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Measuring communicative participation in population-based samples of children with speech and language difficulties

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Speech and language impairments are a highly common childhood problem. The potentially long-term impacts of persistent speech and language impairments on educational achievement, social-emotional well-being, adult literacy, mental health, and employment, means effective population-level approaches to interventions are critical. However, while there is some evidence supporting the effectiveness of speech and language therapy for children with expressive language difficulties, there is limited evidence for interventions for children with receptive language difficulties.[1] In addition, most of the evidence involves clinically referred populations and there is insufficient evidence to support population screening and population-based language trials to improve language outcomes.

The paper by Cunningham et al.[2] makes a valuable contribution to addressing this issue. To see meaningful change post-treatment, we may need to shift the focus of the primary outcome measure from specific impairment-based measures (i.e. standardised language assessments) to broader functional measures (i.e. measures of communicative participation or quality of life). As highlighted by Cunningham et al.,[2] while intervention or treatment may not result in a change in standard scores on a speech and language assessment, parents may report a change in how their child is understood by others or how their child socializes with other children/peers.

Cunningham et al. employed mixed effects modelling to develop average growth curves for pre-schoolers' communicative participation by child level of communicative function. Findings showed that children with varying levels of communication function can make significant changes in their communicative participation skills. Communicative participation was measured using FOCUS (Focus on the Outcomes of Communication Under Six), a valid and reliable, freely-available tool.[3] This type of measure could be of use to population-based speech and language research, where it is often not feasible to include standardized language assessments which are costly and time-consuming to administer. It is important to note that in the Cunningham et al. study the type and amount of therapy received by children in the sample and the nature of impairment was not included (noted by the authors as a limitation). To identify whether there are differences in trajectories for those children not receiving intervention or accessing services, there is an argument for integrating such measures into population samples in addition to speech and language measures.

The Cunningham et al. study touches on the importance of considering the outcomes valued by parents (such as improving a child's ability to participate in the home and community); but what also needs to be considered are the concerns and outcomes most valued by the children themselves. While it is acknowledged that children should be included as active participants in research and decision-making processes that concern them, very few studies have explored children's concerns and valued outcomes associated with their impairments. Of the research that has explored this, evidence suggests that rather than the impairment being of concern to the child, of value to the child may be outcomes such as the child's emotional needs and the behaviour and attitudes of others towards that child.[4] The view of children with speech and language impairments could then assist in determining what outcomes will be most meaningful to the lives of those children with speech and language impairment and their families.

The work by Cunningham et al. makes an important contribution to an area of research that requires further investigation. In both practice and research, measuring health should not just be thought of in terms of absence of disease or impairment, but in terms of activity, participation, and quality of life. A new model of diagnosis for language disorders has recently been proposed by Bishop et al.[5] whereby a diagnosis would be assigned based on functional limitations rather than based on a severity cut-point. Thus, understanding both the nature and developmental trajectory of non-impairment-focused outcomes is both important and timely.

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