Interim progress report: developing a reliable and valid Child Learning Disability Screening Questionnaire (CLDSQ) for early identification of children with a learning disability in multi-agency settings

The aim of part 2 of this project was to gather more data on the validity and reliability of the CLDSQ with the ultimate aim of facilitating the early identification of children with a learning disability.

The project involved examining existing case notes of children/young people aged 6 to 16 years, with and without LD (to allow comparison of the performance of the CLDSQ with both groups) in order to identify the following:

- Demographic information i.e., age, gender, age at assessment, diagnosis of learning disability (or not) additional diagnoses.
- Scores from intellectual assessments
- Scores from adaptive functioning assessment
- Information required for the CLDSQ e.g., ability to tell the time, contact with specialist support services etc.

This information was to be used to assess the following:

- 1. Criterion related validity i.e. the relationship between the CLDSQ and a pre-existing validated measure. To test this the CLDSQ scores will be compared with the clinical diagnosis of whether the child had LD or not, based on assessments using the three diagnostic criteria i.e. assessment of intellectual and adaptive functioning and childhood onset.
- 2. Convergent validity i.e. the correlation between two related constructs. To test this the CLDSQ scores will be correlated with the intellectual assessment scores
- 3. Discriminative validity i.e. the ability of a measure to distinguish between children with and without LD. This will be measured by looking at the ability of the CLDSQ to distinguish between children with and without a learning disability in terms of their mean scores on the assessment.
- 4. Inter-rater reliability i.e. there will be significant agreement between 2 independent raters on CLDSQ scoring. This will be assessed by having two raters independently score 10% of the CLDSQ questionnaires, from the case note information and measuring agreement between them

Progress to date:

To date Caldicott Guardian approval to access case-notes has been sought from 6 NHS areas. Arrangements were made to access case notes from those areas where permission was granted (I am still awaiting permission from 1 area and have still to access the case notes in another). Sufficient data has been gathered to address all of the areas of validity and reliability identified above and preliminary statistical analysis has been carried out. As data collection will be continuing over the next few months, final analysis and write up will take place in February/March 2011

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