NDTMS Themed Report

Parental Status, 2007/08

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This report, along with previous NDTMS publications by the Centre for Public Health, Liverpool John Moores University, is available on the CPH website http://www.cph.org.uk/ndtms.

The NDTMS regional team, based within the North West Public Health Observatory at the Centre for Public Health, Liverpool John Moores University, also produces monthly reports providing timely information from the NDTMS dataset, along with annual NDTMS reports. These reports are also available on the website.

The Centre for Public Health, Liverpool John Moores University would welcome feedback on the contents of the report. Any comments or queries should be directed to:

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Introduction

The publication in 2003 of the Government green paper, Every Child Matters (DfES, 2003), produced alongside the formal response to the report of Victoria Climbie, highlighted the issue of vulnerable children and the provision of care to children and young people most at risk. Hidden Harm, a report detailing the findings of an inquiry carried out by the Advisory Council on the Misuse of Drugs into the impact on children having a parent, parents or other guardian with drug use issues drew further focus on the issue of the provision of care specifically to children of drug using parents.

According to the Hidden Harm report, there are estimated to be 250,000-350,000 children of problem drug users in the UK (Advisory Council on the Misuse of Drugs (ACMD), 2003). Only 37% of fathers and 64% of mothers with a drug problem still have their children living with them. Most children not living with their natural parents live with other relatives in formal and informal kinship care placements, with approximately 5% living in care of the local authority (ACMD, 2003). Kinship care is viewed as preferable to children being placed in the care of the local authority due to negative outcomes associated with the care system, including poor educational achievement, an increased risk of imprisonment and poor health outcomes (Jackson and Sachdev, 2001; Harker et al., 2004; DfES, 2006). Living with relatives means that children, particularly those from ethnic minorities, are able to maintain cultural links as well as such placements being potentially less stigmatizing for the child (Broad, 2004; McHugh, 2004), however there is a paucity of research investigating outcomes for children who live in such kinship placements (Cuddeback, 2004). In 2008, it was estimated that there were between 150,000-300,000 local authority approved kinship carers across the UK who provide full time care for children often under informal care arrangements (Bullard, 2008). The extent to which these placements are a result of parental substance use is not known.

Research has shown that children of substance using parents are at an increased risk of developing a range of negative social and psychological developmental outcomes, including problematic drug/alcohol use and an increased risk of physical harm (ACMD, 2003; Forrester, 2000; Kumpfer, 1987). These may be a result of prenatal exposure to substances, genetic predisposition, social and cultural factors associated with drug use, or a complex interaction between them (Barnard and McKeganey, 2004). Parental problem drug use can often compromise children's health and many may be exposed to hazards as a result of their parents' drug use. These risks can include poverty, physical and emotional neglect, inadequate supervision and accommodation and exposure to criminal behaviour (Scaife, 2008). A review of 290 cases of childcare concern in London found that 34% involved parental drug or alcohol abuse. They included many of the most severe cases of abuse and neglect. Most of the social workers involved were relatively newly qualified and had little or no training in working with drug and alcohol issues (Harwin and Forrester, 2002).

What has been established is that the risk of harm to a child may be reduced through effective treatment and support for the affected parent(s). Where treatment programmes provide childcare services, improved retention in treatment, better drug use outcomes and lower levels of depression have also been found (Marsh et al, 2000; Sun, 2006). Evaluations of intensive family support packages (IFPs) which aim to support parental substance users in order to keep families together have shown that 90% of children "at risk" of entering public care avoided doing so following an intervention, which has been viewed as a means of avoiding what are often perceived to be the poor outcomes for children who enter the care system (Forrester, 2007). A recent review of the evidence relating to drug use prevention and vulnerable young people concluded that holistic family approaches may improve the quality of self-esteem and parent/child interactions. However, implementing and managing such programmes is likely to be difficult and resource intensive (Edmonds et al, 2005).

Whilst the risk of harm to a child may be reduced through effective treatment and support for the affected parent(s), a review found that only half of reporting structured drug treatment agencies offered services for clients with dependent children and a third provided services specifically for children of drug misusing parents (see ACMD, 2003). Hidden Harm (ACMD, 2003) recommends that all drug treatment agencies gather basic information about a client's parental status via the National Drug Treatment Monitoring System (NDTMS), to gauge the number of children affected by parental drug use, whilst also allowing agencies the ability to deal with possible implications of child care of those in service. In 2005, the Government responded directly to the Hidden Harm report, pledging to set up a 'stronger statutory and multi-agency framework to protect (children and young people), and provide services and support for them and their families' (DfES, 2005, piii).

Following the recommendations in the Hidden Harm report, NDTMS has included a *parental status* field within its core dataset. This field relates to all children aged under 16 and records whether the child/children:

- Live with the client

- Live with a partner
- Live with another family member
- Live in care
- The client is pregnant (and no other children)
- The client has no children

The National Drug Treatment Monitoring System (NDTMS)

The National Drug Treatment Monitoring System (NDTMS) collects data on all clients in contact with structured drug and alcohol treatment services (i.e. high threshold tier 3 and 4 services as defined by the Models of Care, see National Treatment Agency (NTA), 2002). NDTMS figures are used as a key source for monitoring the number of people in contact with treatment services.

This report details the parental status of those presenting for structured drug treatment in the North West of England from April 2007. It does not include those in treatment during 2007/08 who commenced their treatment journey[1] prior to April 2007. This report should be read in conjunction with the NDTMS annual report produced by the Centre for Public Health, Liverpool John Moores University (Hurst et al., 2008).

Parental status of individuals in contact with treatment, 2007/08

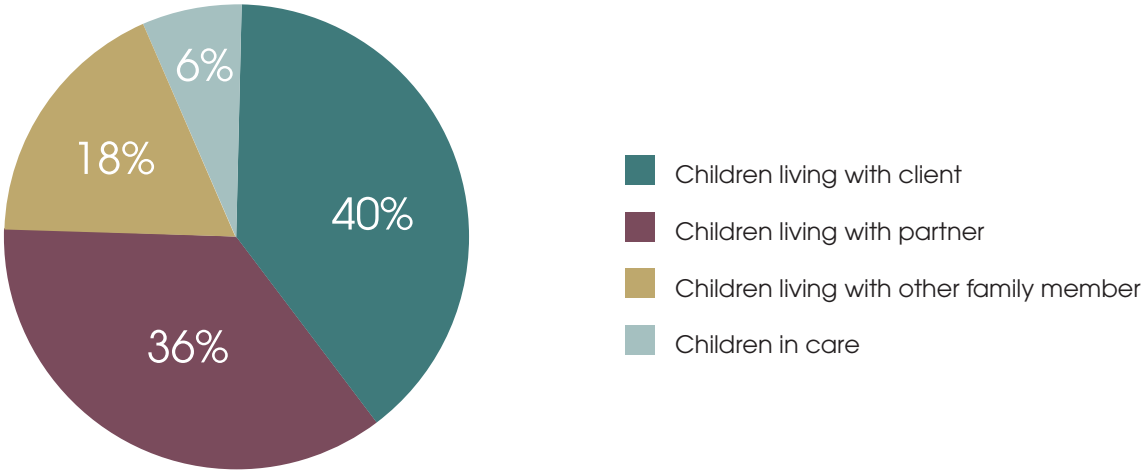
Table one displays the parental status of individuals who presented for treatment on or between 01/04/07 and 31/03/08. Of the 18779 individuals who presented in 2007/08, 3491 (18.59%) had no parental status recorded within any of their episodes of treatment in the year.

Table one: Parental status of individuals presenting for treatment, 2007/08

Parental Status	Number	Percentage (%)
Children living with client	2699	17.65
Children living with partner	2438	15.95
Children living with other family member	1217	7.96
Children in care	436	2.85
Client pregnant	63	0.41
Other	651	4.26
No children	7784	50.92
Total	15288	100
Missing data	3491	18.59

[1] For methodological explanation, please see the end of the report

Figure one: Parental status of individuals presenting for treatment, 2007/08 (individuals with children only)

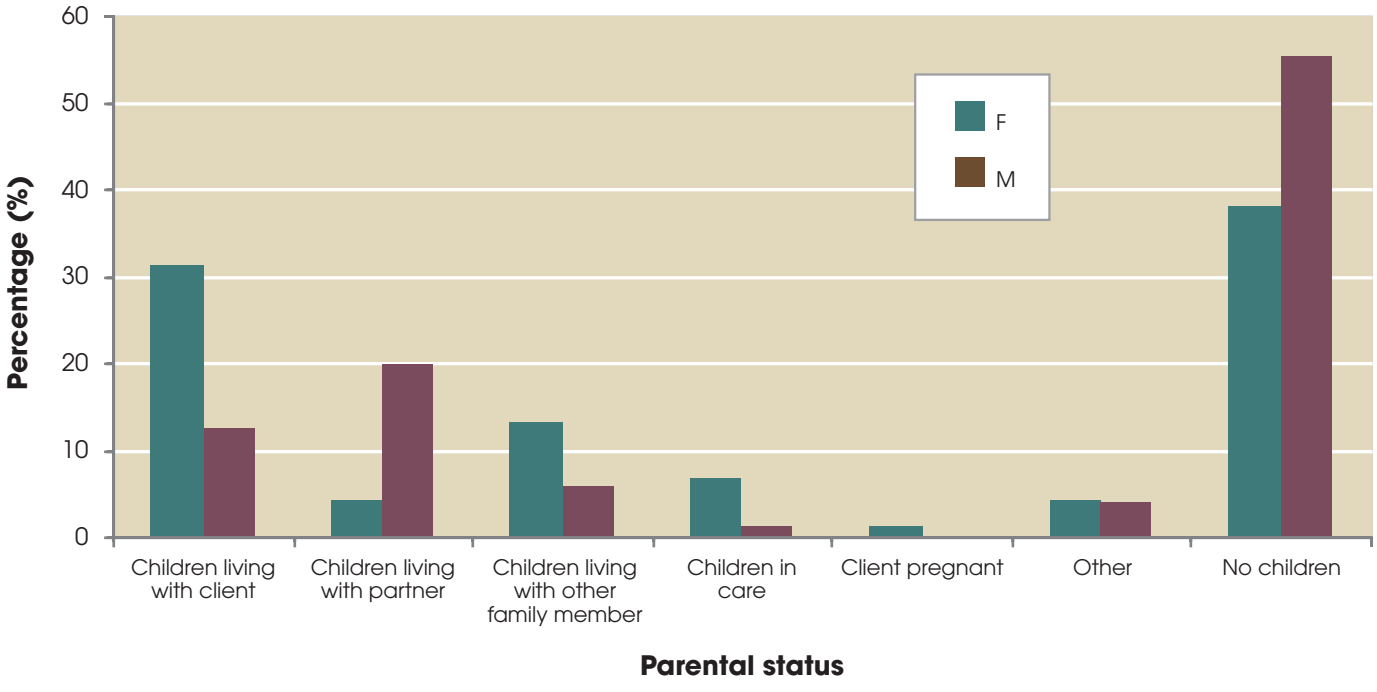


Approximately half of individuals who recorded a parental status stated they did not have children (n=7784, 50.92%). When only those who stated they had children were considered, children were most likely to be living with the client (n=2699, 39.75%) or living with a partner (n=2438, 35.91%) (see figure one). There were 436 (6.42%) individuals with children in care.

Parental status by gender

Female drug treatment clients were significantly more likely to have their children living with them (n=1264, 31.35%) than away from them (either with a partner, other family member or in care) in comparison to males (n=1435, 12.75%) (X^2=375.61 p<0.001). This is consistent with research that found women drug users were more likely to be responsible for the care of children (Stewart et al., 2007). In contrast to the female population (n=1540, 38.20%), the majority of males in contact with treatment stating a parental status had no children (n=6244, 55.47%).

Figure two: Parental status by gender for individuals commencing a new treatment episode, 2007/08



Parental status by D(A)AT

The following section details the parental status of individuals presenting to treatment in 2007/08 by D(A)AT of residence. A person may be counted more than once if they were resident in more than one D(A)AT area during the year. Table two details the number of individuals with missing data by D(A)AT of residence. As shown in table two, some D(A)ATs had substantially better coverage of the *parental status* data item in comparison to others. For example, Bolton DAT had 2.36% missing data in the *parental status* field for those commencing a treatment episode in 2007/08, whereas Oldham DAAT had 38.35% missing data (regional average, 18.59%).

Table two: Missing parental status data for individuals commencing a new treatment episode in 2007/08 by D(A)AT of residence

D(A)AT of residence	Number of individuals with missing parental status	Percentage (%)
Blackburn with Darwen	66	12.41
Blackpool	103	11.51
Bolton	21	2.36
Bury	148	31.16
Cheshire	122	12.46
Cumbria	260	31.63
Halton	78	20.26
Knowsley	243	36.27
Lancashire	596	20.39
Liverpool	568	23.56
Manchester	140	10.74
Oldham	219	38.35
Rochdale	302	37.42
Salford	38	6.93
Sefton	183	19.18
St Helens	114	21.59
Stockport	64	15.09
Tameside	37	6.25
Trafford	118	25.32
Warrington	14	3.45
Wigan and Leigh	129	15.34
Wirral	49	5.68

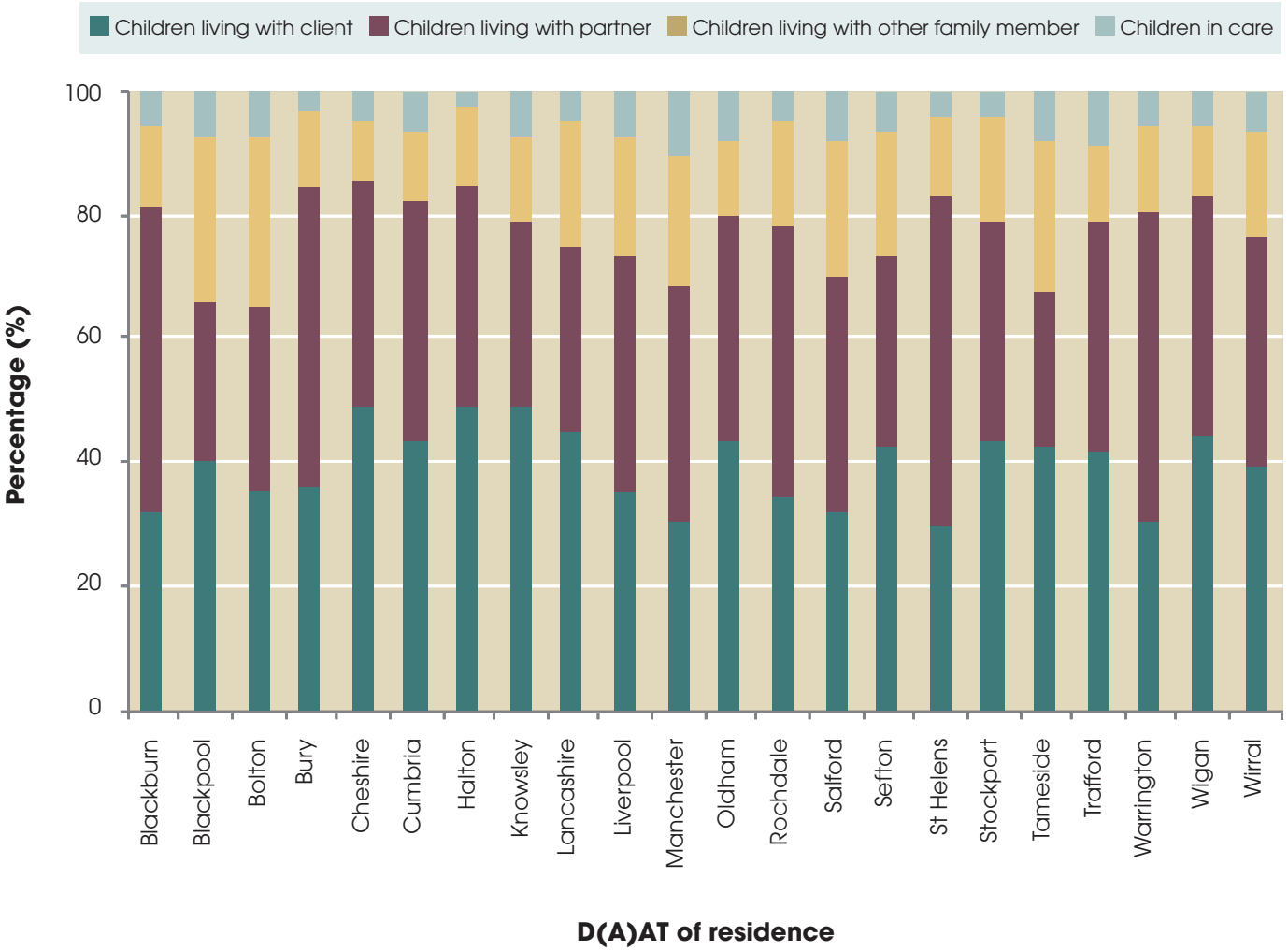
Table three displays parental status for individuals commencing a treatment episode during 2007/08 by D(A)AT of residence. This table excludes those without a parental status record (i.e. no parental status recorded within any of their episodes of treatment in the year). Table three reveals that there were some differences in parental status dependent on D(A)AT. Oldham and Trafford DAATs had high proportions of individuals with no children (n=246, 69.89% and n=235, 67.53% respectively). Oldham also had a low mean age of those who stated a parental status, 20.50 years, in comparison to areas such as Halton (mean age 28.13 years) who also had a relatively low percentage of individuals stating they had no children (54.40%). Caution should be raised when drawing conclusions from these data as Oldham DAAT had a high percentage of missing data (see table two). In Blackpool, 44.19% (n=350) stated that they had no children. In Manchester, 4.64% of individuals had children in care, in comparison to a proportion of 1.52% in Cheshire. In Wigan, there were 22.19% of individuals in contact with treatment who had children living with them, in comparison to 11.65% in Oldham.

Table three: Parental status of individuals commencing a new treatment episode in 2007/08 by D(A)AT of residence

D(A)AT of residence	Children living with client	Children living with partner	Children living with other family member	Children in care	Client pregnant	Other	No children	Total
Blackburn with Darwen	79	121	30	15	2	13	206	466
Blackpool	151	98	101	29	3	60	350	792
Bolton	152	130	118	31	0	52	385	868
Bury	49	66	16	5	2	15	174	327
Cheshire	134	100	28	13	4	38	540	857
Cumbria	107	94	29	16	4	33	279	562
Halton	66	47	18	3	1	5	167	307
Knowsley	86	52	24	13	6	14	232	427
Lancashire	467	315	205	56	8	69	1183	2303
Liverpool	299	328	166	61	7	88	894	1843
Manchester	155	195	108	54	6	60	585	1163
Oldham	41	35	11	8	2	9	246	352
Rochdale	88	110	43	12	5	19	228	505
Salford	73	86	50	19	1	36	245	510
Sefton	139	102	64	23	1	13	429	771
St Helens	60	109	27	8	3	14	193	414
Stockport	70	57	27	7	2	20	177	360
Tameside	109	63	63	21	3	22	274	555
Trafford	43	38	13	9	1	9	235	348
Warrington	56	91	25	10	2	16	192	392
Wigan and Leigh	158	139	38	22	1	8	346	712
Wirral	143	137	62	23	2	51	395	813

Figure three displays the parental status by D(A)AT of residence for those individuals that stated they had children. All those who stated that they had no children or 'other' were removed from the following analysis. In Halton DAAT, 49.25% of those who stated they had children had their child(ren) residing with them. In contrast, 30.77% of individuals in Warrington DAT with children had their child(ren) living with them. In Trafford, 8.74% of those in contact with children had their child(ren) in care.

Figure three: Parental status of individuals commencing a new treatment episode in 2007/08 by D(A)AT of residence



Individuals in contact with treatment with children residing with them

Of those with a reported parental status, 44.41% (n=6790) stated that they had children (either living with them, living with partner or family member or in care). The following section focuses on those individuals that stated they had their children living with them (n=2699, 39.75% of those with children).

The *children* field was added to the NDTMS core dataset to allow the ability to capture the number of children, aged under 16, living with a client at least part of the time. This field was cross referenced with the *parental status* field to determine the number of children living with clients who had stated that they had children living with them at least part of the time. When the field was cross-referenced, 338 individuals who had stated that they had children living with them in the *parental status* field either had no information within the *children* field or had stated that they had no children. These 338 individuals were removed from the analysis in this section. Of those individuals who stated they had children living with them at least part of the time, 43.65% (n=1033) only had one child living with them. On average, individuals who stated they had children living with them had 1.93 children living with them at least part of the time. Table four shows that in total, there were 4563 children living with drug treatment clients.

Table four: Number of children living with clients, 2007/2008*

Number of children living with client at least part of the time	Total
1	1033
2	760
3	363
4	140
5	40
6	16
7	8
8	0
9	1

* Includes only those who stated they had children living with them at least part of the time

Table five shows that Halton DAAT had the highest mean number of children living with individuals who stated they had children living with them at least part of the time (2.32 children). In contrast, the average number of children living with the client at least part of the time in Oldham DAAT was 1.50. Caution should be raised in the interpretation of this as Oldham DAAT did have a high proportion of missing data from the parental status field (38.35%).

Table five: Number of children living with clients by D(A)AT of residence, 2007/2008*

D(A)AT of residence	Average number of children living with client at least part of the time
Blackburn with Darwen	2.00
Blackpool	2.11
Bolton	1.85
Bury	2.06
Cheshire	1.82
Cumbria	1.78
Halton	2.32
Knowsley	2.06
Lancashire	1.87
Liverpool	1.94
Manchester	1.86
Oldham	1.50
Rochdale	1.75
Salford	1.96
Sefton	2.07
St Helens	2.15
Stockport	1.92
Tameside	1.83
Trafford	2.08
Warrington	2.07
Wigan and Leigh	1.94
Wirral	1.94
Regional average	1.93

* Includes only those who stated they had children living with them at least part of the time

Opiate and/or crack cocaine users in contact with treatment who have children living with them at least part of the time

When only opiate and/or crack cocaine users (as defined by Hay et al., 2008) were considered, 1693 individuals (33.81% of those who stated that they had children aged under 16) stated that they had children living with them. On average, those opiate and/or crack cocaine users who stated they had children residing with them had 1.92 children. Therefore, whilst there were a slightly lower proportion of opiate and/or crack cocaine users who had their children residing with them in comparison to the general treatment population, those opiate and/or crack cocaine users who did have their children with them at least part of the time

had, on average, a similar number of children in comparison to the overall treatment population. Based on population estimates of the number of individuals aged under 16 in the North West of England, an estimated 0.24% of children in the region reside with opiate and/or crack cocaine users in contact with structured drug treatment[2].

Table six: Number of children living with opiate and/or crack cocaine users, 2007/2008*

Number of children living with client at least part of the time	Total individuals
1	741
2	555
3	252
4	102
5	26
6	12
7	4
9	1

* Includes only those who stated they had children living with them at least part of the time

The average number of children living with opiate and/or crack cocaine users in contact with treatment varied dependent on D(A)AT of residence. As with the overall treatment population with children, opiate and/or crack cocaine users in contact with treatment resident in Halton had a high average number of children (2.47 children) in comparison to the regional average (1.92).

Table seven: Number of children living with opiate and/or crack cocaine users by D(A)AT of residence, 2007/2008*

D(A)AT of residence	Average number of children living with client at least part of the time
Blackburn with Darwen	2.08
Blackpool	2.10
Bolton	1.82
Bury	2.07
Cheshire	1.87
Cumbria	1.70
Halton	2.47
Knowsley	2.09
Lancashire	1.80
Liverpool	1.90
Manchester	1.79
Oldham	1.33
Rochdale	1.83
Salford	2.00
Sefton	2.07
St Helens	2.06
Stockport	1.82
Tameside	1.85
Trafford	2.03
Warrington	2.24
Wigan and Leigh	1.99
Wirral	1.96
Regional average	1.92

* Includes only those who stated they had children living with them at least part of the time

[2] Data from the North West Public Health Observatory, based within the Centre for Public Health, Liverpool John Moores University. Data sourced from the Office of National Statistics

Data issues

Whilst this report details an approximation of the number of children living with drug users in contact with drug treatment, there are several data issues which may mean the number of children affected by drug use may have been underestimated. The *parental status* and *children* fields are relatively recent additions to the NDTMS dataset. Therefore, analysis has been limited to those treatment episodes commencing during 2007/08. Although the dataset has been limited to those triaged within the 2007/08 financial year, there were still a substantial proportion of individuals with a missing parental status. There were also data issues when cross referencing the *parental status* field with the *children* field as there were some individuals who stated that they had children living with them but had no children listed within the *children* field. As table two reveals, the issue of missing data within the *parental status* field was dependent on D(A)AT of residence, with some areas having poor data coverage. An increase in the coverage of the *parental status* field would lead to a better estimation of the number of children living with those in contact with structured drug treatment services by D(A)AT area.

The *parental status* field only allows for data capture of one choice of item per individual. Therefore, an individual can only choose one of the options within the *parental status* item. If an individual has a number of children living in different circumstances (for example one child living with them, one child in care, one living with a partner), they can only chose the most pertinent item (in this case the child living with them). Therefore, it is not possible to determine fully the parental situation of an individual within this one field. The *parental status* field does not identify whether those children who live with the partner of an individual in contact with treatment may also be living with a drug user. The partner of an individual in contact with treatment may also use drugs and may also be in contact with drug treatment leading to possible duplication within the dataset, resulting in an overestimation of the number of children of drug using parents.

The 'other' option within the *parental status* field is difficult to interpret. One cannot determine the parental status of individuals stated as 'other' within this field and, therefore, this option has been removed from analyses. This further restricts analysis of the field following the removal of those who have not stated a parental status. A review of the *parental status* field prior to the introduction of core data set F of the NDTMS should take into consideration these data capture anomalies.

The report only details the number of children for individuals who stated their children lived with them. However, there were some individuals who had stated that they did not have their children living with them (either living with partner, living with other family member or in care) but stated that their child(ren) lived with them at least part of the time in the *children* field. These children were not included in the analysis of individuals in contact with treatment with children residing with them. Therefore, there may potentially be more children living with individuals in contact with treatment, at least part of the time, in the North West of England, than quoted within the report. As children of drug using parents is a pertinent issue, it is important to gauge the number of children who may be affected by their parental drug use and drug treatment. Therefore, it is important that coverage of the *parental status* and *children* fields within the NDTMS are as comprehensive as possible. Further research, using other data sources, would also be useful to gauge the number of children affected by drug using parents, not just those parents who are in contact with structured drug treatment services. The Centre for Public Health are conducting an examination of the ability of the Drug Interventions Programme (DIP) and NDTMS to provide an estimate of the number of children of opiate and/or crack cocaine users. The report will look to assess the differences between the two systems in reporting this information and examine the issues that arise due to these differences.

Methodological Notes

1) A treatment journey maps a client's movement through a treatment system and in many cases will consist of more than one episode (for example, where a client is transferred between agencies). An episode is deemed to form part of the same treatment journey as a subsequent one if any of the following criteria are met:-

- A previous episode is still open
- It has an earlier discharge date than a previous episode
- The difference between the later episode's modality start date and the discharge date of an earlier episode is less than 3 weeks

All analyses are conducted using a client's latest treatment journey that has a parental status record. A new treatment journey is identified as having started if the earliest triage date associated with a client's latest treatment journey is within the reporting period.

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