Young people with mild/moderate learning disabilities: addressing health inequalities

Chris Hatton, XXX
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Webinar ground rules

- The host will introduce presenters
- Please mute your microphone throughout the webinar
- There will be a Q&A session at the end of the webinar
- Email questions to LDT@phe.gov.uk
- If we are unable to answer all of your questions we will respond after the webinar
- Slides are presented as overview, not in depth explanation. For more information go to https://tinyurl.com/ihalarchive
Children & young people with mild/moderate learning disabilities in England

Department for Education records on their National Pupil Database the number of children and young people with ‘Moderate Learning Difficulties’ (MLD)

Children and young people with MLD are described as…

“…having attainments significantly below expected levels in most areas of the curriculum despite appropriate interventions [and having]…much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts”

This includes children and young people who would be characterised as having mild learning disabilities and those with moderate learning disabilities
Children & young people with mild/moderate learning disabilities in England

Department for Education National Pupil Database best estimates (primary SEN need Moderate Learning Difficulties (MLD))

- 28,564 children/young people with a statement/Education Health and Care Plan (EHCP) and primary need of MLD
  - Total numbers have dropped 30% from 2010 to 2017
  - Rising rates of identification from ages 5-15 years
  - Children increasingly placed in special schools (56.6% in 2017)
  - More likely to be eligible for Free School Meals (36.6% in 2017)
  - Higher rates of authorised and unauthorised absences
  - Higher rates of fixed period and permanent school exclusions

- And a further 231,149 children/young people at SEN Support level and primary need of MLD (Hatton et al., draft)
Identification rates of children/young people with MLD by age of child (2017)
The health of younger children with mild/moderate learning disabilities

Pervasive poorer health experienced by children with mild/moderate learning disabilities

Example 1: Millennium Cohort Study (MCS) data at child age 7 (Emerson et al. 2011)

Example 2: Millennium Cohort Study (MCS) data on obesity at child ages 5, 7, 11 (Emerson et al. 2016)
<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>LD</th>
<th>No LD</th>
<th>OR/p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child health rated by parent as ‘fair’ or ‘poor’</td>
<td>10%</td>
<td>2%</td>
<td>4.67 (3.31-6.59)***</td>
</tr>
<tr>
<td>Parent report that child has had</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyesight problems</td>
<td>28%</td>
<td>17%</td>
<td>1.97 (1.59-2.45)***</td>
</tr>
<tr>
<td>Hearing problems</td>
<td>21%</td>
<td>13%</td>
<td>1.77 (1.39-2.26)***</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>4%</td>
<td>1%</td>
<td>2.98 (1.93-4.62)***</td>
</tr>
<tr>
<td>Wheezing</td>
<td>35%</td>
<td>27%</td>
<td>1.42 (1.16-1.74)**</td>
</tr>
<tr>
<td>Asthma</td>
<td>19%</td>
<td>16%</td>
<td>1.23 (0.96-1.58)</td>
</tr>
<tr>
<td>Eczema</td>
<td>36%</td>
<td>37%</td>
<td>0.99 (0.81-1.21)</td>
</tr>
<tr>
<td>Hay fever</td>
<td>15%</td>
<td>16%</td>
<td>0.97 (0.74-1.27)</td>
</tr>
<tr>
<td>Two or more accidents requiring medical attention</td>
<td>9%</td>
<td>4%</td>
<td>2.18 (1.54-3.09)***</td>
</tr>
<tr>
<td>Been admitted to hospital</td>
<td>15%</td>
<td>9%</td>
<td>1.91 (1.45-2.51)***</td>
</tr>
<tr>
<td>Been admitted to hospital more than once</td>
<td>3%</td>
<td>1%</td>
<td>2.25 (1.21-4.21)**</td>
</tr>
<tr>
<td>Obese</td>
<td>9%</td>
<td>5%</td>
<td>1.72 (1.20-2.46)**</td>
</tr>
<tr>
<td>Scores in ‘abnormal’ range on the Strength &amp; Difficulties Questionnaire ...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>34%</td>
<td>7%</td>
<td>6.79 (5.45-8.45)***</td>
</tr>
<tr>
<td>Conduct Difficulties</td>
<td>23%</td>
<td>9%</td>
<td>3.31 (2.61-4.20)***</td>
</tr>
<tr>
<td>Emotional Difficulties</td>
<td>18%</td>
<td>6%</td>
<td>3.29 (2.52-4.29)***</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>41%</td>
<td>11%</td>
<td>5.36 (4.36-6.59)***</td>
</tr>
<tr>
<td>Peer Problems</td>
<td>25%</td>
<td>7%</td>
<td>4.53 (3.58-5.72)***</td>
</tr>
<tr>
<td>Three or more of the above health problems</td>
<td>52%</td>
<td>28%</td>
<td>2.72 (2.22-3.33)***</td>
</tr>
<tr>
<td>Never does sport/exercise</td>
<td>56%</td>
<td>25%</td>
<td>3.77 (3.10-4.59)***</td>
</tr>
<tr>
<td>Lived in materially poor home at more than one age</td>
<td>44%</td>
<td>20%</td>
<td>3.26 (2.63-4.05)***</td>
</tr>
<tr>
<td>Bullied more than ‘once or twice’ at school</td>
<td>14%</td>
<td>6%</td>
<td>2.54 (1.91-3.37)***</td>
</tr>
</tbody>
</table>

Note, *** p=<0.001,  ** p=<0.01
Percentage of obese children - MCS

- Boys - LD
- Boys - no LD
- Girls - LD
- Girls - no LD
The health of younger children with mild/moderate learning disabilities

Poorer health of children with learning disabilities partly accounted for by pervasive socio-economic disadvantage and adverse childhood experiences

The health of younger children with mild/moderate learning disabilities

Prevalence of emotional disorder by cumulative number of ‘social risks’ experienced (Emerson & Hatton, 2007).

Diamond=LD; Square = no LD
The health of young people with mild/moderate learning disabilities – Next Steps

Less evidence about the health of adolescents and young adults with mild/moderate learning disabilities

We conducted secondary analyses of Waves 1-7 of Next Steps (formerly the Longitudinal Study of Young People in England), to focus on:

• Self-reported participation in sport and exercise (Robertson et al., 2018)
• Self-reported smoking, alcohol and drug use (Robertson et al., 2018)
• Self-reported mental health (Hatton et al., 2017)
• Self-reported sexual activity and sexual health (Baines et al., 2018)

Webinar gives brief summary of main messages

More details available from peer-reviewed papers, all available via email

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The health of young people with mild/moderate learning disabilities – Next Steps

Next Steps: An annual panel study following a cohort from:

- Wave 1 (2004): Age 13/14 (school year 9); attained sample 15,214 people
- to Wave 7 (2010): Age 19/20; attained sample 8,147 people (54% of Wave 1)

Data linkage with DfE National Pupil Database 2004 and 2006, identifying young people with a primary or secondary need of MLD at statement/School Action Plus levels

At Wave 1, 527 young people (3.5% of total sample) identified as MLD
  - Within this group, higher prevalence of boys (4.5%) than girls (2.5%)
  - Higher prevalence of young people eligible for free school meals (8.0% vs 1.9%)

From Wave 1 to Wave 7, lower retention rates for young people with MLD (39%) than young people without MLD (54%)
  - 206 young adults with MLD by Wave 7
Self-reported participation in frequent sport/exercise (% young people)
Self-reported smoking, alcohol, drug use (age under 18) (% young people)
Self-reported alcohol, drug use (age 18+) (% young people)
Self-reported risk of mental health problems (GHQ-12) (% young people)
Self-reported sexual activity (% young people)

- Ever had sexual intercourse
- First sexual intercourse <16
- Ever had unsafe sex
- Has unsafe sex 50%+ of times
- Ever had STI

Legend:
- Men - LD
- Men - no LD
- Women - LD
- Women - no LD

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Pregnancies and children (% young people)
Factors associated with health and health behaviours among young people

Complex picture and limitations in studies, but some consistent overall messages

For young people with learning disabilities:

• Less likely than other young people to participate in a wide range of activities relevant to health (frequent sport/exercise; alcohol; other drugs; sexual intercourse)

• But if engaging in alcohol, other drugs, sexual activity, more likely to do so in ways that are risky and that have long-term consequences

• More likely to be socially excluded (less likely to spend spare time with friends), which is consistently associated with a wide range of activities – ‘protective’ in the short-term, but unhelpful later?

• More likely to experience various forms of bullying, which together with socio-economic inequalities are associated with risky behaviours
Thank you!

Archived website: https://tinyurl.com/ihalarchive

Community of interest Knowledge Hub group – email LDT@phe.gov.uk for an invitation to join

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