

Invited commentary for *Developmental Medicine and Child Neurology*. Accepted 21<sup>st</sup> December 2016.

Everyday communication: measuring children's real-life communication participation, and SLT outcomes. Invited commentary on Hidecker et al.

Elsbeth McCartney  
University of Strathclyde

Why this study is of interest.

There are many standardised, responsive measures of children's speech and language abilities, but service providers and families of children with speech and/or language disorders also seek ways to chart children's participation and communication in everyday, 'real life' social situations. Measures with psychometrically adequate levels of reliability and validity exist for children with specified impairments or particular neuro-developmental difficulties, completed by different communication partners including speech and language therapists (SLTs), parents/carers and teachers<sup>2</sup>. Ideally, participation measures would be useable across a wide range of ages and impairments, and be completed reliably by anyone who knew the child well. Further, they would be responsive to changes in a child's everyday communication, and so useable as outcome measures that connect with intervention.

Hidecker et al.'s<sup>1</sup> paper augments the limited literature on participation measures by extending the use of the Communication Function Classification System (CFCS), which measures children's ability to send and receive messages across the age range 2-18 years. It has shown validity for children with cerebralpalsy. Hidecker et al.<sup>1</sup> extended CFCS to a sample of pre-school children diagnosed with speech and/or language disorders aged up to six. Concurrent and predictive construct validity over five months was established by statistically significant correlations between CFCS and the Focus on the Outcomes of Children Under Six (FOCUS<sup>®</sup>)<sup>3</sup> measure, using responses to both from parents as well as SLTs. CFCS is a strengths-based classification measure, not a measure of change, but there was a suggestion that it might indeed be responsive to change, and hence support the measurement of intervention outcomes. FOCUS<sup>®</sup> already demonstrates sensitivity to change across a range of speech and language disorders. Both measures may show floor or ceiling effects: wider studies with larger child populations are planned.

Implications for clinical practice.

The fact that this relatively small step towards measuring communication and participation through an additional measure has implications for clinical practice is related to a drive for accountability that seeks to demonstrate intervention outcomes for children. For individual children, narrative and anecdotal evidence of increased activity and participation from children themselves, families and carers is useful, offering ecologically valid accounts of progress. However, these cannot easily be aggregated across clinicians or services to give a summary account or comparison of intervention outcomes, as sought by service providers.

The Royal College of Speech and Language Therapists (RCSLT) reviewed over sixty published outcome measures for SLT clients (adults and children) in relation to their validity, reliability, client group and range of domains measured<sup>4</sup>. The survey identified only one with a reasonable fit across most SLT clinical practice, the Therapy Outcome Measures (TOMs)<sup>5</sup>, which is widely used by UK SLTs. These scales cover the four domains of impairment, activity, participation and wellbeing and around forty-seven conditions. However, TOMs is completed by an SLT, potentially increasing rater reliability but missing the views of children and parents.

In light of its ubiquity and reasonable levels of reliability, TOMs is being used across the UK in an RCSLT 'proof of concept' pilot of an online tool for collecting and aggregating intervention outcomes, the RCSLT Online Outcome Tool (ROOT). ROOT may be used with other outcome measures, and uses WHO ICD 10-11 codes to identify conditions. An independent evaluation of pilot sites is ongoing, with use of the tool proving feasible. Issues of information governance have proved complex. Aggregate communication outcome measures at service level offer the potential to identify gaps in provision, and the impact of specific therapeutic approaches. However, the need for an increased choice of well-standardised communication measures is evident - and Hidecker et al.'s<sup>1</sup> contribution is relevant here.

1. Hidecker et al. (2017) Establishing validity of the Communication Function Classification System (CFCS) for use with preschoolers with communication disorders
2. McLeod S, McCartney E, McCormack J. Communication (D310-D369). In: Majnemer A, editor. Measures for children with developmental difficulties - an ICF-CY approach. London: Mac Keith Press, 2012. 312-325.

3. Washington K N, Thomas-Stonell N, McLeod S, Warr-Leeper G. Outcomes and predictors in preschoolers with speech-language and/or developmental mobility impairments. *Child Lang Teach Ther.* 2015; 31(2):141-57.

4 Powell G, Lowenthal D. Outcomes and outcome measures. *RCSLT Bulletin* 749. **Sept.** 2014: 22-24

5 Enderby P, John A. Therapy Outcome Measures (TOMs) for Rehabilitation Professionals. 3rd Edn. Albury: J & R Press, 2015.