



SOUTH AFRICAN SCHOOL PSYCHOLOGISTS' ASSOCIATION

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COMMENT: DRAFT POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS) – NOTICE 293 of 2014

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INTRODUCTION

1. The following commentary on the Department of Basic Education's Draft Policy on Screening, Identification, Assessment and Support, Notice 293 of 2014 is submitted in response to the Minister of Education's call for public comment. This commentary has been prepared by the South African School Psychologists' Association (SASPA).
2. SASPA is a non-profit professional Association which represents the unique needs, concerns and interests of psychologists engaged in the delivery of comprehensive psychological services to children, adolescents and families within a school environment.
3. Our executive board consists of clinical, counselling and educational psychologists from:
 - St Vincent School for the Deaf
 - Lantern Remedial School
 - Delta Park Remedial School
 - Department of Education (Johannesburg Central District)
 - Johannesburg Parent and Child Counselling Centre
 - Charlotte Maxeke Johannesburg Academic Hospital
 - University of the Witwatersrand
 - University of Johannesburg
 - Private Practice
4. The major aims of SASPA are to:
 - Serve the mental health and educational needs of children and their families;
 - Initiate and promote collaboration with allied organisations and agencies that will enhance the mental health and educational competence of children in a diverse society.
 - Promote partnership among psychologists working with or within a school environment;
 - Provide a forum to exchange professional ideas and discuss the complex aspects of working with or within a school environment;
 - Provide opportunities for the professional development of psychologists interested in working with or within a school environment;
 - Advocate for and advance the status of psychologists working with or within a school;
 - Empower psychologists working with or within schools to uphold high professional standards and engage in practice that reflects the full range of their expertise;
 - Act as a vehicle for all psychologists working with or within schools to actively engage with policy makers regarding the profession and to improve policies that will meet the changing and diverse practice needs of its members more effectively.

5. SASPA welcomes that the Draft Policy identifies improving access to quality education for vulnerable learners and those who experience barriers to learning.
6. SASPA recognises that the Draft Policy is closely aligned to the Integrated School Health Policy to establish a seamless system of early identification and effective intervention to minimize learning breakdown and potential dropout.
7. SASPA further welcomes the move towards the establishment of a cohesive national policy setting the framework for the standardisation of the procedures to identify, assess and provide programmes for all learners who require additional support to enhance their participation and inclusion in schools.
8. SASPA submits this report to express its concerns with the Draft Policy as it relates to specialised support and assessment.
9. In accordance with the Minister of Education's request, all comments have been prepared under the headings listed in the Draft Policy.

CHAPTER 1
INTRODUCING THE POLICY ON SCREENING, IDENTIFICATION,
ASSESSMENT AND SUPPORT (SIAS)

THE CONTEXT

10. “Another objective of the policy is to provide clear guidelines on enrolling learners in special schools and settings which also acknowledge the central role played by parents and teachers.”

ANALYSIS AND COMMENT

11. The Draft Policy is vague on the admission criteria that must be used for special schools. According to the Department of Basic Education¹, IQ tests are no longer considered appropriate in assessing intellectual disability.
12. However according to the Diagnostic and Statistical Manual of Mental Disorders ²(DSM-V), one of the criteria needed to diagnose intellectual disabilities include:
- “Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience, **confirmed by both clinical assessment and individualized, standardized intelligence testing**”.
13. A remedial school or special school for intellectually disabled children will require standardised intelligence testing as part of their admission criteria.

¹ Department of Education. Snap and Annual Surveys for Institutions: 2013. Circular 08/2012.

² American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Association .

CHAPTER 4

LEVEL AND NATURE OF SUPPORT

THE CONTEXT

PROGRAMMES OF SPECIALISED SUPPORT

14. The following support programmes will deal with the scope of barriers dealt within the SIAS policy:

- Vision
- Hearing
- Motor
- Communication
- Learning and Cognition
- Health (including Mental Health)
- Behaviour and Social Skills
- Skills and Vocational
- Multiple and complex learning support

15. The provisioning drivers for the support programmes are 1) curriculum and assessment adjustments, (2) training requirements, 3) **availability of specialised staff**, 4) specialised LTSM/assistive devices and other resources to ensure access to education.

16. The support provisions that are rated low cover, all the support provisions in general departmental programme policies, line budgets and norms and standards for public schools.

17. Support provisions that are rated moderate, cover support provisions that are over and above provisions covered by programme policies, line budgets and norms and standards for public schools. Such provisions are provided once-off or for a short term period or on a loan system. Implementation of such provisions can generally be accommodated within the school or regular classroom.

18. **Support provisions that are rated high, are over and above provisions covered by programme policies, line budgets and norms and standards for public schools support. These provisions are specialised, requiring specialist classroom/school organisation, facilities and personnel.**

ANALYSIS AND COMMENT

19. At a school-level there are only a handful of psychologists available to support the ‘moderate’ and ‘high’ level needs identified in the Draft Policy. The reason for this is that public schools are no longer eligible for educational psychologist posts. With the implementation of White Paper 6³, educational psychologist posts were removed from schools and relocated to district offices.
20. Public schools who currently employ psychologists have done so through the school governing bodies. As these schools rely exclusively on fundraising and corporate sponsors to pay additional staff they are not always able to retain the services of an educational psychologist who can provide the necessary support.
21. At district level, educational psychologists are employed in Senior Education Specialist (SES) posts and their job description differs from their scope of practice stipulated by the Health Professions Council of South Africa (HPCSA).
22. According to the Department of Basic Education's current policy⁴ on the organisation, roles and responsibilities of education districts, the core responsibilities of Senior Education Specialists include: subject advisory services, administration and policy development processes.
23. This policy further defines the duties and responsibilities of these posts as the following:
 - (a) Leadership
 - (b) Communication
 - (c) Financial Planning and Management
 - (d) Strategy Planning and Transformation
 - (e) Policy
 - (f) Research and Development
 - (g) Curriculum Delivery
 - (h) Staff Development
24. Psychologists at district level are utilised incorrectly and are therefore not able to provide the much needed psychological support.

³ Department of Education. (2001). Education white paper 6: special needs education: building an inclusive education and training system. Pretoria: Government Printer.

⁴ Department of Education. (2012). Policy on the organisation roles and responsibilities of education districts. Government Gazette Vol. 561, No. 35107, Pretoria, Government Printer.

25. For the SIAS Policy to be realised:

- Public schools need to be allocated educational psychologist posts (as was the case previously).
- Department of Education will need to align the job description of district based psychologists with that of the HPCSA.

26. It is important to note that providing psychological services in schools can improve the accessibility of services for many families who would otherwise not have access to such services. Psychologists at school level will be able to see families more immediately and long term avoiding long waiting lists at clinics and hospitals. Because interventions will be immediate the psychological difficulties experienced by people would not escalate into more chronic conditions.

CHAPTER 6
THE PROCESS OF SCREENING, IDENTIFICATION, ASSESSMENT
FOR SUPPORT

THE CONTEXT

**IDENTIFYING AND ADDRESSING BARRIERS TO LEARNING AND DEVELOPMENT
AT DISTRICT LEVEL**

27. The **SNA3** form guides the District Based Support Team (DBST) in their intervention strategy to:

(a) **Review** the action plan of the teacher and SBST and use the *Guidelines for Support*, the *Table to rate the level of support needed* and the *Checklist to help determine the decision on how support is to be provided to the learner*.

28. The DBST put a further action plan together for the learner and or school based on the information available. The plan will spell out a suitable support package and includes:

- Planning and budgeting for additional support programmes determined in SNA 3
- Resource and support service allocation to school and learner
- Training, counselling and mentoring of teachers and parents/legal caregivers
- Monitoring support provision
- Use the various tools attached as Annexures to the SIAS to help carry out their decisions

ANALYSIS AND COMMENT

29. The DBST Checklist (p.59) included in the Draft Policy under the section Support Needs Assessment Form (SNA3) contains a box labelled 'Frequency of Provision'.

30. A DBST member is required to tick whether psychological, social, therapeutic and learning support services are required (daily, weekly, once per month, once per term, twice per annum or once a year).

31. As indicated in the policy, this checklist will be used for planning, budgeting and support allocation.

32. A categorical decision regarding therapy (type and frequency) may only be made by an HPCSA registered health professional and who has a recognised qualification in the area concerned. For example a speech therapist will not be in a position to make a decision as to how many sessions of psychotherapy a child may need and a psychologist cannot determine how many sessions of occupational therapy a child should attend.
33. Before a psychologist takes on any case or makes any recommendation regarding a treatment plan a variety of factors are carefully considered.
34. Members of the DBST who are not registered in the area concerned are not able to make decisions regarding the frequency of treatment.
35. If the DBST checklist is completed by a person not registered and not qualified in a specific area the results will have negative consequences for budgeting and support allocation.

CHAPTER 7

ROLE FUNCTIONS AND RESPONSIBILITIES

ANALYSIS AND COMMENT

36. The Draft Policy is not clear where and how specialised support (such as psychological support) will be offered. The Department of Education has also not provided schools with psychologist posts to offer these services.
37. SASPA is also particularly concerned that the Draft Policy does not go far enough in assuring clarity and transparency of the delegated roles and responsibilities which district offices are bound to fulfil when it comes to providing specialised support.
38. The Draft Policy notes that “Health professionals play a significant role in the SIAS process” and “Where necessary, schools may require the support of health professionals (such as psychologists) to conduct more formal assessments”.
39. However, a letter addressed to the Department of Education by Dr Lynda Albertyn, (principal specialist psychiatrist at the Charlotte Maxeke Johannesburg Academic Hospital) clearly states the following:

“Our unit has been inundated with inappropriate referrals from various schools in Gauteng asking us to do assessments on children who are either failing or struggling in school”.

“We do not see patients with mental retardation or learning disorders, who need placement at a special school or training centre. We are not responsible for the failure of the Department of Education to test children, who are failing at school”.

“Children who are failing or struggling academically must be assessed by the Department of Education”.

40. For SIAS to be realised the Department of Education will need to provide psychologists and other therapists who can provide therapeutic and assessment services.

**FORMS
LEARNER PROFILE**

**SUPPORT NEEDS ASSESSMENT FORM 3: DISTRICT-BASED SUPPORT TEAM
(DBST) INTERVENTION**

41. Please refer to comments made on page nine of this report as it pertains to the DBST Checklist.

ANNEXURES

ANNEXURE D: HEALTH AND DISABILITY ASSESSMENT FORM

DIAGNOSTIC CRITERIA

Notes for the health-care professional completing the form (p. 70)

42. The box labelled “Mental” lists the following professionals who may complete the form: Psychiatrist, clinical psychologist, counselling psychologist, medical practitioner, and paediatrician.
43. There is no mention of educational psychologist. This contradicts HPCSA documents pertaining to the Scope of Practice of Educational Psychologists.
44. The psychology profession is regulated by the Health Professions Council of South Africa (HPCSA). Regulations that apply to all psychologists are contained in regulations that have been signed by the Minister of Health. Two sets of regulations are of particular relevance: R993 of 2008 and R704 of 2011.
45. Regulation 993 of 16 September 2008 stipulates psychological acts that apply to the field of Psychology and that are as applicable to educational as to other psychologists. In summary, these acts include the evaluation, diagnosis and treatment of behaviour, mental processes, emotions and personality. For purposes of clarity, the clauses defining these acts are reproduced below:
 - a. *The evaluation of behaviour or mental processes or personality adjustments or adjustments of individuals or of groups of persons, through the use or interpretation of any psychological test, questionnaire, instrument, apparatus, device or similar method for the determination of intellectual abilities, aptitude, interests, personality make-up or personality functioning, and the diagnosis or measurement of personality and emotional functions, neuropsychological disorders and mental functioning deficiencies according to a recognised scientific system for the classification of mental deficiencies;*
 - b. *the use of any psychological method or practice aimed at aiding persons or groups of persons in the adjustment of personality, emotional or behavioural problems or at the promotion of positive personality change, growth and development, and the identification and evaluation of personality dynamics and personality functioning according to scientific psychological methods;*

- c. *the evaluation of emotional, behavioural and cognitive processes or adjustment of personality of individuals or groups of persons by the usage and interpretation of psychological questionnaires, tests, projections, or other techniques or any apparatus, whether of South African origin or imported, for the determination of intellectual abilities, aptitude, personality make-up, personality functioning psycho physiological functioning or psychopathology;*
- d. *the exercising of control over prescribed psychological questionnaires or tests or prescribed techniques, apparatus or instruments for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psycho physiological functioning or psychopathology;*
- e. *the development of and control over the development of psychological questionnaires, tests, techniques, apparatus or instruments for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psycho physiological functioning or psychopathology;*
- f. *the use of any psychological questionnaire, test, prescribed techniques, instrument, apparatus, device or similar method for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, temperament, psycho physiological functioning, psycho-pathology or personnel career selection, and for this purpose the board will publish a Board Notice listing the tests which are classified by the board for use by registered psychologists;*
- g. *the use of hypnotherapy;*
- h. *the use of any psychotherapeutic method, technique or procedure to rectify, relieve or change personality, emotional, behavioural or adjustment problems or mental deficiencies of individuals or groups of people; and*
- i. *the use of any psychological method or psychological counselling to prevent personality, emotional, cognitive, behavioural and adjustment problems or mental illnesses of individuals or groups of people.*

46. Regulation R704 of 2 September 2011 stipulates acts that fall within the scope of practice of educational psychologists. It is important to note that these acts are additional to and are not a limitation of the acts mentioned above and stipulated in Regulation 993.

47. Regulation R704 states that “in addition to the scope of the profession as prescribed in the regulations, the following acts fall within the scope of practice of educational psychologists”:

- a. *assessing, diagnosing, and intervening in order to optimise human functioning in the learning and development; assessing cognitive, personality, emotional, and neuropsychological functions of people in relation to the learning and development in which they have been trained;*
- b. *identifying, and diagnosing psychopathology in relation to the learning and development; identifying and diagnosing barriers to learning and development; applying psychological interventions to enhance, promote and facilitate optimal learning and development; performing therapeutic interventions in relation to learning and development; referring clients to appropriate professionals for further assessment or intervention;*
- c. *designing, managing, conducting, reporting on, and supervising psychological research, in the learning and development; conducting psychological practice, and research in accordance with the Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974; adhering to the scope of practice of Educational psychologists;*
- d. *advising on the development of policies, based on various aspects of psychological theory, and research; designing, managing, and evaluating educationally-based programmes;*
- e. *training and supervising other registered psychological practitioners in educational psychology; and*
- f. *providing expert evidence and / or opinions.*

48. The term “educational psychologist” should therefore be added to Annexure D’s box labelled “Mental.”

DIAGNOSTIC CRITERIA

Developmental Functioning/Learning Disability/Intellectual Disability (p.73)

49. The criteria under the heading **Developmental Functioning/Learning Disability/Intellectual Disability** (p.73) can be updated to include the accepted diagnostic criteria as per the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V).
50. Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. The following criteria must be met:
- a) *Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.*
 - b) *Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work and community.*
 - c) *Onset of intellectual and adaptive deficits during the developmental period.*
 - d) *Specify current severity: Mild; Moderate; Severe; Profound*

DIAGNOSTIC CRITERIA

Hearing (p. 75)

51. The criteria under this heading are inaccurate.
52. As per the Draft Policy 'Deaf' is classified as a "bilateral hearing loss with a pure tone average equal to or greater than 25dBHL in each ear".
53. However, according to the World Health Organisation 'Deaf' people mostly have profound hearing loss, which implies very little or no hearing.
54. Clark (1981)⁵ devised a Classification of Hearing Impairment Severity, whereby profound hearing loss is a hearing level of greater than 90dB.
55. In addition to this point, the Draft Policy classifies a moderate hearing loss as "bilateral hearing loss with a pure tone average equal to or greater than 15dBHL in each ear".
56. However, again referring to Clark (1981), a moderate loss is classified as a hearing level of between 41-55dB.
57. The document also differentiates between unilateral and bilateral losses, however the classification of hearing impairment severity will remain the same regardless of if one or both ears are affected.

⁵ Clark, J.G. (1981) Uses and Abuses of Hearing Loss Classification. ASHA; 23: 493-500.

CONCLUSION

58. SASPA welcomes the opportunity to submit comments on the Draft Policy and we will make ourselves available for further submissions to provide clarity or provide further details if necessary.
59. SASPA calls for the provisions and recommendations highlighted above to be considered by the Department of Basic Education.

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