Predicting the quality of life experience for young people with speech, language and communication needs

Chris Markham, Tara Dean, Darren van Laar

School of Health Sciences and Social Work
&
Department of Psychology
University of Portsmouth
Aims

• Conference aims to:
  – Raise awareness of the needs of older children and young people with SLCN
  – Share good practice in working collaboratively and holistically with older children and young people with SLCN
  – Explore the relationships between speech, language and communication and social, emotional and behavioural functioning and general well-being
  – Highlight the experiences of the young people themselves and explore "living with SLCN" from the young people's perspectives and those of their parents and families
  – Identify specific strategies and future pathways for progression for delegates, appropriate to their own specific work contexts and needs.
Quality of life
Background and overview
Quality of Life

• What is it?
  – Healthy
  – Wealthy
  – Loved
  – Satisfied

• Who knows best?
  – you or someone else

A person’s own perception of their physical, psychological and social wellbeing
Quality of Life

• “Quality of life is defined as an individual’s perception of their position in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, level of independence and social relationships.”

• (WHOQOL Group, 1993).

• Indicators of QoL focus on the individual’s self reported, perception of their physical, social and emotional wellbeing (Rapley, 2003).
Why QoL

• Quality of Life (QoL) is an idea that captures the wider impacts of children’s communication needs on their lives.

• Quality of life measurement provides a method to capture the views of children themselves in their development.

• Indeed QoL is a common outcome measure in many areas of children’s health and social care, because...

... QoL assessment reaches the parts other assessments can not reach!
QoL and children with SLCNs

• Related research in young people with autism, Down Syndrome and cerebral palsy have been associated with:
  – Bullying, isolation, missing school, anxiety and depression and negative physical wellbeing

• Research in children with SLCNs shows a range of outcomes for children and young people with SLCNs, including:
  – Negative outcomes for educational attainment and emotional experience, social disadvantage and mental health difficulties
Young People’s views (condition specific)

Study question

Are there any personal and or social variables that significantly influence \(\text{(predict)}\) a young person’s QoL?
Study

Aim
- Explore QoL for young people with SLCNs by evaluating any relationship between QoL and other areas of their lives

Objectives
- Measure QoL using Ped SaL QoL, record theoretical predictors, such as home and school life
- Analyse the results using clever statistics (multiple regression)
- Identify any predictors of QoL for young people with SLCNs
Sample

• Young people conveniently sampled from caseloads in NHS SLT services and special schools in Portsmouth, Isle of Wight and Islington.

• Young people included if they
  – had a diagnosed SLCN
  – therapists agreed they had sufficient capacity to complete Ped SaL QoL
  – parental consent was received
Procedures

• 37 item Ped SaL QoL questionnaires distributed to young people with SLCNs

  – Also collected data on demographic and clinical questions (predictors).
  • Not considered condition specific QoL variables but theoretically related to QoL

• Data management:
  – Dummy variables created, responses coded, data cleaned, analysed for suitability and entered into STATA
“Now let’s talk about how you feel”

**Ped SaL QoL**

<table>
<thead>
<tr>
<th>“How you feel”</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you feel you’re healthy?</td>
<td></td>
</tr>
<tr>
<td>How often do you feel lonely?</td>
<td></td>
</tr>
<tr>
<td>How often do you feel sad?</td>
<td></td>
</tr>
<tr>
<td>How often do you get time to relax (e.g. chill-out, do nothing, watch TV, listen to music)?</td>
<td></td>
</tr>
<tr>
<td>How often do you get cross if people don’t understand you?</td>
<td></td>
</tr>
<tr>
<td>If you have been sad or lonely, how often has someone looked after you?</td>
<td></td>
</tr>
<tr>
<td>How often do you do the things you really want to do (e.g. Playing, computer, music, magazines)?</td>
<td></td>
</tr>
</tbody>
</table>
Possible predictors

- Identified from the literature on QoL and SLCN
  - Type and severity of SLCN
  - Age
  - Gender
  - Do you have any pets?
  - Who lives with you at home?
  - What are your parent’s jobs?
  - What sort of school do you go to?
  - Year at school?
  - Do you have a Statement of Educational Needs?
Analysis

- The possible predictors of QoL were analysed for how well they related to children’s overall QoL scores
  - A Multiple regression analysis was used to identify any relationships. This produced a model that may predict QoL from known personal and social information
    - A stepwise approach was taken, whereby predictors were entered sequentially and retained or removed depending on whether they contributed significantly to the developing model.
Results (Descriptives)

• 270 responses
  – 87 Female and 183 male
  – Age 10;6 – 18;9 (Average 12;7)

• Primary SLCN
  – Expressive speech needs (25.6%)
  – Expressive language needs (14%)
  – Communication and interaction needs (16.5%)
  – Receptive language needs (5.3%)
  – Receptive and expressive language needs (38.6 %)
Results (inferential)

Using the stepwise method:

a significant model emerged: (F=10.25, p. 0.01)

Adjusted R square = .225

22.5% variation in responses explained!
Results (Inferential)

<table>
<thead>
<tr>
<th>Significant predictors</th>
<th>Non Standardised Coefficients (37 item Ped SaL QoL)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLI</td>
<td>-9.31</td>
<td>0.04</td>
</tr>
<tr>
<td>Severe Expressive Language Impairment</td>
<td>-21.25</td>
<td>0.02</td>
</tr>
<tr>
<td>Severe Receptive Language Impairment</td>
<td>-16.32</td>
<td>0.02</td>
</tr>
<tr>
<td>Special school</td>
<td>5.80</td>
<td>0.03</td>
</tr>
<tr>
<td>Live with mum and dad</td>
<td>11.84</td>
<td>0.01</td>
</tr>
<tr>
<td>Two or more pets</td>
<td>7.01</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Corresponding Author: chris.markham@port.ac.uk
Non significant predictors

In this model:

- Speech sound needs
- Communication and interaction needs
- Siblings
- Mother’s job
- Father’s job
- Gender
- Age
- Year at School
- Statemented
Interpretation

• The amount of variation in QoL that this model explains is low and therefore it’s ability to predict a young person’s QoL is limited.

• Although the predictors identified make theoretical sense, there were also some predictors excluded, which logically could have been included.
  – Communication and interaction needs
  – Speech sound needs
  – Parent’s occupation

• Generalisation is also limited by convenience sampling
Conclusion

• Session aim: **exploring and meeting the wider needs of young people with SLCN**

  – Limited evidence for some influences on the life experience for young people with an SLCN.
  – A platform for further research specifically examining children’s QoL and influences on it, when they have communication needs.
Acknowledgements

• Parents and children
• Portsmouth PCT SLT Service
• Isle of Wight Local Authority SLT Service
  • Lambeth SLT service
  • St Catherine’s school, IoW

Association of Speech and Language Therapists in Private Practice
• AFASIC
References


Bibliography


Thank you for listening

Any questions?