

# The WG/UNICEF Module on Child Functioning

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National Center for Health Statistics, USA and  
Washington Group on Disability Statistics

# Data on child disability varies enormously across the world due to:

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- different priority given to *children* and to *disability* in the political agenda at national level
- different local resources available for data collection at national level
- cultural factors (such as differences in values and attitudes towards individuals with disabilities) influence reporting child disability in the surveys
- lack of a standardized approach to data collection (such as definition of disability, purpose of measurement, data collection method, different age-group bands, etc.)

The result is: No international comparability

# Why do we need data on child disability?

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## **Understand the situation of children with disabilities:**

prevalence, social circumstances and geographic location, unmet needs and the quality of the support they are receiving.

**Assess the role of environmental factors** (including societal attitudes and physical barriers) in the experience of disability.

**Advocate for the rights** of children with disabilities.

**Prioritize interventions:** inform policies and programs, facilitate the planning of services, and improve participation and quality of life of children with disabilities and their families.

**Monitor progress** on the UN Convention on the Rights of People with Disabilities (CRPD) and Convention on the Rights of the Child (CRC).

# Challenge:

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Several reasons why measuring disability among children is different than adults:

- Children are in a process of development and transition
  - not all of the 6 WG short set domains are applicable to young children
  - nor do they cover the full range of domains of particular interest in child development
- Child development does not follow a fixed schedule – there is natural variation in the attainment of functional skills
- Disability measurement often takes place through the filter of a parent or other adult.

# Objectives

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- Purpose
  - To to identify the sub-population of children (aged 2-17 years) with functional difficulties. These difficulties may place children at risk of experiencing limited participation in a non-accommodating environment.
- Aim
  - To provide cross-nationally comparable data
  - To be used as part of national population surveys or in addition to specific surveys (e.g., health, education, etc.)

# Principles

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- Avoided a medical approach
- Used the ICF biopsychosocial model
- Used, when appropriate, questions already tested and adopted by the WG
- Included the reference “Compared with children of the same age...”
- Considered age specificity
- Response options reflected disability continuum

# Content and structure

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- Questions ask about difficulties the child may have in doing certain activities
- Unless noted otherwise, all response categories are:
  - No difficulty
  - Some difficulty
  - A lot of difficulty
  - Cannot do at all

# Selected domains

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1. Seeing\*
2. Hearing\*
3. Mobility\*\*
4. Self-care (5-17)\*
5. Dexterity (2-4)
6. Communication\*
7. Learning (and Remembering 5-17)\*
8. Emotions (5-17)\*\*
9. Behaviour
10. Attention (5-17)
11. Coping with change (5-17)
12. Relationships (5-17)
13. Playing (2-4)



# Cognitive Testing

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- Cognitive testing
  - January 2013, Belize
  - April 2013, Oman
  - July 2013, Montenegro
  - 2012/13/14/15/16, USA
  - March 2016, India
  - April 2016, Jamaica
- Comparative report completed and decisions made on final set of questions included in field testing

# Cognitive Testing Findings

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Child disability questions perform differently than adult disability questions due to:

- Parent proxy
- Parent's knowledge of "what is normal" for children of the same age
- Relationship between parent and child
- Parental frustration with child

# Field Testing (2013-2016)

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- Independent field testing on earlier version of the module or subset of questions completed in Haiti (Brown University, 2013), Cameroon & India (London School of Hygiene and Tropical Hygiene, 2013), and Italy (NSO, 2013)
- Field testing of complete version of the module in Samoa (NSO, 2014) and El Salvador (NSO, 2015) with technical assistance from UNICEF/WG
- Module also used in surveys in Zambia (National Disability Survey, NSO, 2014) and Mexico (MICS, 2016)
- Dedicated methodological work in Serbia (NSO, 2016)

# Field Testing Findings

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- Questionnaire generally administered without any major problems by interviewers
- Reactions of the respondents were mostly neutral to positive
- Repetitive to read out loud response categories
- Similar results in levels obtained in Serbia, Mexico and Samoa
- Module able to capture moderate to severe forms of difficulties, not mild (some difficulty leads to false positive)