



Assessment of children's communicative participation: a preliminary study on the validity and reliability of the Italian Focus on the Outcomes of Communication Under Six (FOCUS-I) in preschool age

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ABSTRACT

Aim: Focus on the Outcome of Communication Under Six (FOCUS) is a 50-item rating scale designed to assess communicative participation in preschoolers. Satisfactory psychometric properties have been established for the English and German FOCUS versions. This preliminary study aimed to investigate internal consistency, test-retest reliability, and convergent and construct validity of the Italian adaptation of FOCUS (FOCUS-I).

Method: The study included Italian-speaking children (N = 364) aged between 36 and 71 months (M = 56.1, SD = 9.8) without a major developmental impairment. Parents completed FOCUS-I, and children were assessed through a naming task and a word repetition task. To evaluate test-retest reliability, 139 parents completed FOCUS-I twice.

Results: Analysis found excellent internal consistency for the overall score, with most subscales reaching acceptable internal consistency. High test-retest reliability was detected for the overall score; all subscales showed at least fair test-retest reliability. Some FOCUS-I subscales had moderate correlation with the speech measures from the word repetition task and with the expressive vocabulary from the naming task. A high correlation was found between the overall score and subscale scores. Among the 364 recruited children, those with low speech competencies (n = 46) or with low expressive vocabulary skills (n = 30) were rated lower by their parents for overall score and most subscale scores.

Conclusion: FOCUS-I can be considered a reliable and valid measure of functional communicative participation for Italian-speaking preschoolers. Further research is needed for the validation of FOCUS-I in typically and atypically developing children.

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Introduction

ICF-CY: a framework for communicative impairments

The publication of the International Classification of Functioning, Disability, and Health (ICF) (World Health Organization, 2001) and its subsequent 'Children and Youth' version (ICF-CY) (World Health Organization, 2007) led to a relevant change in the healthcare paradigms, whereby the traditional biomedical focus on impairments shifted to enhancing a person's functioning and, in particular, to the ability to participate in their community (Thomas-Stonell, Oddson, Robertson, & Rosenbaum, 2009). According to the ICF-CY model, a health condition results from a strict interaction between some aspects of biology ('body functions and structures' component) and everyday life activities ('activities and participation' component). One of the most innovative aspects of the ICF-CY is that it includes, for children and young people, the presence of contextual factors ('personal' and 'environmental factors' categories) which can support or limit everyday life

activities. The 'activities and participation' component includes two qualifiers that record the presence and severity of an individual's inability to carry out activities or be involved in a life situation. The first qualifier ('capacity') describes a child's ability to execute a task or an action in an ideal/standard environment, and it indicates their highest level of functioning in a given moment. The second qualifier ('performance') describes what a child actually does in their usual daily living. Such a model provides a biopsychosocial framework for research and clinical practice in disability, and it involves the need for healthcare outcomes to assess the whole functioning of an individual, both in standardized environments and in life situations (Thomas-Stonell et al., 2009). With regard to speech, language, or communication impairments, the ICF-CY model highlights the importance of investigating, in a holistic manner, how structural and functional difficulties are related to the everyday activities of a child and how they may interfere, for instance, with a child's ability to communicate at home or in the community (McCormack, Harrison, McLeod, & McAllister,