



The developmental health of children of parents with intellectual disabilities: Cross sectional study



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ABSTRACT

In a representative population-based sample of 46,025 families caring for a young child, parental intellectual disability (identified in 588 families) was associated with increased risk of child developmental delay, child speech and language problems, child behaviour problems and frequent child accidents and injuries. Parental intellectual disability was also associated with increased risk of exposure to a wide range of environmental adversities such as poverty, poor housing and social isolation. Adjusting for between-group differences in exposure to low socio-economic position reduced the risk of adverse child outcomes by over 50% on each of the four measures of child developmental health. In the final fully adjusted model parental intellectual disability was associated with increased risk of child developmental delay and child speech and language problems. However, there were no significant associations between parental intellectual disability and child behaviour problems or frequent accidents and injuries.

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1. Introduction

A growing body of research has addressed parenting by people (primarily mothers) with intellectual disabilities (Collings & Llewellyn, 2012; IASSID, 2008). While it is clear that parents with intellectual disabilities are at increased risk of contact with child welfare services and of having their children removed (IASSID, 2008), surprisingly little is known about the wellbeing or developmental health of children with a parent with intellectual disability (Collings & Llewellyn, 2012). A recent review of this area highlighted both the diversity of results reported and the significant widespread methodological weaknesses which characterise this field of study (Collings & Llewellyn, 2012). A small number of studies have reported that mothers with intellectual disability have a higher risk of adverse events during pregnancy and poorer birth outcomes (Höglund, Lindgren Larsson, 2012a,b; McConnell, Llewellyn, Mayes, Russo, & Honey, 2003; McConnell, Mayes, & Llewellyn, 2008). Studies of subsequent child development have produced conflicting results. While several studies have indicated that the children of parents with intellectual disability are at risk of poorer developmental outcomes (Feldman & Walton-Allen, 1997; Keltner, Wise, & Taylor, 1999; Mørch, Skår, & Andersgård, 1997), others have failed to find an association between parental intellectual disability and child development (Aunos, Feldman, & Goupil, 2008; McConnell et al., 2003; McGaw, Shaw, & Beckley, 2007). The two most problematic methodological weaknesses in this literature are the use of small and unrepresentative (e.g., service or clinic based) samples and the absence of appropriate comparison groups. A common conceptual weakness is the failure to attempt to isolate the association between child development and parental intellectual

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disability from other adverse contextual factors to which children of parents with intellectual disability are more likely to be exposed. This is particularly relevant given the evidence that parents with intellectual disability are more likely to be single parents, unemployed and to live in poverty, in poor housing and in deprived neighbourhoods (Booth & Booth, 1993; Feldman & Walton-Allen, 1997; Höglund et al., 2012b; Llewellyn, McConnell, & Mayes, 2003), all factors that are associated with poorer developmental outcomes (Grantham-McGregor et al., 2007; Walker et al., 2011).

The aims of the present study, therefore, are (within a large-scale representative population-based sample): (1) to describe the developmental outcomes of children of parents who do and do not have intellectual disability; and (2) to estimate the extent to which any between-group differences in child outcomes may be attributable to parental intellectual disability once potentially relevant between-group differences in broader social context have been controlled for.

2. Method

The research reported in this paper is based on secondary analysis of confidentialised needs analysis data collected in three Primary Care Trusts (PCTs) in England covering a total population of 1.25 million people. The data were collected between 2008 and 2012 in the context of surveys undertaken to estimate the needs of families with young children. Data were collected in all three areas by Health Visitors.

2.1. Sampling

The sampling frame was households with children under five years in PCTs A and B and households with children under three years in PCT C. Health visitors were asked to note the presence or absence of 31 need variables for every family on their caseload.

2.2. Data collection

Based upon their professional judgement and survey training, a health visitor assessed each family against a set of factors using standardised definitions and a common survey form (available on request from the authors). These factors covered observations of the health, social and lifestyle situation of the family together with details of illnesses and disabilities in the family. The association of a family with a particular health factor was therefore dependent upon the judgement of a health visitor based upon their observations of the case in question, but the definitions for each variable are common to all the PCTs using the survey. In PCTs A and B the number of parents in the household exhibiting a parental characteristic (e.g., alcohol abuse) was recorded. In PCT C whether any parent in the household exhibited a parental characteristic (e.g., alcohol abuse) was recorded.

2.3. Measures

Specific items used in the present analyses are presented in Table 1. Four child developmental outcomes were recorded by health visitors: whether the child had developmental delay; whether the child had a speech and language problem; whether the child had behaviour problems; and whether the child had frequent accidents and injuries. All variables were simple binary measures of presence/absence. Two of the measures (speech and language problem, frequent accidents and injuries) were only collected in one of the PCT areas.

Five indicators of low socio-economic position (low income, major wage earner unemployed, poor housing, temporary accommodation, three or more changes of address in last year) were combined to produce a single measure of breadth/depth of exposure to low socio-economic position. Intellectual disability was identified by the item 'parent(s) have learning difficulties (recognised learning difficulties that required or still require additional educational support)'. 'Learning difficulties' is commonly used in England as a synonym for the term intellectual disability.

2.4. Approach to analysis

Multivariate logistic regression was used to determine the unadjusted and adjusted risk for adverse child developmental outcomes among children whose parents did and did not have intellectual disabilities. The following variables were added into the model (forced entry) in sequential blocks: (1) presence of parental intellectual disabilities (unadjusted risk); (2) breadth of exposure to five indicators of socio-economic disadvantage; (3) social support (social isolation, single parent family, parent(s) have difficulty with spoken English); (4) exposure to other adversities (violence within the family, separation or divorce, one or more parent was in care or abused as a child, a bereavement which is significant to the family, previous sudden infant death, parent(s) abuse alcohol; parent(s) abuse drugs; parent(s) have mental health problems; (5) parenting (parent(s) have parenting difficulties, parent(s) have failed to seek medical advice when needed).

3. Results

Information was collected on 46,025 households with young children, 588 (1.3%) of which contained a parent with intellectual disability. Among two parent headed households, 1.0% ($n = 404$) were identified as containing one or more

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