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### Towards a more functional and dynamic assessment of children with special needs in function of more inclusive education

J LEBEER<sup>1</sup>, P PARTANEN<sup>2</sup>, A CANDEIAS<sup>3</sup>,  
ML GRÁCIO<sup>3</sup>, K BOHACS<sup>4</sup>, G SONNESYN<sup>5</sup>,  
H VAN DE VEIRE<sup>6</sup>, I VAN TRIMPONT<sup>7</sup>, E MAIOR<sup>8</sup>,  
I SZAMOSKOZI<sup>8</sup>, L DAWSON<sup>9</sup>

<sup>1</sup> University of Antwerp, Edegem, Belgium; <sup>2</sup> University of Mid-Sweden, Östersund, Sweden; <sup>3</sup> University of Evora, Evora, Portugal; <sup>4</sup> University of Szeged, Szeged, Hungary; <sup>5</sup> Pedverket, Voss, NO; <sup>6</sup> Pupil Support Centre VCLB, Gent, BE; <sup>7</sup> Public Pupil Support Centre Continuing Education, BE; <sup>8</sup> Babes-Bolyai University, Cluj-Napoca, RO; <sup>9</sup> Ministry of Education, Tortola, VG

**Objective:** The DAFFODIL project (Dynamic Assessment of Functioning Oriented at Development and Inclusive Learning), a consortium of 8 European partners, aims to suggest reforms to assessment and coaching procedures of children with developmental disabilities which will increase their ability to participate in inclusive education. This paper reports the fourth phase of the study, which was to collect models of good practice and develop consensus guidelines for assessment oriented at identifying functional difficulties, context, interaction, and possibilities for learning. This should, in turn, lead to useful recommendations for teachers, parents, and rehabilitation staff.

**Background:** European governments have recognized the need to make education more accessible to children with learning and functional impairments. Many children, however, remain excluded from participation and adequate education. Though every country which ratified the UN 2006 Convention on the Rights of People with Disability has committed itself to inclusive education, there are many obstacles, one of them being inadequate assessment methods, which often are too static, under-value potential, and based too much on a deficiency oriented medical model.

**Design and Method:** On the basis of a needs' analysis during phase 1 (reported in Lebeer et al, 2011), an international project group, consisting of 36 psychologists, teachers, doctors, rehabilitation professionals and parents from the partner countries (Belgium, Hungary, Sweden, Portugal, Romania, Norway, British Virgin Islands) constructed guidelines for dynamic, contextual, and functional assessment. To gain constructive and external validity, we followed a qualitative Delphi method variant. The guidelines were amended in local focus groups in Belgium, Sweden and Portugal ( $n=70$ ); and amended a second time in extended focus groups by participants from 12 EU countries at the International Summer School in Evora, Portugal ( $n=68$ ). They were finalised and submit-

ted again in the local feedback groups until final consensus was reached.

**Results:** Fifteen guidelines were selected as essential in the assessment process. They are based eclectically on conceptual systems which respond to the purpose of assessment: a bio-psycho-social model of disability (more concretely: the ICF model (WHO, 2007); a contextual vision on learning, an interactional view on assessment (Feuerstein et al, 2002, Haywood and Lidz, 2007; Pameijer, 2008); an inclusive vision; a social constructive model of disability and development (Fougeyrollas, 2001); the modifiability of each individual (Feuerstein et al, 2002); and theories of learning and cognitive functions (Das and Naglieri 1994; Feuerstein et al, 2002; Nyborg, 1993).

**Conclusions:** Not all evaluation methods are suitable for all the above mentioned purposes. Different methods and systems have to be used when the purpose is diagnosis, objective measurement and comparison, than when the objective is understanding and planning. In the latter case, contextual, interactive, functional, process-oriented and formative methods are more useful. In order to obtain a differentiated implementation, training of a wide range of assessment professionals as well as policy measures will be needed.

## 8. Developmental visual impairments

### OP 8.1

#### Time trends in prevalence of children with cerebral palsy and visual impairment in Europe

J DE LA CRUZ

12 de Octubre University Hospital, Madrid, Spain

**Background and objectives:** Cerebral palsy (CP) is the most frequent cause of severe physical disability in children. Associated impairments are common in children with CP. The objectives of this study were to describe changes in prevalence of children with CP and visual impairment (VI), and to examine the association between VI and neonatal characteristics, associated impairments, and CP subtypes.

**Method:** All children with CP born 1976 to 1998 recorded in 17 European population-based registers belonging to the Surveillance of Cerebral Palsy in Europe (SCPE) network were eligible. Data were coded according to the SCPE Reference and Training Manual. Time trends were