



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

CALL FOR COMMENTS ON THE DRAFT CURRICULUM ASSESSMENT POLICY STATEMENT (CAPS) GRADE R-5 FOR LEARNERS WITH SEVERE INTELLECTUAL DISABILITY (SID)

COMMENTATORS:

NAME	ORGANISATION
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Name of the subject (e.g. Mathematics)	Chapter /Section/Page	Commentator	Comment	Proposal for Revision/ Recommendation
ALL		Vanessa Japtha	Please see General Comments, below.	
ALL		Prof Sharon Kleintjes	The assessment needs of learners with SID should be tailored to promote goodness of fit. In the context of the current system-	There is a need to align departmental terminology and internationally recognized classifications to best reflect the needs of learners with SID- the current terminology confusion is not in the Best Interests of including learners with SID Information on the curriculum for learners with SID needs review and updating

			<p>this is not as yet articulated.</p> <p>-there are as yet no South African non-IQ based assessment tools which are compatible with the department's current system and time is needed to review and develop an appropriate tool for use by departmental staff</p>	<p>We would recommend a task team be set up by the DBE to give this the proper attention it deserves so as best to represent the learners with SID in line with international best practice</p> <p>The excellent work the DBE has done for learners with other special needs would be enhanced by setting up a task team of this nature, aimed at ensuring that learners with SID are appropriately addressed in the policy directives</p>
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			members working in the field	

GENERAL COMMENTS

WCFID welcomes the opportunity to comment on the draft CAPS Curriculum for Learners with Severe Intellectual Disability.

In its current form, the draft CAPS curriculum for learners with severe intellectual disability is inappropriate and unsuitable for learners with severe intellectual disability in range, depth and scope. WCFID acknowledges that an inclusive education system demands that we have high expectations of all learners. (White Paper 6, DBE, 2001; CAPS Guidelines on Responding to Learner Diversity in the Classroom, 2011). Similarly, inclusive education demands that a curriculum should be adapted to the needs of the learner. This requires that the educator 'know(s) the learner'. (Page 7, CAPS Guidelines on Responding to Learner Diversity in the Classroom, DBE, 2011). Integral to the process of obtaining this knowledge, is screening, identification, assessment and support, which includes assessment and support by medical/health professionals. (Policy on Screening, Identification, Assessment and Support – SIAS – DBE, 2014)

WCFID submits that the draft CAPS curriculum for learners with severe intellectual disability, is based on a flawed process of identifying and assessing severe intellectual disability in learners. WCFID proposes a more holistic assessment for severe intellectual disability, based on the policies and guidelines of the Department of Basic Education, and international best practice, as outlined below.

Screening, identification, assessment and support for learners with severe to profound intellectual disability: Defining severe to profound intellectual disability

While we understand the DBE's move away from IQ testing to determine support needs, in the case of intellectual disability, IQ testing is particularly relevant and essential, when considering education needs and support. Intelligence and IQ testing are included in DSM-5 as concepts of understanding or defining intellectual disability. Intellectual disabilities remain disorders characterised by *intellectual and adaptive functioning* deficits and the latter are in conceptual, social and practical domains. We refer to the DSM-5 Factsheet, published by DSM-5 authors:

"DSM-5 emphasises the need to use both clinical assessment and standardized testing of intelligence when diagnosing intellectual disability, with the severity of impairment based on adaptive functioning rather than IQ test scores alone. By removing IQ (Intelligence) test scores from the diagnostic criteria, but still including them in the text description of intellectual disability, DSM-5 ensures that they are not overemphasized as the defining factor of a person's overall ability, without adequately considering functioning levels. This is especially important in forensic cases. It is important to note that IQ or similar standardized test scores should still be included in an individual's assessment. In DSM-5, intellectual disability is considered to be approximately two standard deviations or more below the population, which equals an IQ score of about 70 or below¹".

The IQ categories of intellectual disability in the DSM-5 remain unchanged from DSM-IV and correlate with adaptive functioning. In practice, the specific categories based on IQ will continue to remain important and in use as applicable, due to their diagnostic and clinical utility.

In DSM-5, the use of "*specifiers*" enables a description of the course and symptomatology of the developmental disability, for example age of onset (e.g. the perinatal period), association with a medical condition (e.g. epilepsy) or a genetic condition (e.g. Down syndrome).

In the DSM-5, *levels of severity* are included as *specifiers*. It is correct to say that here the levels of severity are defined on the basis of adaptive functioning and not only on IQ scores. This is because general support needs are based on adaptive function, not intelligence. However in the educational setting, intelligence related assessments cannot be excluded from the assessment battery; they have a necessary place in determining an individual's overall and specific functioning (strengths and weaknesses) in order that an individualised learning and intervention plan can be implemented.

The DSM specifiers for intellectual disability remain consistent with the ICD10- and ICD11-defined levels of severity. They are: mild (IQ 50-69), moderate (IQ 35-49), severe (IQ 20-34), and profound (IQ <20).

¹ https://www.psychiatry.org/.../Practice/DSM/APA_DSM-5-Intellectual-Disability.pdf

Deficits in functioning across a number of domains and levels of disability can be assessed in detail using the ICF.

The DSM “specifiers” are not primary definitions nor are they assessment tools. They are descriptions. There exist standardised assessment tools for adaptive functioning and it is essential that these should be used for validity and reliability of assessment for learners with intellectual disabilities in the department of education. Such tools, or tests, are available and are well used within South African settings, including in the DBE and reference should be made to professionals who have knowledge of these tools in order to select and implement these assessments in the DBE.

In summary, there is congruence between the DSM-5 and the proposed ICD-11 definitions: both classification systems recognise impairment of adaptive functioning in addition to intelligence. Neither has discarded IQ measures and both recognise adaptive functioning. The International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) complements the definition of the DSM-5 and the ICD10/11 and incorporates the concepts disability and functional adaptation to disability. Other international organisations, such as the American Association on Intellectual and Developmental Disabilities (AAIDD) have developed similar definitions and recognise both intelligence (IQ) and adaptive function.

In its current form, the draft CAPS Curriculum for learners with severe intellectual disability is inappropriate for learners with severe intellectual disability, in its range, depth and scope. WCFID urges the DBE to acknowledge internationally recognised systems and definitions for intellectual disability in its development of curricula and allocation of resources, support and services to learners with severe intellectual disability.
