

## The Role of Educational Psychologists in the Education of d/Deaf and Hard of Hearing Children in Zimbabwe

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**Abstract:** This study focused on the role of Educational Psychologists in the education of d/Deaf and Hard of Hearing (d/DHH) children at a school in Harare Metropolitan Province in Zimbabwe. The study employed a qualitative approach, an interpretive paradigm and a narrative research design. The study's population comprised 11 teachers and four school administrators at the selected school as well as all nine Educational Psychologists from the Harare Province. Purposive sampling was used to select two Educational Psychologists, two school administrators and two teachers. Interviews were used to collect data from participants. Data was analyzed using Riessman's interactional model of analysis and presented in narrative form to retain the meanings of the participants, thereby ensuring the trustworthiness of the findings. The study found that the major roles of the Educational Psychologists were psychological and audiometric assessments, placement, designing academic programs and following up on the academic programs in schools. The study also found that Educational Psychologists ensured the psychosocial welfare of the d/DHH children in schools. The study recommends that the Educational psychologists should equip all mainstream schools with the necessary resources so that d/DHH children are placed at their nearest schools. Schools Psychological Services should be responsible for modifications of academic resources and should ensure that they match the academic needs of the d/DHH children.

**Keywords:** Educational Psychologists; d/Deaf and hard of hearing; psychological assessment; placement; academic programs.

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### Introduction

The call for Inclusive Education by various international conventions has seen many children with special needs attending mainstream schools (Musengi & Chireshe, 2012; Gubbels, et al., 2017). Among children with disabilities are those who are d/Deaf and hard of hearing (d/DHH). Therefore, the nature of the disability needs to be established so that teachers may provide correct interventions to the learners (UNESCO, 1994). Convention on the Rights of Persons with Disabilities (UN-CRPD), 2006). While teachers may not be the right specialists to assess d/DHH children in schools, there is a need to have specialists who can assess the degree of hearing loss and recommend

appropriate interventions the d/DHH children may require attending classes in mainstream schools (Nkoma, 2019). This critical duty is conducted by the Department of School Psychological Services/Special Needs Education (SPS)/(SNE). The department is constituted of various specialists who carry out various roles. The roles of these specialists are put together to enable the teaching and learning of the d/DHH children in mainstream schools (Nkoma & Hay, 2018; Nkoma, 2019). These roles are mainly assessment, placement and drafting of individual interventions. The teaching of the d/DHH children needs monitoring to determine how teachers and learners are coping with teaching and learning. The Department, therefore, plays a critical role in the

education of the d/DHH children (Nkoma & Hay, 2018).

Several Conventions on disability call for the inclusion of children with disabilities. Such conventions include the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (SREOPD) (1993), the Salamanca Statement (1994), the United Nations-Convention on the Rights of Persons with Disabilities (UN-CRPD) (2006) and the Incheon Declaration of 2015. These conventions outlined the rights of persons with disabilities and how their education should be implemented. They advocate for the right to equal opportunities in education in mainstream classes. This is accomplished through provision of special educational needs and individualization of educational programs (SREOPD, 1993; UNESCO, 1994; IDEA, 2004, UN-CRPD, 2006). In most countries, Inclusive education has been influenced by these international conventions (Engelbrecht et al., 2015)

There is a need to uphold the right to education of d/DHH children and provide relevant support services for them to realize their educational potential (Dudley-Marling & Burns, 2014; IDEA, 2004). This could call for the psychological and audiometric assessment of the d/DHH to establish the degree of their hearing loss, educational needs and the necessary interventions that may be in the form of individualized programs. Individualization of educational programs commonly known as Individualized Education Plan (IEP) may be effective when the nature of disability and the respective needs are documented and used in drawing intervention programs (IDEA, 2004).

In Zimbabwe, the documentation of the nature of the disability and the needs thereof is done by the Department of SPS/SNE. The Department does psychological and audiometric assessments of the d/DHH children. It is responsible for psychological and special educational needs of learners. The department has specific skilled personnel who are responsible for specific needs of the d/DHH children. Director of SPS/SNE who is assisted by two Deputy Directors, one from the SPS section and the other one from the SNE section heads the department nationally (Mpfungu et al., 2007). These members are located at the Ministry of Primary and Secondary's head office in Harare. The department also has four education officers in charge of Hearing Impairments (HI), Intellectual Challenges (IC), Visual

Impairment (VI) and guidance and counselling. The Principal Educational Psychologist (PEP) heads the SPS/SNE at the Provincial level (Nkoma, 2019). This could mean that the key areas of disability are represented in the department. With ten provinces, Zimbabwe has ten Principal Educational Psychologists. Schools Psychological Services/Special Needs Education sometimes operates on a peripatetic basis and makes visits to areas of need while other members like psychologists, audiologists, speech therapists, District Remedial Tutors (DRT) operate from District Education Offices (Oakland et al., 2003).

### **The role of SPS/SNE**

Schools Psychological Services/Special Needs Education performs several key roles in the education of the d/DHH children. According to Nkoma and Hay (2018), the department of SPS/SNE performs several key duties in supporting schools in their inclusive education practices. These include expanding the educational provision for learners with special educational needs and in-service training of school psychological services personnel, teachers and head teachers. The authors further reveal that SPS/SNE capacitates education officers on practices in special needs education and raises awareness of learners with special educational needs. Head teachers, parents, and communities country-wide are also capacitated on promoting early identification and inclusive education. The department is responsible for provision of psychological services to learners, especially those with special educational needs (Mpfungu et al., 2007).

The Department of SPS/SNE plays a crucial role in the education of the d/DHH. To this effect, Mukhopadhyay and Musengi, (2012) reported that education of the d/DHH children in mainstream schools was successful when teachers frequently met stakeholders in inclusive education such as the Schools Psychological Services. However, the authors found that the Departments of Schools Psychological Services (SPS)/Special Needs Education (SNE) were detached from both the d/DHH and the schools and they rarely visited the schools for supervision. According to Nkoma, (2019), the SPS/SNE Department assessed and placed d/DHH children at schools that had resources that could meet their needs. Solis et al. (2012) revealed that it was a requirement that all d/DHH children should be assessed by Educational Psychologists from the Department of SPS/SNE before they were enrolled in schools.

The Department of SPS/SNE is responsible for planning and putting in place teaching and learning intervention programs for the d/DHH children. Educational Psychologists support mainstream and specialist teachers to work harmoniously in the inclusion of the d/DHH children (Murawski & Lochner, 2011). In line with this, Rose et al. (2008) aver that psychological assessment determines the needs and specialized services for individual learners that lead to the designing of Individualized Education Plan (IEP) as recommended by IDEA, (2004). The Individualized Education Plan (IEP) enables the education system to educate a d/DHH child to the maximum extent possible (IDEA, 2004; United States Department for Education, 2008) by bringing relevant individualized support services to the learner rather than modifying the learner to suit the learning system (Education Secretary's Policy Circular Number 36 (1990).

This study sought to establish the role of Educational Psychologists in the enrolment of the d/DHH children, to explore the role of Educational Psychologists in the academic programs for the d/DHH children and to document the psychosocial supports d/DHH children receive from Educational Psychologists.

## **Methodology**

### **Research Approach**

The study adopted a qualitative approach. According to Rakotsoane (2012), the qualitative approach entails an in-depth understanding of human behavior and the reasons behind the behaviors. Qualitative approach is an in-depth study that seeks to explore behaviors and the reasons why humans exhibit their behavior. The study adopted an interpretive paradigm which views reality as socially constructed (Berger & Luckmann 1967). The study focused on the subjective expressions by the school administrators, teachers and psychologists on the role of SPS/SNE in the education of the d/DHH children. In-depth interviews allowed participants the flexibility to create meanings in their context and to construct meanings with the researcher.

### **Research design**

The study employed a narrative research design. The narrative research design helps researchers to describe participants' lived experiences and personal feelings in social settings (Laurel, 2014). Moreover, it helps to dig into participants' lived experiences through collaborative communications

between the researcher and participants (Clandinin & Connelly, 2000). In this study, collaborative communications were achieved through employment of in-depth interviews thereby enabling the participants and the researcher to construct meanings of the participants' lived stories.

### **Data Collection Methods**

The researcher collected data through interviews with Educational Psychologists, School Administrators and teachers. Interview was useful because it helped the researcher to understand the world from the participants' point of view, to unfold the participants' experiences and to uncover the lived world before the scientific world (Sewell, 2008). The interview for Educational Psychologists, School Administrators and teachers consisted of open-ended items related to the role of Educational Psychologists in the education of the d/DHH children. The researcher ensured that the participants understood the items before they responded so that they could give accurate information. The interview was conducted in English to avoid misconceptions in terms of dialects and language differences.

### **Population and Sampling**

The study drew its population from all the eleven teachers who were directly involved in the teaching and learning of the d/Deaf and hard of hearing children and four school administrators at a selected school. The selected school was located about sixteen kilometers to the West of the Harare Metropolitan Province Central Business District (CBD). Further, the study drew its population from all the nine Educational Psychologist in the Harare Metropolitan Province offices situated about four kilometers to the North of the CBD. The population comprised a total of twenty-four members. To avoid handling colossal data, the researcher came up with a sample, a smaller group of participants selected from the population for the purpose of data collection and generalization of findings to the population (Kothari & Garg, 2016). For quality data, purposive sampling technique was used to select two Educational psychologists (N=2), two school administrators (N=2) and two teachers (N=2) totaling six participants. Purposive sampling procedure was chosen because it enabled the selection of specific participants that are informative or representative of the subject under study. This enabled the researcher to gather quality and relevant data from the field.

## Data Analysis Procedures

The study adopted the Riessman's interactional model of narrative analysis to analyze the data. The model focuses on the dialogic process between the participants and the researcher who jointly participate in it, thereby constructing the narrations (Riessman, 2005; Butina, 2015). The model was relevant since the researcher interacted with participants who narrated their lived experiences to co-construct meanings.

## Ethical Considerations

The researcher got a permission from the Ministry of Primary and Secondary Education to collect data from the selected school. The researcher solicited for informed consent by informing participants about the purpose of the study and the role they were going to play. The researcher assured the respondents of confidentiality and anonymity and indicated that their views were going to be used strictly for the intended purpose.

## Trustworthiness

Credibility, which is equivalent to Validity in quantitative research, was considered. The use of interviews as well as narrative data presentation and analysis enabled the findings to be credible. Further, the study employed dependability which is known as reliability in quantitative research. The

study used the purposive sampling technique for research findings to be dependable and repeatable for similar samples in similar scenarios over time. The use of the narrative data collection, presentation and analysis enabled the data to be dependable. The researcher also collected data from more than one source, thereby making the findings rich to enable readers to classify them as dependable. Moreover, the researcher justified the decisions on how data was collected, presented and analyzed, maintaining an audit trail, thereby making the findings credible and dependable.

## Case Description

Participants were assigned pseudonyms. The two Educational psychologists were assigned pseudonyms EP1 and EP2. The two school administrators were also assigned pseudonyms, Administrator 1 and Administrator 2 while the two teachers were identified as Tr1 and Tr2. The case descriptions offered biographic information on their relevant situations for appreciating the results of the study. Pseudonyms were used for ethical reasons.

## Demographics of Respondents

Table one presents the demographic results of the participants, the Educational Psychologists, School Administrators and Teachers.

**Table 1: Biographic Results of Psychologists and School Administrators**

Participants	Age	Gender	Qualifications	Experience	Language	Grade Taught
EP1	50-55	Female	MEd. Psychology	6 years	Spoken	N/A
EP2	40-45	Female	MEd. Psychology	6 years	Spoken	N/A
Administrator 1	55-60	Male	CE, BEd. EAPP	15 years	Spoken	N/A
Administrator 2	55-60	Female	CE, BAECs	7 years	Spoken	N/A
Tr1	40-45	Female	BSc Hons SNE	18 years	ZSL, spoken	R/U
Tr2	50-55	Male	BSc Hons Couns	29 years	Spoken	4

**Key:** Med=Masters of Education; CE=Certificate in Education; Bed=Bachelor of Education; EAPP=Educational Administration, Policy Studies and Planning; BAECs-Bachelor of Arts in English and Communication skills; R/U=Resource Unit; ZSL=Zimbabwean Sign language.

Table one shows the demographic data of the participants. The table indicates that the participants were mature in terms of both age and experience and in dealing with d/Deaf and hard of hearing children. None of the participants had less than six years' experience. The participants held relevant qualifications for their respective posts.

## Findings

The study findings were based on three research questions. Themes related to these research questions emerged during data analysis.

**Research Question 1:** What is the role of Educational Psychologists in the enrolment of the d/DHH children?

This research question sought to establish the roles of Educational Psychologists in the enrolment of the d/DHH children. The study revealed that educational Psychologists conducted two major assessments before d/DHH children were enrolled in schools: psychological assessment and audiometric assessment



## Psychological Assessment

Before d/DHH children were enrolled in schools, they had to undergo assessments by psychologists which qualified them to be rightly placed. One of the psychologists reported, "We assess learners for school placement. Our department has District Remedial Tutors who make follow-ups on the learners placed to schools to ascertain how best they are benefiting from the schools we place them."

Another psychologist revealed,

It's a multi-sectoral. So, after collecting the medical data from the audiologist, the psychologist now assesses, besides the child having a hearing impairment, whether or not the child needs a resource unit in the hearing or he or she might have other disabilities as some learners might have multiple disabilities. Children might have a hearing impairment and intellectual disabilities at the same time. The psychologist now assesses which of the disabilities is more dominant than the other because a child cannot be placed in the resource unit for hearing impairment while he or she is intellectually impaired. This learner has to master the language, which is more difficult than oral language. So the child needs to be intellectually capable. It is the role of the psychologist to determine whether the child is intellectually capable of mastering concepts. So it's not always that all learners with hearing impairment are placed in the resource unit for hearing impairment" [EP2].

Supporting what the two psychologists had reported, one teacher held a similar view that "Children who are d/DHH are placed by the SPS after they have been assessed." Psychologists assessed all d/DHH children placing them into schools where they would benefit academically. Placement implied that the school could not reject enrolling the d/DHH children (Nkoma & Hay, 2018). The assessments based on hearing loss and comorbidity.

Regarding assessments of the d/DHH children, the extract from one of the psychologists revealed that audiometric and psychological assessments were complementary to make placement effective. Effective Assessment of d/DHH children was,

therefore, not a one man band but involved other sectors, for instance, the Audiology section. Supporting what the EP 2 reported, one teacher held a similar view that "Children who are d/DHH are placed by the SPS after they have been assessed." Psychologists assess all d/DHH children placing them into schools where they would benefit academically. Placement implied that the school could not reject enrolling the d/DHH children (Nkoma & Hay, 2018). Placements were based on hearing loss and comorbidity. In case of comorbidity, the dominant disability took precedence in placement.

It emerged that during the assessment, the Educational psychologist may realise that the d/DHH child has other disabilities. Such disabilities may have more detrimental effects than the d/DHH. Regarding comorbidity, placement was determined by the dominant disability because the more dominant disability was more disabling than the less dominant one. Placement of d/DHH children in the school was based on the degree of hearing loss and comorbidity or lack of it. In the case of a d/DHH child with comorbidity, it was necessary to manage the dominant disability first. It emerged that the teachers in the more dominant disability resource unit catered for the needs of the less dominant disability as well, although they could not initially do it effectively. Furthermore, Educational Psychologists documented the educational needs of the d/DHH children and recommended appropriate interventions to the school with DRT following up (Mpofu et al., 2007). The follow-ups lead to the evaluation of the existing programs for each d/DHH child.

As a follow up to comorbidity, the study sought to establish how teachers in other resource units managed the d/DHH children in terms of language. One psychologist reported,

It's difficult at first, but they end up using functional Sign Language that we use at home for functioning. This is where we say I think he is saying come here. I think she is saying I want to go to the toilet. So they make use of functional Sign language.

When a d/DHH child with comorbidity was placed in the resource unit of a dominant disability, communication was initially a challenge for both the teacher and the child. This was likely to delay the academic progress of the child. The use of functional Sign language was delaying the learning and

acquisition of ZSL. This scenario implies that specialist teachers had specialization of some sort; hence, their skills were confined to their area of specialization. The existence of comorbidity required versatility in teachers to handle several, if not all, categories of exceptionalities.

One of the roles of Educational Psychologists was to place d/DHH children at schools where they would have maximum academic benefits. Placement suggested that the school could not reject the d/DHH children once they were placed by the Educational psychologist. On whether the school had the powers to reject enrolling the d/DHH child, one administrator reported,

We don't have those powers because when these children come, we are simply made to take them for, maybe two or three years and after such a time, they are needed for assessment, so we don't have any powers. We just take them as they come (Administrator 2).

The study found that the decision of the EP to place the d/DHH in the school was conclusive. The role of Educational Psychologists was assessment and placement. Assessment was not a once off event but a continuous process because the degree of hearing loss was progressive. Placement entails that no one could deny or reverse the decision except those who did it. The school, therefore, received d/DHH children and acted upon the instruction from the SPS/SNE. Even if the school had its position on enrolling d/DHH children on its premises, it could not be possible since it was jurisprudential that they took orders from EP (Mukhopadhyay & Musengi 2012).

### **Audiometric Assessments**

After the psychological assessments, the d/DHH underwent the audiometric assessments by audiologists. The audiologists performed the audiometric assessments to establish the hearing acuity. The hearing acuity level determines the child's academic needs, hence the content of the Individualized Education Plan. After the audiometric test, the psychologists developed academic interventions and recommended assessment of the children's special needs. The District Remedial Tutor would then make follow-ups to ensure that teachers addressed the prescribed interventions. One of the psychologists had this to report:

There are no clear-cut pathways as to which professional to approach first. We conduct psychological assessments, and then we refer them to the audiologist for an audiometric assessment. The audiometric assessment complements the psychological assessment, and then we write letters of placement to the schools. The level of hearing acuity determines special needs to be addressed, and the District Remedial Tutor makes follow-ups to see how best these learners can benefit from these services. If they notice any challenges being faced by the learners or the teachers, they make recommendations to psychologist.

A d/DHH child would undergo psychological and audiometric assessments before being placed at school. The two assessments complemented each other. It was not the duty of one individual to assess and place d/DHH children at the school but of several skilled personnel. The d/DHH children had the freedom to visit any office of the SPS/SNE where they would get the necessary help. Psychological assessment preceded audiometric assessment to enable the establishment of disability or comorbidity. An audiometric assessment was necessary to establish the hearing acuity of children leading to the determination of academic interventions (IDEA, 2004). Monitoring the academic programmes was done by the DRT.

**Research question 2:** What is the role of Educational psychologists in providing academic intervention?

This research sought to explore the academic interventions offered by Educational Psychologists to the d/DHH children.

### **Academic interventions**

The academic intervention comprised the designing and implementation of the Individualized Education Plan (IEP), a program that has the plan to meet the needs of each child in class. The narrations from one psychologist help explained role in designing academic interventions.

The extract from one psychologist helped to explain the role in designing academic interventions

When the psychologist is doing the assessment, part of recommendations involves the IEP formulation. The IEP is a guideline that helps in identifying a

learner's level as a starting point. A learner may have a hearing impairment but can do basic Sign Language and can lip read; therefore, the teacher has got somewhere to start from. It's a program for children with disabilities and we don't teach them as a group. We teach them as individuals, that is why it's called Individualized Education Program (IEP). We teach them as individuals because their disabilities make them operate at different levels, even intellectually. After all, we don't know what caused their disabilities. For some, it is due to medical reasons or illness but others are just born with such condition. As such, their operational levels are bound to be different. The teacher then plans appropriate interventions in mainstream learning. This helps to determine the needs of individual children. Some need fundamental social and practical skills before the academic ones while others need to learn Sign language before the academic one. When the child has mastered Sign Language, the teacher goes straight into the curriculum. So planning takes cognizant of these different levels" (Psychologist 2).

The excerpt shows that during assessments the SPS/SNE determines the level of operation of each d/DHH child. The established gaps helped in designing unique programs for d/DHH children (Murawski & Lochner, 2011; Rose et al., 2008). The d/DHH children have different learning needs which need different approaches to teaching. The unique program helps the teacher to address the unique needs of the d/DHH child. It emerged that d/DHH children operate at different levels for one reason or another, hence the teacher can cater for these different levels of operation using the IEP (IDEA, 2004; Dudley-Marling & Burns, 2014). The IEP, therefore, is an instrumental and indispensable intervention tool in the teaching and learning of d/DHH. With proper implementation and supervision, the IEP could meet the needs of each d/DHH child.

Another academic intervention was universalizing the Zimbabwe Sign language. Universalizing Zimbabwe Sign language entails making Zimbabwe Sign Language the same throughout Zimbabwe. The following excerpt from one psychologist explains this reality.

There are Sign Language dictionaries. Since English is universal, we also want to universalize Sign Language. As a ministry, we came up with Sign language and a Sign Language dictionary that will help teachers and learners in the use of Sign Language. We want to standardize our Sign Language. So, we have the 'Sign Language [Dictionary] Volume One' and the 'Improved Sign Language [Dictionary] Volume Two'. These are distributed to schools that enroll deaf learners.

One more psychologist had this to report: "We disburse Sign language dictionaries to the schools with d/DHH children to universalize the Sign language" (Psychologist 2).

It was necessary to universalize Sign Language for the d/DHH children at the school to sign at the same wavelength. Universalizing Zimbabwe Sign Language was necessary to reduce misconceptions and misunderstandings during communication. It emerged that Sign Language dictionaries were disbursed by the Schools Psychological Services/Special Needs Education free of charge, hence universalizing the language was possible. Apart from bringing the Zimbabwe Sign Language to the disposal of the d/DHH children and the general populace, it was a unique and noble idea by Schools Psychological Services/Special Needs Education. The Schools Psychological Services/Special Needs Education Department was dedicated to the learning of Sign Language and its universalization to ease communication at the school.

### **Modified examinations**

The examinations were said to be modified with comprehension texts having been shortened to suit the needs of deaf learners. The meaning and sense, however, remained the same as that of comprehension texts of hearing candidates. The participants further indicated that poor performance exhibited by d/DHH was attributed to the challenges emanating from unmodified language. On interventions in terms of examinations, one psychologist said:

Examination papers, instructions and Sign Language have been modified though it is still the same examination and the same curriculum. Inclusivity entails one curriculum, one teacher and one examination. We treat them like other children. We

assess their situations to determine what they need. If they require modified materials, we give them. Some of them are hearing impaired, but they acquired the English Language as I indicated earlier. Their English is telegraphic. That's their language. For example, if they want to say, 'Mom and Dad, please come here. I want to talk to you,' they simply say 'Father, mother come.' If they write 'Father, come', it is marked wrong by those who are not specialists. We are saying, let's identify their needs and then make them compete with other learners.

Another psychologist had the following to report:

What I am certain about is the modified exam because the exam is the one that I have seen. In terms of the language, the comprehension passages are not large. They are precise and straight to the point like they have been decoded into the Sign Language. It is concise and precise, which makes it easy to understand by the d/DHH. The challenge is that this only comes during national examinations, but in day-to-day learning, they are using the usual textbook with long sentences. So they are facing those challenges for the first time. There is a need to marry the examination and the textbooks so that they get used to the kind of language they are using daily. When they meet it in examinations, we register high pass rates. Maybe, that is why we have low pass rates in languages. Anything to do with words is deficient. They are most gifted in Mathematics as mathematical concepts are exact; one is one and never changes. When it comes to languages, it is different. That is why maybe they fail in Agriculture, languages and General Paper because they are meeting the modified paper perhaps for the first time.

D/DHH learners were treated like any other children during exams except that their examinations were modified. It was interesting to note that psychologists developed an ecological inventory for d/DHH learners' examinations. D/DHH learners' needs were, therefore, met in the examinations. These needs, however, were only provided during examinations. This scenario produced examination shock for the d/DHH. The pass rate for the d/DHH children was not as high as expected if the teaching and learning materials were not modified to meet the examination style. The d/DHH children had

problems with language that was not Zimbabwe Sign Language as evidenced by their good performance in mechanical sums.

On whether examinations were not modified in the past, the participants were uncertain. They used the phrase *maybe for the first time*. One participant had this to say:

I am not sure how many now. I think it's been more than five years now. We had to invite specialist teachers to assist ZIMSEC in our examination boards and in constructing those papers. Initially, deaf learners would write a paper like any other child, learn as any other child and when examinations come, they write a paper like any other child. However, Sign Language is different from other languages; hence, we see very low passes" (Psychologist 2).

The transcript shows that examinations for the d/DHH were modified. Various stakeholders were involved in setting modified examinations. SPS/SNE played a critical role in the modification of the examination for the d/DHH of hearing children. With modified examinations, d/DHH children were performing better than in unmodified examinations. This was because their native and key language, Zimbabwe Sign Language was different from the English language which was used to set examinations. ZSL had different grammatical rules, syntax and phonology, making it difficult for the d/DHH of hearing children to understand another language.

**Research question 3:** What psychosocial supports do Educational psychologists offer d/DHH children?

This research question aimed at establishing and exploring the psychosocial supports offered to the d/DHH children by Educational psychologists.

### **Psychosocial supports**

The study found that d/DHH children received psychosocial support from the Educational Psychologists namely sports and games and guidance and counselling. These supports ensured that d/DHH children had the chance to mix with their peers and were psychological support through guidance and counselling.

### **Sport and Games**

Educational Psychology offered psychosocial support directly and indirectly through the school.



Concerning psychosocial supports offered to d/DHH children, the utterances cited below depict the perceptions of one administrator and a psychologist:

We also have special games for them, like the Paralympics games yearly, including the Danhiko games. [Danhiko is a center for people with disabilities in Zimbabwe]. They enjoy these exclusive games because they bring together people who have similar challenges, competing at the same level with others. So usually, all of them would like to go and we usually let the whole group go for these Paralympic games. We allow even those who are not participating because we have realized that this social interaction with children with the same challenges make them appreciate that this world is big and there are more people with the same disabilities and they are just as competitive as the rest of the normal people.

A psychologist reported the following: "The Paralympic games they participate in are inclusive in nature. I mean they don't focus on one disability, they bring on board different learners with different disabilities to participate in these games." The excerpts show that d/DHH were psychosocially supported through sports and games for people with disabilities. They would meet for sports and share experiences with fellow d/DHH people and those with disabilities in general.

This gave the d/DHH children opportunity to participate in sporting activities with fellow d/DHH children on an even platform. Even those who had no events to participate in attended the games for social reasons. Participation in the Paralympic games raised the self-esteem of the d/DHH children through the realization that they were not the only ones who were d/DHH but there were many of them throughout the country and the world in general. This enabled language acquisition and development as well as information sharing among the d/DHH people. The games were inclusive in nature for those with disabilities, hence, the d/DHH had time to mix and mingle with People with disabilities and share their experiences as well as those with other disabilities.

### **Guidance and Counselling**

Apart from sports, d/DHH children got psychosocial support in the form of guidance and counselling

from both the school and the Psychological Services/Special Needs Educations. In the statements below, an administrator and a psychologist shared their views on the psychosocial support d/DHH children were offered by Psychological Services/Special Needs Educations, "A committee which comprises teachers who have done counselling at degree level does counselling for all students from ECD to Grade seven. So, they are just being counselled as children with hearing challenges." Another psychologist reported that

We have guidance and counselling programs. There are different programs under the umbrella of guidance and counselling and some of these programs are the Boys Empowerment Movement and the Girls Empowerment Movement quiz competitions, counselling for both d/DHH children and their parents, especially those who are in denial and some of them do breakdown.

Both the school and Schools Psychological Services/Special Needs Educations offered d/DHH learners a wide range of psychosocial services in the form of clubs, competitions and guidance and counselling. The clubs and competitions promoted self-awareness for both boys and girls as well as cognitive development. Counselling services were also extended to parents and guardians to enable them to cope with and manage their children's disabilities. The programs were offered in an inclusive nature through their motto, *No Child is Left Behind*, derived from the No Child Left Behind (NCLB) Act (2001). The programs were not exclusively for the d/DHH but for all the children in the school, thereby exposing d/DHH learners to inclusion. School quiz competitions were also offered as psychosocial support for the d/DHH in the school to give them the chance to ventilate as they discussed the competitions and other pertinent issues affecting their lives with peers whom they met during the competitions.

## **Conclusions and Recommendations**

### **Conclusions**

Based on the findings, the study concludes that the roles of Educational Psychologists was psychological and audiometric assessments of the d/Deaf and hard of hearing children. Psychological and audiometric assessments complemented each other and led to the placement of d/DHH children in schools that had facilities or resources that could

enable their teaching and learning. After assessments, the Educational psychologists would place d/DHH children at the school. The study further concluded that in case of comorbidity, placement was based on the dominant disability. Placement based on the dominant disability that would enable the d/Deaf and hard of hearing learners to be managed in terms of that dominant disability before they could be placed in the area of d/Deaf and hard of hearing. The Educational psychologists designed academic programs that were suitable for the teaching and learning needs of the d/DHH children to which they made follow ups to monitor implementation by the teachers in the school. Furthermore, the examinations were modified but the learning materials were not. The Educational Psychologists offered several psychosocial support services. These psychosocial programs enabled the d/DHH children to be psychosocially stable leading stability in academic spheres.

### Recommendations

Regarding placement, the study recommends that the Educational psychologists should equip all mainstream schools with the necessary resources so that d/DHH children are placed at their nearest schools. About comorbidity, the study recommends that the Ministry of Primary and Secondary Education employs versatile Special Education Needs personnel. The Schools Psychological Services/Special Needs Education should modify the academic program, like examinations, to avoid examination shock on the d/DHH children when they encounter modified examinations. The study further recommends that Schools Psychological Services should be responsible for modifications of academic resources and should ensure that these match the academic needs of the d/DHH children. On psychosocial supports, the study recommends that the Educational psychologists should design the psychosocial programmes for the d/DHH children and monitor the teachers implement them.

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