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# Health, employment and relationships: Correlates of personal wellbeing in young adults with and without a history of childhood language impairment

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ABSTRACT

*Objective:* We examine the potential associations between self-rated health, employment situation, relationship status and personal wellbeing in young adults with and without a history of language impairment (LI).
*Methods:* In total, 172 24-year-olds from the UK participated, with approximately half ($N = 84$) having a history of LI. Personal wellbeing was measured using ratings from three questions from the Office for National Statistics regarding life satisfaction, happiness and life being worthwhile.
*Results:* There were similarities between individuals with a history of LI and their age-matched peers in self-rated personal wellbeing. However, regression analyses revealed self-rated health was the most consistent predictor of personal wellbeing for individuals with a history of LI in relation to life satisfaction (21% of variance), happiness (11%) and perceptions that things one does in life are worthwhile (32%). None of the regression analyses were significant for their peers.
*Conclusions:* Similarities on ratings of wellbeing by young adults with and without a history of LI can mask heterogeneity and important differences. Young adults with a history of LI are more vulnerable to the effects of health, employment and relationship status on their wellbeing than their peers.
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## 1. Introduction

There is increasing interest in understanding what makes individuals happy. In 2011, the United Nations General Assembly passed a resolution inviting member countries to measure the happiness of their people and to use this to help guide their public policies. The first World Happiness Report was thus launched in 2012. There are social and economic reasons why research on personal wellbeing is burgeoning. People's thoughts and feelings about their own personal wellbeing have been found to be associated with levels of functioning intra-personally, for example, engaging with activities such as unpaid work or volunteering (Baker et al., 2005). Wellbeing has also been associated with levels of functioning interpersonally and in the workplace, for example, creating meaningful relationships with others (Hatch et al., 2007; Ryan and Deci, 2001). Governments and policymakers recognise that self-rated perceptions of happiness provide meaningful measures of population satisfaction and wellbeing, and that gauging the correlates of happiness, such as self-rated health, can inform the ways in which policies and services can be 'tailored to the things that matter' (Office for National Statistics, 2015). To illustrate, health services aimed at meeting the needs of adolescents and young people are an example of services tailored to the things that matter. For the purposes of large scale population surveys conducted to inform policy, measures are required which are succinct, easy-to-read, intelligible to a wide lay audience, and comparable to international evidence. In respect of personal wellbeing, research and theory have identified life satisfaction, a meaningful life, and positive feelings of contentment or happiness as core constructs (Diener et al., 2003). These can be represented in relatively straightforward items. Indeed, in their review of nineteen large datasets, Dolan et al. (2008) found that the most common measures of personal wellbeing involved happiness and life satisfaction.

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In the UK, the Office for National Statistics (ONS) undertakes an Annual Population Survey which includes three questions on personal wellbeing, aimed at eliciting self-reports of life satisfaction, feeling that life is worthwhile, and happiness. The survey is administered regularly to large samples of the population and provides a valuable source of evidence on relative wellbeing among sub-groups based on demographic factors, such as age, marital status, employment status, socioeconomic status, residential status and location (Bowling, 2011). The 2013 ONS dataset is based on a sample of 165,000 adults aged 16 years and over and living in the UK (Office for National Statistics, 2013). This survey found that on a scale from 0 to 10 (where lower scores indicate perception of poorer wellbeing), adults between the ages of 20–24 years in the UK, on average, rate their life satisfaction at 7.5, their happiness at 7.3, and the degree to which the things they do in life are worthwhile at 7.6. These data provide important population benchmark information.

Of course, there are individual differences and this raises the question of what predicts variability in subjective wellbeing. Analyses of large scale studies reveal that one of the strongest predictors of subjective wellbeing, as measured in the Annual Population Survey, is self-reported health, followed by employment situation, which also shows a strong effect, and relationship status, which shows a moderate effect (Oguz et al., 2013). These findings are consistent with work on other measures of wellbeing (e.g., Dolan et al., 2008; Shields and Price, 2005).

### *1.1. Personal wellbeing and language impairment*

Language impairment (LI) is a common developmental disorder (Leonard, 2014). Tomblin's classic epidemiological study carried out in the USA revealed LI affects approximately 7% of children starting school (Tomblin et al., 1997). LI is a common cause of referral to medical services in the preschool and the early school years (Reilly et al., 2015). LI is characterised by difficulties in the ability to learn and use language (Conti-Ramsden et al., 2012). It relates to problems putting words together to formulate sentences (expressive language) and/or understanding the details of what is being said (receptive language). The corresponding DSM5 label is language disorder (American Psychiatric Association, 2013). Risks for LI include male gender (Tallal et al., 1989; Tomblin et al., 1997) and family history (Bishop et al., 1996). Although there is variation across countries (Bishop, 2014; Reilly et al., 2014), in the UK to meet diagnostic criteria, children with LI are usually required to fall within the normal range on nonverbal cognitive measures. That is, they do not present with general learning difficulties (e.g., intellectual disabilities). In addition, they do not have sensory difficulties such as hearing loss/deafness or have a diagnosis of autism. Although minor associated physical, emotional or behavioural difficulties may be present, the LI must be the children's main difficulty.

Although originally thought to be a childhood disorder, there is evidence that LI can be persistent, particularly in those with difficulties in both talking (expressive) and understanding (receptive) language (Conti-Ramsden et al., 2009; Howlin et al., 2000; C. J. Johnson et al., 2010; Law et al., 2000; Stothard et al., 1998). Thus, LI has immediate consequences but also can have long-term ramifications in individuals' lives that go beyond language understanding and use. It is known that individuals with LI face challenges in a number of areas of functioning through childhood and adolescence.

Despite this, studies on outcomes of individuals with a history of LI in young adulthood are few in number. In the UK, Rutter and colleagues (Clegg et al., 2005; Howlin et al., 2000; Mawhood et al., 2000) compared a group of 23–24 year old men with autism with a similar aged group of men with LI. The group with LI had, in many ways, worse outcomes in terms of social and communication skills than the group with autism, despite the fact that the autism group was more handicapped. Few young men with LI had close friends, were in a relationship, or had full-time jobs. It should be noted, though, that the participants in this sample had severe difficulties with receptive language. Community and special school samples have revealed more variation in interpersonal, educational and employment outcomes, but still have identified significant differences between young people with LI and peers. Whitehouse et al. (2009) found adults with a history of LI aged 16–31 had lower levels of education than their peers. Smaller proportions of young people with LI are in employment in young adulthood, a number have employment on a part-time or temporary basis and manual, service and retail sector positions are more common than for their peers (Carroll and Dockrell, 2010, 2012; Conti-Ramsden and Durkin, 2012; Roulstone and McLeod, 2011). In addition to difficulties with friendships (Durkin and Conti-Ramsden, 2007; Mok et al., 2014), fewer young people with LI report being in a romantic relationship (Wadman et al., 2011). In the USA, Records et al. (1992) followed a small group of 21-year-olds with LI and found similar negative results in terms of educational outcomes and employment. Beitchman and colleagues (Beitchman et al., 2001; C. J. Johnson et al., 2010), in their Canadian longitudinal sample of LI individuals, found that at age 19 there were similarities in terms of the proportion of young people in education and or employment but by age 25 the LI group showed poorer occupational outcomes than their peers. In Denmark, a 30-year follow-up study of young people originally diagnosed with LI in childhood also revealed unemployment at rates higher than in the general population (Elbro et al., 2011). To our knowledge, self-reported health in young adulthood in LI has only been studied with the Canadian longitudinal sample. By age 31, these young adults reported lower levels of perceived health (Beitchman et al., 2014).

Nonetheless, poor outcomes are not inevitable. A number of individuals achieve positive outcomes despite their history of language difficulties. Predicting outcomes, however, has not been an easy task. It has become clear that LI is a heterogeneous condition with considerable variability in virtually all outcomes so far investigated, as well as within-individual variability in functioning across different domains (Conti-Ramsden, 2008). There are those who become skilled and are in full-time employment. There are others for whom successful adaptations in one domain - for example, being in relationship - do not appear to imply positive adaptations in another - for example, being in employment.

Despite the heterogeneity observed in LI and the different trajectories experienced, it is reasonable to assume that, on average, the problems experienced by young people with LI in gaining employment and in establishing relationships mean that they are at risk in terms of at least two of the three factors (self-reported health, employment and relationship status) identified by Oguz et al. (2013) as important predictors of subjective wellbeing. There is scant evidence regarding the first factor, self-reported health, in young adults with LI, though what evidence is available suggests potential lower levels of perceived health (Beitchman et al., 2014).

Yet, surprisingly, not all findings point to poorer subjective outlooks in young people with LI. Studies have reported that they often have similar ratings of wellbeing to those of their non-LI peers (C. J. Johnson et al., 2010; Records et al., 1992). Similarities in ratings across LI and non-LI groups have also been found when studies have focused on satisfaction with educational outcomes alone (Durkin et al., 2009) and when the focus has been specifically on health-related quality of life (Arkkila et al., 2008; Arkkila et al., 2009; for a review see Feeney et al., 2012).

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