ANDA
Action Network for the Disabled

able child
AFRICA

Early Years Child Functioning
Assessment Tool

1.0. Introduction

1.1. Background

The **Child Functioning Assessment Tool** is adapted from The Washington Group/UNICEF Module on Child Functioning (CFM). The original CFM was designed for use in the national household surveys and censuses. It is used to identify children who are at greater risk than other children of the same group or who are experiencing limited participation in an environment that is not accommodating.

The questions are appropriate for two specific age cohorts: children in pre-school age (2–4 years) and school-aged children (5–17 years). Some domains of functioning are shared by both age cohorts, while others are specific to each cohort. The tool for age 2-4 has 7 domains while the one for age 5-17 has 12 domains. The different domains recognise the divergence of physical, social and cultural characteristics of the pre-schoolers, school going age and the youth.

Children enrol in pre-primary education in Kenya from the age of 3. Currently, assessments in Kenya are only conducted from age 5. This means children with disabilities who are enrolling in pre-primary education are not being assessed and those who need additional support in the early years are being missed at this crucial juncture.

Assessing child functioning at this early stage may break down some of the barriers that lead to low enrolment, retentions and attainment of children with disabilities in pre-primary education in Kenya.

1.2. Intended use

Two adapted CFM tools cover two groups of children: one for children aged 2-4 years and the second one for children aged 5-17 years. The rationale behind this is that children in Kenya enrol in school at age 3 and therefore the tool provides a mechanism that can assess a child's functioning at the point of pre-primary education enrolment. The other tool covers the children who are above age of 4 years and is intended for children yet to enrol in school or are already in school.

The original tool underwent extensive reviews by experts, it has been tested in different countries and has passed the test of validity and cultural understanding. The CFM tool has been widely acknowledged, embraced and recommended by UN agencies, member states, organisations of persons with disabilities, and other stakeholders to provide disaggregated data on children with disabilities for use in national household surveys and censuses.

There is increasing evidence demonstrating that this tool can be adapted and is effective for school-based assessments led by a teacher in educational settings. For example, Humanity and Inclusion tested a teacher version of the CFM in Senegal and found that teachers reported positive impacts.[1]

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This research concluded that more research is required to test the CFM for teachers at a larger scale. Similarly, research carried out in Fiji observed that the CFM can be used to identify children at risk of disability by class teachers and that it was effective in informing planning, and monitoring and evaluation on how children with disabilities are accessing inclusive education.[2]

This tool seeks to contribute to this work and determine the usefulness of the CFM in school level identification and assessment of children with disabilities at pre-primary age in Kenya.

There have been no substantive changes made for the tool that has been suggested for use in Kenya as originally designed. However, there are some improvements in the instructions to use the tool to fit educational assessments within the Kenyan context. Some of the minor changes made include providing a space for capturing background data of the child alongside instructions for teachers on the administration of the tool. The tool also provides visual instructions by shading the cells that the respondent is supposed to respond to and instead of using an arrow to direct the respondent to move to the next question, a statement was used. For example, 'If yes, go to CF2. If no, go to CF3'.

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2.0. Instructions

2.1. Who will conduct the assessment?

The current assessments that take place in Kenya will be conducted by Education Assessment and Resource Centers (EARCs). However, the functional screening tools used by EARCs have not been comprehensive and do not cover all the domains suggested by the CFM.

This tool relates to the social model of disability and thus not intended to provide a medical diagnosis on the child, rather a recognition of the barriers they experience.

It is best suited to replace the current assessment tools used by EARC assessment officers and as a new tool for class teachers.

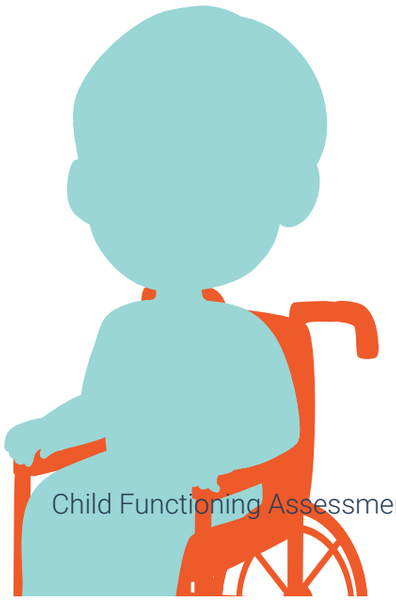
2.2. Who are the respondents?

The tool can be responded to by a child of advanced age who can understand the questions or by a proxy such as a parent/caregiver or a class teacher. However, for a teacher to respond on behalf of the child, they need to have had some time to observe the child across all domains. Sometimes, the interviewer may wish to triangulate or combine information provided by parents/caregivers and teachers for improved accuracy.

2.3. How the responses will be given

This tool assesses different functional domains including vision, hearing, mobility, learning, communication, dexterity and playing, and emotions. The degree of functionality for each domain is assessed in two ways; using a nominal rating (yes/no) and using a Likert Rating Scale. 'Yes' or 'No' denotes responses to questions that require a direct response. The Likert scale has four levels including 'no difficulty', 'some difficulty', 'a lot of difficulty' and 'cannot do at all'. This distribution creates four points equally distributed among the continuum that allows respondents to easily discriminate among the options. The recommended cut-off (at a lot of difficulty) identifies those with barriers that need to be addressed in an educational setting.

Teachers administering the CFM should refer to the Difficulty Key below to help determine appropriate answers. These should also be explained to the respondents.



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Difficulty key

- **No difficulty** - the child can do the activity with ease, meaning the child has no disability
- **Some difficulty** - the child can do an activity though with some struggle meaning the child has a mild disability
- **A lot of difficulty** - the child struggles to undertake an activity and is often supported, meaning the child has a moderate disability
- **Cannot do it all** - the child has no ability whatsoever to carry out the activity, meaning the child has a severe or profound disability

The interviewer needs to assess all the domains. A mark (x) is put on the shaded area for only one option that fits the child being assessed.

2.4. Where should it be used?

It is important to create safe spaces where children with disabilities and their parents/caregivers feel encouraged, safe and free to engage with the questionnaire, and these spaces will be different for every family.

Caregivers may be worried about the answers to the questionnaire being overhead or that their answers may lead to discrimination or labelling by others. Participants should be asked where they would prefer to complete the questionnaire and interviewers will need to be flexible and respond to requests.

Generally, questionnaires should take place in a quiet, private space where respondents can easily travel to and feel comfortable. This could include respondents' homes, community hubs or schools.

2.5. Obtaining consent

Ask the parents/caregivers to accompany minors and before administering. Ensure to seek written and informed consent from the respondent. Respondents must be informed of how data collected will be used and provided with clarity on the likely next steps following the completion of the questionnaire.

When administering the tool to a parent/caregiver, read the question very clearly and read out the options provided. It is important to repeat to ensure the respondent understands them well. You may need to interpret the questions in the language the respondent understands best.

2.6. Keeping data safe

Respondents should be informed of how their data is going to be used before administering the questionnaire.

The main way EARC assessment officers will use this data is for making plans for adaptations in educational settings for individual children and making decisions around placement.

For the Ministry of Education, the data will be analysed as needed for planning and evaluation. The Ministry of Education is redesigning the National Education Management Information System (NEMIS) to capture data on assessment from the county and national assessment centres. Once this

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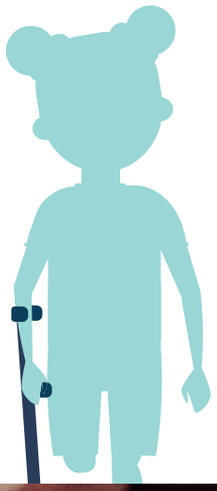
system redesign is finalised, disaggregated data of children assessed will be captured and can be used for reporting and follow up. The child's data will be linked to their Unique Personal Identifier (UPI) used as an identity for all children in school.

Data collected from this tool can be collected manually or electronically. Schools need to ensure data is kept safe by backing it up regularly. All results will be shared only on a need-to-know basis and will be kept private and confidential other than being used in the ways described above.



2.7. Next Steps

Once the data is filled in, the interviewer will identify the child to have a disability if they have been rated to have 'a lot of difficulty' and 'cannot do it at all'.

Following on from this, the class teacher will use this tool to develop an Individualised Education Plan (IEP) during the admission and will track the improvement of the learner's achievements on a termly basis.

This tool can be digitized to make it easier to collect data and analysis. Follow up should be done annually.

During administration of the tool, the interviewer should be keen on the items that require to be skipped when they do not apply to that particular child.

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Child Functioning Assessment Tool for Ages 2–4 Years

Background information	
Name of the child	
Age of the child	
Residence	
School	
Grade	

Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
F1: Visual functioning								
CF1	Does *(NAME)* wear glasses?							If yes, go to CF2. If no, go to CF3
CF2	When wearing his/her glasses, does *(NAME)* have difficulty seeing?							For all responses, go to CF4
CF3	Does *(NAME)* have difficulty seeing?							
F2: Hearing functioning								
CF4	Does *(NAME)* use a hearing aid?							For no, go to CF6
CF5	When using his/her hearing aid, does *(NAME)* have difficulty hearing sounds like peoples' voices or music?			`				For all responses, go to CF7

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Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
CF6	Does *(NAME)* have difficulty hearing sounds like peoples' voices or music?							
F3: Mobility functioning								
CF7	Does *(NAME)* use any equipment or receive assistance for walking?							If no, go to CF10
CF8	Without his/her equipment or assistance, does *(NAME)* have difficulty walking?							
CF9	With his/her equipment or assistance, does *(NAME)* have difficulty walking?							For all responses, go to CF11
CF10	Compared with children of the same age, does *(NAME)* have difficulty walking?							Go to next
CF11	Compared with children of the same age, does *(NAME)* have difficulty picking up small objects with his/her hand?							Go to next

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Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
F4: Communication functioning								
CF12	Does *(NAME)* have difficulty understanding you?							Go to next
CF13	When *(NAME)* speaks, do you have difficulty understanding him/her?							Go to next
F5: Learning								
CF14	Compared with children of the same age, does *(NAME)* have difficulty learning things?							Go to next
F6: Dexterity and playing								
CF15	Compared with children of the same age, does *(NAME)* have difficulty playing?							Go to next
F7: Emotions								
CF16	Compared with children of the same age, how much does *(NAME)* kick, bite or hit other children or adults?							Last

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Any other information

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Child Functioning Assessment Tool for Ages 5–17 Years

Background information	
Name of the child	
Age of the child	
Residence	
School	
Grade	

Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
F1: Visual functioning								
CF1	Does *(NAME)* wear glasses or contact lenses?							If yes, go to CF2. If no, go to CF3
CF2	When wearing his/her glasses or contact lenses, does *(NAME)* have difficulty seeing?							For all responses, go to CF4
CF3	Does *(NAME)* have difficulty seeing?							Go to the next
CF4	Does *(NAME)* use a hearing aid?							If yes, go to CF5. If no, go to CF6

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Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
F2: Hearing functioning								
CF5	When using his/her hearing aid, does *(NAME)* have difficulty hearing sounds like people's voices or music?							For all responses, go to CF7
CF6	Does *(NAME)* have difficulty hearing sounds like peoples' voices or music?							Go to the next
F3: Mobility functioning								
CF7	Does *(NAME)* use any equipment or receive assistance for walking?							If yes, go to CF8. If no, go to CF12
CF8	Without his/her equipment or assistance, does *(NAME)* have difficulty walking 100 meters on level ground? That would be about the length of 5 football fields.							If a lot of difficulty, go to CF10 and cannot do at all, go to CF10

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Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
CF9	Without his/her equipment or assistance, does *(NAME)* have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields.							Go to the next
CF10	With his/her equipment or assistance, does *(NAME)* have difficulty walking 100 meters on level ground? That would be about the length of 1 football field.							If a lot of difficulty, go to CF10 and cannot do at all, go to CF14
CF11	With his/her equipment or assistance, does *(NAME)* have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields.							For all responses go to CF14

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Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
CF12	Compared with children of the same age, does *(NAME)* have difficulty walking 100 meters on level ground? That would be about the length of 1 football field.							If a lot of difficulty, go to CF10 and cannot do at all, go to CF14
CF13	Compared with children of the same age, does *(NAME)* have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields.							Go to the next
F4: Self-care								
CF14	Does *(NAME)* have difficulty with self-care such as feeding or dressing him/ herself							Go to the next
F5: Communication								
CF15	When *(NAME)* speaks, does he/ she have difficulty being understood by others in class/ home?							For class teachers, class applies, for caregivers, home applies

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Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
CF16	When *(NAME)* speaks, does he/she have difficulty being understood by people outside his class/home?							For class teachers, class applies, for caregivers, home applies
F6: Learning								
CF17	Compared with children of the same age, does *(NAME)* have difficulty learning things?							Go to the next
F7: Remembering								
CF18	Compared with children of the same age, does *(NAME)* have difficulty remembering things?							Go to the next
F8: Concentration								
CF19	Does *(NAME)* have difficulty concentrating on an activity that he/she enjoys doing?							Go to the next

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Code	Category of functioning/ impairment	Response/level of functioning						Notes
		Yes	No	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	
F9: coping with change								
CF20	Does *(NAME)* have difficulty accepting changes in his/ her routine?							Go to the next
F10: Behaviour								
CF21	Compared with children of the same age, does *(NAME)* have difficulty controlling his/ her behaviour?							Go to the next
F11: Relationships								
CF22	Does *(NAME)* have difficulty making friends?							Go to the next

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Code	Category of functioning/ impairment	Response/level of functioning				Notes
		Daily	Weekly	A few times a year	Never	

These two last sections have different responses (frequency)

F12: Emotions						
CF23	How often does *(NAME)* seem very anxious, nervous or worried?					Go to the next
CF24	How often does *(NAME)* seem very sad or depressed?					Last

Any other information

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References

1. Humanity and Inclusion, (2019). ***Testing a teacher version of the UNICEF/ Washington Group Child Functioning Module (CFM-TV) in Senegal.*** https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/5b.pdf

2. Sprunt, B., Hoq, M., Sharma, U., Marella, M. (2019). ***Validating the UNICEF/Washington Group Child Functioning Module for Fijian schools to identify seeing, hearing and walking difficulties.*** https://pubmed.ncbi.nlm.nih.gov/28931311/#affiliation-1

Resource List

To know more about this tool, please refer to the resources below:

1. UNICEF Washington Group Module on Child Functioning (no VO): https://www.youtube.com/watch?v=VoeEllMfwmc&list=PLnJDbVb-S-E0ru7En_-ux1ZFUArq6ujsF&index=5

2. Key To Inclusion: New tool to measure child functioning: https://www.youtube.com/watch?v=lj6iqkaSCGQ

3. Practical guidance on how to collect data on persons with disabilities: https://www.youtube.com/watch?v=rGRSTgekv6U

4. How to Collect Disability Data in KoboToolbox - Washington Short Set of Questions on Disability: https://www.youtube.com/watch?v=jih28JvpPfo

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The adaptation was informed by a preceding situational analysis. The situational analysis and the adaptation were done by a team of two consultants from Kenya, Frederick Haga and Nathaniel Muthomi, who are well grounded in the field of Special Needs Education in Kenya as practitioners and researchers.

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