Current functional assessment of children with special needs in Hungary

Krisztina Bohacs, Edit Tóth
University of Szeged, Doctoral School of Educational Sciences

Report made for
Assessment re-assessed: Current Assessment Practice in Europe: weaknesses, strengths and needs. In what way does assessment favour or inhibit inclusive education?

This article reports about the situation of structure of diagnostics and rehabilitation of SEN children in Hungary. We will first describe the assessment system and its organisations. Then due to the obvious problems in the system, we undertake the task of summing up the paradoxes and anomalies we sense. Finally we will report the results of the questionnaires and interviews carried out between 08-09/2009 in the framework of DAFFODIL research.

I. Organisation of assessment of functioning in Hungary

The Assessment of Learning Abilities and the Act of Rehabilitation
Assessment and rehabilitation in Hungary is regulated by the 14/1994. (VI.24.) sz. MKM regulation. Assessment and evaluation is rather centralized in this country.
Institutions entitled to establish the existence of special educational needs (SEN) are:
1. Committees for The Assessment of Learning Abilities and Rehabilitation
2. Education Advice Services

1. Committees for The Assessment of Learning Abilities and Rehabilitation
The fact that a child has special educational needs can be diagnosed and stated only and exclusively by the so called „Committees for the Assessment of Learning Abilities and Rehabilitation (TKVSZRB)” after a complex medical-, pedagogical and psychological examination of the child. In all the main cities of the seventeen Hungarian counties every local goverment is liable to run a TKVSZRB. The Budapest local government is running a TKVSZRB in the capital as well.
They are the state or national comissions who are entitled to test and state any kind of visual-hearing and speech-impairment or loss (National
Committee for Speech Assessment and Rehabilitation; National Committee for the Assessment of Hearing Abilities and Rehabilitation; National Committee for the Assessment of Vision Abilities and Rehabilitation) – they are run by the capital’s local government.

The above mentioned Commissions filter any disability in the country; make a recommendation for special care, the ways of special care and the place of special care (special care placement); make a recommendation concerning the process of rehabilitation and the pedagogical services related to this.

„If the fact of any kind of disability is proven, the parents has the right to choose free from the institutions who has the appropriate conditions to educate and develop the child.” The Committee presents a list of these institutions to the parents (Nota bene – the parent can choose only and exclusively from these schools and most of them are segregative institutions. So in practice this is not a free choice. )

In order to have up-to-date information about the institutions where the right conditions are given for the education and development of a special child, the national educational law obliges the notary of the local government to inform the committee located in the given city.

2. Education Advice Services

The operation of Education Advice Services is regulated by the 14/1994. (VI.24.) sz. MKM regulation.

The Education Advice Services are responsible for opening up and examining any kind of problems in the behaviour control, social learning and academic learning processes of the child; they prepare a report on their findings; offer rehabilitation services for the child in cooperation with the teacher and the parents of the child; make a report for the beginning of school education if the condition of the child and his/her individual abilities require any special remarks.

Education Advice Services provide rather complex services
- psychological diagnostics
- counselling
- pedagogical correction of academic teaching
- special educational services
- child-centered family-therapies
- developmental examinations in case of children who reach school obliged age.

Education Advice Services has the right to dispense a child from certain school subjects or parts of school subjects – however parallel to dispensation
the school has to provide rehabilitative sessions for the child based on individual educational plans. Every child is entitled to enlist the services of an Education Advice Service.

If the Education Advice Service suspects of any somatic, sensorial, cognitive or speech disability, they are referring the child to the eligible Committee and send their findings to them. Education Advice Services are assigned to provide their services for children between 3-18.

**New Concept of Classification—An Odd Distinction**

Public Education Act of 2007 defines two major classes (SEN–a and SEN–b), it defines provision categories according to type of funding. It is apparent from the clauses added with the amendments that the intention is doubtlessly to reduce the runaway financial burden that lies behind the rewording of the Act. The current text assigns the two main professionally defined groups of atypical development patterns, developmental and/or acquired childhood disorders, to two basic categories.

The new categories of SEN–a and SEN–b, however, conflict with international professional practice. In §121 of the interpretative clauses of the Act, the criterion that distinguishes the two categories is whether the given atypical development pattern can be traced to “organic causes” or not. Dyslexia is a clear case in point. Interventions aimed at dyslexia of organic origin are entitled to financial support but those targeting non-organic dyslexia are not; the former type pertains to a special-purpose specialized educational establishment while the latter type does not.

As far as we know, none of the OECD countries have introduced such an odd distinction in their legislation. The definition is especially difficult to uphold considering that Hungarian diagnostic procedures are far from being up-to-date (standardized norm-referenced procedures are not used, for instance).

Another problem is the question of how to identify organic versus non-organic relationships in assessing atypical development and developmental and/or acquired cognitive disorders: the aetiology of the disorder may not be known; specialists have limited access to procedures suitable for revealing organic relationships. SEN–a is characterized as requiring rehabilitative instruction, i.e., pupils in this class (may) continue to attend special-purpose establishments and the service remains subsidized. SEN–b differs from SEN–a in that disorders in this category are diagnosed as having “non-organic” origins is described as requiring remedial instruction, which is to be offered at mainstream educational establishments only.
Anomalies in the system

While this distinction between the two types of service makes perfect sense, the model has its problems: firstly, **how the diagnosis should be made** and secondly, **why it is assumed that remedial instruction does not require any specialist knowledge or equipment and, consequently, financial support.** Diagnostic procedures would need to rely on a complex battery of standardized methods and funding should be based on the minimum costs of services as specified by the protocol for each diagnostic category. The supplementary clauses to the Public Education Act as amended in 2007 also make it clear that since the two categories require different services, they are subject to distinct funding regulations.

The provision of SEN in Hungary theoretically based on diagnostics – the protocol of services and financing is related to diagnostics in this model (like in many OECD countries; the most developed counties are unlike this.) The most basic condition to operate this model is to have standardized, complex diagnostic systems to which we can relate a protocol of different developmental/therapeutic methods.

SEN-a and SEN-b are different in their diagnostics.
The assessment of developmental anomalies affecting sensory systems and the complex investigation of motoric problems is primarily a task for medical science, and medical procedures are supplemented by the methods of disciplines such as remedial and complementary and augmentative education, which play a greater role in rehabilitative education. Various professional fields fulfil different functions in assessing mental abilities and, most importantly, in identifying different categories of mental retardation. For certain cases of SEN–a — for instance, autism spectrum disorder (ASD), Asperger syndrome, attention deficit hyperactivity disorder (ADHD) — clinical psychology and neuropsychology play a greater role, as remedial education is less competent in making the diagnosis itself, although it is fully competent in instruction and rehabilitation.

SEN–b requires the most complex diagnostic procedures relying on the expertise of several disciplines. Revealing the pattern of cognitive abilities is primarily a task for psychologists but the diagnosis must be made with the assistance of special educators and physicians. An educator is needed to assess conditions (such as teachability) which are important for teachers at the location of education provision, i.e., the school.

One of the official publications disseminated with the introduction of the Act states that disorders of cognitive functions and behaviour (for which “disorders of behaviour control” would be a more accurate term) can be traced to organic or non-organic causes and education provision is to be defined with reference to this distinction.
The ill-advised dichotomy of organic vs. non-organic made by the Public Education Act as amended in 2007 is not only professionally incorrect but also fails to provide accurate definitions of individual components of special education/therapy and rehabilitative services, to link the appropriate components with individual diagnostic categories and to establish their actual funding requirements.

SEN–a and SEN–b services are fundamentally different issues for public education in general and for the schools involved in particular. In addition to differences in the specialized knowledge required for diagnosis, they also differ in the location of service provision and centrally defined curricula that professional, legal and funding considerations call for.

For SEN–a, rehabilitative instruction primarily relies on principles of special education and takes place at various types of special-purpose establishments (these are listed in the Amendments of 2007 to the Public Education Act). For SEN–b, remedial instruction takes place at mainstream schools as well as at the reformed educational counselling service centres.

Some category of SEN–b, schools providing integrated education need additional help to maintain high standards.

**Besides the above mentioned problems, present system hold other anomalies in its operation.**

Today in Hungary professionals work with tests without norm-referenced, sometimes 'home-copied' tests gained from abroad offending authors’ rights; sometimes they work with low-quality adaptations. This is true for tests filtering lower performance (in Education Advice Services) as well as for special diagnostic tools (in Committees for the assessment of Learning abilities). Present Hungarian practice is peculiar among the 25 EU countries in the sense that we lack a national diagnostic system which (1) is ordered to diagnostic categories (2) has a homogenous protocol (3) which is standardized.

Since there is no standardized diagnostic system, there is no standardized diagnostic protocol either.

Professionals who work in diagnostics are trained but in a very rough way and occasionally. (Most teachers we asked in our 2009 Daffodil project mention the tremendous need they feel for learning and professional expertise.)

Professionals often exceed their competencies – or sometimes the fields where they work overlap each other.
Real or assumed mistakes carried out in diagnostics can be inspected in legal forums, however quality insurance is not working in the field.

Without a modern and up-to-date diagnostic system SEN became a financial matter for establishments sustaining public education.

DAFFODIL Research
Evaluation of testing procedures

We sent an online questionnaire about to 75 Comittees and Education Advice Centers as well as to a selection of special schools and parents. Our aim was to find out which tests these committees and centers were using, what their experience was, what difficulties they experienced with regard to practicability, how useful these reports were, how parents felt about them, and more specifically, what their experience is with regard to participation of students with special needs to mainstream education.

Due to the unfortunate timing of the questionnaire (at the end of the school year and beginning of holidays), we received only few responses (5 professionals, 2 parents and 2 teachers). So we changed these questionnaires into questions of interviews and made telephone interviews with professionals from 39 Committees (most interviews with Cognitive Committees, one with the only National Speech Committee, one with the only National Vision Assessment Committee and one with the Movement Assessment Committee) and Education Advice services. The respondents were mainly psychologists and in a lesser degree special teachers and logopaedists (speech therapists).

Interestingly enough 4 of these institutions denied answering any of our questions – so altogether we could collect 35 important professional interviews.

We also made personnal interviews with parents (N=12).

These data is too few to allow a reliable quantitative analysis; but it nevertheless yielded interesting qualitative data.

Diagnostic instruments used
Diagnosticians from all sectors reported a rather narrow variety of instruments: only 30-35 different tests are generally used at present in the
country. Diagnostic instruments most commonly used by Hungarian diagnosticians were intelligence test batteries (27/35), behavioural & personality scales are very rare (2/35), developmental scales and school achievement tests are relatively common.

For cognitive functioning it was the WISC-IV which proved to be very popular. This test has recently been adapted to Hungarian so this test outreached all other types. The Wechsler intelligence test batteries proved to be popular in all the two diagnostic sectors (HAWIK, MAWI, MAWGYI-R); the Raven’s matrices are still used quite commonly, to a lesser extent the SON (Snijders-Oomen Non-Verbal Intelligence Test).

Some old memory tests and attention tests has been frequently reported eg. The Benton test, Piéron attention test; Révész-Nagy attention test; Brickenkamp d2 attention test.

Other tests used: Doll scales, Hiskey-Nebraska, Woodcock-Johnson test, Dékány dyscalculialia test.

To assess behavioural problems: CBCL, SDQ were used. (Only two respondents reported the usage of behavioural tests.)

To assess language development: Peabody Passive Vocabulary Test, GMP (Hungarian diagnostic tool), Meixner vocabulary trial, Meixner reading probe are being used.

The Goodenough drawing test is common; developmental tests: Bailey scales; Frostigs’ DTVP, Brunet-Lézine test, Bender A, B proved to be popular.

To assess pervasive developmental disorders: Autism Diagnostic Observation Schedule(ADOS). Autism Diagnostic Interview – Revised (ADI-R) the only tests mentioned.

Nobody reported a dynamic functional test procedure.

**Way tests are used**

All the respondents answered to use the tests strictly according to the obligatory test administering instructions. No test was reported to look at the child-in-context.

One interesting interview with a psychologist who regularly assess children but who is lecturing at Bárczi Gusztav Special Teacher Training college reports the following: “I myself teach my students that they will have to prepare themselves to re-assess the children they are going to work with and whom arrive from the National Committees. The reports are a list of deficiencies, use too general terms on therapeutic/rehabilitative possibilities. These reports don’t address the most important question: what are the best ways of developing the child.” Two other professionals indicated that there
was a gap between diagnostics and the latter therapeutic provision of children.

In our 2009 pilot research, only few respondents used individual testing in conjunction with classroom observation (9/35), 0/35 with home observation, 33/35 parents and teachers’ interviews. Tests vary in duration from 2-3 hours for an IQ test (usually including parental interviews) (30/35). In 5 cases they report longer duration (4 hours).

Parents report the same durations.

29/35 also use classification codes. About half of the professionals as well as teachers admit that as a result of testing, children are more often referred to special schools and thus constitute a barrier to inclusive education. Also parents report that as a result of testing children are denied access to a regular school. No one used tests in a dynamic way.

**How tests are experienced by the users**

**Professionals**

It was very interesting to experience that from the 35 professionals 2 denied answering the questions about their satisfaction level on current assessment practices.

No professionals were satisfied with the diagnostic instruments they were using (0/35). 23 said they were partially satisfied, 8 reported they were not satisfied, 4 classified present assessment systems “sufficient”.

They reported time, financial and human resources constraints as the most important problems experienced when evaluating children with special needs. They also reported that it is impossible to get access to standards; testing tools have missing parts; lack of trust on parts of parents also make their work hard. Professionals evaluate 5-6 children per month.

**Parents**

Twelve parents of children and youngsters with ages between 4 and 18 has been interviewed. Children wait on an average 3-9 weeks till the assessment.

The main problems according to the parents are:

--lack of professional knowledge of the Commission.

--to few number of hours spent with the child during assessment ‘It is impossible to get a real picture of a child in three hours’ – stated 5 of the twelve parents.

--general feeling after the assessment are ‘I was sad and helpless’ (5) and ‘I started to worry for the future of my child’ (6). ‘I started to view my child in a realistic way.’ (1)
Parents also note that no advice is given to them how to adjust themselves to the new situation, how to treat and nurture their child after gaining the sometimes not easy diagnosis. They also indicate that Committees don’t have up-to-date information about the schools they refer their kids to (they simply don’t know what types of interventions the schools offer).

-- 10 out of twelve parents indicated that they have learned nothing from the assessment.

--10 out of 12 parents were extremely worrying before the assessment as they were afraid of the effects of the new environment on the performance of the child.

-- 10 out of twelve parents think the diagnosis is wrong (!?) One parent dictated the following anecdote to the other side of the page:

"My son was turning seven in a few months time. I was a bit worring about his performance so I asked for an appointment at the Education Advice services close our place. They measured his IQ and told us it is 70. They called us for a short private dialogue and ensured us that our son is not retarded, but we have to activate him. Since there were signs of attachment in the behaviour of our son to the same but repetitive topics, also he had other strange disturbances in his behaviour, the kindergarten obliged us to go to a Committee for Assessing Learning Abilities. So we went there about 3-4 weeks after this assessment. There they say that the child has mild intellectual disability and his IQ is 60. They call us for a private discussion and gave us a code F. …. and entitled us to enrol him to a special school. Finally we could find a school (a private school of course where we have to pay loads of money) to integrate him.

But for heaven’s sake, two opposite opinions cannot be true?! Which one is the reality? So we went to a private center to get him diagnosed properly. There he has been examined very carefully in a very up-to-date and refined methodology and they told us, that the child has average intelligence, he is not retarded at all, but because a pervasive disturbance – Asperger syndrome – his performance is fluctuating. We are very relieved as this story goes back two years in time, we bought books on Asperger, we are 100% sure it is the right diagnosis. The child gets the most wonderful therapy for his problems and has improved in his behaviour and cognition a great deal. The funny thing is that he still has the code of a mild learning disabled child, nobody re-diagnosed him in an official way…"


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