The proximity effect: The role of the affective space of family life in shaping children’s knowledge about alcohol and its social and health implications

Gill Valentine
University of Sheffield, UK

Mark Jayne
University of Manchester, UK

Myles Gould
University of Leeds, UK

Abstract
Pre-teen children’s knowledge and experience of alcohol has been the subject of relatively little research despite the fact that this is a critical time given that the average age for the onset of drinking in Europe is now 12. Indeed, children are commonly only addressed in national alcohol strategies as the responsibility of parents/families, rather than as an audience for such messages in their own right. Yet, it is important to take a cross-generational perspective by exploring pre-teen children’s understandings of alcohol, as well as that of their parents, because adults and children may experience familial socialisation practices around alcohol differently. Too often adults’ views about what is in the best interests of children are read through the lens of age-appropriate behaviours which are predicated on deterministic theories of child development in which pre-teens are presumed to be too emotionally or physically immature to express their opinions, rather than on children’s own experiences of their life-worlds. This article draws on empirical research from a study of the role of alcohol in UK family life. It comprised a telephone survey of a nationally representative sample of 2089 parents with at least one child aged 5–12, and multi-stage case study research (including child-centred research) with 10 families who were purposively sampled from the survey. The findings presented in this article are primarily drawn from the child-centred element of the research supplemented by some data from the survey and interviews with parents. The article explores children’s knowledge of alcohol, their

Corresponding author:
Gill Valentine, Department of Geography, University of Sheffield, Winter Street, Sheffield, S10 2TN, UK.
Email: g.valentine@sheffield.ac.uk
understanding of the health risks and social harms associated with drinking and the implications for national alcohol strategies. The conclusion highlights the significance of children’s experiential learning about alcohol through a proximity effect which occurs within the affective space of the familial home.

**Keywords**  
Alcohol, family, health risks, pre-teen children, proximity effect, social harms

**Introduction**

The rising level of alcohol consumption by young people, and the trend towards the earlier onset of drinking, are the subject of concern in many contemporary western societies (e.g. Järvinen and Room, 2007; Jernigan, 2005; Kypri et al., 2007; Smith and Foxcroft, 2009; Valentine et al., 2007). For example, a recent report by Alcohol Concern (2007) found that British boys aged 11–13 years are drinking 43% more units than those in this age group in the year 2000, and that girls’ consumption of units has increased by 82% over this time period. In the US it is estimated that over 7000 children under 16 start drinking everyday (Jernigan 2005). Other studies in a range of European national contexts suggest that binge drinking is common among the mid-teens (e.g. Anderson and Baumberg, 2006; Hibell et al., 2009) and that there is a growing trend among young people of drinking for effect and drinking to get drunk (e.g. Andersson and Hibell, 2007; Measham and Brain, 2005). These patterns are generating international concern about the perceived present and future harms of young people’s alcohol consumption.

Although there is a significant and growing body of research about teenagers and young adults’ (aged 13–24) drinking patterns (e.g. Coleman and Cater, 2007), particularly in the context of public space, and evidence of continuity and change in intergenerational patterns of drinking (Valentine et al., 2010), less is actually known about the processes through which drinking patterns might be transmitted within families with younger children (i.e. pre-teens aged 5–12) in the context of domestic space. Yet, seminal psychological research in the 1970s (Jahoda and Cramond, 1972) demonstrated that at the age of 6–8 children can distinguish alcoholic from non-alcoholic drinks by smell and taste and have some understandings of the social norms associated with drinking. A recent British study of children’s experiences of alcohol (McIntosh et al., 2008) found that 77 out of 216 children (36%) aged 10–12 who were interviewed self-identified as drinking on a regular or occasional basis. Research in Australia suggests that over half of all 8-year-olds have tasted alcohol and over three-quarters of those aged 10 have done so (Cameron et al., 2003). It is now widely accepted that the average age at which young people in Europe start to drink is 12 (Anderson and Baumberg, 2006; Hibell et al., 2009). These findings suggest that middle childhood is therefore a critical period in which young people develop their knowledge about, and experiment, with alcohol.

Recent policy attention has focused on the potential role of parents in preventing alcohol misuse by their offspring, and in supporting the introduction of alcohol to young people in safe and sensible ways. Despite Foxcroft and Lowe’s (1997: 227) assertion that ‘the family is the primary context for the socialisation of drinking behaviour in young
people’, the role of alcohol within the family has been the subject of limited research to date. Much of this research has focused on quantitative analysis of the links between family structure and risk factors (e.g. socioeconomic factors, parental alcohol problems) rather than ethnographic studies of family life, with only a handful of studies addressing parents’ communication and supervisory strategies (all with teenagers) (e.g. Van der Vorst et al., 2005). Relatively little is known about whether parents actively teach pre-teen children to drink within a family setting. Indeed, most research about the role of alcohol within the family has focused on adult problem drinkers and their children rather than ‘ordinary’ families. As such, a recent review observed the need for more studies of parents’ attitudes and practices in relation to children’s alcohol consumption (Smith and Foxcroft, 2009).

We argue that it is also important to take a cross-generational perspective by exploring pre-teen children’s understandings of alcohol as well as that of parents. This is because adults and children may experience familial socialisation practices around alcohol differently. Too often adults’ views about what is in the best interests of children are read through the lens of age-appropriate behaviours which are predicated on deterministic theories of child development in which pre-teens are presumed to be too immature to express opinions, rather than on children’s own experiences of their life-worlds. Drawing on theoretical understandings from social studies of childhood, we recognise that children are agents in their own worlds and active choice-makers in terms of consumption and lifestyle/health behaviours (e.g. Alderson, 1993). Indeed, it is through the negotiation of shared practices that individual identities (of parents and children) and family relations are forged (Morgan, 1996). Consequently, to understand the place of alcohol in children’s lives we need to pay attention to how families are lived between people, and to daily events and inconsistencies of family behaviour (Valentine et al., 2012). As such, this article focuses on young children’s own knowledge about alcohol, and its role within the context of their family lives. It addresses the questions of: what do pre-teen children know about alcohol and its associated potential harms; and how do they learn about alcohol and related harms?

Our approach focuses on the significance of the spaces of everyday family life: understanding the child in context (Valentine and Hughes, 2012). Traditional research on child development has commonly looked at the child in isolation in which behaviour is assumed to reside in the subject. Rather, our work is broadly informed by insights from Lev Vygotsky (1978), a Russian psychologist who explored the role of culture and interpersonal interaction in child development. He theorised that children copy significant others (particularly parents but also other adults/peers) and in doing so advance their learning beyond what they would achieve independently. His ‘zone of proximal development’ has been investigated empirically by comparing individual with assisted problem-solving tasks. More broadly, his educational development theory demonstrates the socially embedded nature of learning. It is through interactions in everyday spaces, like the home, that children derive meaning and gain shared cultural knowledge including the taken-for-granted social rules of behaviour that often pass unnoticed in everyday life. Here, while not strictly taking a Vygotskian perspective, we focus on the proximity effect – the way that nearness in space and time can bring with it a sense of identification – to highlight the significance of the experiential (e.g.
habitual routines and shared practices) in terms of the way that families are created and live together in shaping children’s knowledge about alcohol. In doing so, the article contributes towards addressing Daly’s (2003) concern that what it means to live in families remains an elusive challenge for social scientists.

**Data and methods**

The research with children reported here was carried out as part of a wider UK study about alcohol in family life. The first stage involved a telephone survey of parents’ perceived and actual alcohol consumption practices; their perceptions of national/local norms concerning the role of alcohol in the family; and their awareness of laws pertaining to children and alcohol. It was completed by a nationally representative sample of 2089 parents with at least one child aged 5–12. The sampling strategy allowed us to establish national patterns in relation to parents/carers’ attitudes and practices towards the role of alcohol within the family, and to benchmark qualitative case study research within this national context.

Ten families, with at least one child aged 5–12, were recruited as case studies. They were purposively sampled on the basis of the survey results to include families with diverse structures, socioeconomic profiles and a range of attitudes/practices with regard to drinking. The research design included joint interviews with parents together, and where there were two parents individual interviews with both mother and father. The interviews explored the participants’ attitudes/practices towards parenting, specifically in relation to alcohol. Subsequently, in the text reference to ‘parents’ refers to joint/shared views, the more specific attribution mother or father is used to refer to one parent. The interviews were transcribed and subjected to a systematic multi-stage analysis by the research team.

The children’s understandings and experiences of alcohol were explored through a child-centred research process (Greene and Hogan, 2005) that included: asking them to identify samples of drinks (alcoholic and non-alcoholic) by smell and from a series of advertisements for common products/brands. The role of alcohol in the family was addressed with the youngest children by using puppets and a doll’s house with figurines \((n = 10)\). Older children \((n = 8)\) were shown clips from the cartoon series *The Simpsons* which represent both adults and children as drinking/drunk as the basis for a wider discussion about alcohol. These activities were audio-recorded and transcribed. In addition, the case study families were asked to invite a researcher to a family event where alcohol was consumed (e.g. birthday party, barbeque). Each family chose whether the researcher should be overtly identified as such or whether their presence should be covert. A researcher also accompanied the families on a ‘normal’ treat that involved alcohol (e.g. meal out, a sporting/leisure/entertainment event). Fieldwork diaries recorded after these activities allowed the researchers to build descriptive observations and narrative accounts about the children’s interaction with adults in relation to alcohol in different family time-spaces. Such approaches are not replicable or generalisable given the presence of a researcher. While reflexive about the dynamics of these encounters, we follow Rose (1997) in acknowledging that the complex nature of the multiple positionings and (dis)identifications produced in research encounters means the influence of the researcher is always unknowable (see...
also Valentine, 2002). Rather, as Gabb (2010) argues, what is of importance is the way the participants represent themselves regardless of whether these performances are staged for the researcher or everyday acts.

The qualitative data were subject to two levels of analysis: ‘in vivo’ coding which draw upon terms used by the informants themselves and ‘constructed’ coding which were developed by the researchers (see Strauss, 1987). The codes from individual accounts were compared with each other to generate dominant and counter theme. The quotations included in this article are verbatim. Three ellipsis dots indicate minor edits have been made to clarify their readability. The phrase [edit] is used to signify a section of text has been removed. All the names used are pseudonyms.

The data presented in this article are primarily drawn from the child-centred element of the research (described above), supplemented by some evidence from the survey and interviews with parents. A full analysis of the research with parents is published in Valentine et al. (2012).

‘When you are big you can have a whole bottle’: What children know about alcohol and how they learn about it

Safe. Sensible. Social, the second phase of the alcohol harm reduction strategy for England and Wales (Department of Health and Home Office, 2007) identified it as the role of parents to provide young people with information about alcohol, and to support them to make responsible decisions about its consumption. Yet, most of the parents interviewed were reluctant to address this issue with children considering them too young to understand complex health messages about such an ‘adult’ topic. While drinking is commonly associated with teenage years, previous research has shown that from the age of 6 children understand the concept of alcohol (Casswell et al., 1988; Jahoda and Cramond, 1972). This was evidenced in our case study families. All of the children (aged 5–12) interviewed understood that alcohol is an adult product, although they had only a sketchy understanding of the legal framework relating to children’s alcohol consumption (e.g. the age at which children can enter a pub or buy a drink). This distancing of childhood from alcohol is evident in the following quotations:

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

**Interviewer:** Can children go in pubs?
**Boy:** Yeah, sometimes.
**Interviewer:** Could you go into a pub on your own?
**Boy:** No … because I’m not over 13 years old. (James, aged 9, Family D)

The reasons children gave for why only adults are permitted to drink alcohol hinted at an awareness of some of the embodied consequences of its consumption. These included recognition that: alcohol will affect children more rapidly than adults; it has both physical
effects on the body and social effects on behaviour; and that there is a risk of addiction. For examples: ‘Kids can get drunk quicker’ (Karl, aged 11); ‘Kids lose control more quickly’ (James, aged 9); and [children] may not be able to stop’ (Linda, aged 10).

Yet, the product recognition methods (by smell and advertisement) identified that the children had diverse, and in most cases an inaccurate grasp of the alcohol content of different types of product and the number of drinks necessary to become drunk. A greater association was made between drunkenness and beer than wine, which was perceived to take longer to consume and weaker. This misunderstanding about relative alcohol content may stem from the influence of television advertising, where wine is commonly gendered as feminine and represented in terms of ‘middle-class’ practices of dining, whereas beer has more masculinist associations with pubs, sport and violence. Some of the children also had a misperception about alcopops, assuming these were mainly ‘pop’ (colloquial term for non-alcoholic drinks).

Jahoda and Cramond’s (1972) study in Scotland found that young children were familiar with the names of some alcohol products: with those aged 6 able to identify at least one drink by smell and those aged 8 able to determine which from a selection of bottles contained alcohol. These findings have been replicated in subsequent studies in the UK and US, which have demonstrated that contemporary children aged 5 can recognise alcohol from pictures and have expectations about the role of alcohol in adults’ social lives (Andrews et al., 2003). In a product recognition test the children in our study demonstrated limited knowledge of specific types/brands of drink. While a few children did recognise specific drinks from television programmes the majority only correctly identified the alcohol that their own parents or relatives drank, including in some cases recognising gendered product preferences and the consumption of different drinks (e.g. cocktails and shots) on holiday. These patterns highlight the potential significance of proximity in children’s development of knowledge about alcohol. Namely, intimate embodied practices, which mediate relationships between parents and offspring in the interiority of family life, have the potential to advance children’s individual learning about alcohol beyond that which they might gain independently from observing the public realm.

[Identifying a picture] It’s beer and it’s called John Smiths …
*Interviewer:* Who drinks that one?
My Daddy. Sometimes my Daddy drinks it [… discussion of other pictures]
*Smirnoff, my Mummy’s favourite…*
*Interviewer:* Does anybody else drink that one?
*Auntie Nina.*
*Interviewer:* … And have you tasted that one?
No, I’m not allowed it! [laughs] … It’s my Mummy’s favourite but she never lets me have it. Even she’s got her own Smirnoff glass. (Anne, aged 7, Family B)

[identifying a picture of a drink] I’ve seen this before, sometimes Daddy drinks this one … Sometimes he might have some beer in the fridge … Quite a lot of bottles [edit: discussion of other images] Guinness! My daddy drinks that at Christmas. (Miranda, aged 7, Family H)

The children’s interviews, and games in which they were invited to use a doll’s house and figurines to show the researcher when they remembered seeing alcohol at home, demonstrated that they had picked up a specific association of alcohol with friendship and
sociality modelled through parents’ practices (although this is not to suggest that as adults they will necessarily use alcohol in the same way). Most of the children used the figurines to act out offering drinks to family members and visitors, pouring drinks for others and having a party. Here, the children’s identification with their parents’ consumption of alcohol related to the positive emotional context of its use. This finding is counter to previous studies (e.g. Casswell et al., 1988), which have suggested that between the ages of 6 and 10 children generally have negative attitudes towards alcohol that may be explained by the contemporary increase in domestic consumption and the normalisation of alcohol within the home (Holloway et al., 2008; Ogilvie et al., 2005; Smith and Foxcroft, 2009).

A comparison of the interviews with parents and children within each case study family identified the transmission of future consumption intentions within specific individual families again predicated on the positive emotional context of its consumption. In this sense children’s affective ties with parents appear to intensify their learning about alcohol. For example, Karl (aged 11) said that if going to a party he would take Smirnoff—which he had previously described as his mother’s favourite drink and which her friends bring when they visit. Likewise, Family A enjoy whiskey and describe themselves as ‘connoisseurs’. This narrative of distinction, which was evident in the parents’ interviews, was echoed in the children’s accounts where the girls referred to ‘precious drinks’ and associated alcohol consumption with the Queen and being ‘posh’: a construction of drinking practices that was not evident in other children’s narratives.

Over two-thirds (67.5%) of the survey respondents reported that their eldest child (aged 5–12) had been allowed a taste of alcohol and nearly a quarter (23.1%) had offered their child a sip of their own alcoholic drink. The case study research suggests that such experimentation is commonly instigated by parents, not children, and that families also encouraged children to imitate adult drinking rituals albeit with non-alcoholic drinks. In these ways, parents advance children’s knowledge about alcohol within the interiority of family life.

When asked to name places which they associated with alcohol children’s most common response was a supermarket rather than traditional venues such as the pub, bar or the off-licence. A few of the younger children named atypical locations where they had seen a parent drink (‘at my school summer fayre when Mummy was having it’ – Lisa, aged 6) further demonstrating the significance of proximity and the socially embedded nature of children’s learning about alcohol. Children were also aware of the age identification campaign (Challenge 21) necessary to purchase alcohol in supermarkets, raising this unprompted, although some were confused about the age at which it is legal to buy alcohol.
[Referring to a picture] Well that one would be for grown-ups only because it’s alcohol.

Interviewer: … so how do you know that one’s got alcohol in?
I just do … If you go in and you have a look, it would say this is for grown-ups only.

Interviewer: Would it?
Yeah, or over 25 because in Tesco, if you go into the wine column, it says if you look like you’re under 25 [sic: referring to an aisle in a supermarket] … they have to look at your driver’s licence {

Interviewer: Tescos, are there any other places where you can buy those drinks?
You can probably get some in Waitrose, you can get some in Marks & Spencer’s. (Aileen, aged 8, Family G)

This general association by children of alcohol with family shopping routines reflects the changing geography of alcohol consumption – from a predominantly public practice in specialist locations (such as the pub), to an everyday domestic practice facilitated by the increased affordability of alcohol (its real price has halved since the 1960s) and the growth of off-trade sales (e.g. via supermarkets) (Ogilvie et al., 2005). This growth in home-centred drinking (Holloway et al., 2008) means that children’s indirect proximity to alcohol from observing everyday familial behaviours, as well as direct access to alcohol at home, has increased significantly. This proximity effect highlights the importance of the experiential (e.g. habitual routines and shared family practices) in terms of the way that children develop knowledge about alcohol.

Zig-zagging around and going crazy in the head: What children know about the harms associated with alcohol and how they learn about risk

Most of the children had a good general understanding of what a drunken person looks like and how they behave, from popular culture (‘look tired’, ‘eyes half closed’, ‘smell of drink’, ‘walk strangely’, ‘zig-zag about’). Although, their observations tended to focus on the short-term behavioural or social effects of alcohol, rather than longer-term health effects. They also repeated public-education messages about drink-driving which they had learned from television campaigns, with several children nuancing these warnings with specific limits on consumption (it’s permissible to have one alcoholic drink and drive) that they had picked up from their parents. Albeit, some of the younger children were less clear about whether the restriction on drinking and driving applied only to alcohol or also to other ‘adult’ drinks like coffee. In this sense, the children had largely understood distancing messages about their separation from this adult world through the negative emotional contexts in which alcohol was presented (e.g. accidents).

Approximately one in five (20.6%) of the parents who responded to the survey said their child had ever expressed a concern about somebody’s drinking: their own, their spouse/partner’s, ex-spouse/ex-partner’s, sibling’s, or a friend/relative’s. Approximately 17.8% of the respondents said their child had mentioned one individual, while 2.8% said their child had concerns about two or more people. Children from five of the case study families described having seen a parent or sibling drunk. The occasions which they described were commonly related to parties or holidays, reflecting the fact that parents are often unaware of the significance of such intimate familial moments when they model ‘abnormal’ patterns of consumption.
My Dad once drunk alcohol but then he had to go to bed [edit]

_Interviewer:_ Do you think that you will have drinks when you grow up?
No … when I grow up, I think my Dad might drink some alcohol and then he might fall asleep, so that’s why I won’t drink it. (James, aged 9, Family D)

_Girl:_ When we went to Greece my sister, she had one or two cocktails and when we went back to our … apartment … she just laid down on the bed laughing …

_Interviewer:_ So what does alcohol do to you when you drink it? …

_Boy:_ It makes them a bit less controlled of theirselves …

_Girl:_ Well they sing stupid songs … my Mum and my friend’s Mum got drunk … They was a bit drunk and they started singing a song about what you do when you need the toilet when you’re working in the garden. (Emma and Tim, aged 10, Family C)

Children did not appear to feel threatened or upset by adults’ drunkenness. Rather, they commonly represented their parents’ behaviour in a rather bemused way, although one child recognised that there are degrees of drunkenness and that if someone is ‘a bit drunk’ you can have fun with them but if they are ‘very drunk’ you should stay away. While the parents were concerned that their children might be judgemental about their drunkenness, their offspring did not associate alcohol with moral failings, perhaps reflecting the extent to which domestic drinking has become normalised in UK culture.

However, when children talked about being drunk in abstract terms rather than in relation to family members, they represented it in negative imagery, drawing a striking association between alcohol and aggression. Here, the negative portrayal of alcohol and violence on television were key reference points for the children’s observations, as well as some recollections of seeing drunken strangers behaving in threatening ways in the street. Although television appears to provide an important source of risk information for children about the potential social harms of excess alcohol consumption in public, the spatiality of their moral distinction between drunkenness at home and in public space suggests a problematic disassociation between children’s understandings of the negative effects of drinking to excess and everyday family practices.

Because alcohol has this sort of thing in that can make like kids do things that they’re not supposed to do … like fight people and kill people … and kids aren’t supposed to do things like that. And the other reason is it can damage them.

_Interviewer:_ How can it damage them, do you know?
Because if you drink some, it can damage them because they might not be able to be like a proper person anymore [edit later] because if they have alcohol, it can make you really like naughty … They might punch people, sometimes say things that they don’t mean, like ‘I hate you’ … if they have a lot they do nasty things but if they don’t have that much, they’re nice. (Linda, aged 10, Family A)

_Interviewer:_ … Have you ever seen anyone you know drunk?
No … I’ve only seen one or two [drunk strangers] and it’s been after a football match. But one man, I was walking home from school and my Mum actually called the Police on him [edit]

_Interviewer:_ So do you think getting drunk is something that lots of people do or just a few people?
Teenagers do it quite a lot … And they usually talk about murdering and things.
Interviewer: Murdering?
Yeah, other people and on the news and things they’re just talking about teenagers, blah-blah-blah … they just do bad things? (John, aged 9, Family E)

While children demonstrated generally competent understanding of some of the potential social harms associated with excess alcohol consumption in public space, they had a limited understanding of the long-term health risks associated with drinking above recommended limits. These are defined by the UK Department of Health as cancer of the mouth and throat, sexual and mental health problems, liver cirrhosis and heart disease for adults, as well as affecting brain development and the risk of accidents, injury and alcohol poisoning for children. Although previous research (e.g. Kurtz, 1999) has suggested that health is not an issue of significant concern to children, perhaps because these risks are commonly framed in the future (e.g. Valentine et al., 2010), nonetheless those who took part in our study had a reasonable knowledge of the health harms associated with other social practices like smoking rather than drinking. Indeed, in some cases the children muddled the health warnings associated with smoking, drugs and alcohol. John (aged 9), for example, suggested that drinking might damage your lungs; Aileen (aged 8) thought that Michael Jackson had died from alcohol rather than drug consumption; while Lucy (aged 7) made a loose association that alcohol is more of a threat to children’s health than adults’ and can result in a heart attack. Where children were aware of the concept of addiction they associated it with warnings about playing computer games – the framework within which many parents introduced them to this concept – rather than with alcohol.

Getting addicted, like you’ve tried it and then you want to do it again and again and again … You can get addicted to a game, like Club Penguin …

Interviewer: Do you know of any famous people who drink a lot of alcohol or celebrities?
I know someone who did but he died.

Interviewer: Who’s that?
Michael Jackson.

Interviewer: Michael Jackson; he was addicted to alcohol was he?
He died from it. (Aileen, aged 8, Family G)

The case study parents were commonly ambivalent about talking to pre-teen children about alcohol, arguing that they lack sufficient understanding to receive such complex health information. Yet, our research found that most of the parents surveyed had a poor understanding of the potential long-term health harms associated with alcohol themselves, as well as a lack of awareness of how much they actually consumed. Of the fathers who responded to our survey nearly three-quarters (73.5%) had drunk above or well above recommended limits on their heaviest drinking day in the past week, although only 16.5% of these respondents recognised that they had exceeded sensible drinking guidelines. Likewise, two-thirds (66%) of the mothers who responded to our survey had drunk above or well above recommended limits on their heaviest drinking day in the past week, with only 6.9% acknowledging their excess consumption.

Case study parents described using soft drinks to model the way that they regard alcohol: as ‘naughty but nice’. In most of the families, sugary drinks were considered bad for children’s health and liable to cause hyperactive behaviour. This representation has
parallels with the way that alcohol is perceived by adults as a potential health harm and cause of anti-social behaviour. Most of the parents interviewed are aware of the risks of drinking above recommended limits, even if they do not recognise when they do so, and consider alcohol as a treat. In the same way, they warn their children about the potential health risks of particular soft drinks and do not permit them to drink these products regularly – except as treats (e.g. holidays, parties) or when they are being rewarded for good behaviour. In this way, a reverse morality of drinking is constructed within families (cf. James’s 1990 study of confectionery) where ‘good’ behaviour by a parent or child is rewarded with a drink that could be potentially ‘bad’ if health advice is disregarded by the consumer.

It smells like lemonade … We’re only allowed fizzy drinks in the holidays because sometimes they have sugar in and it kind of makes you a bit hyper … we’re allowed it at parties as well. (Girl, aged 8, Family G)

*Interviewer:* … if you could have a choice, what would you ask for?
Lemonade … I’m not always allowed it.
*Interviewer:* Why not?
Because Mum says it’s really bad for my teeth … because it’s sugary.
*Interviewer:* … What sort of occasions might you have them?
If I be good. (Anastasia, aged 7, Family I)

The confused information children receive at home from their parents about the potential health risks associated with drinking is compounded by the fact that most of those interviewed said that they had not received education about alcohol at school. This despite the fact that the UK Department for Education states that children aged 7–11 will learn about the health and social risks associated with alcohol and basic skills for making good choices about their health and recognising risky situations at school. From teenage years onwards children should be taught about units, how to handle peer pressure and tips for staying safe if they consume alcohol.

Previous research has indicated that the place where children are most likely to obtain and consume alcohol is at home or their friends’ homes, supplied by parents (e.g. Hibell et al., 2009; Valentine et al., 2007), and that the inappropriate supply of alcohol to minors by parents is commonly cited as a cause of teenagers’ hazardous drinking (e.g. Kypri et al., 2007). Yet, despite the fact that all the children (aged 5–12) in the case study families were exposed to alcohol consumption at home, the majority had little interest in experimenting with it. Some had tried it but most either actively disliked the taste or preferred soft drinks. This was further borne out by the evidence of participant observation at family events. Here, children showed little interest in alcohol despite the fact that adults were drinking. Rather, the children commonly carved out their own ‘private’ space where they could play together independently from the adults’ activities and were happy to enjoy their own ‘treats’ such as fizzy drinks without showing interest in what adults were consuming. Parents’ observations suggest that girls show more general interest in the adult world than boys, picking up on issues being discussed and asking questions in relation to their surroundings; however, this rarely translates into an active interest in drinking.
When asked about their probable attitudes towards alcohol when they are adults, the children interviewed anticipated a future of moderation (i.e. drinking but not getting drunk). In particular, their imagined futures hinted at a recognition that drinking alcohol is a pleasurable social activity, while also showing awareness of some of the social risks associated with excess consumption, despite their generally limited or confused understanding of the possibilities of alcohol-related harms to physical health.

**Conclusion**

This article has focused on children’s knowledge and understanding about alcohol, addressing three questions: what do pre-teen children know about alcohol, and how do they learn about alcohol and its associated potential harms?

Pre-teen children’s knowledge of alcohol has been subject to limited research to date. Indeed, children have only been addressed indirectly in the second National Alcohol Strategy for England and Wales (Department of Health and Home Office, 2007) as the responsibility of parents/families, rather than as an audience in their own right. Yet, the evidence of this study is that while parents are ambivalent about talking to pre-teen children about drinking, regarding them as too young for such discussions, the children themselves have developed a competent understanding of alcohol and the broad circumstances under which children and adults may drink. They also have thoughtful reflections about consumption practices of family members and their own likely future behaviour. Specifically, the children recognised that alcohol is an adult product, have an awareness of the social harms of excess consumption in public space and imagine that as adults of the future they will drink in moderation.

Much of this knowledge about alcohol has been gleaned by children through proximal processes, namely their daily interactions with parents/older siblings in the context of everyday family life and from the media, rather than through health campaigns targeted...
at them or interventions at school. Although parents generally consider pre-teen children to be too young to receive education about alcohol the banal omnipresence of alcohol in the everyday affective spaces of familial life such as at home, in the supermarket and on holiday means that they are unintentionally modelling drinking to children.

Children’s identification and affective ties with their parents intensify their learning about alcohol such that their knowledge about different products, where alcohol can be purchased, why people drink and the social rituals associated with drinking are largely confined to familial consumption practices. In other words, the proximity effect of shared family life produces a particular type of knowledge about alcohol, with the majority of the children in this study describing positive associations with familial drinking (e.g. sociality, shopping, fun), although this is not to suggest that this necessarily means they want to experiment with alcohol in the present or will drink to excess as adults of the future: indeed the common intention is to drink in moderation. It does however, contrast with studies from the 1980s (e.g. Casswell et al., 1988), which have suggested that between the ages of 6 and 10 children have a negative attitude towards alcohol. In doing so, this article highlights the significance of experiential learning, notably the way that families are created and lived together, in shaping children’s development of knowledge about alcohol.

Given parental concerns that pre-teen children are too young to be formally taught about alcohol, children’s knowledge of the harms associated with drinking are primarily gleaned from television and observation of drunken strangers in public space. The spati-ality of children’s moral distinction between the meaning of drunkenness at home (silly, makes you sleep), compared with public space (frightening, violent), suggests that there is a potentially problematic disassociation between children’s understandings of the negative effects of drinking to excess and everyday family practices. Only one child cast an experience of parental drunkenness in a negative light, stating that he did not want to drink because his father had got drunk and gone to bed.

Indeed, children had a weaker understanding of the health risks compared with the social harms associated with alcohol and had not assimilated health information about drinking compared to their knowledge of other recreational habits, such as smoking. While the social risks associated with alcohol readily arise in households because of intra-familial practices (e.g. drunkenness at parties, hangovers), as well as the visibility of popular/political debates about alcohol in the media, the public health risks do not resonate with parents’ own experiences of alcohol and are less easily raised in the context of everyday family life. More problematically, many of the case study parents were implicitly normalising excess consumption, which has potential health risks because they were regularly drinking above recommended limits without they, or their children, being aware that they were doing so, and were encouraging their children to taste alcohol despite medical guidance about the need to raise the age of the first drink. As a consequence, the familial pattern of ‘moderation’ that many children intend to replicate in adulthood is, in medical terms, a pattern of excess with long-term health risks. Moreover, not all young people have positive familial environments given wider socioeconomic, educational and health inequalities. Some children may be over-exposed to ‘problem’ familial drinking, others ‘protected’ from knowledge about alcohol for cultural or religious reasons despite evidence of the absent presence of alcohol even in communities that abstain (Valentine et al., 2010).
As such, future phases of the National Alcohol Strategy need to provide more guidance for parents. Not in terms of establishing fixed normative ideals, but rather to improve their awareness of the long-term health risks of ‘everyday’ patterns of consumption: specifically, to cause parents to reflect on their own habits and domestic practices; to raise their awareness of the experiential nature of children’s learning about alcohol through the proximity effect; and to improve their communication skills about how to talk to pre-teen children about alcohol. Yet, the third National Alcohol Strategy of England and Wales, published in March 2012, has actually shifted the emphasis away from the previous government’s focus on consumers (e.g. individuals, families, communities) and policing, and towards the industry, retailers and health professionals through its concentration on the minimal pricing of alcohol; encouraging the greater use of interventions by health professionals; and a new public health responsibility deal to improve choice of lower strength products (Department of Health and Home Office, 2012).

In addition to the need to strengthen families to recognise health risks associated with alcohol, pre-teen children themselves need to be the focus of health education campaigns. The failure of the National Alcohol Strategy of England and Wales to engage with children directly about lifestyle decisions and the health implications of drinking to excess matters, not only because those who begin drinking at an early age have an increased risk of experiencing alcohol-related health problems in adulthood, but also because of the implications for children in the present, given that between 1996 and 2005 the alcohol-related hospital admissions of those under 16 rose by 33% (British Medical Association Board of Science, 2008). While this research suggests that the desire to drink to excess does not onset until post age 12, and that drinking with the intent to get drunk is not modelled in the family but elsewhere, nonetheless pre-teen children also need to learn to be responsible for their own bodies, and to develop the capacity to make healthy lifestyle decisions. First, because if such education is left to experiential learning alone within the embedded context of familial life there is a risk that adults’ unhealthy lifestyles/practices (e.g. drinking above recommended limits without recognising this as excess consumption) will be unintentionally transmitted across generations through proximal processes. Second, alcohol education for young people themselves is an important way to address the differential levels of exposure to alcohol and guidance children receive at home. Third, because teaching children skills to resist commercial and peer pressure prior to the critical age for the onset of what Measham and Brain (2005) term ‘determined drunkenness’, might strengthen their ability as teens to maintain their intention from middle childhood to drink only in moderation as adults of the future.

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**Note**

1. Drinking to excess is defined as drinking above the UK government's recommended daily limits of 2/3 units of alcohol for a woman and 3/4 units for a man.
References


