



## City Research Online

### City, University of London Institutional Repository

---

**Citation:** Myers, L., Davies-Jones, C., Chiat, S., Joffe, V. & Botting, N. (2011). "A place where I can be me": a role for social and leisure provision to support young people with language impairment. *International Journal of Language & Communication Disorders*, 46(6), pp. 739-750. doi: 10.1111/j.1460-6984.2011.00048.x

This is the unspecified version of the paper.

This version of the publication may differ from the final published version.

---

**Permanent repository link:** <https://openaccess.city.ac.uk/id/eprint/1093/>

**Link to published version:** <https://doi.org/10.1111/j.1460-6984.2011.00048.x>

**Copyright:** City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

**Reuse:** Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

---

City Research Online:

<http://openaccess.city.ac.uk/>

[publications@city.ac.uk](mailto:publications@city.ac.uk)

---

“A place where I can be me”: A role for social and leisure provision to support young people with language impairment

Running Head: Specialist youth groups for young people with LI

Authors: Lucy Myers<sup>1</sup>, Clare Davies-Jones<sup>2</sup>, Shula Chiat<sup>1</sup>, Victoria Joffe<sup>1</sup> and Nicola Botting<sup>1\*</sup>

\*Corresponding author

Institution: <sup>1</sup>City University  
<sup>2</sup>Afasic

Address: Language and Communication Science  
City University  
Social Science Building  
Northampton Square  
London  
EC1V 0HB

Contact Email: [Nicola.Botting.1@city.ac.uk](mailto:Nicola.Botting.1@city.ac.uk)

Published version available at :

<http://onlinelibrary.wiley.com/doi/10.1111/j.1460-6984.2011.00048.x/abstract>

**Cite as:** Myers, L., Davies-Jones, C., Chiat, S., Joffe, V. and Botting, N. (2011), ‘A place where I can be me’: a role for social and leisure provision to support young people with language impairment. *International Journal of Language & Communication Disorders*, 46: 739–750. doi: 10.1111/j.1460-6984.2011.00048.x

**What is known already:** School-aged children with LI experience higher risk of social and emotional difficulties. There is limited provision for older teenagers and young adults and little focus on community support for this group.

**What this paper adds:** This study evaluates the Afasic youth group – a specialist charity run provision for 13-18 year olds. On the measures included in this study, members appear similar to the wider population of young people with LI and the youth group enables them to have more social contact than they might otherwise experience. Parents and young people report highly positive regard for this community based service.

## **Abstract**

**Background:** The long-term well-being of children with Language Impairment (LI) is an area of increasing interest to families, educators and employers as LI is often life-long (Clegg et al, 2005; Snowling et al, 2006). Furthermore, LI and psychiatric difficulty are known to overlap both in populations originally diagnosed as having LI and in those receiving mental health services. However, there is currently little data available about the wider quality of life for people with LI, especially from the perspective of the young people themselves. There is a dearth of information about community-based activities provided for the support and leisure of this population. The Afasic Youth Project meets once a week and is one of only a handful of such groups across the UK.

**Method:** This study reports the experiences and views of 19 young people aged 13-23 attending a leisure provision for young people with primary communication needs. The views of 20 parents were also gained. Interviews with young people and parents were based on items used in the Manchester Language Study in which a large group of young people with a history of language difficulties (n=130) and typically developing 16-year-olds (n=109) expressed their views on a range of quality of life measures (see Conti-Ramsden & Durkin, 2007). This allows a context against which to evaluate the responses of the young people in the present study. An additional section of the interview was designed to address the young people's views on the Afasic Youth Project specifically.

**Results:** Social patterns of the YP were very similar to those reported by the Conti-Ramsden Manchester Language Study indicating that they are a group relatively representative of the LI population. A number of

positive themes emerged in relation to the club, which included freedom to be true to self; and meeting similar individuals. Interestingly, parents expressed some similar themes, but also had additional thoughts about the group including the need to meet other parents in similar situations and the belief that the group was aiding social development.

Conclusions: The analysis presented here suggests that community-based social and leisure provision is an important 'missing' service for young people with LI, providing an alternative to school-based activities and support older teenagers beyond compulsory education. There is a pressing need to investigate the potential role of such facilities given that recent research into LI has clearly shown associations with long-term and wide-ranging social and emotional risk.

## **Introduction**

The long-term well-being of children with developmental communication impairments is of increasing interest to families, educators and employers as it becomes evident that language disorders are often life-long (Clegg et al, 2005; Snowling et al, 2006; Johnson, Beitchman & Brownlie, 2010). However, relatively little research has been carried out addressing these issues in late adolescence, especially in relation to the views of young people themselves. Furthermore, there is currently little data available about the wider quality of life for people with LI, and a serious lack of information about community -based activities provided for the support and leisure of this population.

In typical development, empirical evidence for the exact spread and type of social activity is also difficult to find, suggesting that information about typically developing (TD) teenagers' leisure activities is also somewhat limited or at least difficult to find in the research base. Thus presently, the leisure activity of TD young people is also somewhat unclear .

### Language impairments and social difficulties in adolescence

Longitudinal studies of children identified with LI in childhood have shown higher rates of social difficulties than TD populations (Howlin, Mawhood & Rutter 2000, Conti-Ramsden & Botting 2004). In Snowling and colleagues' latest follow-up of a large longitudinal cohort (Snowling et al, 2006), an interview-based measure did not identify an overall increased risk of social and emotional disorders in a mixed sample of adolescents with a preschool history of SLI. Nevertheless, when specific subgroups were examined separately, adolescents with persisting SLI, i.e. language difficulties beyond 5.5 years, and lower non-verbal cognitive scores did indeed have a higher risk of social and emotional impairment. In a longitudinal study of a cohort of young people with a history of specific speech and language difficulties, Dockrell, Lindsay, Palikara and Cullen (2007) found an increased risk of behavioural, emotional and social difficulties. While hyperactivity reduced with age, peer problems remained, with teachers reporting peer problems for half the group at 16 years. Despite these persisting difficulties, Dockrell et al. found indications of more positive experiences in the first year post-16 as reported by the young people and their parents and tutors (see also Palikara, Lindsay, & Dockrell, 2008).

Other studies have found that comprehension deficits are more likely to predict behaviour problems than are speech disorders (Stevenson, 1996) and ADHD more likely to be seen in those with expressive difficulties (Beitchman et al, 1996).

#### Issues in the investigation of social skills and LI

Firstly, the terms social outcomes and language difficulties might cover a number of different impairments. In particular, previous research has highlighted relationships between poor language skill and friendship (Durkin & Conti-Ramsden, 2007), social cognition (Farmer, 2000; Botting & Conti-Ramsden, 2008), anti-social behaviour (Gregory & Bryan, in press) and social anxiety (Voci et al, 2006) among other aspects. The present study focuses on the first of these: functional social outcomes and friendship outside of the school environment.

Even within this type of outcome, different difficulties are identifiable. Young people at this age may have poor social skills and problems with peer interaction. Increased risk of victimization (Knox et al, 2007; Brownlie et al, 2007), conflict (Horowitz et al, 2006) and poor popularity (Brinton & colleagues, 2000) have been reported in young people with LI. Additionally, they may show low levels of pro-social behaviour. This may include being less likely to initiate conversation, playing alone, and being liked less by others in the group (Paul & Kellogg, 1997; Redmond & Rice, 1998; and Fujiki, Brinton, Isaacson & Summers, 2001).

Secondly, the respondent and measurement method appears to make a difference. Most of the available research uses rating scales to assess social behaviour, rather than in-depth interview or direct observation. Although these tools are designed to reflect actual behaviour, a recent study by McCabe and Marshall (2006) suggests that in pre-school children agreement between rating scales and observation is low, leading them to conclude that a multi-method approach should be used. However, there is also a distinct lack of studies asking the young people themselves about their social experiences. Concordance between parent and child ratings is notoriously low even in behavioural studies of typical development, however both respondents may be accurate in different ways about the social difficulties experienced.

Thirdly, although information about social outcomes is emerging, much of this relates to younger children and has been conducted in and around the school setting. If young people with SLI show significant communication difficulties into adulthood, research and practice need to respond to this. At present there is very little research investigating ways of supporting this population socially. Child-focused social skills interventions with younger children have an insufficient evidence base (Adams, 2005; although see recent research with children who have pragmatic language impairments, Adams et al, 2006). There is nonetheless a noticeable shift in the perception and practice of therapy with older children and adolescents from a linguistically based intervention to one that addresses functional outcomes (e.g., Dempsey & Skarakis-Doyle, in press; Ratner, 2006). However, to the authors' knowledge no research has examined community or leisure opportunities for this clinical group, or the potential role of specialist support groups for older teenagers and young adults. That is, rather than focusing on improving individual social skills, or attempting to change the educational environment, intervention could equally seek to provide socially safe environments within the community in which young people can practise social interaction, discuss issues with others facing similar difficulties, and enjoy activities provided in the knowledge that participants have somewhat limited social communication. The present study therefore highlights the potential role for community-based social support for young people with LI via the views of older adolescents attending a specialist youth provision.

#### Afasic Youth Project

'Afasic' is a UK charity which supports children and young people with speech, language and communication impairments and their parents and carers. The Afasic Youth Project is a Friday night group run in Northeast London, exclusively for adolescents between 11 and 19 years old who have communication difficulties. It is funded predominantly from charitable sources with some specific local authority support. The group was established as a direct response to feedback from a group of mid-teenage boys with LI who expressed a need for somewhere for 'people like themselves' to go on a Friday night. From the start, therefore, the group was jointly conceived by a client group who have a perception of their 'difference' but desire to be similar in having a peer-group and who have a level of awareness of what constitutes 'normal' social activity for their

age-group. Importantly, young people are not referred to the service by speech and language therapists (SLTs), schools or GPs. Instead, Afasic supplies information about the club to SLTs and others who work with this client group - SENCOs, Connexions workers, specialist outreach teachers, inclusion managers, and other voluntary organisations to pass on to potential young people and their families. Admission to the club is then by 'self-referral' whereby young people or, more often, their parents, contact the Project Manager. There is a careful selection of members that adheres to specific young-person based inclusion criteria such as primary communication impairment and a desire to socialise with peers, but also takes into account group dynamics, for example to ensure a mix of age and social-communicative need. Exclusion criteria mean that young people with marked mental health difficulties, physical disability, pronounced autism or severe emotional and behavioural difficulties are not accepted. The group is managed by the second author and led by an experienced Youth-worker and a qualified SLT with 2 other youth-workers – one for weekly club nights and one managing off site activities; they are supported by a pool of volunteers creating a minimum guaranteed staff : young people (YP) ratio of 1:8. There are no explicit communication interventions, but activities are carefully planned to encourage social participation and practice. The group size is capped at 35 with age parameters 11-19, although at the time of this research a few young adults were still attending because of lack of any community social alternative. Because of the predominance of males in communication impaired populations, Afasic also run a spin-off 'Girls Group'. In addition, residential trips are organised for the young people.

### Present study and aims

Our objective was to examine the role of a specialist provision for YP with communication impairments from a user perspective: that is through the views of the YP with LI who attend Afasic Youth Club and their families.

Published information from teenagers with typical development and language impairment from the Manchester Language Study will be used as a contextual backdrop for our main study group. This data will not be compared statistically with our own data because it differs in important ways from that presented here. .

Our specific aims were as follows:

1. To examine how similar this cohort is to the wider LI population with regard to social behaviour from the perspectives of the YP and their parents.
2. To explore themes emerging about the Afasic Youth Project specifically from both a YP and parent perspective.

## **Method**

### Participants

Of 34 club members at the time of the study, two were ineligible to participate (they did not meet the usual criteria for the club, had severe language and learning difficulties that precluded them from completing questionnaires). Of the 32 members eligible to take part in the study, 4 did not consent to take part due to difficulties in scheduling participation during the period of data collection. Twenty eight members agreed to be interviewed or for their parents to be interviewed, of these four were not interviewed as they did not attend appointments and a further one had incomplete data. Thus of 23 of the 32 (72%) eligible group members are represented in this study. Nineteen young people were interviewed and 20 parents gave interviews about their young people. Of these, 18 represent complete data from parent and young people pairs. One further young person was interviewed but their parent was not available for interview. Four parents took part in the study where the young people gave consent for their parents to talk about them but declined to be interviewed themselves and one parent gave information about two of her children who were both members of the club.

Table 1 shows the characteristics of the young people interviewed. Table 2 shows the characteristics of the parents who were interviewed and characteristics of the sons and daughters of this group.

[Table 1 & 2 about here]

## Materials

Interviews used a semi-structured format with a mixture of open and closed questions. The interviewer reworded questions where appropriate to ensure that participants had fully understood the question.

There were two interview schedules for parents and young people. One was used in the Manchester Language Study and examined broad life experiences and skills. The second focused on the youth group itself.

The first schedule was based on the one used in the Manchester Language Study at the 16 years follow-up. For the purpose of this study the topics covered in the interview were reordered and some supplementary questions were added to take into account the wider age range of participants in the current study. Topics covered were: school/college, inter- personal skills, friendships, going out, organisation / independence, and work and money (see Durkin & Conti-Ramsden, 2007; Durkin et al, 2008). The parent version of the questionnaire included some additional questions which required parents to give their own view and reflect on their son's or daughter's view of the youth group.

The youth group interview was constructed by the research team which included the manager of the youth group. Topics covered were: what they liked and did not like about the youth group, activities, friendships at the club, other clubs, whether the club helped them, characteristics of the club and its members and residential trips. Again, the parent version and the young-person version covered the same topics but the parent version included additional questions requiring them to give responses relating to how the youth group supported them, and how they felt it supported their son or daughter.

Neither schedule was designed to be used as a summed 'scale'. Rather the interviews were used as semi-structured frameworks in which to elicit information and opinions. Therefore interview psychometrics were not calculated.

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) was also completed by young people about themselves. This is a twenty-five item questionnaire using positive and negative questions to assess

behavioural status. Items are scored as 'not true', 'somewhat true' and 'certainly true' but scoring follows the positive/ negative patterns so that a score of '0' represents the most favourable response and '2' the most problematic response. There are 5 subscales of the SDQ: peer problems, hyperactivity, conduct problems, emotional problems and pro-social behaviour. These each have suggested 'cut-off' scores for clinical risk as detailed at [www.sdqinfo.com](http://www.sdqinfo.com).

### Procedure

Participants were interviewed either in their own homes or at the centre where the youth group takes place. They were carried out by the first author who is a speech and language therapist experienced with working with young people with communication needs.

Young-person interviews took between 30 minutes and 1 hour. Young people were offered a break if they showed signs of fatigue. Makaton symbols were used to support understanding of interview questions in two cases. Parent interviews took between 1 and 2 hours.

Participants were assured that their responses would not be shared between parents and young people and that staff associated with the youth group would only be shown anonymised responses. Furthermore, when reporting direct quotations below, care has been taken to consider how the small number of people attending the club might affect familiarity with members' characteristics. Hence quotations that might have inadvertently revealed identity through deduction have not been used here. However, each participant is identified by a number to indicate the spread of participants represented in the qualitative data.

Hand-written notes of responses were taken during the interviews. Interviews were also audio-recorded where consent was given in order to facilitate checking of online notes.

Ethical approval for the research was gained from City University Senate Ethics Committee.

## Results

### 1. Social characteristics of young people accessing the youth project in a wider context:

Our first aim was to examine how similar this group was in terms of social skill to a wider LI and TD population. As described in methods, several identical interview questions to those in the Manchester Language Study were used here, allowing us to informally place our sample within the context of this wider study (see Durkin & Conti-Ramsden, 2007 and Conti-Ramsden and Durkin, 2008). It is important to note that we do not feel that direct statistical comparison is appropriate for a number of reasons: first, the Afasic group is more selective than that in the Manchester Language Study; second, the age range of the Afasic group is wider and extends beyond that of the original large scale study. Nevertheless, a general descriptive comparison is included here to give some idea of how representative the Afasic participants were.

#### *Social skill and behaviour*

Table 3 shows the respective descriptive statistics from a number of questions answered by the young people themselves in all cases. Overall it can be seen that, like the wider LI population, the Afasic Youth club sample were more at risk of bullying, poor social skill, and poor independence than TD young people aged 16. In summary our sample proved to be very similar to the Manchester LI group. This is important because it suggests that our findings on the impact of the Afasic Youth club may generalise to a wider population of young people with language difficulties.

Table 4 shows the proportion of young people from the Afasic sample and from the Manchester Language Study LI group scoring less favourably than published norms for typically developing children (<20<sup>th</sup> centile) on the SDQ (Goodman, 1997). The Afasic group showed a very high proportion of young people with peer problems (78%), well above the high level observed in the Manchester group (45%); other SDQ measures did not reveal higher than expected difficulties in either group, apart from the rate of 28% for emotional difficulties in the Manchester group. Interestingly, though, the rate of emotional difficulties, hyperactivity, and pro-social difficulties in the Afasic group was roughly half that of the Manchester group, and none reported conduct problems compared with 12% in the Manchester group. This is in part a reflection of the

selection process for the Afasic Youth club itself which states that behavioural problems must not be present. Nevertheless, the significantly larger representation of peer problems (e.g. I get on better with adults than people my age) may indicate an important difference in the two samples, and may serve to guide selection criteria for similar clubs in the future.

[Tables 3 and 4 about here]

### *Education and achievement*

One area in which the Afasic participants appeared to differ from the Manchester cohort was their views of education: 4/18 (22%) young people from the present sample had no positive comments on their secondary schooling experience compared to only 4% and 5% of those with LI and TD in the Manchester sample. Furthermore a substantially higher proportion (12/18; 66%) of the Afasic group said 'yes' to a question asking 'does your language difficulty stop you doing anything?' compared to those with LI from the Manchester Language Study (53/139; 45%). Thus, the Afasic group appeared to feel more impacted by their language difficulty, which may reflect differences in their current level of difficulties (not directly assessed in this study) and may relate to the higher rate of peer difficulties reported on the SDQ. The Afasic group are also older than the Manchester Language Study group which may also account for differences in this area.

### *Leisure activity*

Data in preparation from the Manchester Language Study (Botting & Myers, in prep) suggests that the most common social activities for both TD and the wider LI group were unstructured ones such as attending parties or meeting friends (outside of an activity). The Afasic participants also reflected this (see Fig 1) with meeting friends reported as an activity by 67% of the group. Since the YP joined the club largely with the aim of making friends – suggesting they did not previously have a friendship base – these meetings are likely to be with friends from the Afasic group. Notably however, very few of the Afasic participants attended sport- based leisure activities, hobbies or classes, or music events. The Manchester study also provided information about the proportion of young people attending a youth group of any sort. This was similar for typical and atypical

groups with 28/139 (20%) of those with LI and 27/124 (22%) of TD adolescents attending a youth group. However no information was available about the type of group attended. Nevertheless it shows that attending a youth group at this age is a minority activity for those with and without language needs.

[Fig.1 about here]

## 2. a) Views on the Afasic youth group from the YP themselves

Our second aim was to evaluate qualitatively the aspects of the club which were liked and disliked by those who attended. Two key questions were ones directly asking YP about what they liked about the youth group; and another asking whether they had attended other clubs and if so what was different about this particular club compared to other clubs. These questions were open but had pre-coded responses which the interviewer scored if mentioned.

The vast majority (90%) of the YP interviewed cited 'meeting other people' as a key reason for attending. When asked more directly about friendships, 95% said they had some (53%) or lots (42%) of friends at the youth group. We also asked YP whether they kept in touch with these friends outside of the youth group. In total 74% of the group were in some form of regular contact outside of the club sessions using different methods of communication such as meeting up (64%) and talking on the telephone (71%; see Table 5) different. This is particularly important in the context of the types of social activity engaged in (Fig. 2) which suggest that 'meeting other people' is not as common an activity for YP with LI.

[Table 5 about here]

Activities being provided were also mentioned by a significant number of young people (47%). Here several individuals mentioned age-appropriateness as they had been to other clubs for general special needs. A number also highlighted the positive challenges that these activities provided and the opportunity to learn new skills. We also asked young people whether they disliked anything about the club and 47% (9/19) commented on one or more aspects. These answers were more varied and idiosyncratic and ranged across disliking parts of the building, certain activities, or the generally lively atmosphere (see Table 6).

Young people were asked to compare the Afasic Youth club with other clubs they had been to. Eighty-nine percent of the YP had attended a youth club other than the Afasic Youth club, with 44% having been to another 'specialist' leisure provision for people with a wider range of disabilities. In total 69% gave ideas about aspects of other clubs they felt were a problem, and 38% didn't like anything about the alternative clubs. Some of the themes that emerged included the unstructured nature of regular youth clubs, and conversely the lack of age-appropriateness in those for people with special needs giving a picture of the needs of YP with LI falling between the two provisions.

Young people were also asked whether the club had helped them in any of a number of ways. In line with the data presented above, 16/18 said it had helped them to make friends, 16/18 reported that it helped them to be more confident and again 16/18 identified that the club had helped them to try new things.

Finally, the residential trips run by the Afasic club were explored. In total 16/19 (84%) young people interviewed had been on a residential trip with Afasic. The young people reported that these had helped them to try new things (16/16, 100%), to be more confident (14/16, 87.5%) and to make new friends (11/16, 68.8%). Although only 3 young people had never stayed away from home before, a further 6 had only been away with the school previously and had no experience of extended 'social' contact.

## 2. b) Views on the Afasic youth club from a parent perspective

Parent views closely mirrored those of the young people in terms of the aspects they liked about the Afasic Youth Club with meeting people and activities being key themes. Again, the vast majority of parents reported that the club had helped increase their son's or daughter's confidence (n=16), helped them to try to new things (n=13) and to make new friends (n=16).

However, we also asked parents if they had personally benefited from their young person's attendance at the club. Seventeen parents felt that the club had directly benefited them as parents. Ten of the of 17 parents who answered this question positively (58.8%) told us that they had made friends through the club and 69% of these parents had contact with the other families outside of the club. Other reasons given were the

opportunity of respite for themselves and other family members (n=5), and a knowledge that the young people were enjoying a level of social life in a safe social environment (n=8).

Parents' views of the residential trips were also positive with this aspect of the club provision giving opportunities not usually afforded to these YP, as described earlier. Again as for the YP interviews, parents felt the residential trips helped their young people's confidence (n=13), facilitated friendships (n=12) and encouraged them to try new things (n=13). Table 6 summarises these themes with relevant quotations from the young people and parents.

[Table 6 about here]

#### Overarching themes and qualitative data arising from the YP and parent interviews

Themes were considered significant if they were touched upon by more than half of the participants. Three key themes emerged: Being oneself; Friendship; Activities.

Being oneself was a theme that occurred in a number of ways. Some participants felt that the ethos of the club was friendly and relaxed enough to be yourself, whilst others commented on the similar participant group (although none specifically identified speech and language as a unifying factor). Many cited friendships as a positive aspect of the club.

Similarly, with parents, a number of wider, more overarching themes (reported only if more than 50% of respondents raised them) seemed to emerge and these included the fact that their YP was socialising with peers, was developing communication skills, showed increasing confidence, and that the youth club provided a social environment for having fun.

## **Discussion**

This study extends findings on the social experiences of YP with LI. In exploring a fairly specific group of young people with LI, all of whom attend a specialist youth leisure provision, our first aim was to consider how this group is placed in the wider context of young people with language impairment by comparing their data with the Manchester Language Study. The second aim was to conduct a qualitative assessment of the Afacic youth provision in terms of both positive and negative opinions, in an attempt to tease out factors that might be replicated in new leisure initiatives.

### The Afacic group in the wider context

In key respects, the Afacic participants were representative of the wider LI population, reflected in their higher risk for poor social skills and limited social independence. There is growing literature (from the Manchester language Study and elsewhere) reporting increased risk of poor social outcomes for those with LI. Conti-Ramsden & Botting (2008) revealed that depression and anxiety were common associates of language impairment, which were not directly related to severity of language difficulty, but to social behaviour. Wadman et al (in press) reported a year later that this trend was not evident once participants had left compulsory education. Conti-Ramsden and Durkin (2007) also showed that YP with LI had more difficulties making friendships than their TD peers, as did those followed up by Dockrell et al. (2007). The Afacic group showed increased risk of peer problems even compared with the Manchester LI group. Interestingly, in a recent follow-up of young adults with LI, subjective well-being was associated primarily with strong social networks of family and friends (Johnson et al, 2010). This is in line with Dockrell et al.'s (2007) report that support from family, and particularly parents, was a mediator of the adverse impact of difficulties.

### Key themes emerging from interviews

A number of themes emerged from the interviews, the most striking being the feeling that participants could be themselves. This is important to bear in mind considering a recent UK governmental strategy focusing on

extended provision in schools (DCSF, 2007), which might be inappropriate and unsuitable for some groups of YP who have negative emotions attached to their experience in educational settings.

The structured opportunity to make and consolidate friendship through activity-based sessions was also highlighted by the young people. This is a notable theme considering the context of largely unstructured activity which is the mainstay of leisure in this age group (Botting & Myers, in prep).

Parents mirrored the views of their children but added further positive benefits such as knowing where their YP were, and meeting other families of YP with LI. Both YP and their parents valued the residential aspects of the club.

#### Community based provision

Every Child Matters, a national UK framework for local services to improve the life chances of all children (DfES, 2004), states 5 key outcomes that should be attainable for all young people. Notably, one of these is 'Enjoy and achieve', yet for many children and YP with LI, there are few structures in place enabling this goal, the focus of most intervention being linguistic ability per se or educational attainment. Where intervention has targeted social skills directly, the outcomes have not been convincing in making the transition from specialist group to real world setting (Cummings, 2009). The general milieu approach of the Afasic Youth Group appears to show promising social opportunities for young people who otherwise may have limited community opportunities for socialising and for developing important skills. For example, some members of the Afasic Youth Group have previously attended social communication groups in school but have lacked the contexts and settings in which to practise these skills. An important feature of a larger and more fluctuating group like the Afasic Youth Group is that there are *natural* chances to extend and generalise skills such as 'initiating conversations' and 'topic maintenance'.

The overwhelmingly positive experiences reported by service users of the Afasic youth club, both the young people themselves and their parents, have important implications for the planning of services to adolescents

and young adults with LI and the setting up of similar leisure facilities. In our view, the present study highlights a need for more structured social activities (at least for some YP with LI) into later adolescence.

This study also highlights a need for increased provision for those with LI that is not based in- or limited to those at- school. The transition to adulthood from childhood is known to raise issues even within the TD population. There is debate around the need for inclusion of people with special needs versus the need for specialist resources. In education, the trend is for inclusion, as this engenders acceptance, maximises potential for young people and equalises access to resources. However previous literature as well as the data presented here suggests that social skills are a key area of difficulty for those with LI. Whilst it may be possible to apply an inclusion model to academic resources, it may be that social inclusion is much more difficult to achieve without some level of specialist resource.

In presenting the Afasic provision as a possible model, it is important to identify aspects of the provision that may be critical: the level of understanding and insight of communication difficulties that underpins the Afasic provision, and the key role of staff members who run it; The careful selection of members and the implicit adaptation of instructions and conversation, allowing YP attending to develop their communication skills as well as their confidence and social experience without a more formal 'social skills programme'.

Other potentially important features of this type of community-based resource are the wide age range and lack of educational structure, which mean that young people can comfortably socialise with other people of their ability-level, rather than age, and learn communication skills incidentally from others. These factors increase chances of generalisation to real-world opportunities in adulthood, but also to acceptance and confidence whilst at the group itself. However, this also leads to YP being reluctant to leave membership. This has meant that the age range of members has extended upwards due to lack of alternative provision into adulthood. Whilst this clearly indicates a need for older teenagers with communication difficulties which is unlikely to be met elsewhere, it is also important to ensure that youth provisions have adequate resources to enable transition to less structured or at least non-specialised social activity.

### Limitations and further issues

The aim of this small-scale qualitative study was to explore the participants' experience of the youth provision in the context of their wider social experience. It was not intended to be a controlled intervention study.

Although in general terms the group of participants studied here seem representative of a much wider group of YP with LI, there may be differences that have not been identified or taken up here. Informal comparison with the Manchester sample indicates some differences on social measures, and factors such as the severity or nature of YP's communication difficulties need consideration when designing different types of social provision. Because of the selection criteria of the club itself, and because families need to be fairly pro-active in order to register, wait and gain a place for their young person, systematic biases may well be present. In short, this group may be from families who are more likely to desire or need social participation than the wider population with LI, but who are particularly lacking in the necessary skills and opportunities in their communities. The fact that the club has a constant waiting list strongly suggests to us that there is a role for community-based support systems for this population. In order to provide further evidence on the impact of different leisure opportunities and guide social provisions for this group, controlled studies are needed to compare the experience of young people with LI attending and not attending specialist leisure provisions, taking into account the communication profiles of participants.

A key issue for such studies is the nature of outcome measures. It might be foolhardy, for example, to look for direct change in communicative skill, and in any case, this may not be the primary objective. Rather, quality of life in this group may be the target. When we discuss young adults who have grown up with developmental disorders, it may be prudent to talk not of 'outcomes' but of 'impacts', highlighting the importance of concurrent benefits as well as future gains. We know from previous research (e.g., Pratt et al, 2006; Conti-Ramsden et al, 2008) that for YP with LI and their families, quality of life – particularly social inclusion – is more of a worry than language skills per se.

Lastly, we did not directly assess social or communicative skill here. Future studies need to make objective assessments of this kind in order to thoroughly assess the impact of clubs such as this one. It would also be of interest to follow up those who leave the club to explore any long term impacts of attending the club.

### Conclusions and implications

The YP and parent interviews presented here suggest that a provision such as the Afasic Youth club fills a much needed gap for at least some young people who would otherwise be socially excluded, and has highlighted the key features of the club. Such a provision may also serve as a resource for supporting and monitoring for this group when compulsory education no longer provides this or is not an appropriate setting. In making this case, we have raised important questions about quality of life in this group, the possible need for specialist non-educational support, and the implications for social inclusion. Addressing these questions is important for informing policy and provisions.

### **Acknowledgements**

Our thanks go to the Afasic Youth Club members and their families for participating with this research; to Prof. Gina Conti-Ramsden, for use of the Manchester Language Study interview and reference to the data; and to the past and present funders of the Afasic Youth Club.

## References

Adams, C. (2005) Social Communication Intervention for School-Age Children: Rationale and Description

*Seminars in Speech & Language; 26(3), 181-188*

Adams, C., Lloyd, J., Aldred, C. & Baxendale, J. (2006) Exploring the effects of communication intervention for developmental pragmatic language impairments: a signal-generation study *International Journal of Language & Communication Disorders, 41(1), 41-65*

Beitchman, J.H., Wilson, B., Johnson, C.J., Atkinson, L., Young, A., Adlaf, A. Escobar, M. & Douglas, L. (2001) Fourteen-year follow-up of speech/language-impaired and control children: Psychiatric outcome. *Journal of the American Academy of Child and Adolescent Psychiatry, 40(1), 75-82.*

Beitchman, J. H., Adlaf, E. M., Douglas, L., Atkinson, L., Young, A., Johnson, C. J., Escobar, M. & Wilson, B. (2001) Comorbidity of Psychiatric and Substance Abuse Disorders in late adolescence: a cluster analytic approach. *The American Journal of Drug and Alcohol Abuse, 27(3), 421-440*

Beitchman, E. B., Brownlie, E. B., Inglis, A., Ferguson, B., Schachter, D., Lancee, W., Wilson, B., & Mathews, R. (1996). Seven-year follow-up of speech/language impaired and control children: psychiatric outcome. *Journal of Child Psychology and Psychiatry, 37, 961-970.*

Botting, N. & Conti-Ramsden, G. (2000) Social and behavioural difficulties in children with SLI. *Child Language Teaching and Therapy, 16(2), 105-120.*

Brinton, B., Fujiki, M., Montague, E.C. & Hanton, J.L. (2000) Children with language impairments in cooperative work groups: A pilot study. *Language, Speech and Hearing Services in Schools, 31(3), 252-264.*

Botting, N. and Conti-Ramsden, G. (2008) Social cognition, social behaviour and language in late adolescents with a history of SLI. *British Journal of Developmental Psychology, 26(2), 281-300.*

- Botting, N. and Myers, L. (in preparation) What do teenagers do in their spare time? The role of language and literacy.
- Brownlie, E.B., Beitchman, J.H., Escobar, M., Young, A., Johnson, C.J., Atkinson, L., Wilson, B., & Douglas, L. Early language impairment and young adult delinquent and aggressive behaviour. (2004) *Journal of Abnormal Child Psychology*, 32(4), 453-466.
- Brownlie, E.B., Jabbar, A., Beitchman, J., Vida R. & Atkinson, L. (2007) Language impairment and sexual assault of girls and women: findings from a community sample. *Journal of Abnormal Child Psychology*. 35(4), 618-26.
- Cantwell, D. P. & Baker, L. (1987) Clinical significance of childhood communication disorders: perspectives from a longitudinal study. *Journal of Child Neurology*, 2(4), 257-264.
- Clegg, J., Hollis, C., Mawhood, L. & Rutter, M. (2005). Developmental language disorders – a follow-up in later adult life: Cognitive, language and psychosocial outcomes. *Journal of Child Psychology and Psychiatry*, 46, 128-149.
- Cohen, N. J., Vallance, D. D., Barwick, M., Im, N., Menna, R., Horodezky, N. B., & Isaacson L. (2000). The interface between ADHD and language impairment: An examination of language, achievement, and cognitive processing. *Journal of Child Psychology and Psychiatry*, 41(3), 353-62.
- Conti-Ramsden GM, Durkin K. (2008). Language and independence in adolescents with and without a history of specific language impairment (SLI). *Journal of Speech, Language, and Hearing Research*, 51, 70-83
- Conti-Ramsden, G. and Botting, N. (2008) Risk of affective disorders in adolescents with a history of SLI. *Journal of Child Psychology and Psychiatry*, 49(5), 516-525.
- Cummings, L. (2009) *Clinical Pragmatics*. Cambridge: Cambridge University Press
- Department for Education and Skills (2004) Every Child Matters: Change for children. London: HMSO.

Department for Children, Schools and Families (2007) Evaluation of the Full-service Extended Schools (FSES) initiative. London, HMSO.

Dempsey, L. & Skarakis-Doyle, E. (in press) Developmental language impairment through the lens of the ICF: An integrated account of children's functioning. *Journal of Communication Disorders*.

Durkin K, Conti-Ramsden GM. (2007). Language, Social Behaviour, and the Quality of Friendships in Adolescents With and Without a History of Specific Language Impairment. *Child Development*, 78, 5, 1441-1457.

Dockrell, J., Lindsay, G., Palikara, O., & Cullen, M.-A. (2007). Raising the achievements of children and young people with specific speech and language difficulties and other special educational needs through school to work and college. Department of Education and Skills Research Report No 837.

Farmer, M. (2000). Language and Social Cognition in Children with Specific Language Impairment. *Journal of Child Psychology and Psychiatry*, 41 , pp 627-636

Fujiki, M., Brinton, B., Isaacson, T. & Summers, C. (2001) Social behaviors of children with language impairment on the playground: A pilot study. *Language, Speech and Hearing Services in Schools*, 32(2), 101-113.

Goodman, R. (1997) The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.

Gregory, J. & Bryan, K. (in press) Speech and language therapy intervention with a group of persistent and prolific young offenders in a non-custodial setting with previously un-diagnosed SLCD. *International Journal of Language and Communication Disorders*.

- Hill, E.L. (2001). The nonspecific nature of specific language impairment: a review of the literature with regard to motor impairments. *International Journal of Language and Communication Disorders*, 36, 149-171.
- Horowitz L., Jansson, L., Ljungberg, T. & Hedenbro, M. (2006) Interaction before conflict and conflict resolution in pre-school boys with language impairment. *International Journal of Language & Communication Disorders*, 41(4), 441-466
- Howlin, P., Mawhood, L., & Rutter, M. (2000) Autism and developmental receptive language disorder--a follow-up comparison in early adult life. II: Social, behavioural, and psychiatric outcomes. *Journal of Child Psychology and Psychiatry*, 41(5),561-78.
- Johnson, C.J., Beitchman, J.H. and Brownlie, E.B. (2010). Twenty-Year Follow-Up of Children With and Without Speech-Language Impairments: Family, Educational, Occupational, and Quality of Life Outcomes. *American Journal of Speech Language Pathology*, 19, 51 - 65.
- McCabe, P. C. & Marshall, D. J. (2006) Measuring the Social Competence of Preschool Children With Specific Language Impairment: Correspondence Among Informant Ratings and Behavioral Observations. *Topics in Early Childhood Special Education*, 26(4), 234-246.
- Palikara, O., Lindsay, G., & Dockrell, J. (2008). Voices of young people with a history of specific language impairment (SLI) in the first year of post-16 education.
- Paul, R. & Kellogg, L. (1997) Temperament in Late Talkers. *Journal of Child Psychology and Psychiatry* 38(7),803-811
- Pratt, C., Botting, N. and Conti-Ramsden, G. (2006) Characteristics and concerns of mothers of adolescents with SLI. *Child Language Teaching Therapy*. 22 (2), 177-196.

- Ratner, N.B. (2006) Evidence-based practice: an examination of its ramifications for the practice of speech-language pathology. *Language, Speech and Hearing Services in Schools*.37(4):257-67.
- Redmond, S.M. & Rice, M.L.(1998) The socioemotional behaviors of children with SLI: Social Adaptation or Social Deviance? *J Speech Lang Hear Res*. 41(3),688-700.
- Snowling, M. J., Bishop, D. V. M., Stothard, S. E., Chipchase, B., & Kaplan, C. (2006). Psychosocial outcomes at 15 years of children with a preschool history of speech-language impairment *Journal of Child Psychology and Psychiatry*, 47, 759-765.
- Stevenson, J., 1996, Developmental changes in the mechanisms linking language disabilities and behaviour disorders. In J. H. Beitchman, N. J. Cohen, M. M. Konstantareas and R. Tannock (eds), *Language, Learning and Behavior Disorders: Developmental, Biological and Clinical Perspective*. Cambridge: Cambridge University Press.
- Voci, S.C., Beitchman, J.H., Brownlie, E.B. & Wilson, B. (2006) Social anxiety in late adolescence: the importance of early childhood language impairment. *Journal of Anxiety Disorders*. 20(7), 915-30.
- Wadman, R., Botting, N., Durkin, K. and Conti-Ramsden, G. (in press) 'Changes in Emotional Health Symptoms in Adolescents with Specific Language Impairment' *International Journal of Language and Communication Disorders*.

Table 1: Characteristics of the young people interviewed N=18

Gender	7 (39%) Female; 11 (61%) Male
Age	Mean: 17 years, SD: 2.55, Min 13 Max 23
Current Educational Placement	College: 11 (61%) Mainstream School: 3 (17%), Resource Provision: 2 (11%) Special School: 1 (5.5%) Voluntary Work: 1 (5.5%)
Time at Youth Project	<1 Year: 2 (11%) 1-2 years: 5 (28%) 3-5 years: 4 (22%) 5+ years: 7 (39%)

Table 2: Characteristics of the parents interviewed N=21

Parent Interviewed	19 (90%) Mother 1 (5%) Both Parents 1 (5%) Step Father
Gender of Son / Daughter	14 (67%) Male, 7 (33%) Female
Age of Son / Daughter	Mean: 17 years, SD: SD: 2.6, Min: 13, Max: 23
Current Educational Placement	College: 12 (57%) Mainstream School: 3 (14%), Resource Provision: 2 (10%) Special School: 2 (10%) Voluntary Work: 1 (5%) Not in Education work or training: 1 (5%)
Time at Youth Project	<1 Year: 1 (5%) 1-2 years: 4 (19%) 3-5 years: 6 (29%) 5+ years: 8 (38%)

Table 3: Percentage of Manchester / Afacic samples reporting social difficulties

	TD (Man Lg study)	Manchester Lg Study	Afacic
Not able to go to the local shop and get some shopping	0%	11%	17%
Not able to get a meal for themselves	0%	9%	6%
Not able to take a phone message	1%	13%	22%
Would not remember to keep a doctor's appointment	10%	33%	33%
Currently feels teased or bullied	7%	17%	22%

Table 4: Percentage of Manchester / Afasic cohorts scoring <20<sup>th</sup> centile on SDQ questions

	Manchester Language Study	Afasic
Emotional Difficulties	28%	13%
Conduct Problems	12%	0%
Hyperactivity	20%	11%
Peer Difficulties	45%	78%
Total Difficulties	31%	29%
Pro Social	13%	6%

Table 5 : Ways in which friendships extend beyond the Afasic Youth Club

- Meet up: 64%
- See them at school / college: 29%
- Talk on phone: 71%
- Text: 71%
- E mail: 36%
- MSN Messenger 57%

Table 6: Qualitative quotes from YP and parents – see end of pdf document

Fig.1: Proportion of Afasic sample taking part in different leisure activities

