

Examining Collaborative Support Provided by Departments of Basic Education and Health towards Mainstream Schools with Dyslexic Learners

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Abstract

This study sought to examine the support provided by the Department of Basic Education (DoBE) and the Department of Health (DoH) towards dyslexic learners in Rustenburg public schools. The study was qualitative in nature, and three officials were purposively selected from each department. The interviews were used to get data from the participants. The findings revealed that both the DoBE and the DoH were not providing the necessary support to schools with dyslexic learners. The results further revealed that the existing alliance between the two departments was not effective with regard to addressing the learning problems of dyslexic learners. Therefore, the study recommends that there is a strong need for the two departments to collaborate by sending language practitioners and psychologists to schools to assist teachers and parents in identifying and supporting learners with dyslexia.

Keywords: comprehension; decoding; dyslexia; language learning; learning challenges; reading and writing disability; ripple reading effect

Introduction and Problem Statement

In many countries around the globe, learners with dyslexia are gaining access to mainstream schools and curricula. As a result, “there is substantial and growing international research into teacher recognition and support for dyslexic learners in mainstream educational settings” (Gwernan-Jones and Burden 2009). For example, in Turkey, individuals with special needs comprise almost 12.29% of the total population, and 4.63% of the population aged 0–19 are reported to have special needs (Erkan, Kizilaslan, and Dogru 2012). Similarly, Fletcher et al. (2007) report that 15–20% of the US population have a reading disability and of those, 85% have dyslexia. To address this problem, the International Dyslexia Association (IDA 2017) was established with the goal of serving “individuals with dyslexia, their families, and professionals in the field.” The IDA believes “that all individuals have the right to achieve their potential.” In this regard, South Africa is no exception.

In line with the Constitution of the Republic of South Africa (Act 108 of 1996), White Paper 6: Special Needs Education (Department of Basic Education [DoBE] 2001) points “to the values of human dignity, the achievement of equality and the advancement of human rights and freedom.” To deliver on this commitment, White Paper 6 (DoBE 2001) articulates to establish an education and training system that ensures “that all learners with and without disabilities pursue their learning potential to the fullest.” To this end, White Paper 6 promises “to introduce strategies and interventions that will assist the relevant stakeholders in coping with a diversity of learning and teaching needs to ensure that transitory learning difficulties are improved.” Surprisingly, the results of the studies conducted by Peters (2003) and Prinsloo (2008) argue that “despite the introduction of the inclusive education policy in South Africa, children with disabilities and those who for a variety of reasons experience barriers to learning” remain vulnerable. Among this vulnerable group are learners with dyslexia.

According to Lyon, Shaywitz, and Shaywitz (2003), “dyslexia is a specific learning disability that is neurobiological in origin and is characterised by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities.” In addition, Fletcher (2009) points out that dyslexia “may involve: 1) decoding single words (dyslexia); 2) the ability to read words and text automatically in the absence of a word reading problem (fluency); or 3) a comprehension problem when decoding and fluency skills are intact.” Fletcher further emphasises “that a person with dyslexia typically has problems with all three of the above-mentioned domains, because of the word reading bottleneck, a smaller group of children experiences difficulty primarily with fluency and/or comprehension.” Moreover, learners who are dyslexic experience many problems regarding literacy and numeracy.

The above description of dyslexia by Fletcher (2009) is a cause for concern, since reading and writing form the bedrock of any educational development. Fletcher further points out that when a child reaches school-going age, there are expectations that his reading and writing skills have developed to a certain point. However, many learners in

South African schools, including learners with dyslexia, continue to face reading and writing challenges, and parents, educators and educational authorities seem to be unaware of the causes and the impact of this learning problem on the learners' academic progress (Aladwani and Al Shaye 2008). To some, it may appear as if the learners are either slow to learn or display a bad attitude towards the school when the educators realise that their performance lags that of their peers (Dorn, Kanikeberg, and Burke 2011). In this article, we focus on the collaborative support provided by the Department of Basic Education (DoBE) and the Department of Health (DoH) in order to make teachers and parents aware of dyslexic learners in the North West Province, Rustenburg region. The literature on dyslexic learners has revealed that some learners suffer in silence as they are unable to meet the academic requirements since they battle to point out what the problem is (Aladwani and Al Shaye 2008; Schneider and Ganschow 2000; Shapiro, Accardo, and Capture 1998). Furthermore, this article seeks to establish whether there are any strategies in place to deal with the problems created by language learning disabilities, i.e., dyslexia, from the selected mainstream schools in the Rustenburg region of the North West province; and if there are no strategies, the study is likely to attempt to suggest some to overcome the problem. The study is unique in the sense that in spite of the fact that dyslexia is a problem that affects many countries around the globe, to the best knowledge of the researchers, no country has come up with a better strategy for collaboration between the DoBE and the DoH to share understanding and experiences of individuals with different expertise about dyslexia. Therefore, the findings of this study are likely to assist South Africa and many other countries that experience a problem with learners who are dyslexic.

Purpose of the Study

The Health Promoting School Policy and Approach has been applied nationally in South Africa as a strategy to address factors that place learners at risk, such as learning difficulties and others (World Health Organisation 2013). According to the World Health Organisation (WHO), the aim of the policy is "to provide common ground for an alliance between government departments (particularly health and education) and between various disciplines, professionals and sectors." Similarly, the National School Health Policy and Implementation (2002) "draws on the understanding and experiences of health workers, educators and other school community members." Inspired by the above-mentioned policies, the purpose of this article is to examine the support provided by the DoBE and the DoH towards teachers' and parents' awareness of dyslexia in the Rustenburg schools. This is because learners who are dyslexic demand specialised professionals or teachers who have been empowered to deal with them. It is, therefore, important to assess the ground, if any, that has already been covered by the two departments in this regard. As a result, this paper attempts to provide answers to the following questions:

- What are the perceptions of the officials from the Department of Basic Education and Department of Health regarding educators' understanding of dyslexia and the ability to cope with dyslexic learners?

- What support do the Department of Basic Education and the Department of Health give to teachers who have learners who are dyslexic in their schools?
- How do these two departments describe their collaboration?

Dyslexia

Wajuihian and Naidoo (2011, 30) define dyslexia as an “unexpected, specific difficulty in reading in both learners and adults with adequate intelligence, socio-cultural opportunity, education and absence of emotional disorder.” On the other hand, Hoskins (2015) is of the view that “dyslexia affects memory and processing speed, which impacts on literacy development, mathematics, memory, organisation and sequencing skills to varying degrees.” She further states that dyslexia is neurological in origin. Du Plessis (2021) notes that dyslexic learners can follow what needs to be written down, understand the information and comprehend it, but struggle to put what they comprehend in writing. They argue that this is due to the fact that dyslexia is a language-based learning disability, which encompasses challenges such as difficulties to read, giving rise to a rippling effect of poor development in other learning areas. There is a strong link between dyslexia and a lack of phonological awareness. Phonological awareness refers to awareness of the individual sound of words. Learners who are dyslexic produce erroneous word sounds; this further complicates their reading and spelling techniques. These learners often write letters in a word not following the correct word order (Du Plessis 2021). Mercer and Mercer (1993) argue that the language learning disability can be avoided if this condition is detected early and proper intervention is provided. According to Pavey (2007, 2), “dyslexia is particularly related to mastering and using written language, which may include alphabetic, numerical and musical notation.” Hoskins (2015) describes dyslexia as “one of the most common learning disabilities and learners affected by it are found in both mainstream and specialist schools.”

Perceptions of Dyslexia by Society

Reflecting on the support for learners with dyslexia is an important step to take. Critchley and Critchley (1978) reveal that society most often shifts the blame and tends to ignore the authenticity of the condition, because of their lack of support from the authorities. The attitude that society holds is a somewhat sceptical view of a mind-set that damages the development of skills. Critchley and Critchley (1978) studied the reaction of people when they suspect that a certain learner is facing challenges in his language abilities. “Sometimes the blame for poor reading is shifted from the parents to the children” themselves, who may be deemed lazy, inattentive, emotionally disturbed, or over-active. “He is not fulfilling his potential” and he “could do better” are comments that appear over and over in the dyslexics’ school reports (Leseyane et al. 2018).

The headmaster of one school proclaimed that dyslexia is a euphemism for laziness (Critchley and Critchley 1978). Critchley and Critchley further add that among the sceptics are those who assert that dyslexia does not exist, or if it does, it must be very

rare and outside their experience. All these odd perceptions can be attributed to the ignorance of society or lack of knowledge of this condition called dyslexia due to the lack of support (Eilam and Poyas 2006). Support is provided where there is awareness and knowledge of the cause of the condition.

Reading and writing are the basic foundations for academic learning, and learners struggling with these basics encounter challenges that eventually harm them emotionally and mentally. Aladwani and Al Shaye (2008) posit that “recent studies have demonstrated that intervention is effective if pre-school and school learners at risk of dyslexia are identified early and offered timely evidence-based remedial assistance.” This could only be possible if the teacher or parent is aware of the condition and has knowledge of its impact on the child’s learning ability.

When learners with language learning difficulties are identified, they are evaluated and taken out of the mainstream school and are given special tuition (Riddick 2003; Sheryl, Handler, and Fierson 2011; Wajuihian and Naidoo 2011). Twiford (1979) notices that frequently, the parent or teacher hesitates to refer a child to the specialists when the child shows problems that, to them, appear less serious. A parent or a teacher would consider the following facts beforehand: the financial commitments, the time demands, the risk of stigma sometimes associated with treatment, and the prognosis for the effectiveness of treatment. The hesitation in referring children to specialists causes some learners to grow up with these difficulties and experience far bigger challenges at a later stage.

The researchers do not focus solely on the condition itself or “deficiencies in the environment” (Kemeny, Arnold, and Marge 2011) but emphasise assessment of how well people are aware of dyslexia and therefore, designing strategies to deal with it. While the focal point is on identification, Prinsloo (2008, 35) points out that “it is important to identify learners who are dyslexic as they are mostly accommodated in ordinary schools and need special educational support and intervention.” In support of Prinsloo’s statement, Reynolds (1989, 9) suggests that children with special needs can easily be identified in an ordinary school setting because:

- They are not responding positively to the instruction offered in basic skills, e.g., reading.
- Their social behaviour is unacceptable.
- They are falling behind in learning academic subjects.
- English is often not their first language.
- They are extremely limited in experiences that provide the background for formal education.

These issues are to be considered helpful when paying attention to a learner in the class to identify the different behaviours shown. Shapiro et al. (1998) articulate that an evaluation to determine whether a person has dyslexia depends upon definitions of both dyslexia and reading. It also depends on whether testing is done primarily for

classification or whether it is done to plan intervention. The latter is typically more extensive, because many regular tests reveal only age or grade level information. Therefore, when learners in class have challenges decoding the message given to them, it is easily detectable. A learner's behaviour and attitude are apparent, especially when in a group with other learners. Currently, there is a constant concern from both medical and educational scope regarding challenges imposed by dyslexia on learners. Hence the focus of this study is on the DoBE and the DoH. Myers (2013) is of the view that implementing support in the form of academic support, spellchecks, organisers, and editing tools will help learners who are dyslexic to make greater progress in writing.

Classroom Strategies to Support Learners with Dyslexia

Efforts are made by various departments to assist learners with dyslexia. This collaboration between various departments is encouraged by the International Dyslexia Association (IDA 2017). They argue that it is important “that school personnel, parents, and outside professionals working with the child with dyslexia communicate on an ongoing basis to provide the support needed.” The International Dyslexia Association (IDA 2017) are of the view that learners with dyslexia can benefit from the following teacher strategies: the use of “explicit teaching procedures, teacher repeating directions, maintaining daily routines, providing a copy of lesson notes, providing learners with a graphic organiser, use step-by-step instruction, simultaneously combine verbal and visual information, write key points or words on the chalkboard/whiteboard” use mnemonic instruction and provide an outline of the lesson. The literature has shown that without support, the learners with dyslexia “will struggle to access the curriculum and cope with the quantity and quality of reading and writing” (Nasen 2015; Olivier 2017; Waterfield 2002). Nasen (2015) is of the view that learners with dyslexia thrive in an organised setting where the resources are varied and appropriate. He further advises that these learners should be taught how to use learning tools appropriately. Nasen further advises teachers to “encourage a metacognitive approach by asking pupils to: analyse the spelling mistakes and identify the learning required, decide what they will change to ensure that they spell that word correctly in future.” In an attempt to support the learners with dyslexia, Waterfield (2002) suggests that class “notes can be written by another person and handouts given at the beginning of the lecture to facilitate annotation” and key wording. He also recommends assistive technology where in a specialist assessment for technology “aids and their use in an educational setting can help” the learners with dyslexia. For example, these learners could be taught how to use CD-ROM dictionaries, scanners and spell checkers with dictionaries. The idea of using technology to support the learners with dyslexia is also supported by Ahmad, Ali, and Salehuddin (2018), who suggest that technology for learners with dyslexia “can be significantly enhanced by basic good practice in e-learning” and multimedia (effective use of video and audio).

Method

This study adopted the qualitative research method, which is a method of inquiry that seeks to understand social, language and cultural aspects of people (Alasuutari 2010; Flick 2007). In addition, Kura (2012) is of the view that “qualitative research provides understanding and descriptions” of participants’ individual perceptions of phenomena, and it describes rich information as situated and embedded in the local context. The researchers believed this research method was relevant for the current study as it would help the researchers interrogate government officials about the support they provide for dyslexic children in the selected schools. The study followed a case study design. According to Gillham (2000), a case study occurs when the researcher investigates “a specific case to answer the specific research question which seeks a range of different kinds of evidence that is there in the natural surroundings.” In addition, Babbie (2007) states that “a case study is an in-depth investigation of a single case or particular social phenomenon,” which includes the community, family, school, government office, university and country. The motivation for the choice of the case study in this paper was to understand the ground covered by two government departments to support dyslexic learners in public schools.

Sample

The study used a purposive sampling technique to collect data from six participants. Researchers utilised purposive sampling, because it enabled them to include only participants of interest who provided primary information, as they were acquainted with the phenomenon of interest. Three participants were selected from each department, i.e., the DoBE and the DoH.

Instruments

The data in this article were collected through face-to-face, semi-structured interviews. Semi-structured interviews are more relaxed than structured interviews and most useful when one is “investigating a topic that is personal to participants” (Harvey 2012, 78). The researchers wanted to gauge the views of the officials from the two departments already mentioned regarding the support and intervention strategies provided by the two departments for learners with dyslexia.

Data analysis

Sunday (n.d.) defines “data analysis as the range of processes and procedures whereby researchers move from the data that have been collected into some form of explanation, understanding or interpretation of the people and situations researchers are investigating.” In the current study, the data collected from the participants through interviews were transcribed and coded. Thereafter, responses were arranged into categories and the recurrent themes were identified.

Findings

Responses from the Department of Basic Education Officials

The following subsection provides feedback and analysis of the verbatim responses provided by the participants who were interviewed at the North West DoBE according to the themes identified. For anonymity reasons, the following reporting codes were used: DoBE1, DoBE2, and DoBE3.

Department of Basic Education's Training of Teachers to Cope with Learners with Dyslexia

The focus of the theme was on whether the programmes of training and evaluation of educators at the DoBE involved the preparation for having a learner who was dyslexic in class, or who had any other condition which was associated with difficulties in reading, writing and language development. Responding to this question, DoBE1 mentioned the following:

The programme development at the department does not involve the preparation of educators for having to encounter a situation in class where a learner developed difficulties in reading, writing or language development. The training for our educators in public schools does not provide for such problems.

On the same theme, the participants reported that no workshops or seminars were offered for educators in schools to provide them with knowledge on issues affecting children's language development and acquisition. It was clear that there was a lack of interest from the DoBE to the extent that schools had to take the initiative if they needed intervention or support. This also implies that schools had to fend for themselves as far as problems experienced by learners with dyslexia are concerned. In response to this question, DoBE3 said that:

It is the school's responsibility to initiate activities or events of such nature for their educators and whether they are held or not, the department has no say on the matter unless a particular school approached the department they need our intervention.

The participants made it clear that the curriculum development does not cater specifically for learners with dyslexia. They indicated that they talked about problems affecting learners with dyslexia only during special days like National Disability Day, and it ended there. Responding to this question, DoBE2 said:

The awareness campaigns addressing issues such as dyslexia are not held unless there is a request from the government during commemorations and celebrations like National Disability Day that such issues are emphasised and still, that being the case, not much is done to emphasise or spread information. The development programmes at the Department of Education only involve academic platforms revolving around the curriculum and changes that need to be applied for the following year.

Collaboration between Department of Basic Education and Department of Health

All respondents agreed that such policies that support collaboration between the two departments existed. However, they were quick to say that such policies only existed on paper. In other words, there were no practical programmes that showed collaboration between the two departments in that district. DoBE3 said:

Yes, the policy exists but it is not reviewed, revised annually as other policies. It was written and only used when there is an enquiry about this.

Responding to this question, DoBE2 mentioned the following:

The Department of Education, together with the Department of Health, does have certain forums where they meet to try and develop programmes for situations in schools such as teenage pregnancy or drugs, except that of discussing methods and ways to deal with conditions in learners that hinder their academic development.

Responses from the Department of Health Officials

In this subsection, an analysis of the responses provided by the three participants who were interviewed at the North West Department of Health is given. The following codes were used for labelling the participants DoH1, DoH2 and DoH3.

Support Provided by the Department of Health towards Schools with Dyslexic Learners

The participants noted that they did not receive complaints from schools often. Educators did not take the responsibility of bringing learners to the department and, therefore, parents were responsible for their children who were dyslexic. DoH1 mentioned that:

When a learner experiences problems such as acquiring language, comprehending or reading, it is left to the parent to deal with the case alone. It is very rare to find the school intervening and assisting a parent with the learner's need.

DoH2 added that:

We do not often receive complaints from the schools but from parents who bring their children in to be assessed.

Responding to their programme to support schools with regard to learners with dyslexia, the participants said that they only visited schools if and when they were requested by a particular school to come. Otherwise, they usually travelled to schools to inject learners for vaccinations and pregnancy prevention (family planning), which in most cases were the two main reasons they visited the schools. Therefore, dyslexia did not enjoy priority. Responding to this question, DoH3 said:

I cannot recall ever being called by a school to come and assess learners for dyslexia or any other condition associated with dyslexia. We do not visit schools but only do so on request.

The Need for Teacher and Parent Education regarding Dyslexia

All respondents saw the need to make visits to schools in order to inform and educate teachers and parents about dyslexia. They said that the departmental officials were needed to help learners in class in the best possible way if they had difficulties in reading and writing. DoH3 mentioned that:

It is critical that we visit schools since learners grow up with conditions not known by the parent or the teacher and as a result, these conditions manifest themselves in the lives of learners, because they are not treated at an early stage. So, counselling is important so that people can be educated about these.

On the same issue, DoH1 added:

It is very important because there are many challenges and conditions that hinder learners' language development; this unfortunately, is not known by parents and educators.

The respondents mentioned how downplayed dyslexia was and how much attention was put on aspects such as teenage pregnancy and HIV/AIDS. They all agreed that issues such as dyslexia did not get as much priority. DoH1 mentioned that:

This calls for action to be taken, because the reality of dyslexia and the challenges that impact on learners, are real.

Perceptions regarding Educators' Knowledge of Dyslexia

All respondents were certain in answering this question without any hesitation. They said that teachers had no knowledge of dyslexia. In connection with this theme, DoH1 said:

Dyslexia is not known at all. You would be lucky to find an educator who knows this. They are aware that most learners have a problem when they must read, write, comprehend in class, but they do not understand what could be wrong with the learner. This is the case in many schools, not only in rural or township areas but also, some schools in cities. Educators are not aware of dyslexia and the challenges it poses to learners.

Discussion

The findings of the study reveal that the educators were not supported by the DoBE in dealing with the dyslexic learners. Despite the fact that such learners demand specialised professionals or specially trained teachers to deal with them, the participants who were

interviewed from the DoBE revealed that teachers were not empowered to deal with learners with dyslexia. When learners encounter difficulties in the classroom and teachers fail to understand what the cause of the problem is, it becomes a challenge for both the learner and the teacher.

This is a serious concern since teachers play an important role in the teaching-learning process. Based on the perceptions of the DoBE officials, teachers cannot implement what they do not know. This finding supports the findings of a study conducted by Ahmad et al. (2018), who indicated that English Second Language (ESL) teachers were lacking effective teaching methods to apply in the classroom to support the learners with dyslexia. They concluded that ESL teachers needed more support in terms of training and professional development to ensure literacy skills mastery among learners with dyslexia.

It was made clear in the study that the DoBE did not have an active programme to empower teachers in public schools to cope with learners with dyslexia. The DoBE officials indicated that they only intervened when they were called upon by individual schools to do so. The lack of support from the DoBE raises concern because the literature on dyslexic learners has revealed that some learners suffer in silence as they are unable to meet the academic requirements, since they battle to point out what the problem is (Aladwani and Al Shaye 2008; Schneider and Ganschow 2000; Shapiro et al. 1998). The findings further revealed that dyslexia is not a battle that a teacher should fight in isolation in the classroom, but it does require intervention from the DoBE, DoH and specialists in various fields, as well as parents. It appears as if the problem of dyslexia is just ignored, since it remains such a difficult phenomenon to understand. Maggart and Zintz (1992) suggest that learners vary in terms of physical, mental, emotional and social characteristics; the one-size-fits-all approach does not work. Until people are made aware of the state that learners can sometimes find themselves in, learners will always find themselves facing rejection and even ostracism as they are not understood, because dyslexics are so different.

The findings further revealed that awareness campaigns addressing issues such as dyslexia were not held unless there was a request from the government during commemorations and celebrations like National Disability Day that such issues are emphasised. This clearly indicates that the DoBE does not support schools in dealing with learners with dyslexia. Thus, schools are left to fend for themselves. This finding is supported by the results of the studies conducted by Prinsloo (2008) and Peters (2003), who declared that despite the introduction of an inclusive education policy in South Africa, children with disabilities and those who for a variety of reasons, experience barriers to learning, remain vulnerable.

The findings of this study further revealed that the collaborative work between the DoBE and the DoH was non-existent with regard to dyslexia. Officials from the DoBE and the DoH indicated that the policy that allows them to work together was available,

although it was not implemented by either of the two departments. The study revealed that the only focus of collaboration between the two departments was on issues like teenage pregnancy, drugs and HIV/AIDS.

Officials at the North West Department of Health made it clear that, according to them, educators were not aware of dyslexia and the impact it had on a learner's academic development. Furthermore, even learners who suffered from this language learning condition, did not receive any attention from these officials. These findings resonate with one of the consistent findings by Aladwani and Al Shaye (2008) and Pollock and Wallace (2003) who found that the lack of early intervention results in learners growing up having serious barriers to language learning that cannot be controlled later in their academic life. Aladwani and Al Shaye (2008) and Pollock and Wallace (2003) concur and say that intervention is effective if pre-school and school learners at risk of dyslexia are identified early enough. If they are offered evidence-based remedial assistance at the most appropriate time, their chances of academic progress are so much better.

The study further revealed that collaborative work between the DoBE and the DoH was important to address the learning challenges of learners with dyslexia. Since professionals such as language pathologists are trained to deal with challenges facing language development, they are better positioned to assist teachers in dealing with dyslexic learners. The officials from the DoH acknowledged this fact and recommended strong and effective collaboration between the two departments. Specifically, the study found that there is a need for these departments to work together by sending language practitioners and psychologists to schools to help teachers and parents identify learners with dyslexia. If learners are found to be dyslexic, they should be assisted by these specialists immediately. These results correlate with the findings by Smythe, Everatt, and Salter (2004), who say that it is important to have those who are specialists assessing learners for any possible diagnosis that may help them, in the end, to cope better academically and emotionally. Overall, the findings of this study paint a morbid picture of the alliance between the DoBE and the DoH. Specifically, the results of this study indicate that the National School Health policy and the Health Promoting Schools policy were just lip service and not implemented.

Conclusion

This article aimed at examining the support strategies that the DoBE and the DoH have towards mainstream schools that have learners with dyslexia through the process of inclusive education. The results obtained from the findings revealed that officials from the two departments did not have any significant support strategy in place to help learners with dyslexia. As mentioned earlier, dyslexic learners demand specialised professionals or teachers who have been empowered to deal with them. However, it also emanated from this study that the alliance between the DoBE and the DoH was not functional and, as such, did not support the learners with dyslexia.

Based on the findings of the study, we recommend that the DoBE and the DoH revive their collaboration and have practical intervention strategies to support teachers and parents for the benefit of learners with dyslexia. It is also recommended that the DoBE should organise workshops for teachers to assist them in identifying and dealing with dyslexic learners. The inclusion of dyslexic learners should also be incorporated into the curriculum for teachers. The involvement of personnel like speech therapists in the classrooms is recommended, as they are trained to deal with learners with speech problems.

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