Reviewer's report

Title: Health professional perceptions regarding screening tools for developmental surveillance for children in a multicultural part of Sydney, Australia

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Reviewer: Paul Dworkin

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Despite a comprehensive policy statement of the American Academy of Pediatrics (AAP) on surveillance and screening published in 2006 (Pediatrics Jul 2006, 118 (1) 405-420; DOI: 10.1542/peds.2006-1231), how to best perform early detection of young children at risk for adverse developmental outcomes remains a topic of considerable interest and some controversy. Furthermore, how to best apply the precepts of surveillance and screening in a culturally-appropriate manner and how to best engage parents of diverse cultures and beliefs demands further research. Thus, this study of health providers' perceptions regarding surveillance tools in multicultural Sydney is of potential interest to researchers and clinicians, alike. The findings of challenges of time, tool awareness, referral pathways, and access to services validate past research and confirm the need to view early detection within the context of a comprehensive, integrated process of developmental promotion, early detection, referral and linkage (J Dev Behav Pediatr 2015; 36:637-638. DOI: 10.1097/DBP.0000000000000216). Furthermore, findings confirm the importance of interpreting screening tools within the context of all that is known of the child and family. The study's potentially useful implications may be strengthened by the authors addressing a number of limitations and issues, as well as clarifying their use of language and terminology.

As an American reviewer, I am respectful of but challenged by the authors' use of the term surveillance. As implied in my first paragraph of this review, the AAP has endorsed the integrated, comprehensive process of surveillance and screening, whereby surveillance represents the longitudinal process of eliciting parents' opinions and concerns, taking an informed developmental history, performing skilled observations of children, and, particularly
when concerns arise, soliciting input from those who are able to observe the child, such as child care providers and educators. The screening component of surveillance and screening refers to the periodic administration of standardized tools to enhance early detection and ensure that children do not evade such early identification. Importantly, the limitations of such screening tools, by virtue of the complexities of developmental trajectories, demand that results always be interpreted in the context of all that is known of the child and family. Thus, the reference to the PEDS and ASQ as surveillance tools, rather than screening tools, is admittedly distracting and fails to acknowledge the critical role of the longitudinal process of engaging parents and eliciting their opinions and concerns as a crucial element in early detection. While I do not wish to debate the merits of American and Australian terminology or expert opinion as to processes, and am both mindful and respectful of the strong impact of Australian thinking on early detection (for example, Australian Family Physician; Melbourne34.9 (Sep 2005): 739-42), both the PEDS and the ASQ were developed by Americans as developmental screening tools, that is validated instruments to be periodically administered to enhance the efficacy of early detection. Furthermore, in concert with the evolution of thinking as to best practices in early detection, both the PEDS and ASQ are now recommended as screening tools to be used in the context of the integrated process of surveillance and screening. Can the authors reconcile their use of terminology such that their findings may be useful for a broad audience? Alternatively, they could perhaps explain their use of the term surveillance and support their rationale for referring to the PEDS and ASQ as surveillance tools to minimize readers' confusion.

The authors raise important concerns for the need for training in the use of tools such as the PEDS and ASQ and cite the modest use of such tools in current practice. As reported, both tools have acceptable psychometric properties and lend themselves to administration within the health centre setting. Furthermore, the use of the PEDS for universal screening the ASQ for secondary screening when concerns arise on the PEDS seems intuitively useful and appropriate, although is not specifically supported by research. In fact, both the PEDS and ASQ are designed as first stage, universal screening tools and the relative efficacy of a tool that capitalizes on parents' concerns vs. parents' contemporaneous reporting of children's skills is unknown and itself worthy of research. Nonetheless, health professional views on the efficacy and utility of the PEDS and ASQ are of interest and would likely yield implications for training. The qualitative research methods employed in the study and the intriguing, albeit highly conceptual mixed methods
design are helpful in capturing such views. However, for the uninitiated and unfamiliar reader, the description of the realist philosophical approach is daunting and would benefit from simplification and a clearer explanation.

Strengths of the this study include access to a highly diverse study population, a large cohort of participating health professionals using acceptable sampling strategies, the use of both individual interviews and focus groups, sound data analysis using valid qualitative methodology, acceptable inter-rater reliability, and the useful classification of findings within 2 major categories of "difficulties/problems" and "positives." In general, findings confirmed well-recognized concerns including attendance, awareness and knowledge of tools, choice of tools, and contextual barriers. Positive comments, while quite superficial and general, suggest some level of basic understanding of the importance of early detection and the validity of parents' concerns.

Findings from this study are difficult to interpret without an understanding of the current training of child health professionals, the extent to which surveillance and screening is recommended as core components of child health surveillance services, whether professionals are held accountable to standards and required to document their adherence and use data to inform their quality improvement activities, and their access to and support from a system that enable vulnerable children identified to be at risk to be effectively linked to assessment and intervention services as indicated. To what extent is developmental promotion a priority for child health surveillance services? If not a priority supported by education, training, and a robust, system, the lack of knowledge and deficits in practice are not surprising. A better understanding of the context for the study would assist the reader in deriving potential implications for training, practice, and policy.

In summary, the perceptions of child health professionals regarding screening tools are of interest and potentially useful in deriving implications for practice, training, and policy. I encourage the authors to reflect on their use of terminology and ensure adherence to current concepts of surveillance and screening, to place their findings within the context of services and system support, and to expand their focus beyond screening tools in isolation to a more comprehensive, robust, integrated process of developmental promotion, early detection, referral and linkage. I am concerned that an isolated focus on screening tools that merely reinforces well-recognized barriers yields limited implications with respect to achieving the goal of child health providers' effective promotion of children's optimal healthy development. The authors
appropriately cite the need for a "comprehensive and integrated delivery model." Strengthening this manuscript may best support this important recommendation.

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If not, please specify what is required in your comments to the authors.
Yes

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