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Abstract

Purpose: Children with speech and language disorders are at risk in relation to psychological and social well-being. The aim of this study was to understand the experiences of these children from their own perspectives focusing on risks to their well-being and protective indicators which may promote resilience.

Method: Eleven 9- to 12-year-old children (4 males and 7 females) were recruited using purposeful sampling. One participant presented with a speech sound disorder, one presented with both a speech and language disorder, and nine with language disorders. All were receiving additional educational supports. Narrative inquiry, a qualitative design, was employed. Data were generated in home and school settings using multiple semi-structured interviews with each child over a six month period. A total of 59 interviews were conducted. The data were analysed to identify themes in relation to potential risk factors to well-being and protective strategies.

Results: Potential risk factors in relation to well-being were: communication impairment and disability, difficulties with relationships, and concern about academic achievement. Potential protective strategies were: hope, agency, and positive relationships.

Conclusion: This study highlights the need to listen to children's narratives so those at risk in relation to well-being can be identified. Conceptualization of well-being and resilience within an ecological framework may enable identification of protective strategies at both individual and environmental levels that can be strengthened to mitigate negative experiences.

Well-being and resilience in children with speech and language disorders

Speech, language, and communication disorders are relatively common in childhood, with prevalence rates ranging from 7-12% depending on the age groups studied, as well as the criteria and cut-off points applied (McLeod & McKinnon, 2007; Tomblin et al., 1997). Norbury et al. (2016) conducted a recent population study and found that on school-entry two children in a class of 30 will experience language disorder severe enough to affect academic progress. The term speech and language disorders will be used in this paper as an umbrella term to refer to children who present with either speech sound disorder or language disorder or both that occur in the absence of other developmental disorders or overt learning difficulties. In a recent multinational study the term 'Developmental Language Disorder' was endorsed when the language disorder was not associated with a known biomedical aetiology (Bishop, Snowling, Thompson, & Greenhalgh, 2016). There is evidence to suggest that speech and language disorders may be long-term conditions and the well-being of children may be compromised in academic, psychological, and social domains (Feeney, Desha, Ziviani, & Nicholson, 2012; Lindsay, Dockrell, & Strand, 2007; McCormack, Harrison, McLeod, & McAllister, 2011; St. Clair, Pickles, Durkin, & Conti-Ramsden, 2011). However, not all children with speech and language disorders experience negative outcomes. For example, Roulstone and Lindsay (2012) found that although some children reported difficulties in social and emotional domains, some also reported that many aspects of their lives were good. In light of these varied outcomes the social model of disability and the construct of resilience are relevant for this cohort of children because they may experience adversity both because of their communication impairments and potential social marginalisation.

There are differing views regarding the relative roles of an initial impairment and of society in leading to disability (Finkelstein, 2004; Shakespeare, 2006; Soffer & Almog-Bar, 2016; Thomas, 2004). Finkelstein (2004), one of the original proponents of the social model of disability, claimed that disability is a form of oppression and that societal barriers (e.g., physical and attitudinal) restricted activities and participation for disabled people. However, others disagree and argue that impairment also plays a role in restricting activities and participation (Shakespeare, 2006; Thomas, 2004). For example, Thomas (2004) claimed that disability resulted from *both* impairment and barriers and argued that restrictions to activities and participation stemmed from impairment effects, 'barriers to doing' and 'barriers to being'. Indeed, Anastasiou and Kauffman (2013, p. 454) argue

> "what is needed is a unified and multidimensional understanding of disabilities, clarifying the relationship among the biological and cultural, individual and social, psychological and behavioural, intrinsic and external factors affecting the lives of people without eliminating one of these levels of analysis."

This view is supported by emerging evidence that children with speech and language disorders attributed some restrictions in activities and participation to themselves and other restrictions to societal barriers (Connors & Stalker, 2007; McCormack, McLeod, McAllister, & Harrison, 2010; Merrick & Roulstone, 2011). Therefore within a social model of disability framework, risks to the well-being of children with speech and language disorders may arise from a range of factors such as potential negative feelings associated with having a communication disability and difficulties related to social inclusion.

In terms of social inclusion, evidence is mixed regarding children with speech and language disorders. For example, it is not clear whether or not these children are more at risk in relation to bullying. Sweeting and West (2001) found that 14% of 11 year old children, in a sample of 2,237, reported that they were bullied or teased on a regular basis as compared with 39% of children with speech problems. Redmond (2011) cautions that the term 'speech difficulties' may have been used as an umbrella term for a range of communication difficulties. Some researchers found that children with specific language impairment (SLI) were at increased risk of bullying (Conti-Ramsden & Botting, 2004; Knox & Conti-Ramsden, 2003, 2007; Redmond, 2011). In other studies the prevalence rates for bullying for 12-year-old children with a history of SLI were no higher than for typically developing children and children with special educational needs (Lindsay, Dockrell, & Mackie, 2008; Lindsay et al., 2007). These conflicting findings may result from different definitions of bullying and measurement tools. The effects of bullying are less well understood but there is evidence to suggest that those who are bullied at 16 years have an increased risk of depression (Wadman, Botting, Durkin, & Conti-Ramsden, 2011). There is also mixed evidence in relation to peer relationships with some researchers reporting that children with SLI are at risk of having poorer quality friendships than peers (Brinton, Fujiki, & Robinson, 2005; Durkin & Conti-Ramsden, 2007; Fujiki, Brinton, Isaacson, & Summers, 2001; Redmond, 2011) and others reporting that not all children with SLI have difficulties making friends (Durkin & Conti-Ramsden, 2007; Laws, Bates, Feuerstein, Mason-Apps, & White, 2012). This is probably not surprising given the heterogeneous nature of language disorder, how friendships are defined and measured, and different reporting agents such as parents, teachers, or children themselves. Children with speech sound disorders may also be at

risk in relation to peer relationships (McCormack, Harrison, McLeod, & McAllister, 2011; McLeod, Daniel, & Barr, 2013).

Little is known about ways in which children navigate and cope with these potentially adverse experiences. Furthermore, the impact of these experiences on children's well-being is unclear. It is important that children at risk in relation to well-being can be identified so that supports can be put in place as early as possible to reduce potential long-term effects. This requires a deeper understanding of the everyday experiences and coping strategies used by children with speech and language disorder from their own perspectives. These data could shape the support which could be offered to children and families.

Conceptualising well-being and resilience

Well-being in children is a multidimensional construct that has been defined both in objective terms (e.g., through use of medical records, infant death rates, and measures such as poverty) and subjective terms (e.g., children's own conceptualisation of well-being) (Pollard & Lee, 2003). For example, Fattore, Mason, and Watson (2006) found that children defined well-being in terms of feeling good about one's self, the absence of psychological distress, the presence of positive affective states (e.g., happiness and contentment), as well as integrating sadness with happiness. Researchers have also shown that children and adults may conceptualize well-being in different ways. In a study of the meaning of child well-being from the perspectives of typically developing children, parents, and teachers, Sixsmith, Nic Gabhainn, Fleming and O'Higgins (2007) found that children valued relationships with family, friends, and pets as important aspects of well-being; whereas, parents and teachers placed more emphasis on other aspects of well-being, such as health, the ability to express emotions, and school. These findings are echoed in two studies that explored determinants of quality of life from the perspectives of

parents, professionals, and children with speech, language, and communication needs (Markham & Dean, 2006; Markham, van Laar, Gibbard, & Dean, 2009). Although there were common denominators in what the parents and children considered were important determinants of quality of life, there were also differences. For example, the theme of relaxation strategies emerged in the children's data but not in the data generated with parents and professionals. Well-being is often measured using quality of life instruments which measure constructs such as physical, psychological, and social functioning (Gomersall et al., 2015). There is evidence to suggest that children with speech and language disorder may be at risk in relation to well-being in psychological and social domains as measured on these instruments (Dockrell, Lindsay, Roulstone, & Law, 2014; Feeney et al., 2012).

Resilience is defined as a process of adaptation when children are exposed to adverse conditions and has been conceptualised in terms of risk and protective factors (Ungar, 2015). Ungar (2015) argues that resilience can be conceptualised within an ecological model whereby resilience is determined both by the individual's capacity and the capacity of their social ecologies (e.g., home, school, and social contexts) to facilitate them to cope in appropriate ways (see Ungar, 2015 for a full review). This ecological conceptualisation of resilience is consistent with the social model of disability proposed by Thomas (2004) because it includes consideration of factors both at an individual level and a wider societal level. Risk refers to ways in which exposure to adversity may impact on well-being and this impact may be influenced by the severity and chronicity of the risk. However, children can have positive outcomes despite adversity and it is important to identify protective factors that help children to overcome adversity. Some of these protective factors include both individual traits such as temperament, autonomy (ability to act independently, locus of control and agency), problem-solving skills, a

sense of purpose, belief in a bright future, as well as social capital (positive relationships) (Zolkoski & Bullock, 2012; Ungar, 2015). Zolkoski & Bullock (2012) argue that resilience theory focuses on strengths rather than deficits and aims to understand positive outcomes in the face of adversity. Much of the published literature on childhood speech and language disorders has been deficit-focused. There has been little research that has been framed within the social model framework or with a focus on resilience in this cohort of children. Therefore, it is important to understand the lived experiences of children, both positive and negative, across a range of contexts with different people in order to complement what is already known from quality of life studies. This understanding has the potential to inform speech and language pathology assessment and intervention. It is important that coping and protective strategies both at an individual and social network level can be identified and that there is a move towards a strengths-based approach to serving children and families.

Importance of children's perspectives

The voice of children with speech and language disorders is largely absent in the literature. However, when researchers take the ontological position that children are social actors, they are obligated to listen directly to children's own perspectives (Christensen, 2004; Tisdall, Davis, & Gallagher, 2009). According to Article 12 of the United Nations Convention on the Rights of the Child (United Nations, 1989) children have the right to express their views on all matters affecting their lives, in accordance with their age and maturity. Therefore, it is important to listen directly to children's own perspectives and to respect these perspectives as valid. This absence of the children's voice is reflected in the fact that many quality of life measures use parent-proxy reports (Feeney et al., 2012). Although some researchers report

similarities across child self-report measures and parent-proxy report measures of quality of life in children with SLI (Kristy & Watter, 2015), proxy reports can be problematic because of differences between parental and children's perspectives (Gomersall et al., 2015). Therefore, Goldbart and Marshall (2011) argue that interpretations of children's feelings and views by proxies need to be validated.

A second gap in our knowledge about the lives of children with speech and language disorders is that quality of life measures tend to focus on individual rather than social and environmental factors and tell us little about how children cope with potential stressors (de Chavez, Backett-Milburn, Parry, & Platt, 2005). Ecological models, such as that of Bronfenbrenner (1979) and the social model of disability, represent the inter-relationships between children and their environments. Indeed, the child can be construed within a set of social contexts, with different environments influencing the child's development as a series of "nested spheres" (McLeod, Graham, & Barr, 2013, p. 71). For example, there is evidence to suggest that the impact of children's speech and language disorders on activities and relationships may be less obvious in the home context as compared with public contexts (McLeod et al., 2013; Sylvestre et al., 2016) and that children and others (e.g., parents, teachers, siblings, teachers) may construe language disorder in different ways (Hambly, 2014). Therefore, Wessells (2015, p.18) argues that it is necessary to understand children's subjective perceptions of their experiences, both positive and negative, in order to gain insights into ways in which they make sense of these experiences.

> "children…are not passive victims but active makers of meaning who interpret adversity using lenses that practitioners need to understand."

Methodologies for listening to children's perspectives.

The use of qualitative research methods is one way of exploring children's experiences. Qualitative research has been defined as a way of "studying the ways people experience their world" (Given, 2016, p. 2). Narrative inquiry is a specific type of qualitative research which is underpinned by the premise that narrative is a fundamental way of making sense of reality (Bruner, 1986; Sarbin, 1986). Narrative inquiry shares some of the philosophical underpinnings of other qualitative methodologies. For example, the epistemology underpinning narrative inquiry is interpretivist whereby truth is considered multiple and constructed by different people in different ways (Finlay, 2006; Greene & Hill, 2005; Hodge, 2008). Narratives can be construed as a primary way of making emotional sense of unexpected turns of events and of creating meaning (Bonsall, 2012; Park, 2008). Narratives have the potential to provide insights into well-being for a number of reasons. For example, narratives can provide insights into the narrator's perspective or stance (Sakiyama, Josephsson, & Asaba, 2010; Bruner, 1986). Labov and Waletzky (1967) argued that narratives have two functions; that is, a reference function which relates information to the listener, and an evaluative function which tells the listener something about what the events meant to the narrator. Therefore, narratives may reflect the narrator's stance (Kleres, 2010; Maybin, 2006; Peterson & McCabe, 1983). Fivush (1993, p. 44) stated that

"Evaluation provides the emotional tone and texture of an experience. The evaluation informs both the listener and the self what the personal meaning of this particular event is."

The evaluative dimension of narratives emerges out of a range of linguistic devices and plot structures that speakers use to communicate the point of the story (see table 1). By analysing these linguistic devices researchers can gain insight into the emotional tone of an experience and

what it meant to the speaker (Peterson & Biggs, 2001). Furthermore, Gergen and Gergen (1986) argue that there are three narrative plot structures which represent the narrator's perspective on the event: progressive narratives which have positive outcomes, stable narratives whereby there is a status quo, and regressive narratives where there is deterioration in circumstances. Although the concept of narratives is familiar to speech-language pathologists, the focus in narrative inquiry is on biographical insights which are provided through narratives of personal experiences (Clandinin & Connelly, 2000) and the units of analysis are story structure and content. In a recent report for the World Health Organisation (WHO), Greenhalgh (2016) argues that narratives can complement other forms of evidence and enhance understandings of the cultural context of health.

Table 1 about here

In summary, there is evidence to suggest that the well-being of children with speech and language disorders may be compromised, particularly with regard to psychosocial and emotional well-being. It is necessary to listen directly to children themselves in order to gain insights into their experiences and potential risk and protective strategies. The aim of this study was to explore the emotional tone of children's stories about their experiences in order to gain insights into subjective well-being and potential protective strategies. The research questions for this study were:

1. How did children with speech and language disorders talk about their everyday experiences?
2. What did their evaluations suggest in relation to potential risks to well-being and protective strategies?

Method

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Narrative inquiry was used in this study because it is underpinned by the theory that narrative can be construed as an organiser of human experience (Mattingly, 1998) and that individuals lead storied lives (Clandinin & Connelly, 2000). Furthermore, paying close attention to linguistic and evaluative markers in narratives may be a useful methodology for exploring children's well-being and emotional stance in relation to their experiences. The authors followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong, Sainsbury, & Craig, 2007).

Participants

A purposeful sampling strategy with sequential enrollment was used to recruit eleven participants with speech and language disorders. The aim of the sampling strategy was to obtain variation in the sample so that multiple perspectives could be explored (e.g., gender, type of speech and language disorder, socioeconomic status, and experience of specialist education supports). For the purposes of this study, socioeconomic status was determined by whether or not the children lived in areas designated as disadvantaged under the Revitalising Areas by Planning, Investment and Development (RAPID) program (An Pobal, 2012). The criteria for disadvantage in this context included levels of early school leaving; the proportion of one parent households; the unemployment rate; the proportion of social housing; and the age dependency rate. Ethical approval was obtained through the University of the West of England, UK. Speech-language pathologists in one geographical area were requested to distribute information sheets and consent forms to potential participants. Participants were eligible for inclusion in the study when they were between the ages of 9 and 12 years old and met the criteria for "specific language disorder" as specified by the Department of Education and Science (DES) (2005). That is, nonverbal

ability was in the average or above average range and a score of 2 standard deviations below the norm in one or more areas on speech or language tests. In the DES context, these speech and language disorders were considered the primary problem and were not secondary to other conditions such as autism, learning disability, or sensory impairment. When children met these criteria they were eligible for specialist education supports which included resource teaching (i.e., 4 hours of one-to-one teaching per week in the child's own mainstream school) or placement in a specialist speech and language class (Department of Education and Science, 2007). These classes are located in mainstream schools, have a reduced pupil teacher ratio of 7:1, and speech and language pathology services are provided in these classes. There are a small number of classes in each geographical area and children typically travel to attend these classes on a full-time basis for a one or two year period. A further criterion for inclusion in the study was that children were either currently attending or had attended speech-language therapy in the past two years. Thus participants had met the DES criteria for specific speech and language disorder at the point of their admission to the special provision.

In total 44 participants were identified by speech-language pathologists as meeting the inclusion criteria and information about the research was distributed to these families. Eleven participants were recruited sequentially as they expressed interest in participating in the research. The sample included seven girls and four boys aged 9-12 years. One of the children presented with a speech sound disorder, one presented with both a speech and language disorder, and nine with language disorders. Ten of the eleven children were or had attended a specialist speech and language classes and one family had declined the offer of a place. For the purposes of this study it was not necessary to collect data about the children's scores on speech and language tests or confirm their diagnoses because we were satisfied that they presented with "specific speech and

language disorders" if they met the Department of Education and Science (2005) criteria. Three

of the children lived in areas designated as socially disadvantaged (see table 2 for an overall

profile of participants).

Table 2 about here

The sample size is typical of narrative research studies because there is a trade-off

between sample size and depth of analysis (Greenhalgh, 2016). The aim was not to generalise

findings, as is the case in quantitative studies, but rather to explore the depth rather than the

breadth of individual experiences. Therefore, multiple interviews (5-6) were conducted with each

child. Data saturation can be difficult to achieve in narrative inquiry because there is always

potential for new stories to emerge. We aimed to generate sufficient data to answer the research

questions and were mindful of not placing too many demands on the children's time.

Procedure

The children selected their own pseudonyms. The first author, an experienced speech-

language pathologist and researcher who did not know any of the participants, conducted semi-

structured interviews with the participants that typically lasted between 45 minutes and 1 hour.

Parents and children were offered choices about where the interviews would be held, with the

majority selecting their homes ($n = 7$). A flexible topic guide was generated following a pilot

study with three children with speech and language disorders (see Supplemental Table 1). The

topic guide included open-ended questions about events, happenings, and relationships in

different contexts such as home, school, and leisure contexts. The flexibility of this topic guide

provided scope for the participants' ideas to come to the surface (Greig, Taylor, & MacKay,

2007). The topic of 'talking' was introduced by the researcher in the second or third interview in

order to give the children an opportunity to discuss this topic spontaneously. A range of

techniques were used to generate narratives and to probe for further information when the responses were short or vague. For example, one of the techniques used was a funnelling technique (Plummer, 2001). Using this approach, the researcher introduced a topic by asking broad grand tour questions (e.g., "can you tell me about your favourite sports?") which were followed up with more specific and focused mini-tour questions (e.g., "can you tell me about a game that you played in?"). The goal was to generate data about actions rather than attributes because actions are considered a core element of narratives (Wetherell et al., 2007). The researcher used active listening techniques such as restating and summarising what the child had said as well as encouraging extensions of the topic (e.g., "can you tell me about another time that you played a game of soccer?"). The researcher also used other active listening strategies to keep the conversation going such as 'uh huh', 'really', 'what happened next, as well as nodding and eye contact (more details can be found in Lyons & Roulstone, 2016). Clarifications were sought by the researcher as required. Resources, such as use of personal photographs and prompts, were used to support children to remember events because there is evidence to suggest that children with language disorder may have difficulty producing autobiographical memories without scaffolding (Tompkins & Jeffrey Farrar, 2011).

Data were generated over a 6-month period from May to October to include the end of the previous school year and the transition to a new class or school in September in order to gain insight into children's experiences during this transition period. The interviews were audio-recorded and transcribed, with assent from all but one of the children, on an Olympus Voice Recorder DS-2400 (see Supplemental Table 2 for transcription conventions). Over multiple interviews, topics and stories were re-visited, and the first author checked that her understandings of the participants' stories matched their intended meanings. In the final

interviews, the participants were invited to comment on summaries of their individual stories

which the first author had written. Three children corrected factual inaccuracies. One child

denied that he had been upset when others could not understand him. Following discussions

about whether or not he would like to remove this from his story he decided it should remain. It

is acknowledged that the interview context can be viewed as an interactional event (De Fina,

2009) and there is little doubt that the first author's questions, requests for clarification, and

responses to the children's narratives shaped the nature of the data generated and the stories told.

The data were analysed using inductive and deductive methods. The analysis was

informed by existing frameworks and research on well-being and resilience in children but was

also open to new themes. This was consistent with the view of Minichiello, Aroni and Hays

(2008) that when data fit with concepts from the literature these concepts can be used but they

also suggest that researchers remain open to new themes. The first step was to organise the data

in preparation for analysis using QSR NVivo 8 (http://www.qsrinternational.com). Each of the

participant's stories were identified and coded for content under topic headings explored in the

interviews (e.g., stories about family and peers in school and leisure contexts). The aim was to

keep stories intact insofar as possible. The analysis of these stories included two phases. First,

the plot structure in each of the stories was analysed using the narrative plots proposed by

Gergen and Gergen (1986) and stories were categorised as progressive narratives which had

positive outcomes, stable narratives which represented a status quo where there was no change in

the situation, and regressive narratives which reflected a deterioration in circumstances. Second,

each of these stories was then coded for evaluative devices (outlined in table 1) using the

annotations tool in NVivo 8 to provide more fine-grained analysis of the emotional tone of the

narratives. For example, children may have used emotion words explicitly and for others the

emotional expression may have taken different forms such as repetition of an idea for emphasis which stressed the importance of the idea and use of negative markers which reflected what the children expected would occur in a situation. The data were also coded for agency markers. Agency in the narrative sense is concerned with presentations of self as the passive recipient of the influence of others (such as parents or teachers) or as an agentic self (exerting control over the environment) (Bamberg, 2012). Some researchers claim that agency may be reduced when the agent's action is carried out under obligation (Kleres, 2010; Peterson & McCabe, 1983). Compulsion verbs (e.g., have to) can represent diminished agency e.g., "I had to do my homework because my teacher told me to". These stories were then assigned to categories of positive or negative evaluations within each case and then across cases. In the next phase, the data were reviewed and sub-themes were formed under the two broad themes of potential risks to well-being and protective strategies. The data were assigned to these categories (deductive approach) and themes and were refined, tested and retested until they were the best fit for the data (Polkinghorne, 1995). In order to strengthen the credibility of the interpretations, emerging themes were cross-checked with the aim of staying as close to the children's meanings as possible (Heuchemer & Josephsson, 2006). The coding frame was generated by the first author. Transcripts of the first two children and samples from three subsequent children were read independently by the second author. The coding frame was then debated by the authors and a second supervisor (see acknowledgments) as each new transcript was coded to further develop the themes and integrate newly identified codes.

Reflexivity

Reflexivity refers to the process of reflecting on the self as researcher and being explicit about the lens through which the data collection and analyses were conducted. The first author,

who collected the data and led the analysis, kept a reflective diary, including thoughts, feelings, biases that might have influenced the research process. She held a qualification in speech and language pathology and had worked in clinical practice and academia. The researcher introduced herself to the participants as a speech and language pathologist but emphasised that the interviews would not be therapy sessions. From a theoretical point of view she was influenced by the social model of disability, the International Classification of Functioning (ICF) (Threats & Worrall, 2004), and literature on quality of life in children with speech and language disorders. Her expectation was that the children's narratives would reflect predominantly negative experiences. Therefore, she addressed these pre-conceptions in several ways. She consciously assumed the role of naïve listener and aimed to ask balanced questions in the data collection phase (e.g., questions about positive and negative experiences). In the data analysis phase she was cognisant that themes could be identified that fitted into a priori frameworks such as the ICF but at the same time remained open to new themes.

Results

Two main themes relating to well-being were identified: potential risks to well-being and potential protective strategies. Under the theme of potential risks to well-being, there were three sub-themes that reflected negative feelings: communication impairment and disability, difficulties with relationships, and concern about academic achievement. Under the theme of potential protective strategies, three sub-themes were identified that reflected positive feelings: hope, agency, and positive relationships.

It is important to acknowledge that the simple dichotomy of positive and negative evaluations may not always have represented the multiple, complex and, at times, contradictory ways in which the children evaluated life events. Indeed positive and negative evaluations

sometimes co-existed alongside each other in the children's narratives. Well-being in the context of this study referred to subjective well-being and the children's affective states as reflected in explicit and implicit positive and negative evaluations of experiences in their narratives. The plot structure in the majority of narratives could be characterised as progressive because the situation had changed for the better. There were also some stable plots and one regressive plot was identified. When some children talked about what could be considered by adults as negative experiences in the past (e.g., experiences of bullying), their evaluations had changed over time and were now positive because the problem had resolved. Therefore, the term *potential* risks to well-being was used to describe one of the overall themes because although the problem had now resolved, it could have had a negative impact on well-being at the time. The term *potential* protective factors was also used because the researchers identified these factors as protective rather than the children. Not all themes emerged in each participant's data-set. Therefore, illustrative quotes are presented both in the text and in table 3 from those participants where themes were identified.

<div align="center">Table 3 about here</div>

Potential risks to well-being

      Communication impairment and disability.

One participant, Torres, brought up the topic of his speech impairment spontaneously. Eight participants talked about their talking when the topic was brought up by the researcher, whereas three talked about their talking very little or not at all. Four of the participants appeared concerned about their communication impairments, one participant was uncertain about whether or not she had a communication impairment, one participant appeared to avoid the topic, and five talked about their communication impairment in a neutral way. The children conceptualised communication impairment and disability in different ways. Impairment referred to ways in

which the children described their own difficulties in relation to talking, whereas disability

referred to social barriers, such as others not understanding them. The children used a range of

terms to describe their communication impairments. For example, they used words such as

"speech", "just can't think" "voice", "talk", "forget", "hard", "can't say the words" and "get

mixed up". When the children with only language disorders spoke about talking, they referred to

difficulties with pronunciation of words. Many of the children also used terms such as

"something wrong", "right" and "properly" when they spoke about their talking which suggested

an awareness of the construct of normality. Some used evaluative devices, such as intensifiers

and adjectives, to represent how frustrating and difficult talking was for them. Two participants

used temporal markers to distance themselves from what their talking was like in the past. For

example, in this excerpt Blade, who had a language disorder, talked about rehearsing what he

wanted to say, getting mixed up, and having difficulty thinking. He used the compulsion verb

"have to" when he had to start over again which may suggest frustration.

Blade, Interview 1 (P = participant; I = interviewer).

P: And I try and like say it out in my mind and then I just say something and then I get all

         mixed up with the words…Like you can't make it too long because like you don't know

         what words to put in a sentence like in a better way to say.

I: Ok, so if you wanted to explain something?

P: Yeah explain it (unintelligible) I'd find hard like so I like I say something then I have to

         start all over again like just can't think.

         Disability was used to refer to social barriers whereby the children attributed

communication breakdown to others. For example, in the following excerpt Torres, who had a

speech and language disorder, appeared frustrated when he was compelled to write out the word

and repeat it when others did not understand him. He attributed the communication breakdown both to his own impairment (e.g., "really hard to say it") and to others not understanding him. He also expressed feelings of annoyance and sadness.

Torres, Interview 1

I: Tell me a bit about your speech.

P: Like sometime it hard to like. Some people can't really understand me. Eh really hard to say it. Like maybe I got say it around ten times and it be annoying and everything.

I: You might have to say it ten times before somebody would know what you said.

P: Or more than ten times.

I: Or more than ten times. Does that happen every day or some days?

P: Some days.

I: Some days. Tell me about a time when somebody couldn't understand you. I am really interested in hearing about that.

P: Well some people don't understand me. Like my teacher my teacher doesn't really understand me. Then I then I got to then I got to write it out.

I: If the teacher doesn't understand you she will ask you to write it out?

P: Yea.

I: Do your friends understand you?

P: Only one time they don't understand me.

I: Only one time. What do you do when people don't understand you?

P: I keep saying it again and again.

I: How does it make you feel when people don't understand you?

P: Sad.

In another extract Kevin, who had a speech sound disorder, attributed communication breakdown to others not being able to hear him and he considered that his volume was fine. Sara was frustrated in the interview context when the researcher did not understand her. For example, when the researcher returned with a summary of Sara's stories to check the researcher's understandings of them, Sara was frustrated when referents had been misunderstood or misinterpreted. For example, in the following extract she attributed communication breakdown to both the researcher and herself (e.g., "how could we get confused actually?") and to the researcher (e.g., "why do you get confused?").

Sara, Interview 3 [The researcher was clarifying information about friendships from a transcript of a previous interview]

P: Why do you get confused?

I: I know. See I'm reading it upside down. So it's Susan. Well that could be actually here because you said your parents doesn't know her parents. So your parents maybe don't know her parents. Is that what you meant?

P: I don't know what I was saying. Just that maybe (inaudible) and let's say Jane is the new best friend of Susan…How could we get so confused actually?

In summary, children conceptualised communication impairment and disability in different ways with some talking about their own intrinsic difficulties and others talking about contexts where others could not understand them.

Difficulties with relationships.

Eight participants evaluated narratives about relationships with others in negative ways e.g., narratives about conflict with parents, siblings, and teachers as well as difficulties with peer relationships. Conflict with parents and teachers was often about restrictions in autonomy such as not being allowed to do things or go places, "having to" follow rules, and getting into trouble when the children perceived that they were wrongly accused of some wrong-doing. For example, in this excerpt, Torres talked about getting into trouble with his teacher when he considered that he had not done anything wrong.

Torres, Interview 2 [Discussing a time-out punishment]

P: Once I was actually I was actually a coat fell …a coat fell off the hook.

I: Yes.

P: And I stand on it and walked on it and I step on it by accident.

I: Then teacher said "you are very bold and you got to go to the wall".

Four participants also talked about conflict with siblings. For example, Hannah talked about conflict with her siblings and reported that they teased her and disrupted family outings because of their behaviour. In relation to peer relationships, three participants reported that they had lots of friends, three participants reported that they had some friends, and four clearly wanted more friendships. Kevin reported that he would like to have more friends and he attributed not having friends to his speech problem.

Kevin, Interview 1

P: I only have two friends.

I: Do you have friends in school?

P: No.

I: No how come?

P: Because I have no friends in my class because of my speech.

Four participants experienced verbal bullying such as name calling and three participants experienced physical bullying. Both Torres, who presented with a speech and language disorder, and Kevin, who presented with a speech sound disorder, attributed being teased to their speech difficulties, as illustrated in the following excerpts. Kevin reported that he did not get teased as much now because his speech has improved. He thought that children were teased because of their accents.

Kevin, Interview 5

I: Kevin have you been teased as well?

P: Well not anymore.

I: Not anymore you used to be?

P: I used to be my speech has got better since.

I: Was it because of your speech that you got teased?

P: Yeah.

I: Do you think kids get teased for other things or is it just speech?

P: I think they get teased for other things too. I think it is from I think it's because they are

      from different countries and they are and their accents.

In the following excerpt Torres used a negative marker which reflected his assumption that children were only teased because of speech problems.

Torres, Interview 2

P: Then he make fun of my other friend and and and he don't speech problem or nothing. He talk properly.

Social exclusion emerged in Sara and Blade's narratives when they talked about the transition from the language class back to their mainstream schools. Their evaluations in their narratives suggest feelings of frustration, loneliness, upset, and exclusion. Sara returned to her local school, having spent two-years in the language class, a year prior to the interviews and reported that she still "gets alone lots of time". She attributed her difficulties with peer relationships to two reasons as illustrated in the excerpt below. First, she reported that she could not think of a subject to talk about. As a result, she disliked the school-yard and positioned herself in a passive role where she "just" listened to peers or walked around the school-yard. She used to play with younger children in the playground. However, a new policy was introduced in the school stating that older children could not play with younger children. This meant that she could no longer play with younger children. Second, Sara also felt excluded by others, as illustrated in the excerpt below.

Sara, Interview 3

I: I was going to ask you a little bit more Sara about talking. What is talking like for you?

P: A bit hard to friends.

I: Yeah?

P: It's just I don't think of a subject to talk about.

I: Ok.

P: I just would listen in the conversations.

I: Ok.

P: Just like that in well, now it was like that in the yard. I was just listening conversations. Walk around like myself…[name of new girl] she was a new girl when I left.

I: She was a new girl?

P: And now they're all got along with each other. All them.

I: Ok and what about you?

P: They don't tell me things.

Two of the participants also talked about practical barriers to friendships. Four of the participants who travelled distances to the language class talked about losing contact with their local peers. Some developed friendships in the language class but had little contact with their peers outside of the school context. For example, Blade and Kevin knew each other from their time in the language class and both talked separately about not having phone numbers to contact each other after leaving the class. When Blade returned to his local school, he was excited that his teacher was going to give him the phone numbers of the children in his class so that he could call them and invite them to his house.

Concern about academic achievement.

Nine of the participants were concerned about academic achievement and their future trajectory through the education system. These participants reported that some aspects of school-work were difficult. All, with the exception of Enda, had attended or were currently attending a language class, which meant that children left their local mainstream schools for a period of one-two years. Three were positive in their evaluations of their experiences in the language class, three participants were ambivalent, and three disliked it. Their criticisms included the size of the class (e.g., two commented that there were "only" seven children) and they would have liked more children to talk to; having to get up early to catch the bus; travelling on the bus; the rules in

the school; being associated with other children with "special" needs; and bullying incidents. Three of those in mainstream education found the workload challenging. For example, in this excerpt, Kevin talked about the increased workload when he moved from fourth to fifth grade in his mainstream school. He used compulsion verbs when he talked about the amount of work he "had to" get through. He was disappointed that there were fewer physical education (PE) classes, which he really enjoyed, and was worried about falling behind.

Kevin, Interview 6

I: What is it like Kevin?

P: [sigh] Very hard.

I: Is it? How come?

P: Fifth class is way harder than third and fourth class put together.

I: Really. What's hard about it?

P: The work. There are a whole lot of books we have to get finished in the year. Like this much of books [showed me with a gesture] we have to get done before the year is out.

I: Ok.

P: And we get and we got twice as many twice as much PE [physical education] we got twice as much PE last year than this year.

I: Not much time for PE so it's much more work. Are you worried that you might fall behind or do you think you are doing OK?

P: I am worried that I will fall behind.

Four participants had mixed views in relation to receiving help from a resource teacher in mainstream classes. Two participants down-played this explaining that they were not the only

ones to get help. Two participants disliked attending the resource teacher because it singled them out from peers. Although some children were ambitious in terms of their aspirations for future careers, Torres, Kevin, and Blade were worried about secondary school and asked questions in relation to college, for example, was it necessary to go to college for certain jobs and how many years would be required. Kevin talked about leaving secondary school early to get a job and stated that you did not "need to" go to college.

Kevin, Interview 6 [Discussing leaving secondary school before the final senior certificate examination]

P: No you don't need to go. You don't need to go into sixth year. You can decide if you want to go yourself.

I: To secondary?

P: Yea because you will try to find a job in sixth year…I know three people that finished when they passed their junior cert.

Potential protective strategies

This theme was defined in terms of potential protective factors in relation to well-being and resilience and three sub-themes were identified i.e., hope, agency, and positive relationships. The children evaluated these narratives in positive ways which reflected a positive outlook, a sense of control over the child's environment, and positive relationships with others, all of which have been identified as protective factors in the literature.

   Hope.

   Even though the children were negotiating what could be considered potentially difficult situations (e.g., sibling rivalry, bullying, and challenges with academic work) many evaluated

their experiences in their narratives in positive ways. Furthermore, the predominant plot structure

in many of the narratives could be characterised as "progressive" with positive outcomes. For

example, when Blade initially returned to his local school from the language class, he positioned

himself in a passive role and felt excluded and sad because his friends did not talk to him.

However, he now evaluated this narrative in a positive way because the problem had resolved.

Blade, Interview 5 [Discussing his return to his local school from the language class]

P: It's really good. At the start, like, I was really sad because the friends weren't talking to

        me.

I: Really?

P: And then, cause, I don't know and then now I'm always talking to them and now they're

        talking to me. It's really good now because they are starting to talk to me. For like the full

        week I was crying at the night time but it doesn't matter now because you see I'm all

        friends with them now. They talk to me back. It's great fun and great craic[1].

Blade was also excited about what the future held for him and stated that "you never know what

you are going to be". He had aspirations of becoming a surgeon. Blade also explicitly stated that

children with speech and language disorders "have to keep your [their] hopes up and it will

improve".

This hopeful stance was also evident in the narratives of other participants in relation to

imagined possibilities for the future. For example, Dawn and Sara were looking forward to

getting married, Torres wanted to become a soccer player, Kevin wanted to be a businessman,

Enda wanted to become a farmer, and Chantelle wanted to become a singer. Hannah often

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[1] Colloquial Irish expression for fun.

presented herself in passive positions in her narratives, which contrasted with her envisioned future self as a shop-keeper, where she said she would be the boss. Blade, Torres, Kevin and Sara wished for financial security when they were older and wanted to be rich or billionaires. Torres wanted to be president of Ireland. Kevin was the only participant who wished that he could change his speech. He was pleased that his running was improving and he was hopeful of winning a medal.

Kevin, Interview 3

I: What was the best day you ever had in school?

P: Sports day.

I: Really this year's sports day. Why was this year's the best?

P: I was better in the running than last year.

Kevin, Interview 4

I: You told me that your favourite day in school is the sports day.

P: Yea hopefully I might get a medal this year.

In contrast, Amy's narratives appeared less hopeful and were mainly characterised by stable plots where there was a status quo. For example, in the following excerpt she talked about using creams for her eczema but they did not work.

Amy, Interview 2

I: You told me before that you had eczema when you were a baby. Tell me about a time
        you had to go to the doctor.

P: The doctor had to check for my eczema.

I: Check your eczema yeah?

P: Then he gave me this big tube of cream but it didn't work.

I: It didn't work?

P: And I keep on putting it on and it doesn't work.

Notably Amy was the only child who did not know what she wanted to be when she grew up.

However, she was hopeful that she would run a marathon someday.

Agency.

There was evidence that some children presented themselves as having self-efficacy and control over their environment and as active agents in their narratives. For example, in relation to academic work, Blade, Dawn, and Chantelle, demonstrated self-efficacy, stating that they could do their work. In the following excerpt, Dawn explained that she could learn maths by listening to the teacher even when it was difficult.

Dawn, Interview 3

P: And in school when I learnt how to stuff I learnt how to do all like everything.

I: Yeah and how do you actually learn how to do something?

P: Because if you in each day and the teacher is talking about maths you can learn all maths.

I: Ok.

P: And learn it until you get it and then you know how to do it.

I: Yeah and what about if you were learning something that was really hard to learn?

P: I'd still learn it.

Eight participants also presented themselves as agents in narratives about peer relationships. For example, in the following excerpt, Dawn presented herself in an active role and used direct speech to illustrate how she initiated interaction with a peer in basket-ball and made a friend.

Dawn, Interview 1

P: When we started I was we were doing playing basketball. I went over and said "do you want to play" and she said "no" and then she said "can I play" and I said "yeah" And then we scored goals and then we won and then we started being friends.

Blade also demonstrated agency in a progressive narrative when he talked about a potentially negative experience with peers. He reported that his peers did not pass the ball to him in rugby because they thought that he was not a good player. He demonstrated agency by stating his resolve to prove them wrong.

In relation to speech and language skills, three children demonstrated agency saying that they could say the words now. Although they were frustrated by "having to" use strategies to repair communication breakdown, they used a range of problem-solving strategies such as: repeating the word, saying it louder, drawing it, writing it down, spelling the word; and they used metacognitive strategies such as rehearsing the words, thinking first, and deliberately using shorter sentences. In the following excerpt Blade considered that his talking was improving. Although he did not like attending the language class, he acknowledged that it had helped him and he used agentic language such as "I'm able to do it now" and "I actually remember some of it now".

Blade, Interview 3

P: Then like, it's alright if you're getting better at it. Like I'm able to do it now like and I'm not really having that much trouble with my talking so I have no problems with it

really…Yeah but I really hated [language class] like at school but it actually did help.
Your memory jogs up like, you know. Like if I could actually remember, like, I couldn't,
if I didn't go to that school I couldn't remember any of my childhood stuff. But I actually
sort of now, I actually remember some of it now. I feel happy and I'm able to
[unintelligible] my speech is all right like and my speech is all right. I have to think of
stuff now. I don't have to forget nearly every, you know, minute.

There was also evidence of agency when children talked about ways in which they dealt with
bullying. The children talked about a range of strategies to deal with bullies e.g., telling someone
in authority, the need for punishment (e.g., use of imperatives such as *should*), ignoring them,
dealing with the bullies yourself (e.g., fight back, get revenge on them), having friends, or
conciliatory approaches. The children had differing views on the effectiveness of teachers'
interventions in relation to dealing with bullies. Blade and Kevin dealt with bullies themselves
when they felt that they were physically stronger than them. Amy on the other hand did not think
that the teacher's interventions for bullying were effective.

Kevin, Interview 4 [Discussing a time when he was teased by a peer]

I: What did you do?

P: I just turned my back to them.

I: Did you tell anybody?

P: No there was no need.

I: There was no need?

P: Yea.

I: Why do you think there was no need?

P: Em because they were smaller than me and I knew that I was stronger than them.

Blade and Sara also talked about more conciliatory approaches to dealing with bullying in terms of trying to understand the motives behind their behaviour.

Sara, Interview 2

P: Yeah. I think but they also complain about people that have eyes, glasses, because they're different. They want everybody to be the same.

I: I think so.

P: Just every time I don't understand bullies why do they always get so mean? Why can't they just get along with people? But I know why because sometimes they can be jealous or they always want to be the same as people.

Positive relationships.

Although some children talked about conflict in relationships, all participants presented themselves as having positive relationships with their families, in particular with their mothers, siblings, extended family, peers, and pets. Positive relationships provided the children with opportunities to demonstrate their abilities which were recognised and affirmed by others. For example, Enda described friends as those who help you and play with you. Dawn reported that she liked helping people with their work.

Dawn, Interview 3

P: What's the nicest thing that has happened to you?

P: The nicest thing, when I help all people if they don't know their work.

I: You help other people out?

P: Yeah.

Chantelle talked about a "best friend thing" which she did with her friends. For Kevin although the transition from fourth to fifth grade was challenging because of the increased workload, it was also positive because he made new friends. Positive relationships with peers also seemed to act as a buffer against bullies. For example, Torres, Blade, and Kevin felt validated and supported when their friends supported and defended them when they were being victimised, as illustrated in the following excerpt. Torres used direct speech when talking about ways in which his friends defended him and emphasised that those who defended him were his "true" friends.

Torres, Interview 5 [Discussing a time when a friend backed him up when he was being teased by another boy]

P: Then after my friend was back me up. Then after that he was shouting and hitting. And then after he said to (unintelligible) go out of the classroom. Then after my friend said "good bye". They said to "go away".

I: Your friends said good bye to him.

P: My TRUE friends.

Discussion

The aim of this study was to gain a deeper understanding of the experiences of children with speech and language disorders with a particular focus on potential risks in relation to well-being and potential protective strategies. Narrative inquiry was used to generate stories about experiences and the detailed analysis of evaluative markers provided insight into the emotional tone of the children's stories and their subjective well-being. For example, they used stress and repetition that may have been used to emphasise points or signal frustration; compulsion verbs that may have represented a perception of diminished agency; lexical choices to signal emotional states that ranged from sadness to excitement; use of negative markers that provided insights into

what they expected would happen in certain situations; and direct speech to illustrate the demeaning ways in which they were teased by others. The findings suggest that there were potential risks to well-being as reflected in narratives about communication impairment and disability, difficulties with relationships, and concern about academic achievement. There was also evidence of protective strategies in narratives which reflected hope, agency, and positive relationships. However, it is acknowledged that this dichotomy may be overly simplistic and may not reflect the multiple ways in which the children evaluated life events. These risks and protective strategies were identified by the researchers rather than explicitly stated by the children. Adversity can be viewed as a complex construct and children's and adult's understanding of this construct may differ. For example, some of the coping strategies used by the children such as leaving school early may have been viewed as effective in the short-term by the children but may not be viewed as effective by adults in the longer-term.

Potential risks to well-being

The potential risks to well-being which emerged in the children's narratives were communication impairment and disability, difficulties with relationships, and concern about academic achievement. The children's conceptualisation of their speech and language disorders was consistent with the social model of disability proposed by Thomas (2004) which includes three dimensions: impairment effects, barriers to doing, and barriers to being. Thomas (2007) defined barriers to being as psycho-emotional disablism whereby people with disabilities may be hurt and may feel lesser by the words or actions of non-disabled people. The findings are consistent with those of other studies and reflect these three dimensions e.g., difficulty saying words (impairment effects), social barriers such as exclusion and frustration when others did not understand them (barriers to doing), and internalising negative evaluations by others and being

made to feel lesser in some way, such as feelings of sadness (barriers to being) (Connors &

Stalker, 2007; McCormack, McLeod, McAllister, & Harrison, 2010; Merrick & Roulstone, 2011;

Sanger, Moore-Brown, Montgomery, Rezac, & Keller, 2003). For example, McLeod, Daniel &

Barr (2013) reported that children with speech sound difficulties indicated that they repeated the

message when others did not understand them and one child indicated that he was "forced" to

repeat the words (p. 79).

Another potential risk to well-being which emerged in the children's narratives was

difficulties with peer relationships (e.g., difficulties with making and maintaining friends and

victimization) and these findings are consistent with other studies (Conti-Ramsden & Botting,

2004; McCormack et al., 2011; Redmond, 2011; Wadman et al., 2011; Sweeting & West,

2001).Although the participants discussed difficulties with peer relationships, it is also important

to remember that these difficulties may be encountered by all children. For example, in a

population-based study of nine-year old children in Ireland, 40% of children reported that they

had been bullied in the previous year, and based on parental report 2% had no close friends at all,

6% had one close friend while 51% had at least four close friends (Williams et al, 2009). As

already discussed, there is conflicting evidence in relation to whether children with speech and

language disorders are at a higher risk of difficulties with peer relationships. Possible reasons for

an increased risk may be related to both child factors and social acceptance by peers. For

example, there is some evidence to suggest that children with language disorders may have

difficulties with social cognition which may impact on peer relationships (Bakopoulou and

Dockrell 2016, Andrés-Roqueta et al., 2016). Bakopoulou and Dockrell (2016) found that 6-11

year-old children with SLI were rated by teachers as presenting with significantly more problems

in the domain of socio-emotional functioning when compared with the control group. These

researchers found that it was social cognition and prosocial behaviour, and not language skills, that predicted teacher-rated behavioural, emotional and social difficulties for the SLI group. In another recent study Andrés-Roqueta et al. (2016) found that children with SLI, aged 3 years and 10 months to 8 years, presented with lower scores both in language and social cognition abilities when compared to an age-matched groups and they received more negative nominations from peers. Some suggest that poor language skills, including poor receptive ability, may be associated with theory of mind development, which may in turn affect social relationships (Brinton et al., 2005; Durkin & Conti-Ramsden, 2007). However, not all children with language disorders have difficulties with theory of mind or making friends but it is plausible that some of the children in the current study may have had difficulties "tuning in" to the listener (Durkin & Conti-Ramsden, 2007, p. 1453). One of the participants in the current study was clearly frustrated in the interview context when communication breakdown occurred and attributed the breakdown to the researcher. This also highlights the important role that others play in the co-repair of communication breakdown. In the interview context the researcher willingly engaged in the co-repair of communication breakdown and some children persisted with the process. McCormack et al. (2010), in a study of the experiences of speech sound disorders in the daily lives of children as reported by children and their communication partners, argued that the individual trait of persistence may be a valuable quality in repairing communication breakdown. Further research is needed to explore the impact that individual attributes, such as persistence and negotiation skills, have on well-being and resilience in children with speech and language disorders. It may also be the case that the type of impairment may impact on peer relationships. The findings of this study differ from those of Laws et al. (2012) who found that children with clearer speech and more mature syntax had more positive peer relationships than children with

pragmatic language difficulties. In the current study, the two children with speech disorders also reported difficulties with peer relationships. Children presenting with speech and language disorders are heterogeneous and the findings of this study highlight the complexity of peer relationships. Further research is required to identify the range of factors which may influence peer relationships such as language skills, social cognition, personal attributes and whether or not the experiences of children with speech and language disorders differ from those of their neurotypical peers. From a social model perspective it is also necessary to explore the perceptions of peers to gain a better understanding of facilitators and barriers in relation to peer acceptance.

Educational placement and transitions also appeared to have an impact on peer relationships. For one child the transition to the next class was positive in terms of making new friends whereas others experienced disruption in friendships when they attended specialist speech and language classes. Some also experienced difficulties re-engaging with peers on their return to mainstream education. This finding is consistent with other studies on the impact of transitions in schools on peer relationships (Baker & Donelly, 2001; Weller, 2007). Researchers have also found that children with SLI attending a language resource base were less accepted by peers than their mainstream peer groups (Laws et al., 2012). It may well be the case that transitions to a different class or school may influence perceptions of friendships and loneliness for all children. It is therefore difficult to attribute the cause for difficulties with peer relationships to the change of school, communication disorders or indeed other factors. Nonetheless, it is important that speech and language pathologists and teachers consider ways in which education placements, although well-intentioned, may have negative effects on identity and peer relationships (Lyons & Roulstone, 2016).

Another risk in relation to well-being was that some children positioned themselves in passive roles in relation to peers. It was unclear whether or not this was a deliberate strategy. Stoneham (2001) argued that children with language impairments and poorly developed friendship skills may show indecision with regard to entering peer groups and joining in play. Indeed, in a study of the social behaviours in the play-ground of typically developing children and those with language disorder, the children with language disorder demonstrated more withdrawal behaviours than their typically developing peers (Fujiki et al., 2001). Others suggest that children may deliberately position themselves on the outside or on the side-lines of peer groups to avoid being bullied (Sentenac et al., 2011). Although children may view this strategy as protective in the short-term, it may have adverse effects from a long-term perspective because children may not learn how to deal effectively with bullies. Indeed, children who position themselves in predominantly passive ways in their narratives may need to learn to re-story or re-author themselves in more agentic and powerful roles (Adler, 2012; Johnston, 2004; White, 2011). However, Redmond (2011) warns that it is important that speech and language pathologists are on the alert for potential difficulties with victimization when children's language abilities improve because they may interact more with peers and may be at a higher risk for peer victimization.

Another potential risk in relation to well-being was concern about current and future academic achievement. The prevalence of concomitant academic difficulties in children with speech and language disorders has been well documented, but little is known about ways in which children deal with challenges in relation to academic work. There is evidence from research on dyslexia that children and adults negotiate living with this learning disability in different ways (Burden, 2008; McNulty, 2003). One of the children in the current study appeared

to be overwhelmed by school-work and talked about dropping out of school early. This finding is also reported in the literature (Robertson, Harding, & Morrison, 2008). Dropping out of school early may also be viewed by young people in the short-term as a protective factor to preserve self-esteem (Dei et al., 1997). However, caution is required when interpreting this finding because this theme only emerged in the data of one participant. Nonetheless, leaving school early may also be a risk in relation to the child's education and employment prospects in the long-term.

Potential protective strategies

The themes that emerged as potential protective strategies in relation to well-being and resilience were: hope, agency, and positive relationships. These themes were identified in narratives where children evaluated their experiences in positive ways. Many of the children presented a positive outlook: their narratives were progressive in plot structure and their evaluations were positive because the problem they talked about had resolved. This finding of a positive outlook is interesting in light of resilience and well-being theory that focuses on strengths and positive factors as opposed to deficits (Zolkoski & Bullock, 2012). The findings are consistent with those of other qualitative studies with children with speech and language disorders, where some children emphasised their positive skills and qualities (Merrick & Roulstone, 2011), viewed aspects of their lives as good (Roulstone and Lindsay, 2012) and presented with positive identities (Lyons & Roulstone, 2016). A possible explanation for positive evaluations may be the principle of adaptability, whereby people adapt to the circumstances of their lives, whether favourable or unfavourable (Shmotkin, 2005). Therefore, it is important to challenge the assumption that all children with speech, language, and communication needs will have predominantly negative evaluations of their experiences. Indeed, children make sense and

negotiate living in the context of any impairment in different ways, which may not necessarily be negative (Burden, 2008). There is a danger that if the focus is only on the problems that children encounter, then the negative stereotypes associated with disability will be reproduced (Davis, 2004). This very point was illustrated in a study by Miskelly and Roulstone (2011) who were challenged to re-frame their research questions, which focused on the difficulties of young people with communication impairments, because the young people wanted to be represented on their own terms.

One of the themes that emerged in the children's narratives was that of hope. Even though some children were negotiating what could be considered challenging experiences, many were hopeful that their situations were improving. In a systematic review on resilience in children, Zolkoski & Bullock (2012) identified key factors in facilitating resilience which included having goals, educational aspirations, hope, and belief in a bright future. On the contrary, a sense of hopelessness may be associated with depression and loneliness (Snyder, 2003). Some argue that hope is a dynamic process which is strongly influenced by past experiences, current realities, and perceived futures (Bright, Kayes, McCann, & McPherson, 2013). Therefore, it is plausible that when children with speech and language disorders have had positive experiences of overcoming obstacles in the past this may provide them with a sense of agency and hope that they could deal with other obstacles in the future. On the other hand, negative experiences with poor outcomes may diminish a sense of hope. The construct of hope has been investigated in studies of adults with strokes (Bright et al., 2013), in families of children with autism (Gainer Sirota, 2010; Park, 2008) and in young people with cerebral palsy (Cussen, Howie, & Imms, 2012) but has received little attention in the field of childhood speech and language disorders.

There are claims that hope is not solely an internal attribute but rather emerges as a co-construction in the context of relationships with others (Bright et al., 2013; Jagoe & Walsh, 2013; Mattingly, 1998). Therefore, it is important that others in children's social networks, including teachers and speech and language pathologists, are aware of the important role they play in co-constructing hope. Mattingly (1998) claims that therapy can be framed as a hopeful therapeutic plot which addresses a gap between where the person is now and where they want to be. Given the potential long-term nature of speech and language disorders, it is crucial that speech and language pathologists, teachers, and parents incorporate hope-enhancing influences into their interactions and interventions with children and young people with speech and language disorders. Furthermore, children's concerns need to be explored and addressed.

Another theme that emerged as a protective strategy was agency. Agency and belief that one can exert control over one's environment has been identified as a facilitator of resilience in children (Zolkoski & Bullock, 2012). On the contrary, a lack of belief that one can influence the environment may result in feelings of powerlessness, helplessness, and pessimism (Adler, 2012). As already discussed, some children positioned themselves in passive ways in their narratives. There was also evidence that some children also presented themselves as agents exerting control over environments e.g., being proactive in making friends. When writing about adults with mental health difficulties, Adler (2012) claims that those who are highly agentic have a sense of purpose, personal growth, and hope. Indeed in a study of child well-being, children themselves identified the capacity to act freely, make choices, and exert influence in everyday situations as important determinants of well-being (Fattore et al., 2006).

Another protective strategy in the children's narratives appeared to be positive relationships. There is evidence to suggest that positive relationships with others can mediate

negative experiences and strengthen well-being and resilience (Statham & Chase, 2010; Zolkoski & Bullock, 2012). Affirmation by others is important because perceptions of being valued are important to children's sense of well-being (Nic Gabhainn & Sixsmith, 2005). Some children viewed friends as buffers when they were bullied and this finding has also been reported in the literature (De Vet, Waitt, & Gorman-Murray, 2012; McMaugh, 2011; Merrick & Roulstone, 2011). Redmond (2011, p. 531) referred to the "friendship buffering effect" whereby children with SLI with more close relationships reported lower levels of victimization. Therefore, it is important to consolidate children's support systems, find advocates and supporters to help mediate their experiences, in order to promote resilience (McLeod et al., 2013). Research on protective factors and resilience in children with speech and language disorders is in the early stages and longitudinal studies are required to identify risk and protective factors in these children over time.

Strengths and limitations

The findings of this study need to be interpreted within the context of its strengths and limitations. As is the case in all qualitative research, there are no claims that the findings can be generalised and they must be interpreted cautiously. The aim of this study was to "put a face" on children with speech and language disorders and to understand their experiences from their own perspectives (Fujiki & Brinton, 2014, p.284). Greenhalgh (2016) recommended that researchers put strategies in place to improve rigour and thereby enhance trustworthiness in narrative inquiry. For example, there was prolonged engagement with participants and a large volume of data were generated in a range of contexts; the researchers used member-checking whereby they checked their understandings of the participants' intended meanings of the narratives; an in-

depth analytic approach was used that provided insights into children's subjective well-being; and the authors' use of reflexivity whereby they questioned their own findings and considered alternative interpretations. Nonetheless, the findings need to be interpreted in the context of the limitations of the study. It is recognised that in narrative inquiry what is accessed is not the life or experience itself but rather the life as told (Plummer, 2001). In other words individual narratives should never be used as proof of causality or as a "direct undistorted window" on people's experiences (Greenhalgh, 2016, p. 10). Greenhalgh (2016) argues that rather than seeing narratives as true, they can be viewed as perspectival because they provide insights into the person's lifeworld. Therefore, the authors trusted the children's accounts as representations of their selected experiences and this is the case in other children's qualitative research (Dockett & Perry, 2007). Furthermore, the data represented what children chose to tell the first author in the context of interviews with a relative stranger. Given that a qualitative design was used in this study the analysis of the data was embedded in a "constructionist view of reality" which acknowledges that different people may interpret the data in different ways (Given, 2016, p. 156). The first author conducted the interviews, analyses, and presented 'an' interpretation of the data. It is entirely plausible that other interpretations are possible.

Conclusions and Implications

Very little is known about resilience and ways in which children with speech and language disorders navigate their daily experiences. This study extended our knowledge in relation to well-being and resilience in children with speech and language disorders through listening directly to children's narratives. By valuing narratives and creating time, practitioners can create positive safe environments to allow children to feel safe to tell their stories (Kovarsky,

2008). Indeed, the act of telling stories can be viewed as therapeutic in its own right because stories provide opportunities to express emotions, reduce a sense of isolation, and may provide insights into barriers, goals, hopes, and conflicts (Barrow, 2011). Given that speech and language disorders are potentially life-long conditions, it is important that speech-language pathologists understand the concept of resilience. This research focused on identifying potential risk and protective factors in relation to well-being and resilience in children's narratives. Further research is necessary to investigate ways in which children with speech and language disorders cope with adversity at an individual level. This may involve exploring ways in which individual traits such as temperament, persistence and negotiation skills impact on coping skills and outcomes. However, Ungar (2015) argues that practitioners need to consider resilience in a systemic way rather than viewing it as an individual trait. Therefore, it is necessary to investigate ways in which children's social ecologies act as mediators in relation to positive and negative experiences. The value of tools such as the Child and Youth Resilience Measure (CYRM) (Liebenberg, Ungar, & LeBlanc, 2011) could be explored with children with speech and language disorders to identify the resources available at individual, social, and cultural levels to bolster resilience. These data could then be used to inform the development of appropriate interventions to support these children and to enhance their well-being.

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