yes because I suppose lots of people do it for lots of different reasons, so why they drink, why other people drink." (YP3, 15-year old male)

"I suppose, well the long-term effects on your health of drinking too much and also the risks of becoming in a state where you're not in control and so on. Those are the main concerns, I think that I would have." (Parent (P42, Father) of YP3, 15-year old male)

In this second example, the child noted particular areas (dangers and finding her limit) she wanted to know more about. However, this was not picked up by the parent whose main messages were around the dangers of mixing, the effects on disinhibition, and safety:

"I guess [more information on] like the dangers because I'd take it more seriously if my parents told me...Yeah. Like the health effects and also like doing things that you will regret...I guess [more information] like finding your own limit, I am not really, I haven't found mine yet." (YP13, 16-year old female)

"I warned her about taking drinks where it's been poured for her and she maybe doesn't know who might potentially have tampered with the drink...so we discussed about the impact of alcohol on making people a bit more disinhibited and that sort of thing...I put in place I suppose some safety things like any problems, she phone me straightaway, I can come and get you if you get to a, if something happens." (Parent (P14, Mother) of YP13, 16-year old female)

As a third example, this child expresses a desire to know more about the different types of alcohol available. The parent's accounts suggest this is a topic that has not been covered, with their main concerns being around drink-driving, violence, addiction, and a general feeling that this child is still too young to receive this information:

"I don't really know like the difference between the alcohols that you can get." (YP2, 17-year old female)

"I don't know if she really understands that ... about addiction but [family friend] has tried to battle with it and what have you. In fact she ... no I think she does know but probably doesn't understand how hard it is to stop doing it...I mean I'm lucky, I'm very lucky that she doesn't go to nightclubs, she doesn't go out drinking like I used to at her age. She doesn't do it...I think it's because she is still too young [to have that conversation]. I think maybe in a couple of years' time, two or three years' time, she will do what perhaps I was doing at her age now." (Parent (P41, Mother) of YP2, 17-year old female)

In the fourth example the difference is based on the parent's assumption that her son does not want any more information because he sees it as not relevant to him. However, in the interview, the son identifies a desire to know about the different strengths of alcohol and how to compare spirits and beer in terms of its effects – clearly a fundamental area to promote harm-reduction:

"Maybe the likes of the differences between sort of like having some beers and then having sort of like vodka and stuff. Because I think it's a significant difference sort of ... because if you have like a couple of beers it won't have the same effect if you have sort of a bit of vodka." (YP16, 17-year old male)

"I think, because I think he's quite sensible around alcohol and doesn't feel that he needs me to talk about the warnings and the dangers of alcohol because he's not that keen on it." (Parent (P12, Mother) of YP16, 17-year old male)

This final child-parent example is possibly the most worrying. There is a clear mismatch between what the child wanted to know and how this was not recognised or met by their parent. This child views her knowledge around alcohol as poor, but the parent perceives her knowledge to be higher than average:

"Like really bad, I don't really know all that much...Yes, it's mainly things like, I think it's obvious the higher percentage that is going to be more alcohol, than a lower percentage of things. I don't know what units mean, I don't know how much a unit is, or, because I know it says that women shouldn't drink more than three units a day or something, but I don't actually know how much that is. So things like that, that you should pick up when, as you get older." (YP8, 16-year old female)

"Yeah, so I don't have concerns about [daughter] at the moment, although I think, like all of us, we all need to be a bit concerned, because if you drink you're at risk of falling over, apart from anything else, but whereas, my other daughter, I have much more concerns... So I'm lucky that my, that [daughter] is I would say quite responsible, as a person...Yeah I would say their awareness is much higher than a lot of kids, yeah." (Parent (P45, Mother) of YP8, 16-year old female)

This particular mismatch is underpinned by the child and parent differing on the level of conversations about alcohol. The daughter perceives the information received as barely anything, whereas the parent recalls a conversation triggered by her father's drinking:

"No, they've never really offered me any information." (YP8, 16-year old female)

"But I have conversations with my daughter about drinking, because we do have, alcohol has been a problem for certain members of our family. Her father has got an alcohol issue, my brother, I would say drinks in a way that isn't good for him, certainly [daughter's] father, her uncles, have also, on her dad's side, have also got alcoholism. There's a feature of their life in a way that isn't good. So I've had conversations with her saying, about it creeping up on you, that alcoholics, we've had those conversations." (Parent (P45, Mother) of YP8, 16-year old female)

SECTION FOUR: Summary of findings

4.1 Introduction

This section summarises the key findings from the 48 parent interviews, 16 young person interviews, and 16 matched parent-child interviews. To further contextualise these findings, comparisons to two landmark studies will be made. Firstly, the findings will be compared to those extracted from a younger age group (9-13 year olds; Valentine & Harris, 2016). Secondly, a temporal dimension will be presented by comparing these findings alongside a study conducted some 10 years ago (Sherriff et al., 2008). This section will end with a consideration of the strengths and limitations of the study, and some suggestions for future research.

4.2 Summary of findings

Parents' findings

The majority of parents drank openly in front of their children and this was considered to portray a sensible drinking message. Most parents were comfortable talking to their child about alcohol. It was considered that open and honest conversations helped demystify alcohol for young people. Most conversations that parents had with their children were small and informal and a wide range of triggers to these conversations were reported (for example: a programme on television, witnessing someone drunk, social media). Although there were no major barriers reported that prevented parents from speaking to their child about alcohol, several topics were identified which parents felt less confident talking about such as units of alcohol, legal issues around alcohol, how to explain alcohol dependency to children, and types of alcoholic drinks that young people drink. There was some evidence that as children got older conversations became more frequent and more focused on safety.

Young people's finding

Young people generally exhibited low levels and infrequent occurrences of drinking. Alcohol-related conversations were generally viewed as being "in passing" and never a formal sit-down conversation. Timing of conversations was also important to young people, having a greater impact if they were at a suitable time or place, and when everyone was relaxed. Young people thought it was helpful to hear about their parents' "real life" experiences. The findings suggest that young people attach great value to the information from their parents. A range of triggers to conversations were reported but the most frequent instance was just before a child went to a party. The most commonly discussed topics were around sensible drinking and limiting the effects of alcohol. Although young people generally considered themselves knowledgeable about alcohol some noted that they wanted more information in certain areas such as how to find their "limit", different types and strengths of alcohol, and units of alcohol.

Child-parent findings

Overall, the matched parent-child interviews were very consistent. Young people and parents generally reported similar accounts of their child's alcohol consumption. The mutual recollection of conversation starters and topics are indicative of the most salient and effective strategies to exchange knowledge about harm-reduction. There was also agreement regarding the style of conversation, which was viewed as an open and informal approach. It was fairly typical that not all topics were recalled by young people compared to those raised by their parents and vice-versa. Importantly, in some cases parents underestimated their child's need and desire for further conversations about alcohol.

4.3 Comparison to previous work with younger children

A previous study by Valentine and Harris (2016) researched strategies used by parents to manage children's exposure to alcohol and to talk to their 9-13 year olds about alcohol. Like the parents in our study most parents felt comfortable talking to their child about alcohol. However, Valentine and Harris found two clear contrasting approaches to managing their children's awareness of, and exposure to alcohol. Some parents concealed alcohol and felt strongly that children should be told not to drink rather than told about safe and sensible drinking. In comparison, other parents adopted a more open attitude towards alcohol and some encouraged their children to try alcohol in a managed way. This latter-mentioned modelling of a balanced approach is more consistent with the results from the present study with 15-17 year olds. In the current study nearly all of the parents reported drinking openly in front of their children. This was considered a positive way to show moderation and portray a sensible drinking message to their children. Furthermore, the majority of parents in the current study did not have an outright ban regarding alcohol and their children, either by having allowed their child to taste alcohol or by allowing them to drink alcohol in the home and/or at parties. Therefore, it seems that parents are more open with alcohol (in terms of managing children's exposure) in this older age group (15-17 year olds).

Parents in the Valentine and Harris (2016) study also reported several challenges that prevented them from talking about alcohol with their children (as examples, guiding children's exposure when a family member has a problem with alcohol, when family members disagree on the best approach to take regarding introducing the child to alcohol, parents reporting peer pressure from other parents, little time to talk about alcohol, and ubiquity of alcohol in society). In the current study the majority of parents did not report any barriers which prevented them from talking with their child about alcohol. However, parents did highlight a number of topics that they would like more support with. It is not clear why these differences exist, although it is possible that parents in the current study have had to overcome barriers as the need for a conversation is more pressing in the older age group as alcohol exposure increases.¹²

¹² Topics of conversation cannot be compared as these are not described in detail in Valentine & Harris (2016).

4.4 Comparison to Sherriff et al's (2008) study

In the 10 years since Sherriff et al's (2008) study there is an indication that young people are engaging in less risky behaviours including drinking, drug use, and smoking (HM Government, 2014). A report by the Institute of Alcohol Studies (2016) found that although the proportion of underage drinking is still high there is evidence that this has declined. For example, in 2014 38% of 11-15 year olds in England had tried alcohol compared to 61% in 2003. Although the reasons for this decline are not well understood it is thought that improvements in parenting (defined as parents who are less likely to drink in front of their children, less likely to approve of their children drinking, more likely to know their children's whereabouts and activities, and have warmer and closer relationships with their children) and economic factors which reduce the affordability of alcohol are the most likely factors (compared to stricter enforcement of ID laws and the increase in social media; Institute of Alcohol Studies, 2016). This is reflected in the current study where most children rarely drink (if at all), drink sensibly when they do, and do not report regular occurrences of drunkenness.

Nonetheless, conversations between parents in the current study and in Sherriff et al's study (2008) share many similarities in terms of style, triggers, and content. For example, like the present study Sherriff et al reported that conversations were viewed as informal chats, which occurred "little and often". Using examples of personal or family stories were identified as useful ways to initiate conversations about alcohol in both studies. Similarities in topics included personal safety, sensible drinking, and health-issues. However, there were also a number of differences. Firstly, as might be expected social media was discussed more by parents in the present study. For example, social media was used by some parents to start a conversation about alcohol, such as sharing a video on Facebook. However, some parents also raised concerns that images of their children drunk could be placed on social media platforms. Social media was also seen as a source of information for both children and parents. Secondly, parents and children in the current study reported a wider range of triggers to initiate a conversation such as when watching a programme on television, when the child is going to a party/comes home from a party, and following-up lessons from school. Thirdly, parents in the current study spoke more about drink-driving (both as a driver and a passenger). Fourthly, in the current study, most drinking occurred at parties rather than at public places or licenced premises, which is likely because of stricter implementation of ID laws within the last decade. Consequently, parents reported more negotiations around providing alcohol for children to drink at these parties. Fifthly, parents in the current study highlighted the importance of conveying a message to their child that they can always call them if they need help without fear of being told off or judged (supported by the progressively wider use of mobile phones among 15-17 year olds over the last decade). This was viewed just as important as the explicit safe and sensible drinking messages. Finally, in the current study there appeared to be an explicit recognition that conversations will change (including the topics discussed) with age and/or significant milestones such as drinking outside of the home and independent of parent-supervised parties, end of exams, school proms, and going to university.

4.5 Strengths and limitations

This study provides an in-depth insight into the conversations that 48 parents have with their 15-17 year old children about alcohol. A unique aspect to this study is that 16 children of these parents were also interviewed, which allowed both the child's experiences to be explored and for the parent and child data to be triangulated. Another strength of the study was the diversity of the sample with participants recruited from across the UK, a gender balance with respect to young people and parents, and parents from a range of BME backgrounds. This diversity supported further analysis within the sample of parents, by exploring how findings differed by age of young person, gender of young person, parent drinking level, and religion.

However, interpretation of the findings and recommendations should be made in the context of the following considerations. Firstly, with regards to the sample, single-parent families, parents with lower levels of education (i.e. no educational qualifications or GCSEs), and parents and young people who experience problems with alcohol are underrepresented in this study. Therefore, the current findings should not be generalised to non-traditional families, families who experience problems with alcohol, and parents with lower levels of education. For example, in single-parent families a child has only one parent to talk to and conversations with one parent may have a different impact on their alcohol consumption than would conversations with two parents. Secondly, the parents and young people that self-select to participate in a study about conversations may be those who are not having difficulty with conversations about alcohol. Therefore, there is a possibility that the sample in this study may represent a group that is more confident about communicating with one another than the general population. Thirdly, as there was no objective measure of conversations parents may over-report parent-child communication due to social desirability. However, of the 16 matched interviews with young people there appears to be general consistency between parent and child reports of conversations. Fourthly, parents' and young people's self-reported alcohol use may also be different to what they are actually drinking (either via under- or over-reporting). However, the detail provided in the interviews would suggest this was not the case for most of participants in this study. Furthermore, participants' privacy and confidentiality were assured throughout to enhance validity of these findings.

4.6 Future research

Finally, this section ends with a brief consideration of useful areas to explore in future research on conversations between parents and young people about alcohol. Firstly, it would be of interest to compare the findings from this qualitative study to a nationally representative survey sample such as the findings from the most recent Drinkaware Monitor (Drinkaware, 2017). As well as providing a useful opportunity to explore similarities and differences it would also allow the findings to be triangulated further. Secondly, the findings suggest that conversations parents have with their 15-17 year old children

are different to those with younger children (e.g. 9-13 years old) and the findings also suggest that conversations are likely to change again when children are older (i.e. when children reach the legal age to drink alcohol, when they starting drinking at pubs/clubs, and when they go to university). As far as we are aware there is little research which explores conversations parents have with older age groups (18+ years), therefore it would be of interest to explore these in more depth. One possibility would be to follow-up the parents and young people who participated in the current study. This would also enable a comparison across age groups, which could be synthesised into a “*summary by age*” report. Thirdly, although the focus of this study was on parental conversations and how these influence young people's knowledge, attitudes and behaviour around alcohol, it is recognised that peer groups are also an important influence for this age group (MacArthur et al., 2017). Therefore, future studies could further explore if and how peer groups influence parent-child communication about alcohol. Finally, although qualitative studies provide an in-depth insight to parents’ and children’s experiences of conversations, longitudinal studies are needed to extrapolate the effect of parental conversations on child alcohol use and alcohol-related harm.

SECTION FIVE: Recommendations

The principle aims of this study were to explore the barriers and facilitators to parents in the UK having effective harm prevention conversations about alcohol with their 15-17 year olds and what types of information, strategies and/or tools would enable parents in the UK to have more effective parent-child conversations. The recommendations outlined below are underpinned by the detailed views of 48 parents and 16 young people aged 15-17 years (see Table 3 for a summary of recommendations). Significantly, the young people in this sample rarely drink (if at all), drink sensibly when they do, and do not report regular occurrences of drunkenness. Therefore it is possible that the strategies that parents use to start conversations and the information that is portrayed can be considered as effective techniques that are of great value to other parents. The 15-17 year age group is unique as regards alcohol harm-reduction. This age group bridges those younger age groups that have very rarely drunk alcohol to those that are drinking legally and unsupervised. Many young people are experiencing their first social encounters where alcohol is present, although mostly under the supervision of adults. This makes it a crucial time to impart information whereby harm-reduction strategies can be readily implemented and learnt prior to their likelihood of drinking in unsupervised environments.

Modelling of parents' behaviour

- Parents can set a positive example of “open” and moderate drinking (e.g. at meal times or family events). Young people greatly value the information they receive from their parents given their years of experience, reinforcing the importance of modelling appropriate behaviour. It is important that parents recognise and understand that their behaviour can impact and influence their child’s attitude towards alcohol.
- Within the age of 15-17 it is normal for young people to experiment and seek a degree of independence. Adopting a more open rather than authoritarian attitude to alcohol in the home can empower children to make independent decisions around drinking. This also strengthens a trusting relationship with their parents and may be a positive pathway for ongoing conversations and alcohol harm-reduction. The “open” attitude to drinking is illustrated by parents introducing their children to their first drink. Parents view this as a means to remove the taboo associated with drinking and encourages a sensible approach to drinking prior to a time when alcohol may become more frequently used.

First invitation to a party

- Reflecting the age of transition, parents can have a role to play in helping their children drink sensibly on the first few occasions where alcohol would be present – typically in advance of parties. There are a number of ways parents can help with this: they can contact the parents of whose party it is to find out more information (e.g. contact details, whether there will be alcohol present, whether the party will be supervised at all times), talk to the child about drinking sensibly (avoid spirits, do not mix drinks, drink water, do not leave drink unattended), and put in place

harm-reduction strategies (pick child up at agreed time, let the child know they can contact parents for help at any time, have a code-word the child can use if in a difficult situation).

- Some parents also reported buying alcohol for their child of appropriate strength and quantity, which gives parents some control over what their child is drinking, and provides a further opportunity for a conversation.

Style of conversation

- An open and honest conversation with children about alcohol is important not only to demystify alcohol, but also to demonstrate that parents are comfortable talking about alcohol, which consequently may make children at ease when discussions occur. This was recognised even among parents who do not drink for religious reasons.
- Conversations “in passing” were viewed as the most appropriate means of informing children about alcohol and alcohol harm-reduction rather than a more formal sit-down approach. Young people viewed the latter as being formal and potentially intimidating. Therefore, it is recommended that conversations might be best viewed as small, informal “chats”. However, a more serious style of conversation may be required if there is a problem or issue that needs to be discussed (for example, if the child is perceived as drinking too much).
- 15-17 year olds are young adults and therefore it is particularly important to listen to and actively involve them in conversations about alcohol.

When and how to start conversations

- Timing of when to start conversations about alcohol is important. Crucially, for conversations to be effective there needs to be some relevant context and it is recommended that conversations are not started “out of the blue”. It was also felt by the young people in our study that the time to hear about harm-reduction strategies was when there was an appropriate setting. Therefore, a good example would be prior to attending a party or ‘going out’.
- It is important to choose a time to have a conversation about alcohol when everyone involved is relaxed, for example during a meal-time.
- In terms of starting conversations, it is recommended that parents try to use any *relevant* opportunities that occur. Watching television is a particularly good opportunity as this is a time when families are often sitting together, it is a neutral setting which is not about the parent or child, and many UK television programmes include a reference to drinking. Social media is almost universally used by children aged 15-17. Social media serves as a useful gateway to information about alcohol and as a conversation-starter if parents are able to share relevant video and text content.
- Children value information from their parents and rely on them for alcohol-related information and harm-reduction strategies. Hearing about real-life examples, either from their parents’ own

experience or those of friends or relatives, might be an effective way to communicate information.

- Finally, it is also important for parents to recognise that conversations will need to adapt to changing transitions. Conversations may become more frequent and direct at certain milestones. For example, the first time a child drinks outside the home, when the child learns to drive, when the child reaches legal age to drink alcohol, and when a child starts to drink away from supervised parties (e.g. pubs).

What to talk about

- Given the levels of drinking in our sample of 15-17 year olds, recommendations can be made about the alcohol-related topics that underpin harm-reduction in this context. Topics might include: drinking water in between drinks; avoiding mixing alcohol; avoiding spirits generally but if used, not to drink them neat; eating well beforehand; drinking at a steady pace; keeping hold of drinks to avoid spiking; the dangers of drink-driving (as a driver and passenger).
- There is a suggestion that topics which focus on the short-term dangers of alcohol are more memorable and have more of an impact on young people compared to longer-term effects (e.g. addiction) and therefore might be more effective.
- Specific topics that parents might require more support with include: understanding units, legal issues, types of alcoholic drinks popular with young people, and how to talk to about the risks of sexual assault when drinking too much alcohol. Information could also include how to find the right balance between speaking with young people about alcohol without invading their privacy. In viewing the young people's responses, there were some specific areas that they wanted more information on. These serve as often overlooked topics which parents may feel they need to cover among children of this age group. Expressed by the young people, these topics were: how to find your limit or know when you were approaching it; the different types of alcohol and equivalent strengths (e.g. how much beer is equivalent to two shots of spirits) and which drinks are safer than others and how to find out this information.
- Although most young people considered themselves to be knowledgeable about alcohol, some were aware of their own limitations. Parents might want to explore on an individual basis what their child wants to know and how they would like to find out (e.g. parents, social media).
- There is a need to ensure messages between parents and children are reinforced or repeated. Crucial topics may need to be revisited or applied when a suitable opportunity arises (such as when a relative displays drunken behaviour or by social media clips). This point is supported by the fact that specific topics surrounding alcohol-related harm were recalled by parents, but not mentioned by their own children.

Style of resources

- Given that there was a range of preferences for delivery of resources it is recommended that any resources for parents (and young people) should be provided in a range of formats (e.g. DVD, online, leaflets).

To summarise, we have provided a list of recommendations directed at facilitating effective conversations between parents and young people about alcohol. However, it is important to recognise that the quality of the parent-child relationship underpins these recommendations. Therefore, in addition to the above, it is recommended that any resources developed could also include information and support regarding communication with young people in general.

Table 3. Summary of recommendations

RECOMMENDATION	
Modelling of parents' behaviour	<ul style="list-style-type: none"> • It is important that parents recognise and understand that their behaviour can impact and influence their child's attitude towards alcohol. • Adopting a more open rather than authoritarian attitude to alcohol in the home can remove the taboo associated with alcohol.
First invitation to a party	<ul style="list-style-type: none"> • Parents can play an important role in helping their child drink sensibly on the first few occasions where there might be alcohol present. For example, contacting the parents of whose party it is to find out more information, talking to the child about drinking sensibly, and putting in place harm-reduction strategies. • Some parents also reported buying alcohol for their child of appropriate strength and quantity.
Style of conversation	<ul style="list-style-type: none"> • An open and honest conversation can demystify alcohol for young people. • Conversations might be best viewed as small, informal "chats". • Sit down, more formal conversations may be appropriate when there is a specific problem that needs to be addressed. • Children should be listened to and actively involved in any conversation.
When and how to start conversations	<ul style="list-style-type: none"> • Make sure there is some relevant context before starting a conversation about alcohol. • Choose a time to speak about alcohol when everyone is relaxed. • Use any relevant opportunities as they arise to start a conversation about alcohol. For example, a programme on television, an article in a newspaper, social media or discuss school sessions about alcohol. • Use real-life examples: parents' own experiences and/or someone they know. • It is important to recognise that conversations about alcohol are likely to change over time and will need to adapt according to changing transitions.

Table 3. Continued

RECOMMENDATION	
What to talk about	<ul style="list-style-type: none">• The following topics seem important in harm-reduction: drinking water in between drinks; avoiding mixing alcohol; avoiding spirits generally but if used, not to drink them neat; eating well beforehand; drinking at a steady pace; keeping hold of drinks to avoid spiking; and the dangers of drink-driving.• Topics which highlight the short-term dangers of alcohol might be more memorable and have more of an impact on young people.• Parents might require more support for the following topics: understanding units, legal issues, types of alcoholic drink, and risks of assault.• Children might require more support for the following topics: how to find your “limit”, different types and strength of alcohol, and which drinks are safer than others.• It is important for parents to explore on an individual basis what their child wants to know.• Messages between parents and children should be repeated and reinforced.
Style of resources	<ul style="list-style-type: none">• Resources should be provided in a range of formats.

SECTION SIX: References

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APPENDIX A – Topic guide: Parents

TOPIC GUIDE – INTERVIEWS WITH PARENTS

Summary of themes:

1. Introduction *(to monitor sample variation and cross-check against screening Q)*
2. Alcohol in the home – parent and child’s use *(introduce the topic of alcohol use in general terms and explore parents’ attitudes including any principles they have around alcohol whether personal or institutional including religion)*
3. Worries about young people and drinking *(setting the context for talking about alcohol)*
4. Talking to children about alcohol with view of importance and examples *(moving from alcohol use to talking to children about alcohol – most important question to explore in depth)*

Questions 5-9 ensure all areas of interest are captured if not raised in Question 4.

5. Talking in more detail – Raising the issue *(moving into further detail about conversations starting with raising the issue)*
6. Talking in more detail – Topics *(moving from how to start conversations to information/topics shared)*
7. Examples of conversations *(to focus on specific examples if this hasn’t arisen already in the interview to capture the precise details of what was said, when etc.)*
8. Most/least effective conversations and additional ways parents have influenced their children’s alcohol attitudes, information and use *(strong focus on particularly effective conversations and other strategies so that such real-life tips and techniques can be shared with other parents)*
9. Ease and difficulties in holding conversations - facilitators and barriers *(chance to reflect on their discussion in the interview)*
10. How do you think we can help you and other parents have these important conversations about alcohol? *(moving from own experiences to what could help them and other parents in the future to have effective conversations about alcohol)*
11. We really thank you for your time – as part of this research we are developing some resources to help other parents. We don’t know exactly what these resources will be but once we have some ideas would you be willing to help out further? If so, a member of the research team will contact you again to talk this through. There’s no obligation to take part and you can always change your mind when we call you back (without giving a reason).

1. Introduction (to monitor sample variation and cross-check against screening Q)

a) Before we start properly, can I just ask a few questions about yourself and your family to provide a bit of context to the rest of our discussion? (*read demographic questionnaire*)

2. Alcohol in the home – parent and child’s use (introduce the topic of alcohol use in general terms and explore parents attitudes including any principles they have around alcohol whether personal or institutional including religion)

a) Do you drink alcohol at all?

- *If yes, ask how much, how often? Who with? In or outside the house? In front of children? How much do you think your children know about what you drink, how often and where – do they do this with you, see you etc.*
- *In general, do you think your drinking style has an effect on your children? Do you think they learn anything by looking at the way you drink?*
- *If no, do you think a parent’s drinking style may have an effect on young people?*
- *If no, – do you have any views about alcohol in the home, such as its visibility or consumption? This could be a personal viewpoint or an institutional one from religion or wider belief system.*

b) As far as you know, has your child ever drunk alcohol?

- *If yes, how has their drinking developed over the years (first drink, frequency of drinking, etc.)? Do you know roughly how much they drink (including getting drunk), what they drink, how often they drink, who they drink with and where they drink?*
- *If no, why do you think that is? e.g. not interested, it hasn’t been offered to them, they think it’s dangerous, they don’t like the taste or smell.*

3. Worries about young people and drinking (setting the context for talking about alcohol)

a) Do you have any concerns about young people and drinking alcohol?

- *Health issues (being sick, falling over, getting into fights, damage to body, being alcohol-dependent, link to other health-damaging behaviours like smoking);*
- *Practical issues (where they drink, type of alcohol, availability to young people, amount they drink, costs);*
- *Regretted events including social media interaction, regretted sex, etc;*
- *Drinking culture;*
- *Missing school/college.*

4. Talking to children about alcohol with view of importance and examples (*moving from alcohol use to talking to children about alcohol – most important question to explore in depth*)

a) In general, do you think children need to have information about alcohol? If so, how should it be provided and by whom?

Do you think it is your role to talk about alcohol with your child? (compared to school, other sources, etc.)

b) What do you think should be covered in the information provided to children about alcohol? (e.g. risks, benefits, 'how to drink')

c) Who do you think your child would talk to if they wanted more information about drinking and alcohol? *Probe. yourself/your partner, siblings/other relatives, friends, teachers, GP.*

d) In general, do you think it is important to talk about alcohol with your child?

e) Have you spoken to your child about alcohol? For example, about its effects, how to stay safe, legal issues?

- *Ask parents to expand on the details of the conversations that they have had with their child – to include how it was prompted and information/topics conveyed, including child reaction (explored in more detail in later questions)*
- *How easy was this conversation(s)?*
- *When did the first conversation you have occur? (separate out pre 15 and post 15- year old conversations)? For those with children over 17, what lessons have they learnt that are conveyed to 15-17 year olds? Any regrets (should have talked more when they were younger, etc.)*
- *Have you employed any strategies to deal with the worries reported earlier (Q3)?*
- *Have you used or referred to any social media (websites etc.) when talking to your children?*

f) If you haven't spoken to your child about alcohol can you tell me why not?

- *Is it something you see as particularly important or not really?*
- *Have you wanted to speak to your child but couldn't?*
- *Are you planning on speaking with your child sometime in the future?*
- *When do you think you will (e.g. suitable opportunity)?*

5. Talking in more detail - Raising the issue (*moving into further detail about conversations starting with raising the issue*)

a) How did(do) the topic first come up? Did(do) you or your child raise the issue?

- *Were there any triggers for conversations (e.g. initial drunken episodes, school disco, birthday parties, break ups)?*
- *Easier to respond to their questions or easier to start the discussion with them?*
- *What do you think have been the most useful ways to start a conversation with your child? Appropriate language, resources, etc.*

b) When do you think are the best times to talk to your child about alcohol?

- *Opportune moments, at dinner, when something has triggered the need to talk about alcohol (personal, family, or peer experiences), child's interest/curiosity*

6. Talking in more detail – Topics (moving from how to start conversations to information/topics shared)

a) What types of things have you discussed with your child regarding alcohol?

- *Information about alcohol in general;*
- *Legal issues;*
- *Safety issues (Identify where discussion of alcohol-harm reduction occurs in these conversations);*
- *Rules/expectations;*
- *Peer pressure;*
- *Reasons for concern.*

b) Have you referred to social media in anyway when talking to your child about alcohol/helping you speak to your child about alcohol? E.g. websites, trending stories etc.

7. Examples of conversations (to focus on specific examples if this hasn't arisen already in the interview to capture the precise details of what was said, when etc.)

a) I'd like you to think about some instances where you've had a conversation about alcohol – think about one example where you felt it went well (like got some useful information across, raised at a good time etc.)

b) And now think about a situation where it didn't go so well – why was that?

c) Have you ever had to manage a situation where, for example, your children wanted to drink alcohol in the home with friends, or bought alcohol for them?

d) Have these conversations you've had with your child about alcohol changed as they've got older (raising issues and information/topics) – think about when they were in their early teens (13-14) compared to now?

- *If you had conversations with your child when they were younger did the conversation differ to those you have now? If yes, in what way are they different?*

8. Most/least effective conversations and additional ways parents have influenced their children's alcohol attitudes, information and use (***strong focus on a particularly effective conversations and other strategies so that such real-life tips and techniques can be shared with other parents***)

a) Overall, what do you think have been the most effective conversations with your child about reducing current/future use or harm from alcohol?

b) What evidence do you have for this? Did you notice any change in their attitude or use of alcohol?

c) Have you talked to them about the best ways to reduce harm when drinking (and how)?

- *Eating properly;*
- *Plans to return home safely;*
- *Drinking in groups and 'looking out for each other';*
- *Watching their drinks (spiking etc.);*
- *Nominated lower level drinker;*
- *Social media to 'check in' with friends/family.*

d) Any examples of the least effective conversations?

e) What about other ways, aside to conversations, you may have conveyed information about alcohol and ways to stay safe?

- *Providing them with social media stories?*
- *Suggesting online sites to get further age-appropriate information?*
- *Texting or non-verbal tips over staying safe?*
- *Banned alcohol within the home?*
- *Disciplined them over an alcohol-related event?*

9. Ease and difficulties in holding conversations - facilitators and barriers (***chance to reflect on their discussion in the interview***)

a) In general, how easy or difficult have you found these conversations about alcohol?

- *What things are easy to talk about and what things are difficult to talk about?*
- *What types of questions or topics do you find easy or more difficult to answer?*
- *Do you feel confident in your own knowledge about talking to your child about alcohol? (understanding of legal issues, units, risks of alcohol use) – areas more/less confident in?*
- *Have you felt there are any particular barriers that have prevented you from talking to your child about alcohol?*
- *Would you like to talk to your child more about alcohol than you do?*

b) Are there any topics that you feel are not appropriate at this age – suitable for when they were younger or when they are older?

10. How do you think we can help you and other parents have these important conversations about alcohol? (moving from own experiences to what could help them and other parents in the future to have effective conversations about alcohol)

a) Do you think you have enough support/information to talk about alcohol with your child?

Probe. If yes, ask them to expand on this.

If no, would you like more support/information about communicating about alcohol with your child? What type of support/information would you like?

b) Have you used any resources (such as internet, leaflets etc.) to help you talk about and supervise alcohol in the family?

c) Are there any particular topics that you'd like more support with in talking with your child?

What topics would you like to see covered in any materials e.g. legal issues, health issues, safety issues, why children drink, how to prevent your child drinking alcohol.

Think about any issues that your child particularly needs/wants about alcohol?

d) What format would you prefer to have this information/support materials?

Hard copies such as leaflets, online information, telephone app?

e) In general, how do you think we can help parents talk more to their children about alcohol?

11. We really thank you for your time – as part of this research we are developing some resources to help other parents. We don't know exactly what these resources will be but once we have some ideas would you be willing to help out further? If so, a member of the research team will contact you again to talk this through. There's no obligation to take part and you can always change your mind when we call you back (without giving a reason).

APPENDIX B – Demographic questionnaire: Parents

Demographic questions

- 1 How old are you? _____
- 2 Which of these describes your background the best? *(please tick one box only)*

White

- British
- Irish
- Traveller of Irish heritage
- Gypsy/Roma
- Other (please specify)
- _____

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other (please specify)
- _____

Black or Black British

- Black Caribbean
- Black African
- Other (please specify)
- _____

Mixed/Multiple Ethnic Groups

- White & Black Caribbean
- White & Black African
- White & Asian
- Other (please specify)
- _____

Other Ethnic Group

- Unknown
- Other Ethnic Group
- If Other please state/explain _____

- 3 Do you have a religion that you follow?

Yes No

If yes, which religion? _____

- 4 What is your current relationship status? *(please tick one box only)*

- Married
- Civil partnership
- Living with partner (unmarried)
- Have a partner but not living together
- Separated/Divorced
- Single
- Other (please describe) _____

- 5 What educational qualifications do you have? *(please tick all that apply)*
- None
 - GCSE's / O levels
 - A levels / diploma / City & Guilds
 - Undergraduate degree
 - Postgraduate degree
 - Professional qualification (please specify)_____
- 6 Which of the following best describes your employment status?
- Employed full-time (more than 30 hours)
 - Employed part-time (less than 30 hours)
 - Self-employed
 - Unemployed but looking for a job
 - Unemployed and not looking for a job/long-term sick or disabled/housewife
 - Retired
 - Pupil/Student/In full time education
- 7 What is your full postcode? **The only reason we are collecting this information is so that we can analyse the results by geographical area. It will not be used to identify you in any way, or used for any other purpose.**
- _____
- 8 Would you like to receive any information about the findings of this research?
- Yes No

If yes, please let us know how you would prefer us to reach you. For Example: email, home address etc
How to reach me: _____

THANK YOU!

APPENDIX C – Topic guide: Young people

TOPIC GUIDE – INTERVIEWS WITH YOUNG PERSON

Summary of themes:

1. Introduction (*to monitor sample variation*)
2. Alcohol in the home – child and parent’s use (*introduce the topic of alcohol use in general terms and explore attitudes including any principles they have around alcohol whether personal or institutional including religion*). This section also explores children’s worries about alcohol.
3. Talking to parents about alcohol with view of importance and examples (*moving from alcohol use to talking to parents about alcohol – most important question to explore in depth*).
4. Talking in more detail – raising the issue (*moving into further detail about conversations starting with raising the issue*)
5. Talking in more detail – Topics (*moving from how to start conversations to information/topics shared*)
6. Examples of conversations (*to focus on specific examples if this hasn’t arisen already in the interview to capture the precise details of what was said, when etc.*)
7. Most/least effective conversations (*strong focus on a particularly effective conversation and other strategies so that such real-life tips and techniques can be shared with other parents*)
8. Reflecting on your conversations with your parents (*chance to reflect on their discussion in the interview*)
9. How do you think we can help parents have these important conversations about alcohol with their children? (*moving from own experiences to what could help them and other parents/children in the future to have effective conversations about alcohol*)

1. Introduction

a) Before we start properly, can I just ask a few questions about yourself to provide a bit of context to the rest of our discussion?

- *How old are you?*
- *How would you describe your ethnicity? (give options if needed)*
- *Are you currently at/in:*
 - *School*
 - *College*
 - *Training*
 - *Employed*
 - *Not in training/employment*
- *How do you like to spend your free time, hobbies etc*
- *How often do you spend on the internet/social media*

2. Alcohol in the home - parent and child's use (*introduce the topic of alcohol use in general terms and explore attitudes including any principles they have around alcohol whether personal or institutional including religion*)

a) As far as you know do your parents drink at home?

If yes, ask them approximately, how often? In front of you/children?

In general, do you think that parents' drinking has an effect on young people?

Do you have any views about alcohol in the home, such as its visibility or consumption? This could be a personal viewpoint or an institutional one from religion or wider belief system.

If no, do you think parents' drinking style may have an effect on young people?

Do you have any views about alcohol in the home, such as its visibility or consumption? This could be a personal viewpoint or an institutional one from religion or wider belief system.

b) Have you ever drunk alcohol?

If yes, roughly how much do you drink, what do you drink, how often do you drink, who do you drink with, and where do you drink? Do you like drinking and the effects it provides? When did you have your first whole drink of alcohol (not a sip)? Who were you with when you first had this first drink?

Do your parents know if/how much you are drinking/who with/what happens when you drink?

Do your parents try to limit (or influence) your drinking in any way, for example, by cutting down the amount, or how often you drink, or who you drink with, or where you drink, type of drink, staying safe whilst drinking, etc.

If no, are there any reasons why you have not tried alcohol? This could be a personal viewpoint or an institutional one from religion or wider belief system. Could be taste, effects, conflict with other activities like sport?

c) Have your parents tried to monitor/supervise alcohol in the family?

If yes, how have they done this? Do you think it has been successful? What do you think of the ways your parents have tried to do this?

d) Where do you get information about alcohol from?

Probe. Social media, friends, school, internet, TV, magazines.

What do you think about this information and the situation when it was provided?

e) How would you judge your knowledge about alcohol?

f) Do you have any concerns about drinking alcohol?

If yes, what worries you the most? Probe. Health issues (being sick, falling over, getting into fights, damage to body); practical issues (where they drink, type of alcohol, availability to young people, amount they drink), drinking culture, being vulnerable dangers that young people may be exposed to through drinking), regretted events including social media contributions

3. Talking to your parents about alcohol with view of importance and examples

a) In general, do you think it is important to talk about alcohol with your parents?

Do you think it is your parents' role to talk to you about alcohol? (compared to school, other sources, etc.)

b) Have your parents ever spoken to you about alcohol? For example, about its effects, how to stay safe, legal issues?

- *Ask children to expand on the details of the conversations that they have had with their parents – to include how it was brought up and information/topics conveyed;*
- *How did you find this conversation?*
- *Can you remember when your parents first spoke to you about alcohol? (separate out pre 15 and post 15- year old conversations)?*
- *Did your parents use or refer to any social media (websites etc.) when talking to you about alcohol?*

c) If your parents haven't spoken to you about alcohol why do you think this is?

Is it important to you that your parents speak to you about alcohol or not really? Have you wanted to speak to your parents about alcohol but couldn't? Would you prefer your parents to bring up the conversation about alcohol, rather than yourself?

d) In general do you think you know more about drinking than your parents do? *For example, things may have changed from when they were young.*

4. Talking in more detail - Raising the issue (moving into further detail about conversations starting with raising the issue)

a) How did the topic first come up? Did you or your parents raise the issue?

- *Easier to respond to their questions or easier to start the discussion with them?*

b) When do you think are the best times for your parents to talk to you about alcohol?

Probe. Opportune moments, at dinner, night-time, when getting a lift somewhere (car journey), when something has triggered the need to talk about alcohol, when you show interest/curiosity – when would be the worst times?

- c) When speaking to your parents about alcohol, what do you think have been the most useful ways they have started a conversation? *Probe. Using real-life examples (personal, family, or peer experiences), using your language, using resources and digital media, etc*
- *What do you think would be the most useful ways for parents to start a conversation about alcohol?*

5. Talking in more detail – Topics (moving from how to start conversations to information/topics shared)

- a) What information about alcohol would you like your parents to discuss with you?
Probe. Information about alcohol; legal issues; safety issues [Identify where discussion of alcohol-harm reduction occurs in these conversations]; social media – regretted posts, used to keep safe ('checking in'); sex and relationships rules and expectations about alcohol use, how to cope with peer pressure.

6. Examples of conversations (to focus on specific examples if this hasn't arisen already in the interview to capture the precise details of what was said, when etc.)

- a) I'd like you to think about some instances where you've had a conversation with your parents about alcohol – think about one example where you felt it went well (like they got some useful information across, raised at a good time etc.)
- b) And now think about a situation where it didn't go so well – why was that?

7. Most/least effective conversations (strong focus on a particularly effective conversation and other strategies so that such real-life tips and techniques can be shared with other parents)

- a) Have your parents ever spoken to you about the best ways to reduce harm when drinking?
- Probe. Eating properly, plans to return home safely, drinking in groups and 'looking out for each other', nominated lower level drinker, watching drinks for fear of spiking, social media to 'check in' with friends/family.*
- b) Overall, what do you think have been the best conversations your parents have had with you about reducing current/future use or harm from alcohol?
- *Believing facts parents offer about alcohol*
 - *Understanding and agreeing with parents' concerns*
 - *Agreeing rules around alcohol*

- *Strategies and tips*

8. Reflecting on your conversations with your parents (*chance to reflect on their discussion in the interview*)

a) In general, how have you felt/do you feel about talking to your parents about alcohol?

Probe. comfortable, uncomfortable, challenging, straightforward

- *What things are easy to talk about and what things are difficult to talk about?*
- *What makes it easy or difficult to talk about alcohol with your parents?*
- *Does anything worry you about having conversations with your parents about alcohol?*

b) Generally, do you follow the advice that your parents give you about alcohol?

c) Would you like to talk to your parents more about alcohol than you do?

Do you feel happy with the level of communication? If not, why not?

9. How do you think we can help parents have these important conversations about alcohol with their children? (*moving from own experiences to what could help them and other parents/children in the future to have effective conversations about alcohol*)

a) In general, how do you think we can help parents, in general, talk more to their children about alcohol?

b) Who do you think the best person is to talk to you about alcohol? Why is this?

Probe. if not the parent explore what role the parent could play when it comes to provision of information and guidance on alcohol.

c) What might you say to your children or younger brothers and sisters (or other young people) about alcohol? What advice might you give them? What advice do you wish that you had been given when you were younger?

d) What do you think makes young people most likely to remember/follow advice or rules at the point when they're being offered alcohol – if anything?

APPENDIX D – Screening questionnaire

SCREENING QUESTIONNAIRE

Conversations with 15-17 year olds about alcohol

Thank you for agreeing to complete this **2-minute** confidential questionnaire about the ways in which parents talk to their children about alcohol. This study is being carried out by researchers at the University of Brighton and is funded by Drinkaware, a charity working to reduce alcohol-related harm in the UK.

The purpose of this questionnaire is to find out whether you have or have not talked to your child/ren about alcohol and to see whether you would be interested in taking part in a phone call (about 30 minutes) to talk more about this. We are also interested in hearing from people who have never talked to their children about alcohol too.

If you are interested in taking part in a phone call a member of the research team will contact you and provide you with more detailed information about the study. You will receive a £10 ‘thank you’ voucher for your time.

If you have any questions about this study please contact a member of the research team:

Alexandra Sawyer: drinkawareproject@brighton.ac.uk (Tel: 01273 644169)

Section One: Talking to your children about alcohol

Your children’s ages and whether or not you have spoken to them about alcohol

1. Are you a parent or a guardian?

Yes

No

1a. If yes, are you a parent or guardian of any children aged either 15, 16, or 17 years old?

Yes

No

If you are not a parent or guardian of any children within this age range, please exit this screening questionnaire as you are not eligible to participate in this research. Thank you very much for your time.

1b. Please can you tell us the age and gender of each child aged between 15 and 17 below. We have completed the first one as an example.

Gender of child	Age of child
Girl	15

2. Have you ever had a conversation (even if very brief) with your child/ren about alcohol?

Yes No

3. Within the last year how often have you drunk alcohol?

- Every day
- Couple of times a week
- Once a week
- Couple of times a month
- Hardly ever
- Never

Section Two: Information about you

Any information you provide will remain **private**

3. Are you Male or Female or Intersex

4. Which of these describes your background the best? Please tick one box only

White

- British
- Irish
- Traveller of Irish heritage
- Gypsy/Roma
- Other White background, which is _____

Asian or British Asian

- Indian
- Pakistani
- Bangladeshi
- Other Asian/Asian British (please specify) _____

Other ethnic group

- Unknown
- Other ethnic group

If other please state, _____

Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed/multiple ethnic background, which is _____

Black or Black British

- Black Caribbean
- Black African
- Other (please specify) _____

5. Can you tell us the first part of your postcode where you live? For example: TN22

Section Three: Taking part in a research study – Your views are important!

Would you be willing to speak to a researcher (over the phone) in more detail about young people and alcohol and in particular the conversations that you may have had?

If yes, please add your details below and a member of the research team will contact you to discuss the study in more detail. All those who take part in this study will be offered a £10 “thank you” voucher.

Email: _____

Telephone number: _____

THANK YOU!

APPENDIX E - University of Brighton's College Research Ethics Committee (CREC) for the College of Life Health and Physical Sciences

Tier 2 College Research Ethics Committee
Research
Office M24
Cockcroft Building
Moulsecoomb
Brighton BN2 4GJ

Dr Alexandra Sawyer
Centre for Health
Research School of
Health Sciences
University of Brighton
Mayfield House
Falmer
BN1
9PH

LHPSCREC 17-02

01 March 2017

Dear Dr Sawyer

Thank you for your resubmission to the College Research Ethics Committee for the College of Life, Health and Physical Sciences at the University of Brighton.

The committee feel you have now addressed all the issues raised and are happy to offer a favourable ethical opinion for this study.

Favourable ethical opinion is given on the basis of a project end date of 31/05/2017. If you need to request an extension, please contact the CREC secretary. Please note that the decisions of the committee are made on the basis of the information provided in your application. The CREC must be informed of any changes to the research process after a favourable ethical opinion has been given. Tier 2 research that is conducted without having been reviewed by the committee is not covered by the University research insurance cover. If you need to make changes to your proposal please complete and submit a change notification form in order that the CREC can determine whether the changes will necessitate any further ethical review. The form is available at:

<https://staff.brighton.ac.uk/ease/ro/Pages/ethics%20and%20governance/CREC-LHPS.aspx>

Once your research has been completed, please could you fill in a brief 'end of project report form' that can be found on the same website. Finally please flag up any unexpected ethical issues, and report immediately any serious adverse events that arise during the conduct of this study.

We wish you all the best with your research and hope that your research study is successful. If the CREC can be of further assistance with your study please contact us again.

Best wishes

A handwritten signature in black ink that reads "Lucy Redhead". The signature is written in a cursive, flowing style.

Lucy Redhead Chair
Research Ethics Committee (Tier 2)
Life, Health and Physical Sciences College