Growing Up in Ireland
National Longitudinal Study of Children

Differences in socio-emotional outcomes between children with a disability & from a migrant background and their typically developing peers

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Literature review

- Socio-emotional competence is a key educational outcome[1]
- Children with disability experience poorer socio-emotional outcomes than their peers without disability[2]
- Migrant children are at increased risk of experiencing internalised problem behaviour such as depression or anxiety[3]

[1](Ashdown and Bernard, 2012; Becker and Luthar, 2002; Humphrey, 2013; Rose-Krasnor and Denham, 2009)
[2](Davis & Watson, 2001; Lindsay, 2007)
[3] (Belhadj Kouider et al., 2014)

Factors influencing socio-emotional outcomes

Individual	Contextual	
Disability	Socio-economic background	Migration
Learning disability & emotional behavioural difficulties • More negative perception of themselves[4] • Lower well-being scores[5] **Language disorders**[6] • E.g., study in the Netherlands found language disorders in 8 year old children were negatively associated with their attitude to school work, behaviour towards others & lower QOL	**Families' economic vulnerability**[7] • Prevalence of SEN is higher in in families of semi-skilled/unskilled workers & in inactive households[8] • Higher level of emotional-behavioural difficulties **Disadvantaged school contexts**[8] is related to the identification of emotional behavioural difficulties	**Increased risk of migrant children to have problem behaviour such as depression or anxiety**[9] **Migration may act as a proxy**[9] • for family functioning and parenting, lower socio-economic status, education level, language competency, cultural identity, gender, etc.

[4](Smyth, 2015); [5](Cosgrove et al.'s, 2014); [6](Bakopoulou & Dockrell, 2016; Van Agt, Verhoeven, Van den Brink & De Koning, 2011); [7] (Parish & Cloud, 2006; Park, Turnbull, & Turnbull, 2002; Van der Mark, Conradie, Dedding, & Broerse, 2017; Watson et al., 2015); [8] (Banks et al.,2012); [9] (Belhadi Kouider et al.,2014)

Socio-emotional outcomes of immigrant children in Ireland

- Increased number of migrant children in European countries in the last decade[10]
- In Ireland[11]:
  - No differences in mental health between 9 year old Irish and migrant children
  - Greater proportion of migrant children presented abnormal hyperactivity levels

[10](Belhadj Kouider, Koglin, and Petermann, 2014)
[11](Cotter et al., 2017)

Gaps

1) Lack of studies examining differences in socio-emotional outcomes between children with disabilities and of migrant background and their typically developing peers. Research to date has focused on disability & migration separately, but not the intersection between the two;
2) Lack of Irish studies examining change of socio-emotional outcomes in children with disability over time.

Aims

1) Whether Irish children with disabilities who also have a migrant background, experience additional socio-emotional challenges than their typically developing peers and peers with disabilities with no migrant background over time;
2) Whether other socio-economic factors for which migration has been identified as a proxy influence the socio-emotional outcomes of Irish children with disabilities over time.

Methodology (1/3)

- **Participants:** children participating in GUI at W1 & W2 (n=7,525)
  - Analytical sample of 6,563 for the multivariate analyses
- **Measures (overview):**
  - **Outcome measure:**
    - **Socio-emotional outcomes:** 3-category variable derived from SDQ total scores, designed to reflect changes in total score as reported by the primary caregiver between W1 & W2
  - **Predictors:**
    - **Impairment & activity limitation:** a conservative approach, whereby only those children who had a specific, named impairment that persisted between waves were included
    - **Migrant background**: primary caregiver reported at W1 that they were born outside of either the UK or Ireland
    - **Other predictors:** primary caregiver education, primary caregiver report on the conflict sub-scale of the Pianta Child-Parent Relationship Scale, child's gender, household income.

Methodology (2/3)

- **Impairment & activity limitation:**
  - ***Stage 1:*** Children with a persistent & named impairment from W1 to W2:
    - Physical disability
    - Speech or language difficulty
    - General or specific learning disability
    - Autism spectrum disorder
    - **Total 11.7% (n = 805)**
    - (Children whose teacher *or* primary caregiver had identified a persistent emotional or behavioural difficulty were excluded, to avoid any possible confusion)
  - ***Stage 2:*** Single 'impairment' group sub-divided into 2, giving a 3 category impairment variable:
    - Children with no impairment (88.3%, n=6,097)
    - Children with 'Impairment only' (4.6%, n=315)
    - Children with 'Impairment & activity limitation' (7.1%, n=490)

W1 weights have been applied for this and subsequent slides.

Methodology (3/3)

- **Socio-emotional outcomes:**
  - Overall, SDQ scores between waves show a mean change of -0.84 (SD 4.34), which is a small drop in total score, signifying slightly improved outcomes from waves 1 to 2
  - However, our categorical variable for SDQ total focuses attention on children with most difficulties, & identifies children with similar patterns of stability & change between age 9 and 13 yrs
  - Derived variable uses a threshold of 17, above which SDQ total scores deemed 'abnormal' (Goodman, 1997[12])
  - 3 categories devised:
    - Children with above-threshold scores at both waves (2.9%, n=214)
    - Children with below-threshold scores at both waves (89.5%, n=6,564)
    - Children whose above-threshold scores at one wave only (7.6%, n=557)

[12] (Goodman, 1997)

Results (1/3)

- **Socio-emotional outcomes between waves:**
  - Logistic regression to consider any possible associations between impairment and socio-emotional outcomes across waves, over and above known predictors e.g. conflict
  - Children in the 'persistent difficulties' category were more likely to:
    - Have a primary caregiver with the lowest level of education (6.0 times odds)
    - Have higher levels of parent-child conflict at W1 (1.2 times odds, per Pianta scale point (max 60)
    - Have lower equivalised household income
    - Have an 'impairment only' (3.7 times odds)
    - Have an impairment AND activity limitation (15.6 times odds)
  - Children with above-threshold scores at either wave, had 3.4 (impairment only) and 3.8 (impairment and activity limitation) greater odds of being in this group than their peers with no impairment at all.

Results (2/3)

- **Results for 'migrant status':**
  - Factorial ANOVA analysis did not identify any interaction between having a disability and coming from a migrant background on SDQ total score at *either* W1 or W2
  - While 'migrant status' was retained in all analyses, it was not statistically significant for socio-emotional outcomes between waves (logistic regression)

Results (3/3)

Probability of having persistently poor socio-emotional outcomes (SDQ total score >= 17) between age 9 & 13 years *(sample weights applied)*

(Reference category: SDQ total score <17 at both waves)		95% CI for Odds Ratio		
	B (SE)	Lower	Odds Ratio	Upper
Disability *(ref: no impairment)*				
Impairment & activity limitation	2.746 (.204)***	10.439	15.581	23.257
Impairment only	1.321 (.335) ***	1.944	3.746	7.217
Migrant status *(ref: no migrant background)*	-.495 (.536)	.213	.610	1.745
Gender *(ref: girls)*	.218 (.186)	.864	1.243	1.789
Primary caregiver education *(ref: primary degree / postgraduate degree)*				
Lower secondary or below	1.789 (.394)***	2.765	5.984	12.950
Higher secondary or equivalent	.86 (.393)*	1.123	2.426	5.240
Non degree	.842 (.442)	.976	2.321	5.517
Pianta Child-Parent relationship scale (conflict)	.172 (.010) ***	1.166	1.188	1.211
Transformed equivalised household income/100	-.891 (.438)*	.174	.410	.968

*** p<.001, ** p<.01, * p<.05.

Discussion

- The findings resonate with previous studies:
  - On the significant relationship between disability and poor mental health[13]
  - No significant interaction between migration and disability and poor socio-emotional outcomes[14]
  - Socio-economic indicators significantly related to socio-emotional outcomes
    - (This study found 2 in particular: household income and primary caregivers' level of education)
- Limitations
  - Variable definitions

[13]Bakopoulou & Dockrell, 2016; Bryan, Burstein, & Ergul, 2004; Davis & Watson, 2001; Emmerson et al., 2019; Haft, Chen, LeBlanc, Tencza, & Hoeft, 2019; Lindsay, 2007; Van Agt, Verhoeven, Van den Brink & De Koning, 2011); [14] (Cotter et al., 2017)

Discussion

- Recommendations for policy and practice
  - Educational and social services need to be aware of the higher likelihood of children and adolescents that may require mental health services in addition to other disability specific accommodations
  - This is even more important for children living in lower income households and whose parents have lower levels of education

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