Deprivation, Health and Educational need - A demographic study.

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Introduction

The 'Declaration of the rights of the child' was adopted unanimously on 20th November 1959 by the general assembly of the United Nations - Articles 4 and 7 state that the child shall have -

- (4) 'The right to sufficient food, housing and medical care'

- (7) 'The right to free education, play and recreation'.

Good housing and education - are these just empty words? Platitudes uttered by politicians seeking self glorification or do we really care about providing adequate conditions where our children can grow up?

Even in Britain, a seemingly prosperous western society, over 10% percent of under fives are living in substandard conditions as defined by overcrowding, shared toileting or shared water supply (Bone) and this figure is class related reaching 29% for social class IV and V and only 3% for class I. Many of these examples of poor housing are to be found in the large council estates.

But how does housing affect our children? Does it matter where we live? Rutter demonstrated differences in educational achievement between an inner city area and a more prosperous area in the Isle of Wight. Children from the Camberwell area of London were twice as likely to show psychiatric disorder and had double the rate of reading retardation at age ten. Can similar differences be seen within a single district of London?

The Camberwell district provides a suitable model for study. The population of 218,600 (1981 census) including 14,400 under fives, and 32,000 school children is distributed throughout 22 electoral wards (14 Southwark and 8 Lambeth wards). Social circumstances vary from the affluent Dulwich where former Prime Minister Margaret Thatcher chose a home, to the deprived inner city areas of Brixton and Peckham - better known for the civil unrest of the Brixton riots and the so called 'no go' Gloucester estate where policemen patrol in pairs and the postmen refuse to deliver mail.

Unemployment rates vary from 24% to 7% (inner London mean 14%) and single parenthood runs at three times the national average with more than 40% of births being 'illegitimate'.

Method

The present study was designed to evaluate special educational needs of children within a health district of London.

All children who are considered to be in possible need of special educational provision whether by educational, psychological, medical or other professional services, or indeed by the child's parents, undergo an assessment procedure.

Prior to April 1983 this was known as the SE (special education) procedure and this became the FA (full assessment) procedure with implementation of the 1981 Education Act. Both procedures require medical input. All children undergoing either SE or FA procedures are notified to

the school health service. All children so notified throughout the two calendar years 1982 and 1983 were included in the sample population. The mid eighties provided a convenient sample period since subsequent health and education service reorganisations rendered more recent data unobtainable in comparable form.

Children were divided into groups depending on their home address at time of notification. Groups were defined in accordance with 22 electoral ward boundaries. 378 children were notified in the two year period.

In 61 cases medical assessment had been made by special request on children resident outside the health district, these children were omitted from the ultimate sample as were 14 children resident in 3 additional wards whose population mainly fell under adjacent health districts and were thus excluded from final analysis. The final sample therefore consisted of 303 children.

Information was obtained regarding the presenting problem and the recommendation of the pupils' assessments - in other words what form of special educational need had been identified. In order to compare rates of referrals for special educational need the percentage of cases assigned to each ward group was compared to the percentage of school age population resident in each ward and a ratio obtained. These ratios of observed / expected cases were then compared and correlated with demographic variables for each ward.

Maps were prepared charting the demographic data on housing, single parenthood, abortion rates, child abuse reports, and social deprivation (as defined by Jarman - whereby -20 to -10 is low ; -10 to +10 medium; +10 to +60 high level of deprivation). These maps were compared with the geographical distribution of cases referred for special educational assessment. (Fig 1).

Results

Of the 378 children deemed to require special education 35% had behaviour and psychological problems, in 20% the problem was primarily educational and 45% primarily a health consideration. In the most deprived area, that with the highest referral level - the Gloucester Estate (Liddle Ward), the ratios were slightly different, with higher percentage of behavioural problems -

Reason for Referral - All cases
- **35% behaviour and psychological.**
- **20% primarily educational need**
- **45% primarily health reason**

Referral - Gloucester Estate
- **40% behaviour and psychological.**
- **30% primarily educational need**
- **30% primarily health reason**

Rates of referrals correlated well with unemployment rates (Fig 2) but this can be seen more readily when the two boroughs are viewed separately (Fig 3/4) due to the slightly differing referral procedures in the two sides of the health district which fall into two separate education authorities.

The correlation is seen well when ward levels of educational need and unemployment are plotted as a ratio of district means (Fig 5).

Comparing features of the two 'worst' wards with the two 'best' simplifies the picture (Fig 6).

In the three wards with the highest referral rates, both male and female unemployment stood at nearly twice the national average, abortion rates were four times the national average (Nat average 6.2/1,000). Housing was poor with owner occupancy running at less than 20% (UK average 56%), overcrowding more than 10%, and most housing being on high density estates. The level of single parenthood and illegitimacy was high with the highest levels of schoolgirl pregnancy. Rates of reported child abuse were highest in these wards which at the time of study were the worst in the country.

Discussion

There have been many attempts to define unfavourable social conditions and make quantitative estimates of deprivation. No single scale can accurately pin-point what features are most damaging to children growing up in various areas. The overall picture is coloured by so many differing influences and it is probable that some families have more resilience to certain adverse factors than others.

Jarman's scale considers material influences and social parameters which were certainly related to educational needs but gave little differentiation in an area as deprived as Camberwell where 92% of wards scored 'high' deprivation levels (UK mean 30%).

Looking at individual factors - Reproductive health status puts children at risk at an early stage. The high rates of illegitimacy, abortion and early childbearing indicate loss of control of reproduction, hence the birth of more unwanted children who are thus disadvantaged before birth (Fig 7).

The stresses placed on young families with unwanted children are further compounded by there being the lowest level of preschool care in these areas with only 5% of under fives having nursery places. There is thus no 'early start' programme here. It is hardly surprising that the levels of reported child abuse are the highest in the country and follow similar distribution levels.

There have been many attempts to correlate health with social factors and housing. Perhaps the most convincing and comprehensive being the 'Black report' "Inequalities in Health" which showed that the British class system is alive and flourishing. Educational achievement has also been linked with poverty since the thirties (Burt 1937).

Health, housing and education - it certainly comes as no surprise that these factors are associated. The present study showed a clear correlation between adverse social conditions and special educational need. In other words, children who live in deprived circumstances, who have cramped unsatisfactory housing, who perhaps were unwanted children, lacking adequate parenting and growing up without a natural father and mother are not able to cope with the 'normal' school system. These children have special needs and require additional help in order to be able to achieve adequate educational goals.

Special Education

NO OF REFERRALS PER YEAR _ PER ELECTORAL WARD 1982/1983

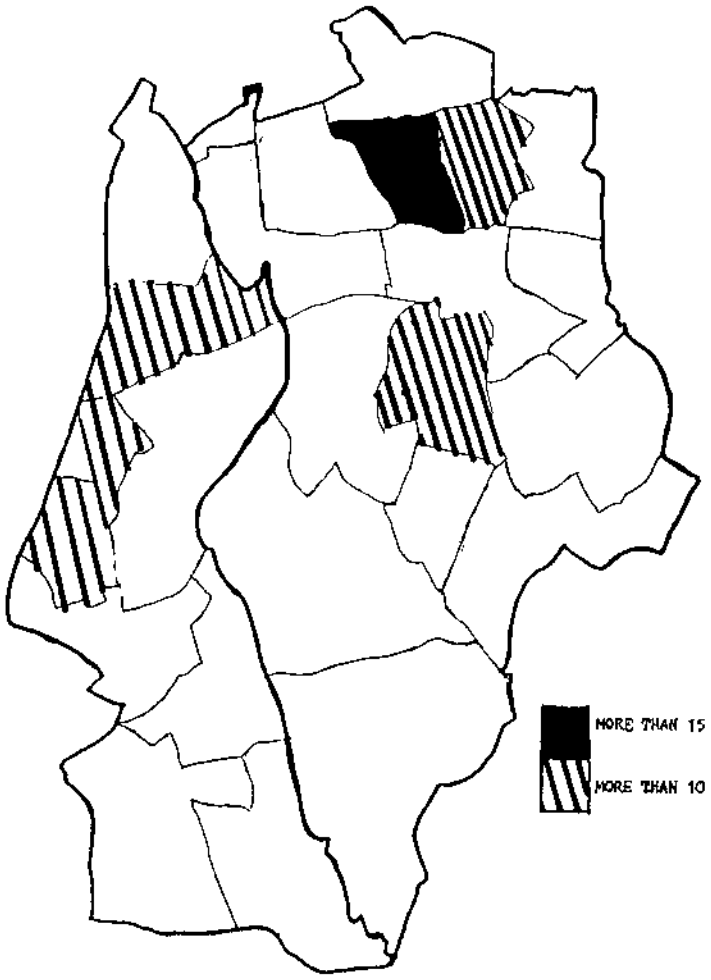


Fig 3

Male Unemployment/ Special Education - Lambeth (DE09)

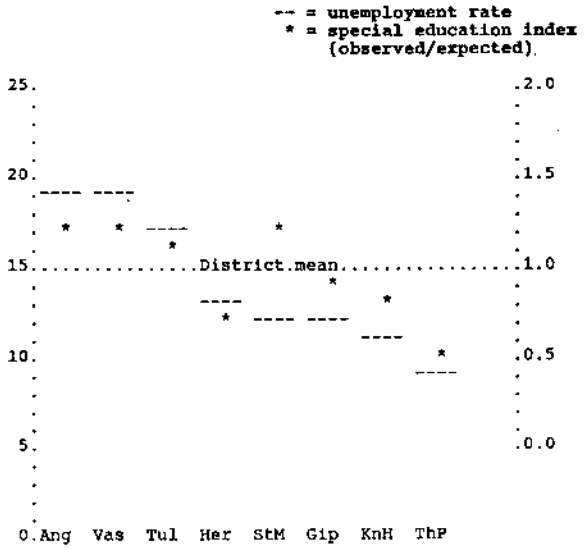


Fig 2 Male Unemployment/ Special Education - Health District
(ie Both Boroughs - education districts 8 and 9 of ILEA)

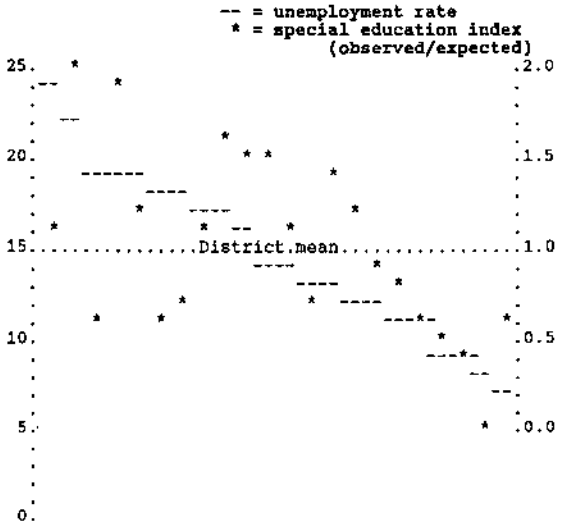
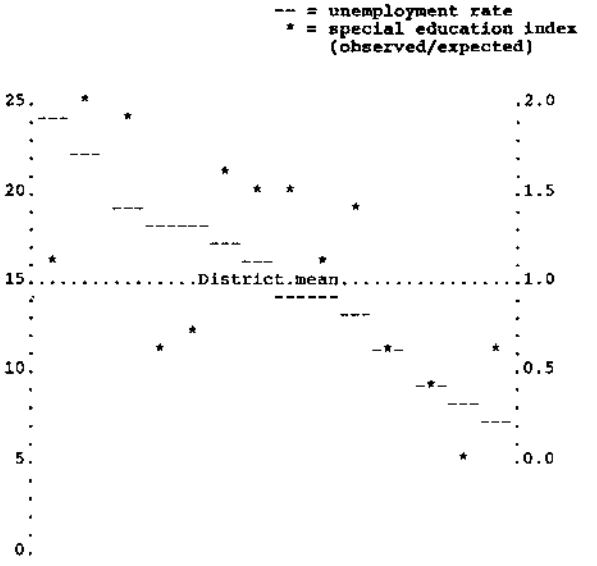


Fig 4

Male Unemployment/ Special Education - Southwark (DE08)



Ratios : Unemployment/district mean
plotted against Special Educational need/district mean

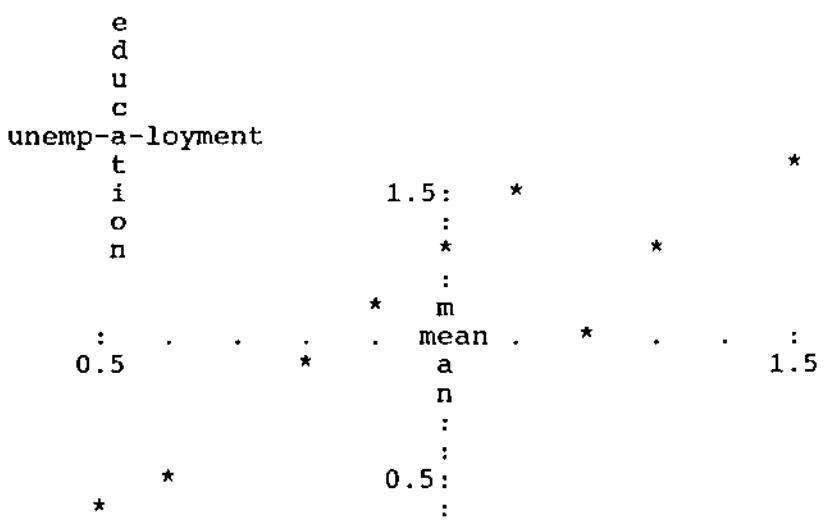


Fig 6 Comparison of Wards with highest special educational need with those with lowest need.

Ward	Education index	Deprivation score (Jarman)	Unemploy -ment (male)	Child abuse cases/yr	Overcrowded housing
Liddle	2.0	38	22	>10	>10%
Friary	1.9	49	19	>10	>10%
The Rye	0.4	17	9	1	<5%
College	0.0	-2	8	0	<5%

Fig 7

Ward	Education index	Schoolgirl pregnancy index#	Abortion Rates*	Single Parent Families@
'worst Southwark'				
Liddle	2.0	1.5	22	30%
Friary	1.9	1.0	25	30%
Consort	1.6	0.7	32	30%
Lyndhurst	1.6	2.4	23	30%
'Worst Lambeth'				
Angel	1.2	2.5	32	33%
'Best wards'				
The Rye	0.4	0.4	14	<10%
College	0.0	0.0	11	<10%

Birch 1986/87 * OPCS/SD52 1983 @ Hansard Feb 1983

They live in areas of poverty and high unemployment, and without special help they will underachieve in school, be unsuccessful in the job market, and they too will become a statistic in the unemployment figures. The cycle will be perpetuated.

In areas of urban decline, which affects many of our inner cities, problems are multifaceted and can become overwhelming. The temptation is to say - so what? What can a Doctor do about street crime, unemployment, poor housing? What can a teacher do about unwanted pregnancy, child abuse, poor health? The greatest disservice that we can mete on our children and young people is to compartmentalize our views, to stick to solving 'our own problems' and to shrug our shoulders at the morass of human misery 'out there'.

Perhaps we cannot individually do a great deal, but by seeing the problems in perspective, as part of the whole - then perhaps we can understand the world which a child has to cope with in becoming an effective citizen, and begin to provide effective help.

Recently the British Government has introduced a national curriculum, and testing of school children's attainments. Exam results are published in a school 'league table' the first of which was produced in 1991. Fierce argument has arisen regarding the tables - schools in 'poor' areas claiming that it is unfair to compare their attainments with schools in affluent areas. The official response thus far has been that good teachers can produce good results in any geographical location. True - if the children were not themselves deprived in more or less every other aspect of their lives, like the children described above. Even if one ascribes to the existence of 'sink schools' I cannot believe that every child with low intelligence or learning difficulties moved to the Gloucester estate and that all the good teachers sought employment in the better off Dulwich!

It is self evident that tired, hungry, poorly cared for children have other things on their minds at school than concentrating on their lessons. A study of the development of 3 year olds (Pollak) showed that the adage 'there is no place like home' was only likely to be true if the home contained an adequate mother. An adequate mother can only be so if she has the facilities with which to care for her children, space, heat, light and sustenance.

Just as children need good mothers to develop normally in the preschool years, so they need good teachers to develop educationally and these teachers need the support of social and health services.

All services need to work together to break through the barrier of social deprivation to enable young people to attain educational goals and a worthwhile future.

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POOR HOUSING AREAS ASSOCIATED WITH
HIGH CONCEPTION RATES + HIGH ABORTION RATES
ILLEGITIMACY + SINGLE PARENT FAMILIES
SCHOOLGIRL PREGNANCY
CHILD ABUSE
PSYCHOLOGICAL PROBLEMS
POOR SCHOOL PERFORMANCE + TRUANCY
HIGH SPECIAL EDUCATIONAL NEED
UNEMPLOYMENT + POVERTY