Main Findings

- 12% of children were reported as having a disability at 10 months of age. This increased with age; by age six, 19% of children were reported to have a disability. 2% of children had a limiting disability at age 2. This had increased slightly to 5% at age 6.

- Disability is closely associated with socio-economic circumstances being significantly more common amongst children from more disadvantaged circumstances. For example, at age five, 31% of disabled children lived in a household in the lowest income quintile compared with 22% of non-disabled children.

- It is this underlying distinction between disabled and non-disabled children which appears to be driving many of the other differences between them.

- After controlling for socio-economic characteristics, the key factors associated with a child having a disability at 10 months were: having spent time in a special care unit or neonatal unit; maternal ill health during pregnancy; being a boy; and the baby arriving ‘weeks’ early.

- Disabled children and their parents reported different attitudes and experiences to non-disabled children and their parents. They differed in aspects of parenting, child development, family structure, parental mental wellbeing and in their experience of services, support, childcare and pre-school. Overall, disabled children and their parents had more negative experiences.

- However, after controlling for the socio-economic differences between disabled and non-disabled children, disability was found to be independently associated with only one set of child outcomes – higher social, emotional and behavioural difficulties at ages four and five.

- Limiting disability was also associated with higher behavioural difficulties in children. In addition, after controlling for differences in social background, parents of children with a limiting disability were more likely to report lower warmth in the parent-child relationship and higher parenting stress.
Defining disability

For the initial analysis children were defined as disabled if their main carer had answered ‘yes’ to the following question:

Does ^ChildName have any longstanding illness or disability? By longstanding I mean anything that has troubled ^him over a period of time or that is likely to affect ^him over a period of time?1

And from age three onwards, those who answered ‘yes’ to the following question were also included:

When we spoke to you last time you said that ^ChildName had a longstanding illness or disability. Can I just check does ^ChildName still have this longstanding illness or disability?

Further analysis was also carried out using an additional definition of ‘limiting’ disability where, from age 2 onwards, parents had also answered ‘yes’ to the following question:

Does this/Do these condition(s) or health problem(s) limit him/her at play or from joining in any other activity normal for a child his/her age?

12% of children (n=690) were reported as having a disability at 10 months of age. This increased with age; by age six, 19% (n=680) of children were reported to have a disability. 2% of children (n = 94) had a limiting disability at age 2. This had increased slightly to 5% (n = 167) at age 6.

Demographics

A significantly higher proportion of disabled children than non-disabled children lived in the most deprived areas of Scotland.

At ages three and five, disabled children were more likely than non-disabled children to be living in households in the lowest income quintile. For example, at age five, 31% of disabled children lived in a household in the lowest income quintile compared with 22% of non-disabled children.

A higher proportion of children with a disability than non-disabled children had parents who were not in paid work and lived in social or private rented accommodation.

Parenting

At age two, mothers with a disabled child reported carrying out fewer activities with their child than mothers with non-disabled children. However, by age four the number of activities was approximately the same for both groups.

At age five, mothers with non-disabled children tended to report greater ‘warmth’ and lower conflict between them and their child than did mothers with disabled children.

After controlling for other factors, disability was not independently associated with mother-child warmth at age five or with the level of parent-child activities. These were instead associated with factors such as parental mental wellbeing, parental stress, housing tenure, income and employment.

However, limiting disability was associated with warmth in the parent-child relationship and parenting stress. After controlling for other factors, parents whose children had a limiting disability at age five were more likely to report high parenting stress and low warmth in the parent-child relationship.

Child development

Disabled children were significantly more likely than non-disabled children to have missed key developmental milestones associated with gross and fine motor skills at 10 months and age three.

However, after controlling for key socio-economic and demographic factors, disability was not found to be independently associated with missing developmental milestones at 10 months. The main predictors were similar to those which were associated with having a disability at 10 months – in particular, early gestation and time in a special baby or neonatal unit.

Disabled children had a lower average problem solving ability score than non-disabled children at both ages three and five. They also had a lower mean vocabulary ability score at both sweeps.

At ages four and five, disabled children tended to have a higher level of social, emotional and behavioural difficulties than non-disabled children. This relationship remained after controlling for socio-economic characteristics. The strength of this association increased for children with limiting disability. The odds of children with a limiting disability at age five of having an SDQ total difficulties score in the moderate or severe range were four times higher than those of children who did not have a limiting disability.

1 The question was slightly different at sweep one, referring to health problems or disabilities that lasted or were expected to last for more than a year rather than ‘a period of time’.

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Pregnancy and birth

A higher proportion of mothers with disabled children had an illness or other problem during pregnancy that required medical attention or treatment (49% compared with 37%).

Mothers with disabled children were slightly more likely to have smoked during pregnancy than those with non-disabled children. There were no differences in alcohol consumption.

A higher proportion of children with a disability than children without a disability at 10 months were born prematurely and had spent time in a special care baby unit or neonatal unit after.
Some small differences exist in parents’ perceptions of choice, ease of arranging childcare and satisfaction with their provision. Compared with parents of non-disabled childcare, those with disabled children were more likely to:

- feel they had no choice when choosing their childcare (at age three only);
- say they had found it fairly or very difficult to arrange childcare (though most had not found it difficult); and
- less than ‘very satisfied’ with their main childcare provider when the child was under five.

Nevertheless, disability and limiting disability were not independently associated with any of the childcare or pre-school indicators of satisfaction or availability.

Conclusion

Using the definition applied in this report, the differences between disabled and non-disabled children are not huge and it appears that the clear differences in the socio-economic characteristics between disabled and non-disabled children may be behind the many other differences between these children.

After controlling for the different socio-economic characteristics of disabled and non-disabled children, disability was only associated with one of the outcomes and experiences considered in the multivariate analyses – the child’s social, emotional and behavioural development. Limiting disability was also independently associated – and more strongly – with the child’s social development. It was also found to be associated with lower warmth in the parent-child relationship and higher parenting stress.

Thus having a disability is linked with a greater likelihood of having early social, emotional or behavioural difficulties. In many cases the disability indicator used here will actually be identifying a long-standing condition linked to that area of the child’s development. In other cases, the specific disability reported may be one which affects areas of the child’s development which subsequently affect their social experience. The lower warmth in the parent-child relationship may be similarly explained; specific conditions will make parent-child interactions more challenging. Higher stress amongst parents of children with limiting disabilities is perhaps unsurprising. These parents face the daily challenges faced by all parents of young children along with those additional challenges presented by a child with a limiting condition.

Yet otherwise there is little in the data to distinguish the experiences of parents of disabled and non-disabled children. This does not correspond with research elsewhere which reports clear differences between these two groups. We do not suggest that these differences do not exist but rather that...
they do not occur here because of the definition of disability used, how differences in experiences were measured and the size of the sample. The definition of disability used in the analysis was very broad, encompassing everything from asthma to mental illness. It is perhaps unsurprising therefore, that on considering, in depth, all children with any sort of disability, we find them to be quite a heterogeneous group. One obvious extension to the initial analysis conducted was to consider a more focussed definition of disability. This was done on the basis of the effects of the condition – restricting the definition to ‘limiting’ disability. However, even limiting disability was only found to be independently associated with a small number of outcomes.

Further alternative definitions are possible, for example using the type of disability. In addition, using the unique longitudinal nature of GUS data, children could be distinguished in terms of whether disability was ‘brief’ (occurring at a single time point) or ‘persistent’ (occurring over multiple time points). Variations could also be considered in relation to age of onset. However disability is further defined, the key factor determining the feasibility of further analysis is the size of the resultant sub-group. With too precise a definition, the disabled sub-group will be too small for separate consideration. With too broad a definition, it appears that disability will not show any relationship with children's experiences and outcomes.

In addition, the experiences enquired about in the Growing Up in Scotland study are many and varied – designed to capture broad variations in a general population. A survey more focussed on identifying variation between the parents of disabled and non-disabled children would perhaps use questions designed to explore, in a more focussed fashion, known differences between these two groups.