

# Trends in disability prevalence among young people in Ireland

## DATE

October 22 2024

## VENUE

ESRI Launch

## AUTHORS

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# Acknowledgements

- Research partnership with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY)
- Members of programme steering group
- Panel members
- Growing Up in Ireland (GUI) Study Team
- GUI young people and their parents

# Background to the study

- Size and composition of group of young people are highly dependent on the definition and measures used
- Two GUI-based studies (Banks and McCoy, 2011; Whelan et al., 2021) have estimated much higher rates of disability in early and middle childhood than the Census figures
- Several studies internationally have shown an increase in the proportion of children and young people with a disability (e.g. McElroy et al., 2023 in NI) but other studies show little difference over time (e.g. Arabiat et al., 2018 in Australia)
- More consistent evidence of an increase in emotional difficulties and depression over time, especially among girls (McElroy et al., 2023; Nilsen et al., 2024); a pattern also evident in Ireland (Dooley et al., 2019)

## Aim of the study

- To use two-cohort nature of GUI to document prevalence of disability among 13-year-olds in 2011/12 and 2021/22
- Challenges posed by changes in measurement between cohorts, and waves within cohorts, to reflect shifting understandings in broader society
- Levels and types of condition
- Changes in the profile of those with disabilities
- Changes in outcomes for those with disabilities

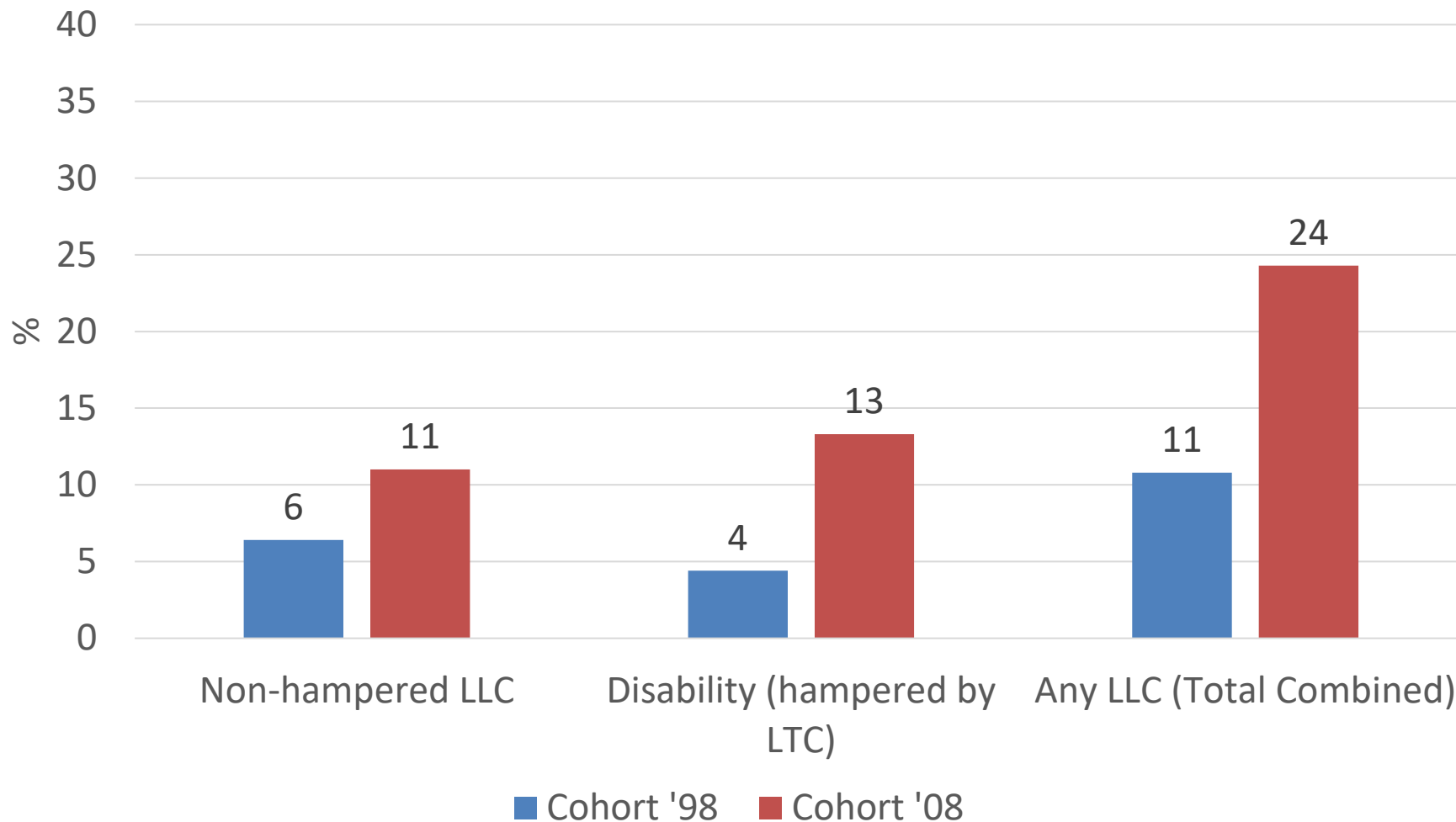
# Terminology

- Long-lasting condition (LLC): long-term illness or disability (who are not hampered by that condition)
- Disability: condition that hampers day-to-day life to a great or some extent
- Special educational need (SEN): condition that affects ability to engage in school, as reported by teacher; measured at age 9 only

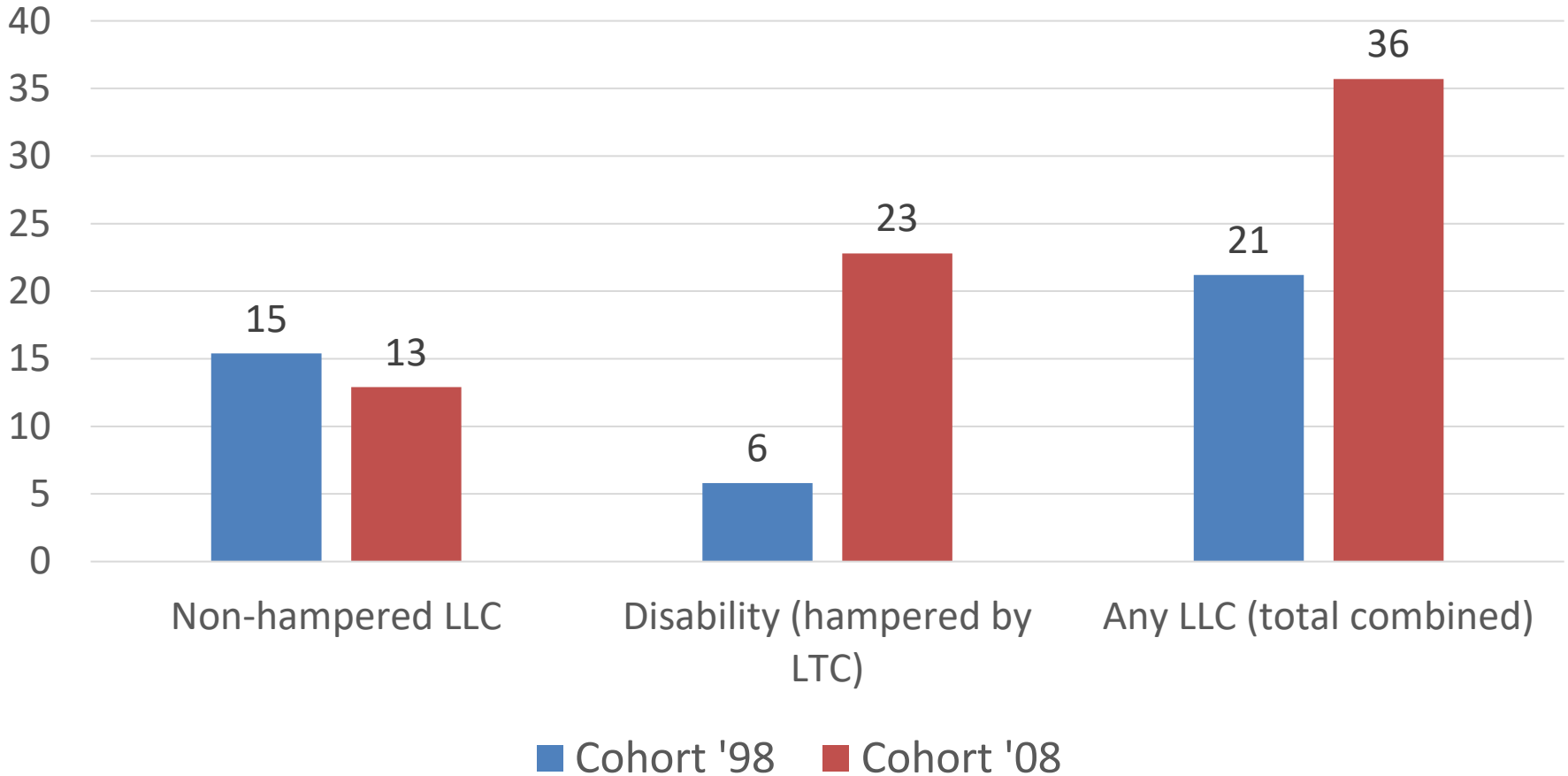
# Measurement: levels

	Cohort '98	Cohort '08
<b>At age 9: Long-term condition (open)</b>	Does the Study Child have any on-going chronic physical or mental health problem, illness or disability?	Does the child have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?
	If Yes, Is the Study Child hampered in his/her daily activities by this problem, illness or disability?	If yes, Do any of these illnesses hamper the child in his/her daily activities?
<b>At age 13: Long-term condition (open)</b>	<b>Does the child have any on-going chronic physical or mental health problem, illness or disability? If Yes, whether hampered in their daily activities.</b>	
<b>Long-term condition (list)</b>	<b>Does the child have any of the following conditions or disabilities?</b>	<b>Does the child have any of the following long-lasting conditions or difficulties? If Yes, whether hampered in their daily activities.</b>
At age 9 only (teacher report): Special educational need	Do any of the following limit the kind or amount of activity the Study Child can do at school?	Do any of the following limit the kind or amount of activity the Study Child can do at school?

# Mother reports: Higher prevalence years at 9 in Cohort '08 than Cohort '98

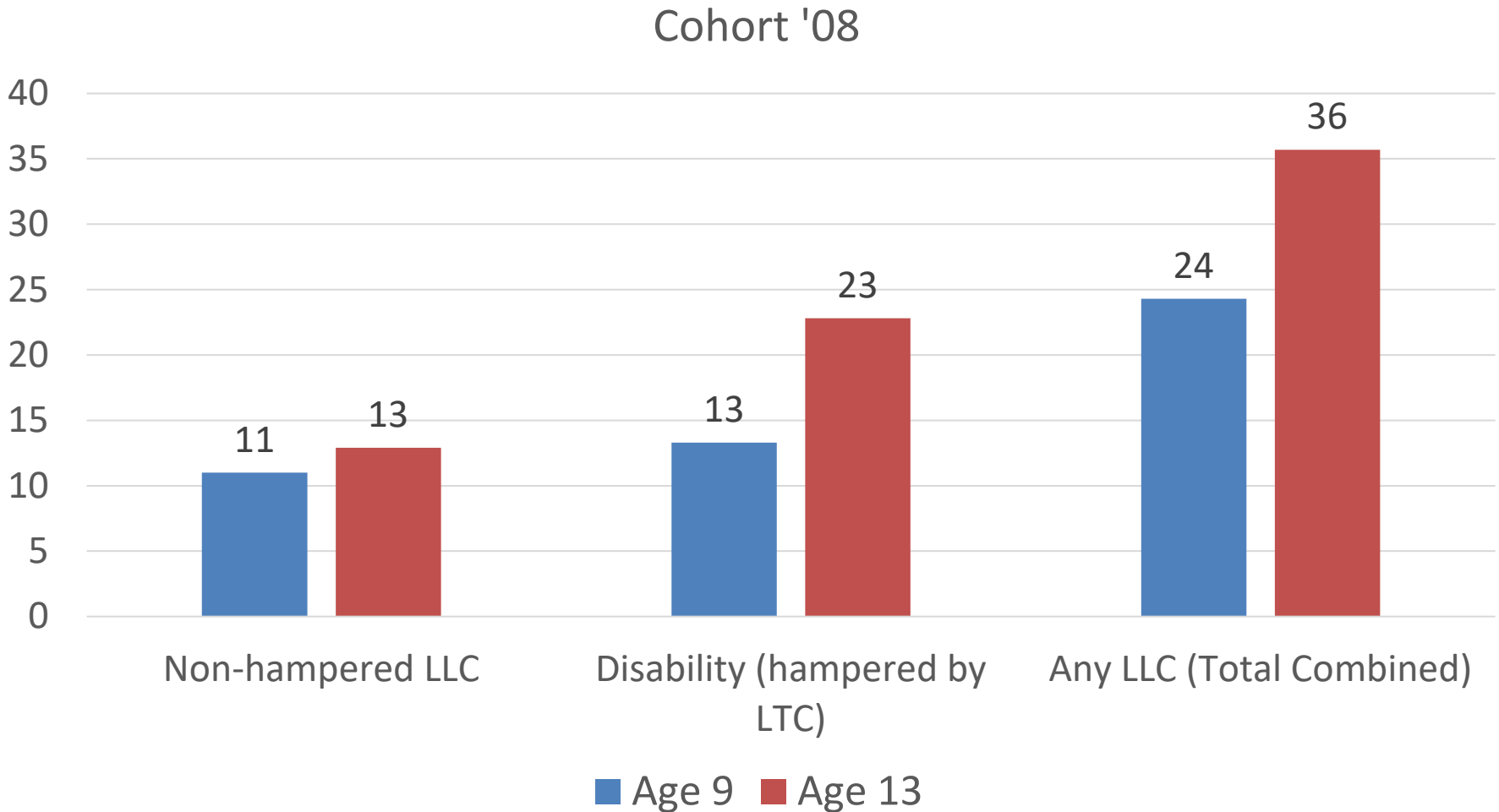


# Also higher prevalence in Cohort '08 at 13 years





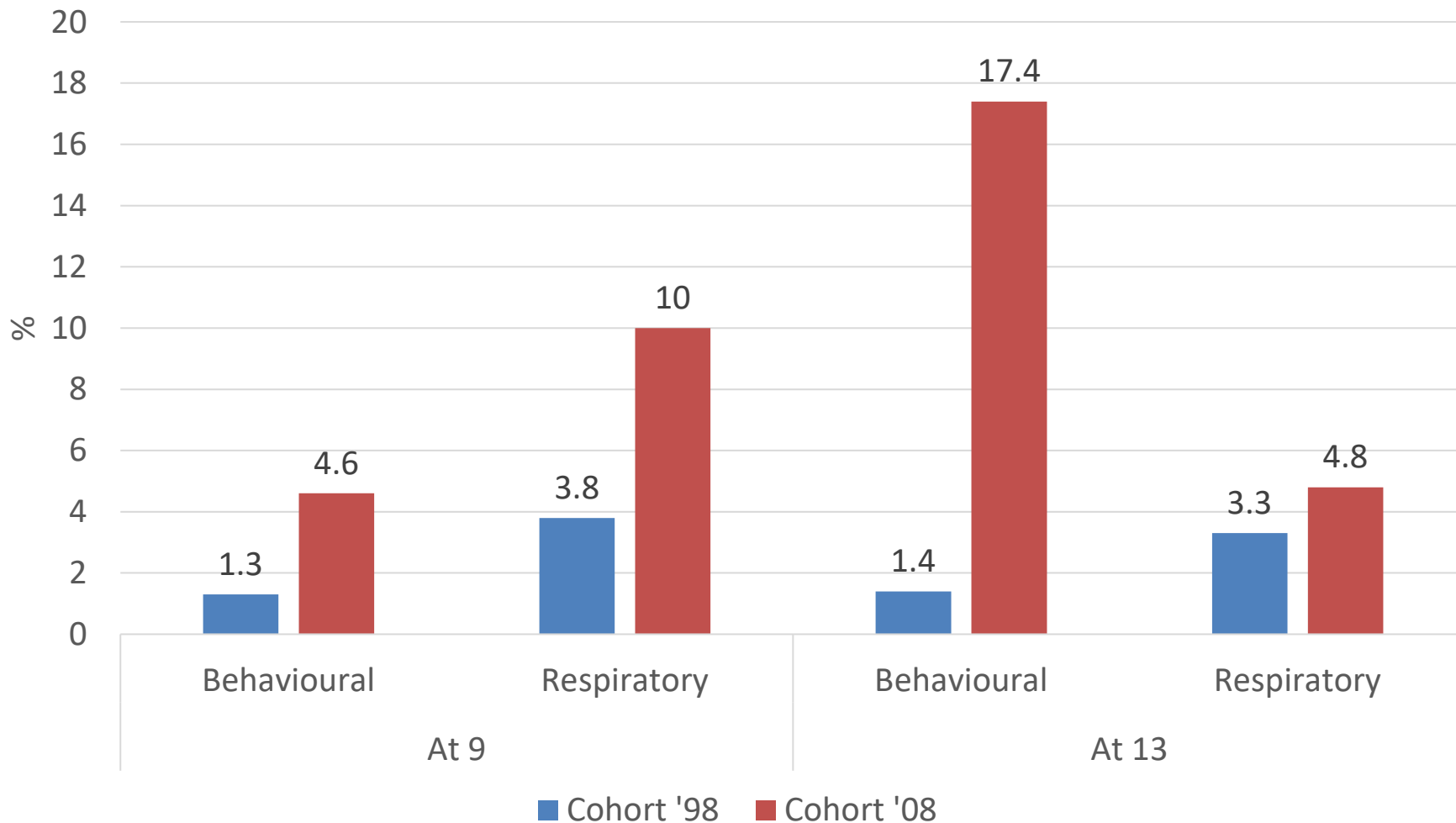
# Disability also increases with age within cohorts



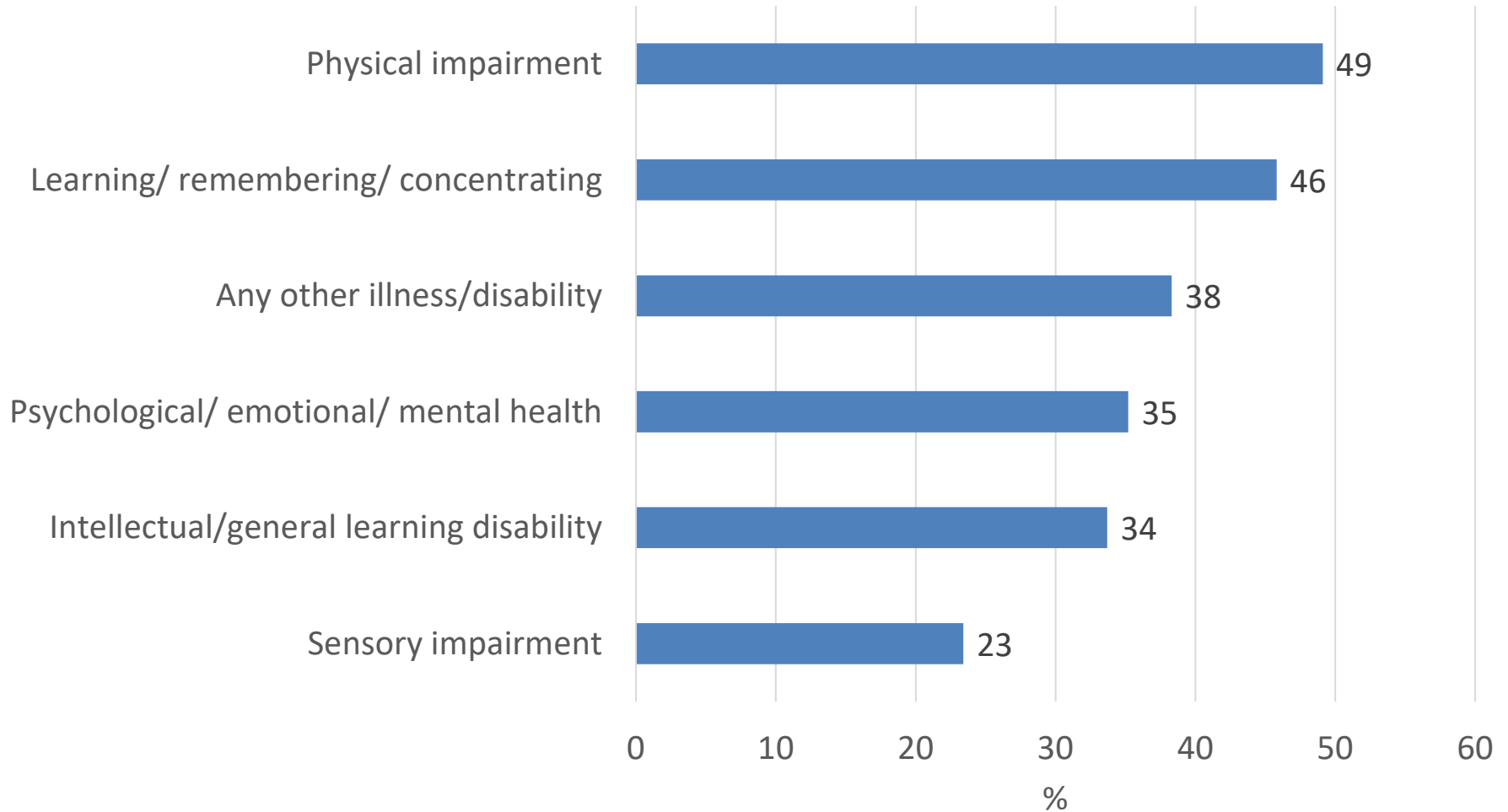
## Other information on prevalence

- Mother reports of whether the young person had received a diagnosis for at least one condition: 16% → 31% for 13-year-olds
- Teacher reports of SEN (at age 9): 13% → 17%
- Principal reports of emotional/behavioural difficulties in the school: among 10% of students – 24% → 39%
- Capturing which types of conditions underlie these patterns is more challenging because of changes in the measures used

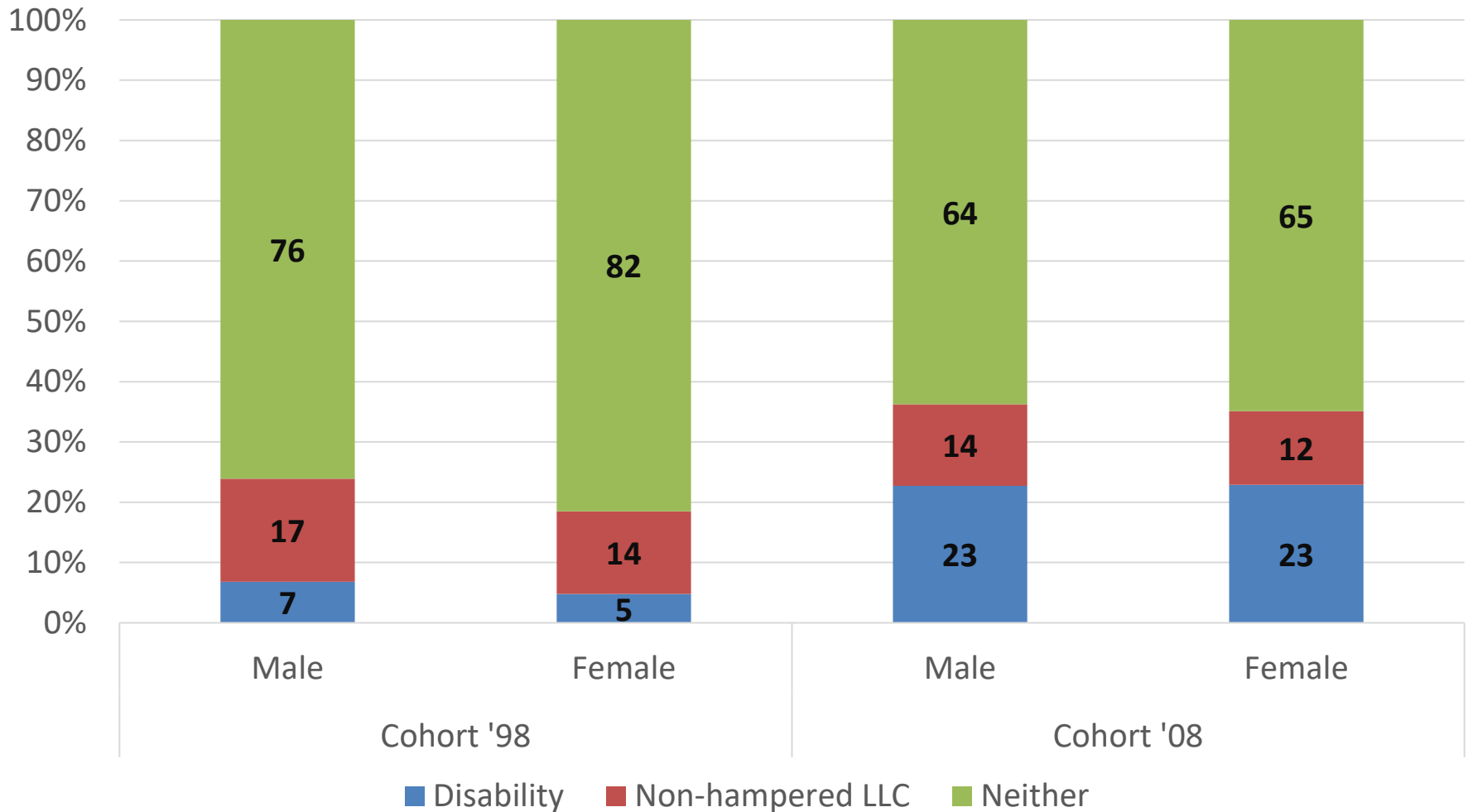
# Two largest groups of conditions (among those with LLC) (% of total cohort)



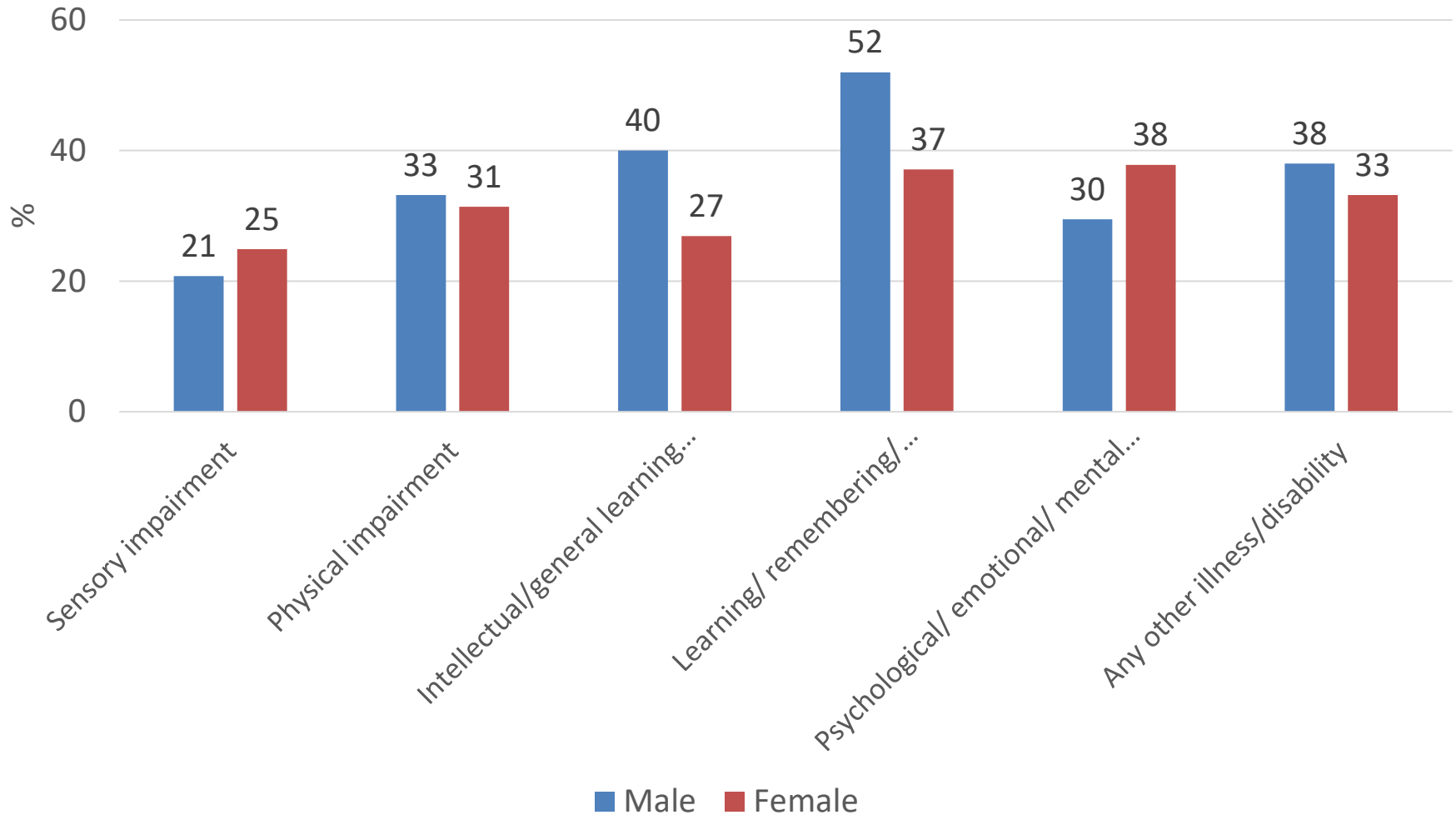
# Type of condition or difficulty as a proportion of those with a disability, 13-year-olds of Cohort '08



# Profile: shift in gender profile (age 13)



# Type of condition by gender, among those with a disability (Cohort '08 at 13)



## Profile of disability at age 13 (continued)

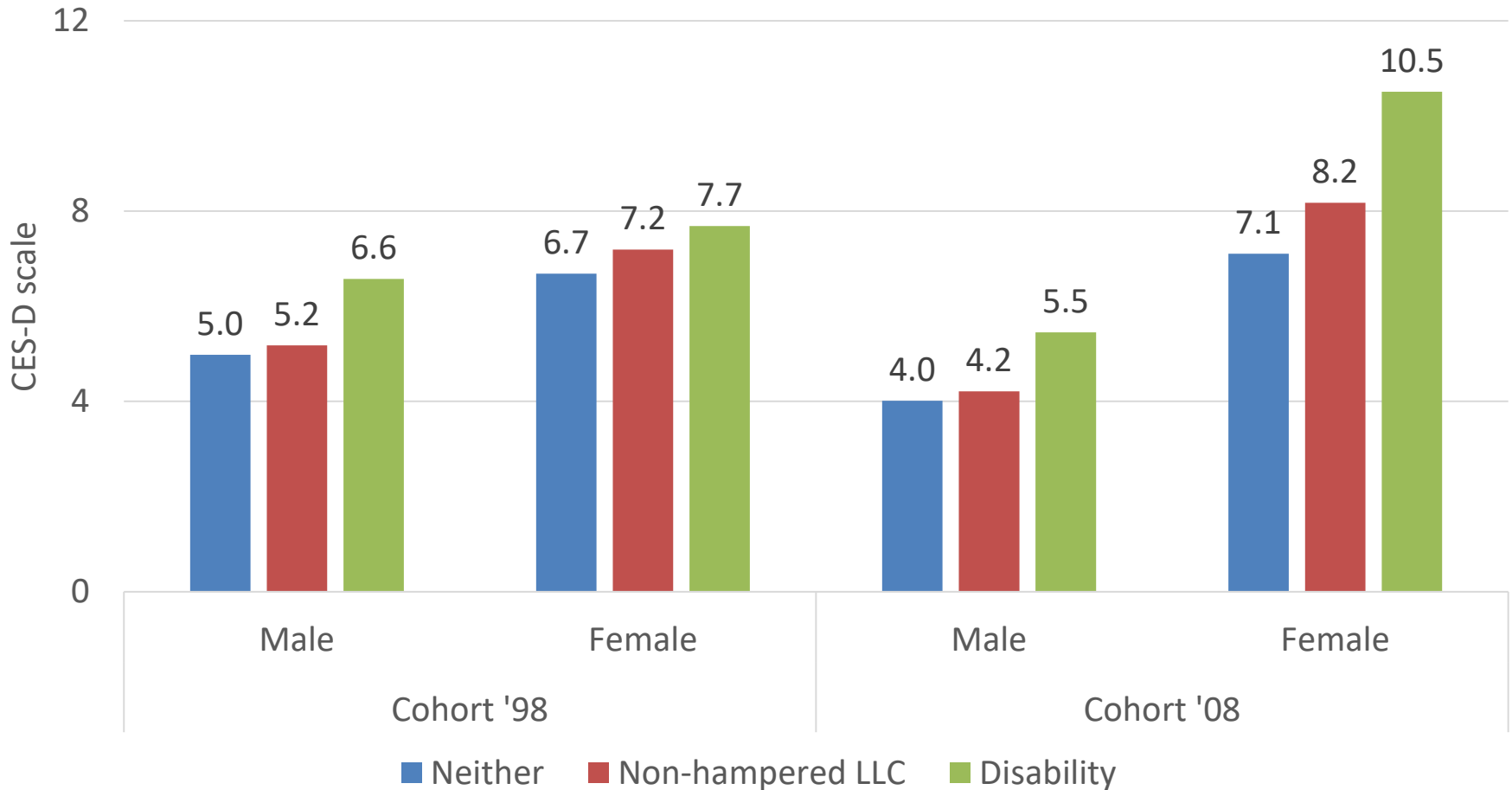
- Social gradient: higher among working-class and non-employed households; higher among lone-parent families and those in rented accommodation
- Lower among migrant-origin young people
- All social groups saw an increase in prevalence over time

## Prevalence and outcomes

- Do changes relate to a shift in ‘identification’ or in underlying need?
- Overlap between measures of wellbeing and disability
- Selected outcomes by disability status
- If increase in identification, relationship with outcomes should be weaker for Cohort ‘08 than for Cohort ‘98

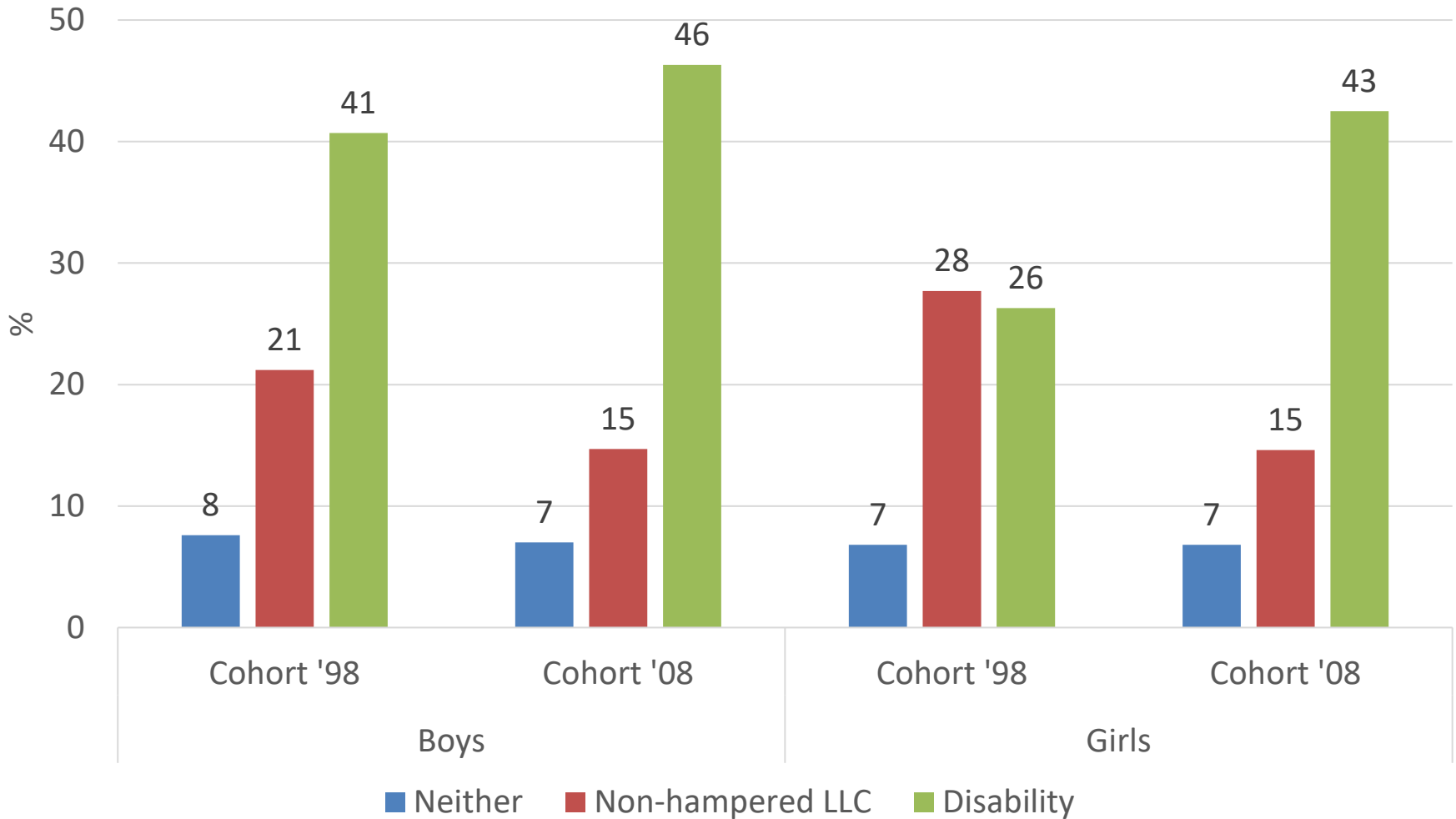


# Disability status and depression score (CES-D)



Similar pattern for emotional difficulties among girls (SDQ)

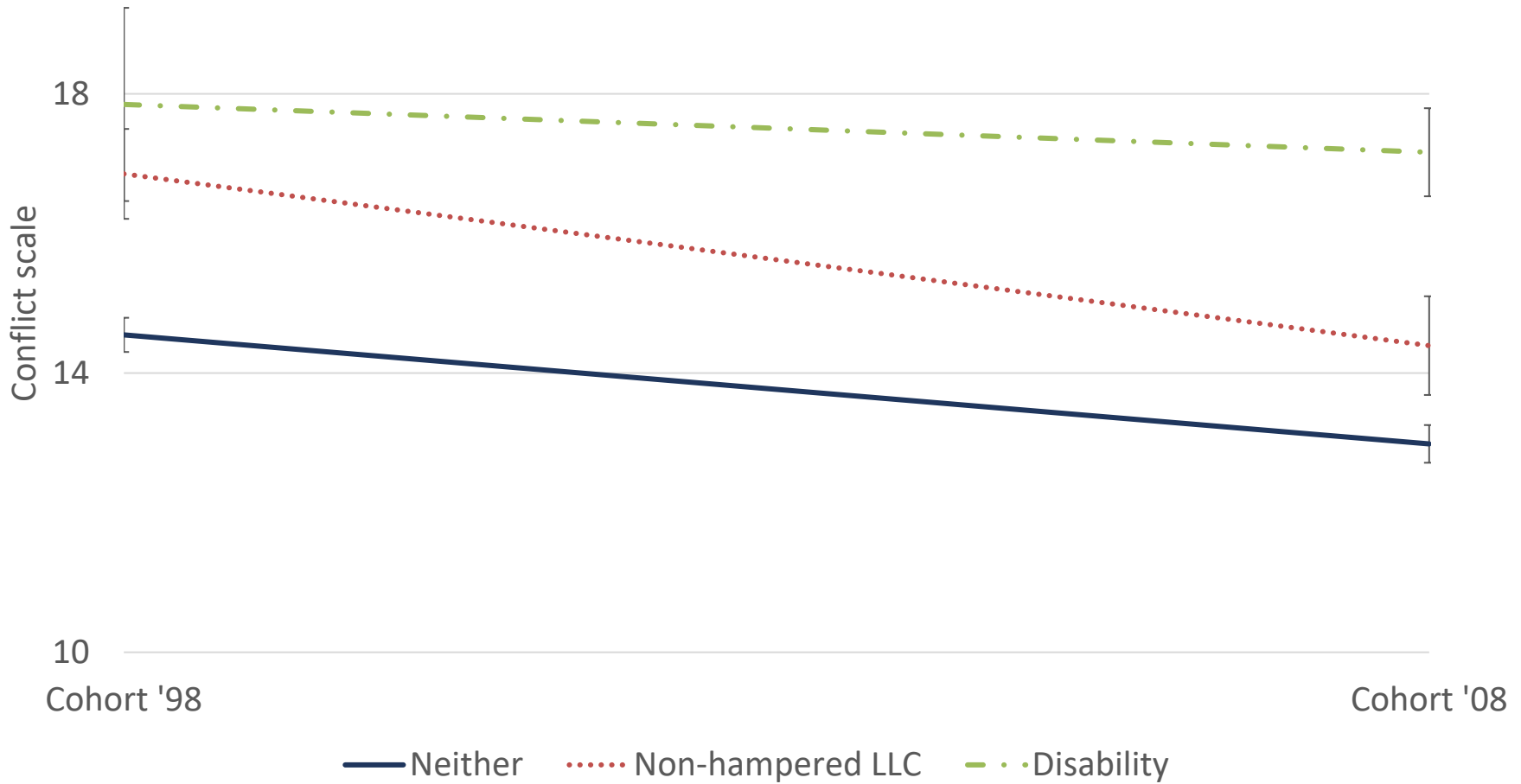
# % with a 'problematic' or 'borderline' socio-emotional difficulties score (SDQ)



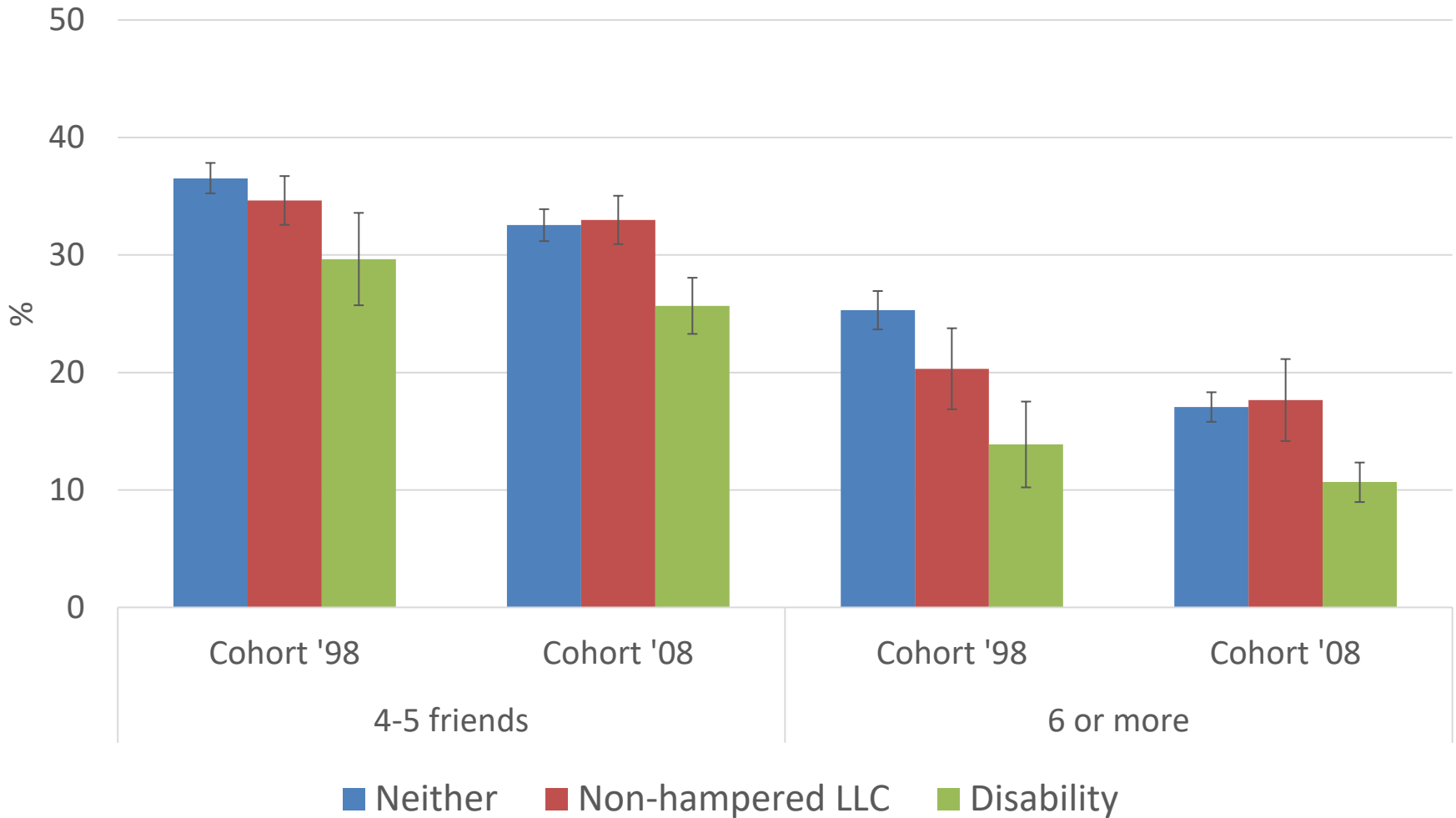
## Outcomes: family and peers

- Those with LLC and those with disability have higher conflict with mother and father (parent-reported)
- Conflict declines overall between cohorts but much less so for those with a disability
- Variation by YP-reported measures (responsiveness, getting on very well with mother) by disability status less evident

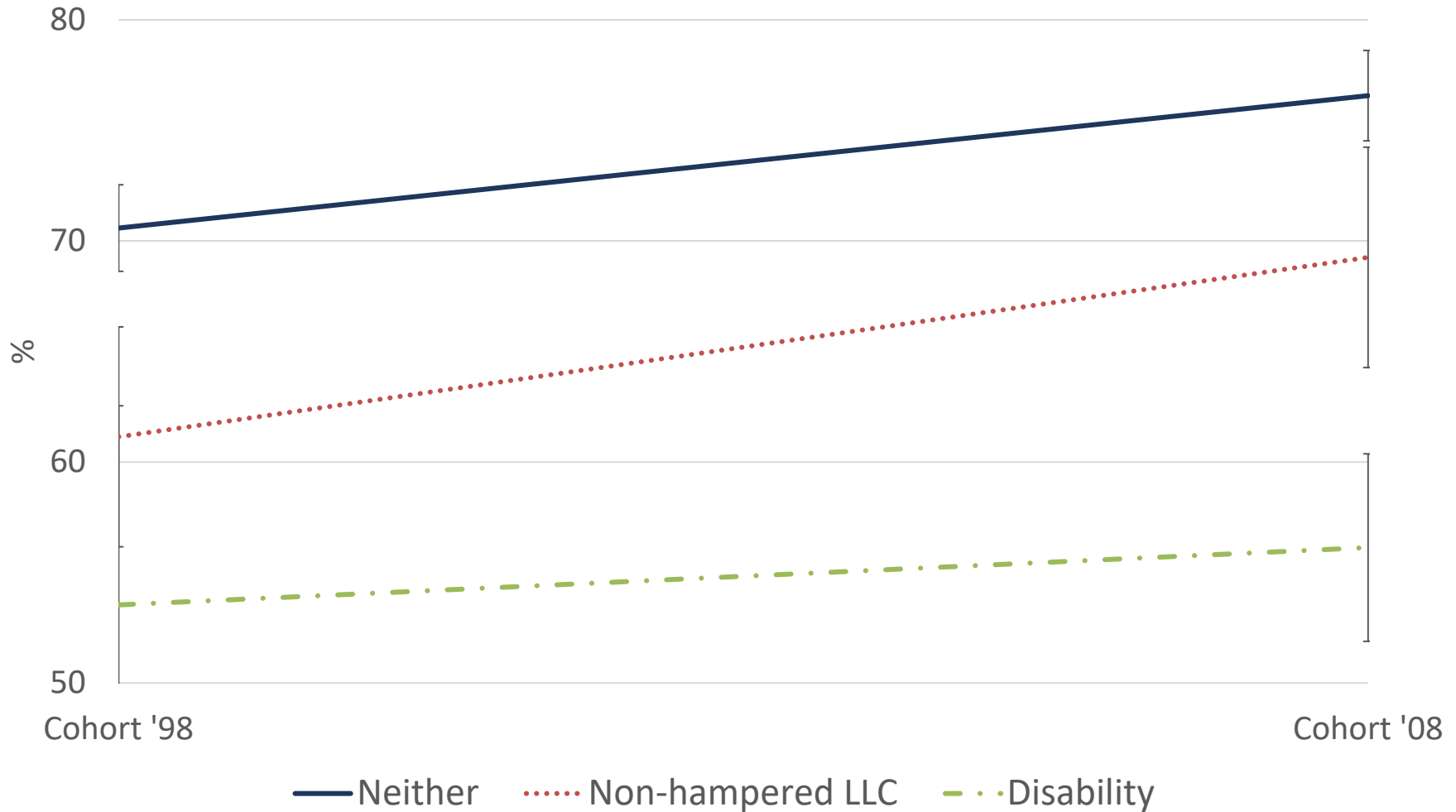
# Mother-child conflict



# Outcomes: Number of friends



# Outcomes: sports participation (weekly)



## Outcomes: school

- Less positive attitudes to school for both young people with a (non-hampered) LLC and disability
- Decline in % liking school very much between cohorts but pattern is broadly similar by disability status

# Conclusions

- Increase in % with LLC and disability at ages 9 and 13 between cohorts (mother report) and increase in teacher-reported SEN at age 9; principals report increasing emotional/behavioural difficulties among student population
- GUI figures are much higher than in Census 2022 (12% of 9-year-olds and 14% of 13-year-olds)
- Shift in gender profile so no longer disproportionately male
- Changes in measurement between waves and cohorts make it difficult to disentangle shifts in the types of conditions but clear increase in % reported as hampered by emotional/behavioural condition
- The level of socio-emotional difficulties has increased among both those with disability and depression scores have increased for girls with a disability



## Conclusions (continued)

- Clear differences in outcomes at age 13: young people with a disability have more conflictual relationships with their parents, smaller peer networks, greater difficulties interacting with peers, less involvement in organised sports and more negative attitudes to school
- For several outcomes, gap between those with a non-hampered LLC and others narrows over time but gap remains for those with a disability
- Both identification and changes in need are at play:
  - Those not hampered by their LLC come to resemble others, suggesting increased identification of conditions that do not significantly impact on day-to-day life
  - But evidence of growing need (socio-emotional wellbeing) among those with a disability, especially girls

# Implications for policy

- Growth in prevalence of disability has consequences for the supports required to enable full inclusion
- Main conditions – physical impairment and difficulties learning/ remembering/ concentrating – have different implications for supports and resources required
- Good deal of policy development in recent years but areas for further development:
  - Targeting of parenting supports towards families of children and teenagers with a disability
  - School-based efforts to promote social integration with peers and to facilitate school engagement
  - Inclusive practice in out-of-school activities such as sport