CHALLENGES IN SCHOOL GUIDANCE AND COUNSELLING SERVICES PROVISIONS FOR CHILDREN WITH DISABILITIES IN ZIMBABWEAN INCLUSIVE PRIMARY SCHOOLS

by

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SUMMARY

The study investigated challenges in School Guidance and Counselling (SGC) services provisions for children with disabilities in Zimbabwean inclusive primary schools as a context for strategizing on overcoming them and proposing a model of School Guidance and Counselling services provisions for children with disabilities.

The survey design, which was mainly quantitative in nature, was used. Self-administered questionnaires were used to collect data. Three hundred inclusive primary school administrators and three hundred school counsellors participated in the study. The Statistical Package for the Social Sciences, version 11.0 was used to analyze data. Frequency tables, ratios and Chi-square tests were computed.

The study revealed that Zimbabwean inclusive primary school counsellors lacked training in School Guidance and Counselling and Special Needs Education. The school counsellors also lacked experience in teaching children with disabilities and the stakeholders had negative attitudes towards School Guidance and Counselling services provisions for children with disabilities. It was further revealed that inclusive primary schools lacked materials and supplies, time, finance, physical and curricular resources. The study revealed that there was no mandatory School Guidance and Counselling policy and legislation, clear mission statement, School Guidance and Counselling Framework, school counsellor certification requirements nor a School Guidance and Counselling national model. These facilities, together with Special Needs Education, experience in teaching children with disabilities and staff development, were found to positively impact on SGC services provisions for children with disabilities.

School counsellors' training in School Guidance and Counselling, advocacy on disabilities, stakeholders' collaboration, passing mandatory School Guidance and Counselling policy and legislation, adequate budgetary and time allocation were seen as strategies to overcome challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. It was recommended that School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools would improve if there would be promulgation of mandatory School Guidance and Counselling policy and legislation, school counsellors' training in School Guidance and Counselling, requisition of adequate resources and development of positive attitudes among stakeholders.

Recommendations for further research were made.

KEY TERMS

Children with disabilities, Guidance and Counselling, Disability, Inclusion, Inclusive education, Primary schools, School administrators, School counsellors, Special Needs Education, Zimbabwe.

DECLARATION

Student number: 4674-252-2

I declare that **Challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Signature   Date

Dr T. MAJOKO

DEDICATION

The current thesis is dedicated to Christine Majoko for her moral support and assistance throughout the journey.

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CHAPTER 1

THE PROBLEM AND ITS CONTEXT

1.1 INTRODUCTION

The study sought to investigate challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools as a context for strategizing on overcoming them and proposing a model of School Guidance and Counselling services provisions for children with disabilities. To this end, the current chapter presents the problem and its context. Aspects covered include: background to the study, statement of the problem, main research question, sub-research questions, objectives, rationale for the study, significance of the study, theoretical framework, assumptions, limitations, delimitations and definition of terms.

1.2 BACKGROUND TO THE STUDY

Children experience personal/social, academic/educational and career/vocational problems/challenges the world over (Bemak & Cornely, 2002:322; Brigman & Campbell, 2003:92; Chireshe, 2008b:54; Hanish & Guerra, 2000:113). These problems/challenges are experienced at home and at school and they interfere with the unfolding of the inherent unique potentialities and capacities of the children (Cook & Kaffenberger, 2003:117; Cooley, 2010:34; Duquette, 2006:28; Lapan, Tucker, Kim & Kosciulek, 2003:329; Schaeffer-Schiumo & Ginsberg, 2003:1), limiting their optimum functionality.

Children have difficulty coping with an ever-changing society (Fox & Butler, 2007:97). The ever-dynamic demographics of society are a case in point. Worldwide, people are on the move from rural to urban areas and back again and from one region of the country to another (Baker & Gerler, 2001:15; Hanish & Guerra, 2000:113; Lapan et al,

2003:329). This human movement is a result of the rampant search for political, economic, social and psychological safety and security. As the changing demographics of society are realized in educational settings, children have difficulty coping with multiculturalism within schools (Hanish & Guerra, 2000:113; Schaefer-Schiumo & Ginsberg, 2003:1; Steinberg & Morris, 2001:85).

Substance abuse by children is another global cause for concern (Baker & Gerler, 2001:15; Bemak & Cornely, 2002:323; Hanish & Guerra, 2000:113; Lapan et al, 2003:329; Schaefer-Schiumo & Ginsberg, 2003:1). Alcohol and drug abuse results in dependency, legal problems and health issues among children. In addition, children experience sexual pressures. There is widespread sexual risk-taking among children due to transition challenges (Graham & Pulvino, 2000:172; Hanish & Guerra, 2000:113; Mayock, Kitching & Morgan, 2007:9). Relationships and sexuality pressures contribute to prostitution, early pregnancy and infection by Human Immuno-deficiency Virus (HIV)/Acquired Immuno-deficiency Syndrome (AIDS) among children (Morgan & Brand, 2009:7).

Well-being issues stress children (Canary, 2008:437; Webb & Myrick, 2003:111; Yuk Yee & Brennan, 2004:58). These include psychological and physiological needs such as family love and food. Socio-economic problems also stress children. Children experience social and economic deprivation (Lines, 2002:1; Morgan & Brand, 2009:7; Paisley & McMahon, 2001:107; Yuk Yee & Brennan, 2004:55). Rapid physical, intellectual, emotional and social growth coupled with environmental factors further stresses children (Graham & Pulvino, 2000:172; Luthar, 2003:18). Loneliness, peer relationships and career decisions stress adolescent children who face identity crisis, uncertain sexual roles and dependence and independence dilemmas (Bruce & Cockreham, 2004:336).

Similarly, children face bullying and violence in schools the world over (Morgan & Brand, 2009:7; Paisley & McMahon, 2001:113; Yuk Yee & Brennan, 2004:55). Internationally, bullying and violence contributes to children leaving school prematurely (Hanish & Guerra, 2000:116; Schaeffer-Schiumo & Ginsberg, 2003:1; Yuk Yee & Brennan, 2004:55), limiting their holistic development and ultimately optimum functionality.

Self-harm and suicide among children are also alarmingly increasing internationally (Riley & McDaniel, 2000:121; Sullivan, Arensman, Keeley, Corcoran & Perry, 2004:7). Serious personal, emotional, behavioural or mental health problems account for the worldwide increase in self-harm and suicide among children (Jones, 2001:16; Morgan & Brand, 2009:7; Paisley & McMahon, 2001:109; Fox & Butler, 2007:97; Hayes & Morgan, 2005:17; Hayes, 2006:86; Lynch, Mills, Daly & Fitzpatrick, 2006:555).

Other international concerns among children include weight and obesity (Luthar, 2003:21; Mayock et al, 2007:11; Sullivan et al, 2004:9). While diet and health are common concerns globally, a major issue is the concern with body image and the subsequent impact on self-esteem (Mayock & Byrne, 2004:24; Santrock, 2009:32). Social rejection of overweight children has increased dramatically in recent decades even by children who are overweight themselves (Baker & Gerler, 2001:31; Murphy, 2008:13).

Children also confront family issues such as parental divorce (Brigman & Campbell, 2003:93; Bruce & Cockreham, 2004:335; Yuk Yee & Brennan, 2004:58). Marital transitions influence the personal/social, academic/educational and career/vocational adjustment and performances of children. Family problems result in children externalizing behaviours (Fox & Butler, 2007:97; Paisley & McMahon, 2001:107) which contribute to less social responsibility and low academic achievement.

Given the link between material wealth and well-being, poverty-stricken children therefore experience multiple exclusions and forms of ethnic and cultural discrimination (Myers, Schoffner & Briggs, 2002:200). With respect to mental health, "there is widespread malaise in society that is expressed in the mental health and risk behaviour of children, particularly children who suffer social exclusion and forms of ethnic and cultural discrimination" (O'Brien, 2008:88). Similarly, Mayock et al (2007:9) state that present day psychosocial problems, exacerbated by the current worldwide economic recession, are deterrents to the effective teaching and learning of children.

Children with disabilities in inclusive primary schools are no exception to the aforementioned problems/challenges faced by the so-called 'normal children' in mainstream schools. Children with disabilities experience diverse unique personal/social, academic/educational and career/vocational problems/challenges (Rose & Meyer, 2002:16; Smart, 2009:9; Tomlinson, 2001:6; Wylie, 2004:6). Such problems/challenges include the failure to cope with the dynamic society because of functional limitations. With an ever-changing society, it is difficult for children with disabilities to adjust and adapt themselves to society, work, family and schools (Brigman & Campbell, 2003:96; Cook & Kaffenberger, 2003:117; Myers et al, 2002:195).

All aspects of life stress children with disabilities (Bemak & Cornely, 2002:323; Smart, 2009:75; Tomlinson, 2001:32). Such internal stress may be positive, pushing children with disabilities to higher levels of performance but, as stress builds up and goals are not achieved due to functional limitations, children with disabilities may feel inadequate (Hardman, Drew & Egan, 2008:43; Obiozor, 2009:7). Psychological pressures such as shock, disbelief, anger, denial, grief and bargaining in relation to disabilities traumatize children (Canary, 2008:438; Duquette, 2006:29; Hallahan & Kauffman, 2003:14; Heward, 2009:15; Smart, 2009:34).

Related challenges/problems children with disabilities experience include isolation, teasing, mockery and derision by society (Berry, 2009:16; Heward, 2009:67; Metz, 2002:3; Obiozor, 2009:3; Rose & Meyer, 2002:7). Such societal social rejection is a result of stigmatic cultural standards towards disabilities. The so-called 'normal children' find it difficult to interact with children with developmental challenges, while adults tend to focus on children 'without' these challenges (Dyson, 2010:44; Milsom, 2002:332; Tomlinson, 2001:32; Westling & Fox, 2004:45; Wylie, 2004; 17).

Similarly, children with disabilities have poor self-perceptions (Green, 2003:1361; Lockhart, 2003:358; Smart, 2009:54; Wylie, 2004:87) which are a result of their mental and physical deviation from the norm. Children with disabilities feel insecure about their appearance and body image while comparing themselves to their peers (Heward, 2009:81; Lockhart, 2003:359; Wilson, Gottfredson & Najaka, 2001:270). Thus, the psycho-social well-being of children with disabilities depends on their perception of their personal image and identity. Children with disabilities feel that they must compete with others to measure up athletically, musically, scholastically or in popularity (Berry, 2009:29; Milsom, 2006:67). Consequently, the failure to "compete" with peers and the society in its entirety results in children with disabilities feeling inadequate.

Attending school also stresses children with disabilities (Hallahan & Kauffman, 2003:131; Smart, 2009:16). The achievement of high academic and extra-mural performance required by parents, siblings, peers, teachers and schools is exacerbated for these children by self-induced pressure that forces them to ultimately get stressed by low performance (Hallahan & Kauffman, 2003:134; Heward, 2009:67; Metz, 2002:3; Obiozor, 2009:5; Webb & Myrick, 2003:110).

Most of the problems/challenges the so-called normal children experience can be resolved through School Guidance and Counselling (hereinafter referred to as "SGC")

services provisions. SGC services provisions assist and support children in mainstream schools to learn to behave with consideration towards others and to understand themselves better, to know how to get along well with others, to learn manners and etiquettes, to pursue leisure time activities, to practise social skills and understand social roles and responsibilities (Berry, 2009:14; Chireshe, 2011b:101; Fox & Butler, 2007:97; Jones, Sheffield & Joyner, 2000:240; Neukrug, 2011:9; Myrick, 2003:17). SGC services provisions also assist and support children in mainstream schools to adjust to the curriculum and to school life (Johnson & Johnson, 2003:181; Mayock et al, 2007:11; Sullivan et al, 2004:9; Westling & Fox, 2004:87; Webb & Myrick, 2003:109). In addition, SGC services provisions help children to make realistic academic/educational, personal/social and career/vocational choices and eventually choose an occupation, prepare for it, enter it and develop it. School counsellors guide and counsel children in mainstream schools to choose academic/educational and career/vocational courses that are commensurate with their potentialities and capacities (Brigman & Campbell, 2003:91; Chireshe, 2012:12; Paisley & McMahon, 2001:111; Yuk Yee & Brennan, 2004:58).

SGC services provisions have proved effective in fostering in children with disabilities the attitudes, knowledge, skills and understandings that contribute to effective and efficient teaching and learning in school and life (Bemak & Cornely, 2002:325; Cook & Kaffenberger, 2003:117; Hanish & Guerra, 2000:113). SGC services provisions have also been seen to help children with disabilities to investigate the world of work in relation to knowledge of self and to make informed career decisions (Frye, 2005:443; Graham & Pulvino, 2000:177; Green, 2003:1363; Mau & Bilkos, 2000:187; Smart, 2009:34; Sink & Stroh, 2003:352; Whiston, 2003:436). SGC services provisions further assist children with disabilities to acquire the attitudes, knowledge and interpersonal skills to help them understand and respect self and others (Abrams & Gibbs, 2000:80; Metz, 2002:3; Obiozor, 2009:7; Smith, 2006:29; Tomlinson, 2001:32).

Coker and Schrader (2004:264) add that SGC services provisions help children with disabilities to better understand their opportunities, to make appropriate adaptations and decisions based on this insight, to accept personal responsibility for their specific choices and to adhere to courses of action which are in tandem with their uniqueness and potentialities. SGC services provisions are therefore foundational in the holistic development of children in accordance with the Humanistic theory that informed the study.

Before independence in 1980, Zimbabwe, then called Southern Rhodesia, had no structured SGC services provisions for Black African children (Urombo, 1999:115). SGC services provisions in pre-independent Zimbabwe were the preserve of White, Indian and Coloured children only. Mapfumo (2001:11) reveals that the only SGC services provisions for Black children in colonial Zimbabwe were provided by missionaries in mission schools and "public-spirited" individuals who took it upon themselves to informally advise children.

The turning point for Black Zimbabwean children occurred in 1980 as a result of the attainment of independence (Charema, 2004:3; Mawire, 2011:18; Nziramasanga, 1999:55). There was a massive quantitative expansion of primary schools in post-colonial Zimbabwe which necessitated the introduction of SGC services provisions to support the large student base. At the inception of SGC in 1980 in Zimbabwe, one Education Officer was responsible for services provisions for children in the whole country (Mapfumo, 2001:60). Charema (2004:43) posits that the number of Education Officers increased to four in 1991. In 1995, the Ministry of Education, Sport and Culture of Zimbabwe appointed Regional Education Officers for Guidance and Counselling in the respective educational regions of the country (Gwengo, 2003:15; Chireshe, 2006:60). The appointed Regional Education Officers for Guidance and Counselling were sent to Britain for capacity building in SGC. The officers graduated in Masters' Degrees in Guidance and Counselling in Britain and upon their return to

Zimbabwe in 1996, they updated the national SGC syllabus drawn up in 1987 (Chireshe, 2006:60). The training of the officers was premised on facilitation of effective management and administration of SGC services provisions for children.

Mapfumo (2001:11) reveals that in 1983, the Schools Psychological Services was established and reinforced within the Ministry of Education, Sport, Arts and Culture of Zimbabwe to enhance the effective management and administration of SGC services provisions for children. In an endeavor to facilitate the provision of SGC services that were commensurate with the ever-increasing and dynamic concerns of children, the Ministry of Education, Sport and Culture of Zimbabwe disseminated Circular 23 (Zimbabwe, 2005) to guide the implementation of SGC services in schools. The aforementioned circular entitled "Implementation Guidelines for the Institutionalization of the Guidance and Counselling Programme in all primary and secondary schools" was consistent with Nziramasanga (1999) which recommended the provision of SGC services to children. Circular 23 (Zimbabwe, 2005) announced a SGC programme comprising four components: Educational System and School Orientation, Educational Guidance, Social and Personal Guidance and Counselling, Vocational and Career Guidance and Counselling (Mawire, 2011:14). The above mentioned circular also introduced a whole new programme of SGC, making it a teaching subject, compulsory from Early Childhood Development to Form 6 thereby providing the legal framework for SGC services provisions for all children in Zimbabwean schools.

Internationally, SGC services provisions dominates the educational discourse because they have proved to be a panacea for most of the myriad of challenges/problems experienced by both children with disabilities and those 'without' disabilities (Cobia, 2007:4; DeRosier, 2004:197; Morgan & Brand, 2009:7). In Zimbabwe, the 1987 Education Act, revised in 2006, mandates the inclusion and support of children with disabilities in regular/mainstream schools to aid the unfolding of their inherent

unique potentialities and capacities (Mutepfa et al, 2007:342). In the same vein, Charema (2004:17) posits that the provision of SGC services to all children in Zimbabwe is consistent with the pro-inclusive education policy and legislation of the country.

In Zimbabwe, the provision of education is grounded in ensuring that the quality and support of education for children with disabilities is consistent with the standards and ambitions of general education as recommended by the Nziramasanga Commission (1999) (Maunganidze & Kasayira, 2002:74; Mushoriwa, 2002:35; Mutepfa et al, 2007:343). The Ministry of Education, Sport, Arts and Culture of Zimbabwe therefore adopted and institutionalized inclusive education coupled with support of children with disabilities. Chireshe (2013:223) articulates that many policy documents to which Zimbabwe is a signatory such as the African Charter on the Rights of the Child (1990), the Jomtien World Declaration on Education For All Report (1990), the UNESCO Salamanca Report and Framework For Action on Children with Special Needs (1994) and the UNESCO Dakar Framework For Action on Education For All (2002) enshrines the inclusion and support of children with disabilities.

Consistent with the worldwide paradigm shift from special education to inclusive education, there are SGC services provisions for children with disabilities in Zimbabwean inclusive schools (Charema, 2004:27; Chireshe, 2013:223). However, internationally, the provision of SGC services to children with disabilities is a resource-intensive and complex process riddled with challenges whose solutions are yet to be ascertained (Bemak & Cornely, 2002:330; Gysbers, 2008:135; Mayock, Ryan, Carr & Kitching, 2009:19; Myer & Vadasy, 2008:19; Sullivan et al, 2004:5). In the same vein, Mawire (2011:13) reveals that the provision of SGC services to children in Zimbabwe is riddled with challenges whose opportunities are yet not established. The study therefore sought to investigate the challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe with a view to

strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities.

SGC services provisions for children with disabilities have been investigated internationally in different countries such as Hong Kong (Yuk Yee & Brennan, 2004: 55), Ireland (Lynch et al, 2006:555), Scotland (Lehr & Sumararh, 2002:292), the United Kingdom (hereafter referred to as "UK") (Platts & Williamson, 2000:234), the United States of America (hereafter referred to as "USA") (Amatea & West-Olatunji, 2007:81; Berry, 2009: 13; Duquette, 2006: 29; Brigman & Goodman, 2001:106; Hallahan & Kauffman, 2003:45; Hardman et al, 2008:61; Heward, 2009:73; Lapan, 2005:257; Lapan et al, 2003:340; Paisley & McMahon, 2001: 106; Sink & Stroh, 2003:352; Sink & Yillik-Downer, 2001:278; Somers & Piliawsky, 2004:17), Botswana (Charema, 2008:158) and Nigeria (Alutu & Etiobhio, 2006:188; Alutu & Azuka, 2006:157). The aforementioned studies by international researchers reveal that there are human, material, time, technological and financial challenges in SGC services provisions for children with disabilities.

To the best knowledge of the researcher, no Zimbabwean large-scale or small-scale study has been carried out to investigate the challenges in SGC services provisions for children with disabilities in inclusive primary schools with a view to strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities. Previous studies on SGC services provisions for children in Zimbabwe primarily focused on mainstream schools. Among these studies are: "Pupils' and Teachers' Perceptions of the Effectiveness of Guidance and Counselling in Mwenezi East District Secondary Schools" (Badza 2005), "An Assessment of the Effectiveness of School Guidance and Counselling Services in Zimbabwean Secondary Schools" (Chireshe 2006), "School Counsellors' Perceptions of Headmasters' Attitudes Towards Guidance and Counselling in Zimbabwean Secondary Schools" (Chireshe & Mapfumo 2005), "The State of School Counselling in Chiredzi" (Chivonivoni 2006), "The

Assessment of Problems Encountered in the Implementation of Guidance and Counselling" (Gwengo 2003), "High School Students' Guidance and Counselling Concerns and Preference for Expert Guidance" (Madhuku 2005), "Problems Faced by School Counsellors in Implementing Guidance and Counselling Programmes in Masvingo District" (Maturure 2004) and "Secondary School Teachers' Perceptions of the Effectiveness of Guidance and Counselling" (Mudhumani 2005). The study has therefore sought to investigate particularly the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools in order to establish the prevailing situation as a context for strategizing on overcoming the challenges and proposing a model of SGC services provisions for children with disabilities

1.3 STATEMENT OF THE PROBLEM

The background to the study has revealed that children experience diverse social/personal, academic/educational and career/vocational problems/challenges the world over (Baker & Gerler, 2001:15; Chireshe, 2008b:54; Cook & Kaffenberger, 2003:117; Schaefer-Schiumo & Ginsberg, 2003:6; Steinberg & Morris, 2001:83; Sullivan et al, 2004:16; Webb & Myrick, 2003:109). Although these problems/challenges are usually resolved through services provisions as highlighted in the background to the study, (Brigman & Campbell, 2003:92; Chireshe, 2006:28; Duquette, 2006:29; Hanish & Guerra, 2000:113), internationally, the provision of SGC services to children with disabilities is riddled with challenges whose 'remedial solutions' remain to be established (Alutu & Etiobhio, 2006:188; Hardman et al, 2008:61; Gysbers, 2008:135; Heward, 2009:73). In the same vein, Newsome and Gladding (2007:3) articulate that the resolute identification and circumvention of the challenges in SGC services provisions for children with disabilities is a cause for concern the world over. Similarly, Charema (2004:158) reveals that in Zimbabwe, the effective provision of SGC services to children with disabilities is marred by challenges

whose solutions are yet to be established. Maturure (2004:26) adds that there is a lot of sceptism and ambivalence towards the provision of SGC services to children in Zimbabwe. The study therefore sought to investigate the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools with a view to strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities.

Unlike in the international arena, for example, Hong Kong (Yuk Yee & Brennan, 2004: 55), Ireland (Lynch et al, 2006:555), Scotland (Lehr & Sumararh, 2002:292), UK (Platts & Williamson, 2000:234), the USA (Brigman & Goodman, 2001:106; Lapan, 2005:257; Lapan et al, 2003:329; Paisley & McMahon, 2001: 106; Sink & Stroh, 2003:352; Sink & Yillik-Downer, 2001:278; Somers & Piliawsky, 2004:17), Botswana (Charema, 2008:158) and Nigeria (Alutu & Etiobhio, 2006:188; Alutu & Azuka, 2006:157), there are limited studies with respect to SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Hence, there was a need to investigate and establish the challenges that are experienced in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe as a context for strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities. To this end, the current study sought to answer the following main research question:

What are the challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe?

1.4 SUB-RESEARCH QUESTIONS

The following sub-research questions guided the current study:

- What is the influence of school counsellors' training on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe?

- To what extent do material resources affect SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools?

- What is the perceived impact of the stakeholders' attitudes on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe?

- How do policy and legislation influence SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools?

- What strategies and a model can be put in place to overcome the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools?

1.5 OBJECTIVES

The current study sought to establish the:

- influence of school counsellors' training on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe;

- extent to which material resources affect SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools;

- perceived impact of the stakeholders' attitudes on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe;

- role of policy and legislation on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools;

- strategies and a model that can be put in place to overcome the challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe.

1.6 RATIONALE FOR THE STUDY

A number of factors prompted the execution of a study of the current nature. The researcher is interested in the present area because of his professional qualification in Special Needs Education. The aspect of interest is in SGC services provisions for children with disabilities because the researcher has guided and counselled children with disabilities in inclusive primary schools and high schools for several years where the discrepancy was discovered. The researcher managed and administered SGC services provisions for children with disabilities in six Zimbabwean inclusive primary schools and five South African high schools.

The study is being undertaken because of the conviction that children with disabilities in primary schools need comprehensive SGC services provisions in order to totally develop and ultimately contribute effectively to the regeneration of their society, economy and country. In the same vein, Obiozor (2009:1) articulates that SGC services provisions addresses most of the academic/educational, social/personal and career/vocational challenges/problems experienced by children with disabilities and ultimately facilitate their holistic development. The study therefore sought to investigate the challenges in SGC services provisions for children with disabilities and their circumvention thereof as a springboard for enhancing the effectiveness of the management and administration of services provisions in Zimbabwean inclusive primary schools. The effective management and administration of SGC services is envisaged to culminate in the unfolding of the unique endowments of the Zimbabwean children with disabilities thereby optimizing their self-independence and self-actualization in tandem with the Humanistic theory that informed the study.

An investigation into the challenges in SGC services provisions for children with disabilities as a baseline for strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities is indispensable in establishing

and reinforcing the necessary conditions that enhances the effective management and administration of comprehensive services provisions. SGC services provisions can mould children with disabilities for inclusion in society, hence the need to investigate and establish the current practices in their management and administration to ensure that they are grounded in informed practices. In Zimbabwe, research on SGC services provisions for children with disabilities is also scarce and limited. With the paradigm shift from special education to inclusive education the world over, there is a great need for research in SGC programmes for a higher awareness of the importance of inclusive primary schools guidance and counselling services provisions.

The study on challenges in SGC services provisions for children with disabilities in inclusive primary schools is the first of its own kind in Zimbabwe and should serve as the springboard of a regular and ongoing professional monitoring and evaluation of services provisions for all children. To this effect, the analysis of the results of the study would be used to propose a framework for SGC services provisions for children with disabilities and establish and reinforce a monitoring and evaluation matrix for services provisions. A SGC model for children with disabilities that would be proposed is envisaged to inform SGC policy, development and management. The researcher therefore felt compelled to investigate challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe as a context for strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities.

1.7 SIGNIFICANCE OF THE STUDY

It is envisaged that the present study will benefit school counsellors, children, researchers, educators, policy makers and administrators among other inclusive education stakeholder individuals, organizations and institutions in the Ministry of Education Sport, Arts and Culture in Zimbabwe and elsewhere. School counsellors,

among other inclusive education stakeholders, will be afforded a set of criteria to monitor, measure and evaluate the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools and elsewhere. Inclusive primary school counsellors will also have valuable information required for informed decision-making regarding which SGC services to provide and how, when, why and where these should be provided. It is expected that such critical information will enhance the effectiveness and efficiency of school counsellors in managing and administering SGC services provisions for children with disabilities in inclusive primary schools. This will ultimately optimally benefit the generality of the children in inclusive primary schools in Zimbabwe and elsewhere. Children with disabilities are also anticipated to benefit from the increased sensitization, awareness and understanding of SGC services provisions available in Zimbabwean inclusive primary schools.

Pragmatic realities regarding challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools will be tapped from grassroots key stakeholders, inclusive primary school administrators and counsellors. "Hearing" and "listening" to their voices in the current study will identify challenges experienced in the provision of SGC services to children with disabilities and their circumvention thereof. The present study aims at providing inclusive primary schools with a springboard for improving the management and administration of these services.

The current study will also provide researchers with data and information that could be useful in future studies on SGC services provisions for children with disabilities, especially studies premised on the improvement of the quality and quantity of SGC services provisions for these children in inclusive primary schools. This will fill a void in the research base of inclusive education in Zimbabwe due to the absence of published research on challenges in SGC services provisions for children with

disabilities. Much of the literature on SGC services provisions for children with disabilities in Zimbabwe is from the UK, USA and Australia. The present study will add to the limited literature base in Zimbabwe and elsewhere on SGC services provisions for children with disabilities in inclusive primary schools thereby serving as a database of information. Finally, it is anticipated that results from the present study will ultimately impact on policy and legislation with respect to SGC services provisions for children with disabilities.

1.8 THEORETICAL FRAMEWORK

SGC services provisions for children with disabilities in inclusive primary schools were premised on a Humanistic perspective of learning that studies human needs and interests. Humanism is a school of thought that is founded on the belief that human beings have the capacity to grow from learning (Bohart, 2004:102; Elliot, 2002:57; Kirschenbaum & Jourdan, 2005:37; Mearns, 2003:88; Witty, 2004:22).

A central tenet of the Humanistic perspective is that human behaviour is a microcosm of intentionality and values (Moon, 2002:485; Neukrug, 2011:8; Schmid, 2003:104; Witty, 2004:22). According to the theory of Humanism, people are field independent and are endowed with the capacity to develop their own unique potentialities. It affords the individual an in-depth understanding of the environment to help him/her to negotiate challenges without the direct involvement and participation of other people (Bohart, 2004:103; Elliot, 2002:61; Mearns, 2003:89; Neukrug, 2011:17; Zimring, 2000:101). Humanistic education therefore fosters in children positive knowledge, attitudes, skills and understandings for life. Humanism is embedded in SGC services which are premised on fostering the qualities of field independence and self-actualization/realization in children.

Humanism is rooted in the regulatory and the affective systems of human beings. The regulatory system connotes human behaviour and self-regulation and the modalities

for an individual's manipulation of the input and output of information (Kirschenbaum & Jourdan, 2005:37; Schmid, 2003:104). It is the conduit for connectivity between the internal thoughts of human beings and the environment. The affective system constitutes human emotions and feelings (Brodley, 2001:55; Elliot, 2002:71; Moon, 2002:486). These two systems are indispensable tools used in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe because they are rooted in studying individuals in their totality (Mearns, 2003:89; Witty, 2004:23).

Carl Rogers' facilitation theory is applicable to SGC services provisions for children with disabilities in inclusive primary schools. The elements of this theory which include empathy, congruence and positive regard are catalytic to effective and efficient SGC services provisions for children with disabilities (Moon, 2002:486). Carl Rogers posits that effective and efficient school counsellors are congruent in their talk, respond to children's feelings, blend children's thoughts and feelings into the SGC content and process and adapt the SGC content and process to the individual child's frame of reference.

According to Humanistic theory, school counsellors would cultivate and nurture SGC environments in which children with disabilities would be comfortable to consider new ideas and are not threatened by external factors (Bohart, 2004:103; Brodley, 2001:57; Elliot, 2002:58; Kirschenbaum & Jourdan, 2005:39; Mearns, 2003:90). Consequently, during SGC, children with disabilities in inclusive primary schools would take responsibility of their own SGC, contribute much of the input, self-evaluate, and solve significant problems/challenges. Humanism is premised on the conception that SGC services provisions promote self-direction and independence and develop in children the ability to be responsible for their own learning (Duquette, 2006:29; Frye, 2005:443; Graham & Pulvino, 2000:177; Green, 2003:1363); Mau & Bilkos, 2000:187; Smart, 2009:34; Sink & Stroh, 2003:352; Heward, 2009:45).

The present study gleaned a number of tenets from the Humanistic theory that would be pivotal in SGC services provisions for children with disabilities. In tandem with the Humanistic theory, the management and administration of SGC services provisions for children with disabilities would be the jurisdiction of professionally trained school counsellors. Professionally trained school counsellors would also be glued with SGC theories such as Humanistic psychological and educational theories including Carl Rogers' facilitation theory to holistically address the academic/educational, personal/social and career/vocational concerns of children with disabilities thereby aiding their optimum functionality.

A conducive environment would further be cultivated and nurtured for SGC services provisions for children with disabilities in accordance with the Humanistic theory that informed the study. The establishment and reinforcement of a conducive environment for SGC services provisions for children with disabilities would entail the requisition of adequate appropriate human, material, technological, time and financial resources. Since the Humanistic theory is rooted in the regulatory and the affective systems of human beings, the attitudes of various stakeholders of inclusive education such as school counsellors and children with disabilities would also be taken on board in SGC services provisions for children with disabilities. In line with the Humanistic theory that informed the study, children with disabilities would further be aided to have an in-depth understanding of their environment as a springboard for assisting them to negotiate the diverse challenges/problems they experience in life without the involvement of other individuals. Helping children with disabilities to have an in-depth understanding of their environment would be grounded in clear and concise policy and legislation that would govern the planning, development, implementation, management and evaluation of SGC services provisions.

1.9 ASSUMPTIONS

The current study was based on the following assumptions:

- there are SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools;

- school counsellors and administrators have perceived challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe;

- the current study will reveal the essence of SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe;

- the need for SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools will continue.

1.10 LIMITATIONS OF THE STUDY

Ideally, the researcher would have investigated challenges in SGC services provisions for children with disabilities in all Zimbabwean inclusive primary schools. Because of time, transport, material, financial, technological and human resources constraints, the study was carried out in only three educational provinces of Zimbabwe, particularly Harare, Mashonaland West and Midlands, and only inclusive primary school administrators and counsellors were the research participants. Another limitation of the study was the use of self-report data only. Self-report data may be fraught with problems derived from memory restrictions and perceptual differences. A more comprehensive research design would have included actual physical ways to measure the outcomes variables.

1.10.1 Overcoming limitations

When a random sample is used in a study, the characteristics of the sample taken approximate the characteristics of the total population (Fink, 2002:76; Fowler, 2001:31; Gall, Borg & Gall, 2003:67; Goodwin, 2001:27; Leedy & Ormrod, 2005:87; Neuman, 2003:44) so that the research findings are generalized with as much accuracy and precision as possible. Random sampling was used to select research participants particularly Zimbabwean inclusive primary school administrators and counsellors in order to ensure that each member of the population had an equal chance of being selected. Random sampling was also used to select participating inclusive primary schools to guarantee that each member of the Zimbabwean inclusive primary school population in the three selected educational provinces had an equal chance of being selected. The researcher compared data from the two groups of research participants, inclusive primary school administrators and counsellors, to ascertain its reliability thus circumventing the problem of distortions associated with self-report data.

1.11 DELIMITATIONS OF THE STUDY

The present study sought to investigate challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools as perceived and experienced by the school administrators and counsellors. The study was carried out in Harare, Mashonaland West and Midlands educational provinces of Zimbabwe.

1.12 DEFINITION OF TERMS

1.12.1 Children with disabilities

Children with disabilities are learners with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), emotional disturbance, orthopedic impairments, autism, traumatic brain injuries, other health impairments or specific learning disabilities and therefore have

needs that require Special Needs Education and related activities (Halvorsen & Neary, 2001:35). In the present study, children with disabilities are learners with developmental delays as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development and adaptive development.

1.12.2 Counselling

Counselling is the application of mental health, psychological or human development principles that address wellness, personal growth, career development and more serious problems such as self-harm and suicide (Gysbers & Henderson, 2005:151; Heyden, 2011:5; Lapan, 2001:289; Sink & Yillik-Downer, 2001:278). Counselling is a developmental or intervening process. In the current study, counselling is helping individual children with disabilities in inclusive primary schools to help themselves. It is conducted with individual children who experience barriers to learning and constitutes intervention programmes to help them realize their optimum functionality. In this regard, SGC services provisions assist individual children with disabilities in inclusive primary schools to make academic/educational, personal/social and career/vocational choices that are commensurate with their uniqueness and potentialities.

1.12.3 Disability

Disability is any restriction or lack of ability to perform an activity, as a result of impairment, in the manner or within the range considered normal for a human being (Marshak, Dandeneau, Prezant &L'Amoreaux, 2009:7; Milsom, 2006:66; Milsom & Dietz, 2009:316). Trolley, Haas and Patti (2009:3) state that a disability is the disadvantage or restriction of activity caused by society that takes little account or no account of individuals with impairments and thus excludes them from mainstream

activities. According to Myers and Johnson (2007:1162), disability refers to functional limitations in individuals. In the present study, disability refers to diverse permanent or transitory functional limitations among inclusive primary school children which are a result of physical impairment, intellectual or sensory impairment, medical conditions or mental illnesses.

1.12.4 Guidance

Guidance is the provision of information to individuals or groups so that they can reach informed decisions (Gysbers & Henderson, 2005:153; Lapan, 2001:289; Mapfumo, 2001:13). Guidance helps individuals or groups to choose what they value. Guidance is broader than counselling and embeds the latter. Guidance comprises school services and programmes premised on enhancing academic/educational, personal/social and career/vocational development in children (Mayock et al, 2009:13; Milsom & Dietz, 2009:317; Sink & Yillik-Downer, 2001:281). In the current study, guidance refers to the process of assisting individual children with disabilities in inclusive primary schools to help themselves, through their own individual efforts, to discover and to develop their unique potential resources for optimum personal fulfillment and social usefulness.

1.12.5 Inclusion

Inclusion is the accommodation of all children, regardless of physical, intellectual, social, emotional, linguistic or other conditions, in regular schools and the provision of child-centred pedagogy capable of successfully educating all children, including those who have serious disadvantages and disabilities (UNESCO, 1994:6). In the present study, inclusion is the placement of children with disabilities in regular schools and classrooms and the provision of relevant individualized support and assistance to enable them to realize their unique potentialities.

1.12.6 Inclusive education

Inclusive education is ensuring that children with disabilities go to school along with their friends and neighbours while also receiving the specially designed instruction and support they need to achieve high standards and succeed as learners (Armstrong & Barton, 2007:6; Foreman & Arthur-Kelly, 2008:109; Halvorsen & Neary, 2001:6). In the present study, inclusive education means placement of primary school children with disabilities in chronologically age-appropriate general education classes in their local schools and the provision of specialized instruction delineated by their individualized education programmes within the context of the core curriculum and general class activities.

1.12.7 Primary schools

Primary schools are educational institutions in which children receive the first stage of compulsory elementary education (Halvorsen & Neary, 2001:67). In the present study, primary school refers to the first four to eight years of formal education of children.

1.12.8 School administrators

School administrators are specially certified educators whose job it is to direct and manage the daily operation of all programmes in individual schools (Abrams & Gibbs, 2000:81). They are educators with executive authority over individual schools (Maturure 2004:16). In the current study, school administrators are individuals, specifically headmasters/headmistresses, heads of departments and senior teachers, who are responsible for individual inclusive primary schools and, among other functions, draw up the budgets of their inclusive primary schools and ensure that curriculum, teaching/learning and discipline policies are carried out as mandated.

1.12.9 School counsellors

School counsellors are educators who provide academic/educational, personal/social and career/vocational competencies and skills to children (Heyden, 2011:18; Hughey, 2005:214; Mau & Bilkos, 2000:188). House and Hayes (2002:1096) define school counsellors as professionals who focus on the relationships and interactions between children and their school environments to reduce the effects of environmental and institutional barriers that impede child academic/educational, personal/social and career/vocational success. School counsellors, in the current study, are trained, assertive educators who create opportunities for children with disabilities by assisting them in their academic/educational, personal/social and career/vocational development.

1.13 ORGANIZATION OF THE RESEARCH PROGRAMME

Chapter 1 has presented the research problem and its context comprising: introduction, background to the study, statement of the problem, research question, sub-research questions, objectives, rationale for the study, significance of the study, theoretical framework, assumptions, limitations, delimitations and the definition of terms used. Chapter 2 will review related international literature on challenges in SGC services provisions for both children with disabilities and those 'without' disabilities in inclusive primary schools with respect to: school counsellors' training and provision of SGC services, material resources and provision of SGC services, stakeholders' attitudes and the provision of SGC services and policy and legislation provision of SGC services. Chapter 3 will review related Zimbabwean literature on challenges in SGC services provisions for both children with disabilities and those 'without' disabilities focusing on: the provision of inclusive education in Zimbabwe (History of inclusive education in Zimbabwe), the needs of Zimbabwean children with disabilities, the role of school counsellors in Zimbabwean schools, school counsellors' training and provision of SGC services, material resources and provision of SGC services,

stakeholders' attitudes and the provision of SGC services and policy and legislation and SGC services provisions. Chapter 4 will focus on the research methodology constituting: research design, sampling, instrumentation, procedure, data analysis and ethical issues. Chapter 5 will present, analyze and discuss the data. Chapter 6 will present the summary, conclusion and recommendations.

1.13 CONCLUSION

Chapter 1 presented the problem and its context focusing on: introduction, background to the study, statement of the problem, research question, sub-research questions, objectives, rationale for the study, significance of the study, theoretical framework, assumptions, limitations, delimitations and definition of terms. Chapter 2 will present a review of related international literature on the challenges in SGC services provisions for both children 'without' disabilities and those with disabilities with reference to the Humanistic theory that informed the study. The reviewed related international literature is structured around the following sub-headings: school counsellors' training and provision of SGC services, material resources and provision of SGC services, stakeholders' attitudes and the provision of SGC services and policy and legislation and provision of SGC services. The sub-headings are derived from the sub-research questions guiding the study.

CHAPTER 2

REVIEW OF RELATED INTERNATIONAL LITERATURE ON CHALLENGES IN SCHOOL GUIDANCE AND COUNSELLING SERVICES PROVISIONS

2.1 INTRODUCTION

The study sought to establish challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools as context for strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities. The previous chapter presented the problem and its context. The current chapter reviews related international literature on the challenges in SGC services provisions for both children with disabilities and those 'without' disabilities with reference to the Humanistic theory that informed the study. The review of related international literature is structured around the sub-research questions guiding the study. The literature is presented under the following sub-headings: school counsellors' training and provision of SGC services, material resources and provision of SGC services, stakeholders' attitudes and the provision of SGC services and policy and legislation and SGC services provisions. The sub-headings are derived from the sub-research questions of the study. Gaps to be filled in by the present study are highlighted.

In the subsequent section, the school counsellors' training and provision of SGC services in the international fraternity is presented with reference to the Humanistic theory that informed the study.

2.2 SCHOOL COUNSELLORS' TRAINING AND PROVISION OF SGC SERVICES

The training of school counsellors affects the provision of SGC services for children the world over. In Ethiopia (Alemu, 2013:32), Nigeria (Eyo, Joshua & Esuong, 2010:90;

Modo & George, 2013:83), the USA (Romano & Hage, 2000:754; Smith, 2006:54; Walsh, Galassi, Murphy & Park-Taylor, 2002:685), Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:240), Namibia (Mushaandja, Haihambo, Vergnani & Frank, 2013:82), Uganda (Chireshe, 2008a:iv; Rutondoki, 2000:18) and Japan (Lau & Suk-Chun, 2008:214; Yagi, 2008:145), school counsellors without formal professional preparation and training in SGC are incompetent to address in totality the academic/educational, personal/social and career/vocational concerns of children. Owing to the professional incompetency of their school counsellors, children in the above cited countries are unlikely to receive SGC services provisions that are conducive to their holistic development in accordance with the Humanistic theory that informed the study.

The shortage of formally professionally prepared and trained school counsellors is a worldwide cause for concern (Brigman & Lee, 2008:380; Burnham & Stansell, 2005:27; Butler & Constantine, 2005:55; Desmond, West & Bubenzer, 2007:174; Dixon, 2006:206; Gale & Austin, 2003:7). For instance, in Ireland, (Lynch et al, 2006:561), Scotland (Lehr & Sumararh, 2002:292), the UK (Platts & Williamson, 2000:234), Zambia (Tamilenthi & Mbewa, 2012:18) and Hong Kong (Yuk Yee & Brennan, 2004:55), there is a shortage of formally professionally prepared and trained school counsellors. Some of the children in the above mentioned countries are therefore likely to be deprived of SGC services provisions.

The training of school counsellors in SGC is also an integral part of SGC services provisions for children with disabilities internationally. Professional preparation and training is a conduit for equipping school counsellors with specialized skills, knowledge, attitudes and understandings that are pivotal in effective provision of SGC services to children with disabilities (Burgess & Gutstein, 2007:82; Frye, 2005:442; Nelson Jones, 2005:34; Landa, 2007:18; Lockhart, 2003:358; Milsom, 2002:332; Myers & Johnson, 2007:1163; Zascavage & Keefe, 2004:224). Professional

preparation and training fosters in school counsellors the expertise to effectively manage the heterogeneity of children with disabilities (Lines, 2002:36; Luthar, 2003:72; Mayock et al, 2009:10; Murphy, 2008:66; Platts & Williamson, 2000:74). Professionally prepared and trained school counsellors are indispensable in the holistic development of children with disabilities (Ang & Hughes, 2001:167; Bauer, Sapp & Johnson, 2000:43; Bemak & Cornely, 2002:326; Schaefer-Schiumo & Ginsberg, 2003:1; Sink & Stroh, 2003:355). With intensive professional preparation and training in SGC, school counsellors can adapt their priorities and interventions to be commensurate with the diverse unique dynamic needs of the children with disabilities and the society while maintaining the sound base of their purpose and mission (Bauer et al, 2000:43; Bemak & Cornely, 2002:326; Schaefer-Schiumo & Ginsberg, 2003:1; Milsom, 2002:332; Zascavage & Keefe, 2004:224). Intensive formal professional preparation and training in SGC is therefore foundational in the effectiveness of the school counsellors in the management and administration of SGC services provisions for children with disabilities in the international fraternity.

The lack of formally professionally trained school counsellors in the above cited countries is at variance with 'model' practices in SGC services provisions for children with disabilities in the international arena. Most of the above cited studies were exploratory in nature and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to establish the nature and impact of formal professional training of school counsellors in SGC on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using the quantitative approach to research in order to yield explanations and predictions for generalization with as much accuracy and precision as possible to other people and places.

The formal professional training of school counsellors in teacher education impacts on SGC services provisions for children internationally (Aldrich, Boustead & Heskett, 2000:271; Cooley, 2010:35; Coy, 2004:54; Gibson, 2008:67; Popham, 2010:45). Teacher education training equips school counsellors with the theory and practice of education to effectively manage and administer SGC services provisions for children. School counsellors are highly trained educators who uphold ethical and professional standards to design, implement and manage comprehensive, developmental, results-based school counselling and promote and encourage the success of children (Aldrich et al, 2000:271; Canary, 2008:437; Dyson, 2010:43; Gerstein, Crnic, Blacher & Baker, 2009:981; Green, 2003:1361; Kaminsky & Dewey, 2001:399; Karande & Kuril, 2011:20). The above cited definition accentuates the symbiotic relationship between SGC and education. Lairio and Nissila (2002b:160) reveal that Finnish school counsellors who underwent teacher training before training in SGC are effective in managing and administering SGC services provisions for children. Similarly, in Botswana (Stockton et al, 2011:10) and Zambia (Tamilenthi & Mbewa, 2012:14), school counsellors who initially trained as teachers are effective in managing and administering SGC services provisions for children. Contrarily, in South Korea (Lee & Yang, 2008:161), and Japan (Yagi, 2008:145), school counsellors without pre-service teacher training are effective in designing, managing and evaluating SGC services provisions for children.

Similarly, the training of school counsellors in Special Needs Education also affects SGC services provisions for children with disabilities because it equips school counsellors with the knowledge, skills, attitudes and understandings of SGC services provisions for children with disabilities (Abrams & Gibbs, 2000:79; Brigman & Lee, 2008:381; Canary, 2008:437; Dryfoos, 2002:393; Ferguson, 2008:109; Smith, Crutchfield & Culbreth, 2001:216). In the USA, pre-service training courses for school counsellors comprise a Special Needs Education component in order to groom school

counsellors for SGC services provisions for children with disabilities (Baker & Gerler, 2001:76; Burnham & Stansell, 2005:36; Butler & Constantine, 2005:59; Desmond et al, 2007:179; Peterson, Goodman, Keller & McCauley, 2004:249). According to Barr, McLeod and Daniel (2008:21), school counsellors without in-depth training in Special Needs Education are ineffective and inefficient in managing and administering SGC services provisions for children with disabilities.

In Nigeria, school counsellors render watered-down responsive services to children with disabilities because of lack of training in Special Needs Education (Alutu & Azuka, 2006:160). This also obtains in the Netherlands (Armstrong & Barton, 2007:13), the UK (Ferguson, 2008:117), and Australia (Foreman & Arthur-Kelly 2008:111). The training of school counsellors in Special Needs Education is therefore pivotal in the effective provision of SGC services to children with disabilities in the international arena. The lack of training of school counsellors in Special Needs Education in the aforementioned countries is inconsistent with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. The findings of the above cited studies may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision as most of them were qualitative in nature and hence might have drew biased conclusions as the researchers were attached to the research participants. The present study therefore sought to establish the training of school counsellors in Special Needs Education and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using the quantitative approach to research to allow the researcher to be detached from the research participants and draw unbiased conclusions that can be generalized with as much accuracy and precision as possible.

Classroom teaching experience of school counsellors affects SGC services provisions for children the world over (ASCA, 2007:1; Desmond et al, 2007:179; Gale & Austin, 2003:8; Katz, Swindell & Farrow, 2004:2179; Smith et al, 2001:221). In Botswana

(Stockton et al, 2010:11), Ethiopia (Alemu, 2013:33), Ireland (Morgan & Brand, 2009:13), Kenya (Karangu & Muola, 2011:273), Namibia (Mushaandja et al, 2013:80), the Netherlands (Lynch et al, 2006:556), South Africa (Mahlangu, 2011:241), the UK (Morgan, Ludlow, Kitching, O'Leary & Clarke, 2010:191), the USA (Brigman & Lee, 2008:382) and Zambia (Tamilenthi & Mbewa, 2012:17), school counsellors without classroom teaching experience administer impoverished SGC services provisions for children because of lack of understanding of the school system. On the other hand, in the USA, school counsellors with classroom teaching experience are both more comfortable and effective in SGC services provisions for children (ASCA, 2007:3). Classroom teaching experience is likely to develop in school counsellors the competencies and skills to effectively manage and administer SGC services provisions for children in accordance with the Humanistic theory that informed the study.

Classroom experience in teaching children with disabilities fosters in school counsellors insight into the accommodations, modifications, special assistance and/or additional support services needed to resolve home and school concerns of children with disabilities (Aldrich et al, 2000:271; Duquette, 2006:29; Dyson, 2010:44; Lawson, 2007:25; Obiozor, 2009:5; Westling & Fox, 2004:23; Lawson, 2007:25). Classroom experience in teaching children with disabilities is a coug in the effectiveness of the school counsellors in managing and administering SGC services provisions for children with disabilities in the international arena. In most instances, school counsellors are usually not fully accepted by teachers if they have not "walked the walk" and "talked the talk"(Brigman & Lee, 2008:385; Burnham & Stansell, 2005:29; Desmond et al, 2007:183; Dixon, 2006:209; Hobson, Fox & Swickert, 2000:9). The classroom teaching experience of school counsellors is therefore a conduit to their engagement in collaboration and discourse with teachers and other stakeholders of inclusive education in SGC services provisions for children with disabilities.

In the USA, particularly in Alabama, Nebraska, Oregon, Rhode Island, Texas and the District of Columbia, two years of teaching experience is required before applicants can receive school counsellor certification (ASCA, 2007:1; Hobson et al, 2000:2; Smith et al, 2001: 218). School counsellors with classroom teaching experience are likely to be professionally competent to expose children with disabilities to diverse SGC experiences and equip them with decision making skills, the ability to manage their lives and become self-actualized in accordance with the Humanistic theory that informed the study. However, Brigman and Lee (2008:382) posit that prior classroom teaching experience as a prerequisite in the provision of SGC services for children with disabilities can bar highly qualified school counsellors from entering the SGC field. This argument, coupled with research that identifies school counsellors with classroom teaching experience as having less favourable interviewing skills (Armstrong & Barton, 2007:5), adds another point of view to the discussion of whether or not prior classroom teaching is a necessity to being an effective school counsellor. Epstein, Rudolph and Epstein (2000:53) reveal that in Japan, school counsellors are effective in managing and administering SGC in spite of the fact that they do not have any internship in a school setting when they are being trained.

The above cited literature reveals that classroom experience in teaching children with disabilities influences the effectiveness of the school counsellors in managing and administering SGC services provisions for children with disabilities in the international fraternity. The lack of classroom experience of the school counsellors in teaching children with disabilities in the above mentioned countries is inconsistent with 'model' practices in SGC services provisions for children with disabilities in the international arena. Most of the above cited studies used qualitative descriptive designs in which active intervention on the part of the researchers may have produced biased research results and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with as much accuracy and precision as

possible. The present study therefore sought to establish the status of the teaching experience of school counsellors and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using a quantitative descriptive survey design in order to solicit for data and information in natural settings and ultimately aid the generalization of the findings with as much accuracy and precision as possible.

According to Brigman and Lee (2008:381), staff development influences SGC services provisions for children because it enhances the competency of school counsellors in administering SGC services. In the USA (Erford, 2011:23; Fall, 2011:47; Gibson, 2008:26), school counsellors who are not staff-developed in multicultural SGC are ineffective in managing and administering SGC services provisions in multicultural schools as they lack multicultural SGC skills and techniques. Similarly, in Botswana (Stockton et al, 2010:11), Ethiopia (Alemu, 2013:35), Kenya (Karangu & Muola, 2011:268), Namibia (Mushaandja et al, 2013:83), South Africa (Mahlangu, 2011:239) and Zambia (Tamilenthi & Mbewa, 2012:14), many school counsellors are not up-to-date with psychological and educational theories and practices in SGC services provisions for children because of lack of continuous staff development.

Apart from previous classroom teaching experience, staff development of school counsellors also influences SGC services provisions for children with disabilities globally. Professional development is a critical process that continues after formal education for school counsellors (Bruce & Cockreham, 2004:338; DeRosier, 2004:200; Graham & Pulvino, 2000:179; Murphy, 2008:65; Peterson et al, 2004:247; Wahl & Blackhurst, 2000:367; Whiston, 2003:436). School counsellors for children with disabilities therefore take part in professional development (Bemak & Chung, 2005:125; Brigman & Lee, 2008: 385; Burnham & Stansell, 2005:28; Butler & Constantine, 2005:58; Desmond et al, 2007:181; Gale & Austin, 2003:6; Lairio & Nissila, 2002a:289; Wilson et al, 2001:247).

Participation in professional development enhances in school counsellors the knowledge and skills to address the diverse unique academic/educational, personal/social and career/vocational problems/challenges experienced by children with disabilities (Amatea & West-Olatunji, 2007:82; Butler & Constantine, 2005:58; Cooley, 2010:9; Halvorsen & Neary, 2001:55; Trolley et al, 2009:34). In the absence of continuous staff orientation and development programmes, school counsellors may find it difficult to cope with SGC services provisions for children with disabilities that are increasingly anchored in proactive interventions associated with comprehensive, developmental and collaborative approaches (Morgan et al, 2010:13). Devoid of staff development, school counsellors are therefore unlikely to be professionally competent to administer SGC services provisions that are commensurate with the unique frame of reference of individual children with disabilities in accordance with the Humanistic theory that informed the study.

In Ireland, staff development for school counsellors is entrenched within the school system (Lynch et al, 2006:567), while in Japan school counsellors receive in-service training which earns them credits towards their credentials as school counsellors (Lau & Suk-Chun, 2008:217). In the USA, school counsellors are staff developed in order to ensure that SGC work is carried out by fully trained, qualified professionals who are well-informed of the guidance and counselling practice and ethics (Gysbers, 2008:122). Staff developed school counsellors are likely to be professionally up-to-date in SGC to foster in children with disabilities the knowledge, attitudes, understandings and skills for life in line with the Humanistic theory that informed the study. In Botswana (Stockton et al, 2010:11), Ethiopia (Alemu, 2013:33), Namibia (Mushaandja et al, 2013:78) and Zambia (Tamilenthi & Mbewa, 2012:14), school counsellors are staff developed in SGC services provisions for children. Staff development is therefore critical in the effectiveness of school counsellors in

managing and administering SGC services provisions for children with disabilities in the international arena.

Countries without staff development of school counsellors are at variance with 'best' practices in SGC services provisions for children with disabilities in the international world. Purposive sampling which had no way of guaranteeing the selection of representative samples was used in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to establish the availability and influence of professional development of school counsellors on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using a randomly selected representative sample of the population of school administrators and counsellors to aid the generalization of the findings with as much accuracy and precision as possible.

Apart from the training of the school counsellors, material resources also affects SGC services provisions for both children with disabilities and those 'without' disabilities in the international arena. The following section presents material resources and provision of SGC services from an international perspective.

2.3 MATERIAL RESOURCES AND PROVISION OF SGC SERVICES

Physical facilities influence SGC services provisions for children across the world. Both the USA and Japan have physical space within schools for SGC services provisions (Gibson, 2008:45; Heyden, 2011:23; Somers & Piliawsky, 2004:18; Gysbers & Henderson, 2005:152; Yagi, 2008:145), that facilitate private and confidential SGC services provisions for children. These consist of counselling centres comprising reception areas, conference rooms, private rooms and other relevant facilities (Bauer et al, 2000:42; Besley, 2002:61; Blackhurst et al, 2003:58; Blanco & Ray, 2011:235; Erford, 2011:35; Lee & Yang, 2008:167). Consistent with the Humanistic theory that

informed the study, counselling centres in the international fraternity are likely to foster self-actualization and self-awareness among children.

Counselling centres store information and data on SGC services provisions for children. In the USA, counselling centres at schools are accessible to all the children and other inclusive education stakeholders (Cobia & Henderson 2003:32). In Zambia, there are SGC services provisions offices for children (Tamilenthi & Mbewa 2012:14) which are used to store SGC materials and resources such as computers and children's records. Accessible and information-rich counselling centres in the international arena are likely to support and assist children to take responsibility of their own guidance and counselling in keeping with the Humanistic theory that informed the study.

On the other hand, the lack of physical facilities in countries such as Ethiopia (Alemu, 2013:32), China (Chan, Shea, Lau & Yuen, 2005:124; Jiang, 2005:66; Lam & Yuen, 2008:105; Lang, 2003:38; Liu, Liang, Xu & He, 2008:68; Luk-Fong, 2006:332; Meng, 2008:42), Botswana (Charema, 2008:158), Nigeria (Eyo et al, 2010:97), the UK (Fox & Butler, 2007:99; McLaughlin, 2008:354; Watkins, 2008:7), Kenya (Karangu & Muola, 2011:276), South Korea (Lee & Yang, 2008:157), and South Africa (Mahlangu, 2011:239) compromises the delivery of SGC services to children. The lack of physical resources for services provisions in the above cited countries is incompatible with 'model' practices in SGC services provisions for children in the international world.

Physical facilities also impact on SGC services provisions for children with disabilities. Poorly planned physical resources result in poor quality SGC services provisions for children with disabilities due to space inadequacy, inaccessibility and lack of privacy (Coleman, 2009:17; Coy, 2004:45; Erford, 2011:63; Heyden, 2011:47). Physical facilities which are conducive to SGC services provisions for children with disabilities include an office complex comprising a reception area, waiting room, storage closets,

clerical space, reading rooms, multi-purpose guidance and counselling room, a conference room and the counsellor's office (Dryfoos, 2002:395; Lapan et al, 2003:335; Myers et al, 2002:198; Schaefer-Schiumo & Ginsberg, 2003:7; Schwiebert, Sealander & Dennison, 2002:4). Wamocho (2003:12) adds that waiting rooms should be comfortable and pleasant with particular attention given to a pleasing layout and colour scheme. It should be furnished with a homely atmosphere including lamps, flowers and pictures that encourages a relaxed feeling in children with disabilities. A furnished SGC environment is likely to instill in children with disabilities a sense of safety and security in keeping with the Humanistic theory that informed the study.

Equipment and furniture also affect SGC services provisions for children with disabilities (Lockhart, 2003:405; Meyer & Vadasy, 2008:75; Newsome & Gladding, 2007:176; Szymanski & Parker, 2003:19; Standard, 2003:220; Trolley et al, 2009:46; Wamocho, 2003:17). This includes desks/tables, chairs and sofa sets, cabinets, bookcases, a bulletin board in the waiting room, projection equipment, tape recorders, computers, record players, films and a television set. Physical facilities are therefore indispensable in the effective provision of SGC services to children with disabilities in the international arena.

The shortage of physical resources for services provisions in the aforementioned countries is at variance with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. Qualitative research instruments that potentially solicited subjective data and information were used in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to ascertain the availability and impact of physical facilities on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe using self-administered questionnaires in order to allow the researcher to

remain detached from the research participants to draw unbiased conclusions for generalization with as much accuracy and precision as possible.

In addition to physical resources, material resources and supplies influence SGC services provisions for children internationally. In the USA, SGC material resources such as brochures, pamphlets, college catalogues, newsletters, computers and test-taking skills booklets are used in SGC services provisions for children (Lawson, 2007:25; Obiozor, 2009:7; Westling & Fox, 2004:23). State of the art materials and supplies are also used in SGC services provisions for children (Schaefer-Schiumo & Ginsberg, 2003:7; Schwiebert et al, 2002:5). Such materials resources and supplies for SGC services provisions are likely to address the academic/educational, social/personal and career/vocational concerns of children hence critical in facilitating their holistic development as upheld in the Humanistic theory that informed the study. The lack of material resources in Botswana (Shumba et al, 2011:8), Ethiopia (Alemu, 2013:32), Hong Kong (Lau & Suk-Chun, 2008:226), Kenya (Karangu & Muola, 2011:277), Nigeria (Eyo et al, 2010:97) and South Africa (Mahlangu, 2011:239) is therefore detrimental to SGC services provisions for children in those countries. The lack of material resources for SGC services provisions in the aforementioned countries is inconsistent with 'model' practices in SGC services provisions for children in the international arena.

Apart from physical facilities, material resources and supplies also influence SGC services provisions for children with disabilities. Armstrong and Barton (2007:2) reiterate that materials and supplies are required for effective SGC services provisions for children with disabilities. In keeping with the Humanistic theory that informed the study, material resources and supplies for SGC services provisions are likely to facilitate multi-sensory learning among children with disabilities in the international fraternity. Internationally, material and supplies for SGC provisions for children with disabilities include stationery, films for guidance and counselling, refreshments,

reading materials, toiletries and materials on career vocation (Arthur, 2003:5; Day, 2004:32; Fernando, 2006:5; Paisley & McMahon, 2001:115; Somers & Piliawsky, 2004:19; Taub, 2002:198) which are user-friendly to children with disabilities. The availability of material resources and supplies therefore influences the effective provision of SGC services to children with disabilities in the international world.

The lack of material resources and supplies for services provisions in the above cited countries is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international arena. Most of the above cited studies solicited for data and information from few research participants and therefore their findings may have limited validity and applicability to Zimbabwean inclusive primary schools. The present study therefore sought to establish the availability and impact of material resources and supplies on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using several research participants particularly school administrators and counsellors in order to aid the generalization of the findings with as much accuracy and precision as possible.

Time is among the critical resources affecting SGC services provisions for children internationally. In Ethiopia (Alemu, 2013:34), Nigeria (Eyo et al, 2010:98), Kenya (Karangu & Muola, 2011:269), South Africa (Mahlangu, 2011:241) and Namibia (Mushaandja et al, 2013:81), school counsellors do not have adequate time to holistically address the academic/educational, social/personal and career/vocational concerns of children. Similarly, in the USA (Gale & Austin, 2003:8; Katz et al, 2004:2179; Smith et al, 2001:221), school counsellors perform clerical duties, carry out administrative tasks and are totally responsible for Special Needs Education case management and assessment work. In Kenya, school counsellors administer SGC services provisions for children during evenings and weekends because they have obligations just like other teachers leaving them with little time to guide and counsel children (Karangu & Muola, 2011:269). Children in the above cited country are likely

to receive impoverished SGC services as school counsellors are unlikely to establish and reinforce warm and trusting relationships with them in accordance with the Humanistic theory that informed the study. In Botswana, in contrast, SGC services provisions for children are time-tabled (Stockton et al, 2010:11).

The provision of SGC services to children with disabilities hinges on adequate time allocation among other factors (Brown & Trusty, 2005:13; Canary, 2008:448; Carty, Rosenbaum, Lafreniere & Sutton, 2000:4; Duquette, 2006:30; Obiozor, 2009:5). Contact sessions between school counsellors and children with disabilities need to be time-tabled into the school system. According to Wamocho (2003:170), internationally, the time structure for SGC services provisions for children with disabilities include: children with disabilities are allowed to visit school counsellors' offices during private study period; children with disabilities are released from non-examinable subjects, such as Physical Education, after they have finished their work; time is arranged to meet the school counsellor whenever necessary for crucial cases; time is made available for record keeping, home and family visitation, personal and social counselling, children's interests and hobbies; and children with disabilities are excused from games time. Normally, in each school, day-to-day activities are scheduled based on the academic curriculum. In such a context, SGC services provisions for children with disabilities are forced to be accommodated within the existing academic time-table structure so that it does not interfere with the teachers' class hours (Wilson et al, 2001:246). The availability of adequate time for SGC services provisions is likely to result in school counsellors affording children with disabilities adequate opportunity to take responsibility of their own guidance and counselling in keeping with the Humanistic theory that informed the study.

In Japan, children with disabilities do not have enough opportunity to contact school counsellors as school counsellors stay only for eight hours or even less in a school every week (Lau & Suk-Chun, 2008:214). Similarly, Myers et al (2002:198) posit that

school counsellors in the USA do not have enough time for SGC services provisions for children with disabilities because of the work load caused by the high school counsellor/child ratio and aggravated by administrative and clerical duties they are expected to perform. Owing to the lack of adequate time for SGC services provisions, children with disabilities in the above mentioned countries are unlikely to be afforded adequate time to provide much of the guidance and counselling input which occurs through insight as embodied in the Humanistic theory that informed the study. With such time constraints, school counsellors are unable to establish and reinforce warm relationships with children with disabilities, among other inclusive education stakeholders, and, finally, it is the SGC services provisions for children with disabilities that suffer (Schaefer-Schiumo & Ginsberg, 2003:7). The availability of adequate time therefore influences the effective provision of SGC services to children with disabilities in the international fraternity.

The lack of adequate time for services provisions in the above cited countries is at variance with 'model' practices in SGC services provisions for children with disabilities in the international arena. The findings of the above cited studies may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision as most of them solicited for data from single settings. The current study therefore sought to ascertain the availability and impact of time on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools in several settings in order to aid the generalization of the findings with as much accuracy and precision as possible.

Finance is a critical variable in SGC services provisions for children (Burnham & Stansell, 2005:36; Butler & Constantine, 2005:59; Desmond et al, 2007:179; Peterson et al, 2004:249). According to Day (2004:32), finance offsets the human, material and technological resource costs in SGC services provisions for children. In the USA, schools, schools volunteers, parents, businesses, industries and other education

stakeholder individuals, organizations and institutions pool finance for SGC services provisions for children (Cobia & Henderson, 2003:67; Gysbers & Henderson, 2006:78; Lee & Yang, 2008:168; Yagi, 2008:149). The availability of finance is likely to facilitate the requisition of adequate appropriate human, material, technological and other resources to establish and reinforce SGC environments that will support and assist children to realize their unique potentialities and capacities and change their lives positively as upheld in the Humanistic theory that informed the study. However, the capital intensive nature of SGC services provisions for children, aggravated by the current worldwide economic downturn affects SGC services provisions for children globally (Desmond et al, 2007:179; Peterson et al, 2004:249). This is evident in Ethiopia (Alemu, 2013:32), Kenya (Karangu & Muola, 2011:266), South Africa (Mahlangu, 2011:239) and Namibia (Mushaandja et al, 2013:81) where financial constraints restrict SGC services provisions for children. The lack of adequate finance for services provisions for children in the above cited countries is inconsistent with 'model' practices in SGC services provisions for children in the international world.

Finance also influences the provision of SGC services to children with disabilities in the international arena. The provision of SGC services to children with disabilities is a capital-intensive process because it demands specialized human, material and technological resources (Burgess & Gutstein, 2007:84; Mayock et al, 2009:12; Milsom, 2002:335; Murphy, 2008:16; Newsome & Gladding, 2007:187; Standard, 2003:218). Adequate finance is needed to meet fixed and recurrent costs in SGC services provisions for children with disabilities (Heward, 2009:67). Sources of expenditure in SGC services provisions for children with disabilities include: personnel costs, materials and supplies costs, equipment and maintenance costs and travel and other out-of-school expenses (Cobia, 2007:12; Coleman, 2009:25; Erford, 2011:36; Hardman et al, 2008:46; Heward, 2009:67). They also entail service charges

which include mailing, telephone, fax and internet charges that often go with the running of a SGC office.

The lack of finance compromises the provision of SGC services to children with disabilities in different countries. For instance, Lynch et al (2006:557) reveal that inadequate finance militates against SGC services provisions for children with disabilities in Ireland. The availability of adequate finance is therefore instrumental in the effective provision of SGC services to children with disabilities in the international arena. The lack of finance in the aforementioned countries is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. There was no comparison of research results from several respondents in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the availability and impact of finance on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools through comparing results from several respondents particularly school administrators and counsellors in order to aid the generalization of the findings with as much accuracy and precision as possible.

Published curricular resources and materials influence SGC services provisions for children internationally (Morgan & Brand 2009:15). In the USA, Heyden (2011:59) published curricular resources and materials such as career choice exploration material, self-development resources and booklets are used in SGC services provisions for children. Published curricular resources and materials address challenges children face at home and at school. Erford (2011:17) states that, in the USA, user-friendly SGC handbooks educate and inform children on their personal/social, academic/educational and career/vocational concerns. Inversely, in Botswana (Shumba et al, 2011), Ethiopia (Alemu, 2013:34), Hong Kong (Lau & Suk-Chun, 2008:226), Kenya (Karangu & Muola, 2011:269), Nigeria (Eyo et al, 2010:98),

South Africa (Mahlangu, 2011:239), Uganda (Chireshe, 2008a:iv) and Namibia (Mushaandja et al, 2013:81), the lack of curricular resources and materials compromises SGC services provisions for children. The lack of curricular resources and materials in the above mentioned countries is inconsistent with 'model' practices in SGC services provisions for children in the international world.

In addition to finance, published curricular resources and materials affect SGC services provisions for children with disabilities (Carty et al, 2000:5; Luk-Fong & Lung, 2003:294; Mayock et al, 2007:17; Morgan et al, 2010:25; Platts & Williamson, 2000:9). Published SGC curricular resources and materials address such child issues as anger and crisis management. Books, videos, workshops, trainings, classroom materials and consumables facilitate SGC services provisions for children with disabilities (Ross & Cuskelly 2006:83). Materials and supplies needed for SGC services provisions for children with disabilities include referral materials and psychometric tests. The availability of curricular resources and materials for SGC services provisions is likely to promote positive self-direction and independence in children with disabilities in accordance with the Humanistic theory that informed the study. Inadequate curricular resources and materials such as videos and booklets compromise the quality of SGC services provisions for children with disabilities (Seligman & Darling 2007:47; Dimmit, 2003:341; Morgan & Brand, 2009:15; Smith & Elder, 2010:193; Swenson, 2005:367). The availability of curricular resources and materials is therefore pivotal in effective provision of SGC services to children with disabilities in the international arena.

The lack of curricular resources and materials for services provisions in the above cited countries is inconsistent with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. The research instruments for most of the above cited studies were not tested for validity and reliability and therefore their findings may not be generalized to Zimbabwean inclusive primary

schools with much accuracy and precision. The current study therefore sought to establish the availability of curricular resources and materials and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using self-administered questionnaires that underwent validity and reliability tests in order to aid the generalization of the findings with as much accuracy and precision as possible.

Apart from material resources, stakeholders' attitudes affect SGC services provisions for both children with disabilities and those 'without' disabilities in the international world. The subsequent section presents the literature review on stakeholders' attitudes and the provision of SGC services in the international arena.

2.4 STAKEHOLDERS' ATTITUDES AND THE PROVISION OF SGC SERVICES

The attitudes of the stakeholders of inclusive education influences SGC services provisions for both children with disabilities and those 'without' disabilities the world over. Attitudes are fairly constant opinions toward an individual, object or activity comprising cognitive and emotional elements (Antonak & Livneh, 2000:211; Eyo et al, 2010:88; Luthar, 2003:45). In the current study, attitudes are regarded as negative or positive perceptions, beliefs and feelings of education stakeholder individuals, organizations and institutions towards SGC services provisions for both children with disabilities and those 'without' disabilities.

Internationally, the negative attitudes of most governments negatively impacts on SGC services provisions for both children with disabilities and those 'without' disabilities. In Ethiopia (Alemu, 2013:28), the USA (ASCA, 2007:1), Nigeria (Bulus, 2001:284), China (Hui, 2002:199), Kenya (Karangu & Muola, 2011:268), South Africa (Mahlangu, 2011:239), Uganda (Rutondoki, 2000:19) and Zambia (Tamilenthi & Mbewa, 2012:13), schools have inadequate resources because of the negative attitudes of the governments towards SGC services provisions for children. The

development of the ability of the children to take care of their learning in accordance with the Humanistic theory that informed the study is likely to be curtailed in the above cited countries because of the lack of the resources that stems from the negative attitudes of the governments.

Governments with negative attitudes are unlikely to requisite adequate human, material, technological, time and financial resources for SGC services provisions for children. In such situations, SGC environments which are conducive to effective guidance and counselling of children are not realized. According to Antonak and Livneh, (2000:217) and Duquette (2006:29), internationally, most government do not create an even ground for the involvement and participation of all stakeholders of inclusive education in SGC services provisions for children with disabilities because of negative attitudes. The lack of participation and involvement of stakeholders of inclusive education in SGC services provisions for children with disabilities may interfere with the collaborative and corroborative pooling of expertise and other resources that can facilitate the holistic development of children with disabilities in line with the Humanistic theory that informed the study.

In South Korea, school counsellors are placed in remedial-reactive roles by the government because SGC is seen as an ancillary-support service (Lau & Suk-Chun, 2008:212), as a result, it is not included in the mainstream education system. In the USA (Butler & Constantine, 2005:59; Desmond et al, 2007:179; Peterson et al, 2004:249), Nigeria (Eyo et al, 2010:90), Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:239) and Japan (Yagi, 2008:145), governments do not support SGC service provisions for children because of negative attitudes towards service provisions. According to Hammond and Ingalls (2003:5) and Leyser and Tappendorf (2001:760), some governments do not participate in SGC services provisions because of negative attitudes towards

disabilities. The positive attitude of the government therefore influences the effective provision of SGC services to children with disabilities in the international fraternity.

The aforementioned governments with negative attitudes towards services provisions are at variance with 'model' practices in SGC services provisions for children with disabilities in the international arena. Most of the above cited studies used closed self-administered questionnaires which did not capture the diverse and complex perspectives of the research participants and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to ascertain the status and impact of the attitude of the government on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using self-administered questionnaires with some few open-ended items to capture the diverse and complex perspectives of the research participants particularly inclusive primary school administrators and counsellors in order to aid the generalization of the findings with as much accuracy and precision as possible.

In the USA (Butler & Constantine, 2005:59; Desmond et al, 2007:179; Peterson et al, 2004:249), Nigeria (Eyo et al, 2010:90), Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:239) and Japan (Yagi, 2008:145), school administrators do not support SGC service provisions for children because of negative attitudes. School administrators in the above cited countries are unlikely to monitor and evaluate the implementation of SGC services in their schools thereby potentially compromising the quality and quantity of services provisions received by children. In Kenya (Karangu & Muola, 2011:274), school administrators are reluctant to finance SGC services provisions for children because of negative attitudes. Gysbers (2008:129) states that in the USA, SGC services provisions for children are seen as ancillary-support services by the school administrators. In such circumstances, SGC services provisions for children with disabilities are given

secondary priority. Positive attitude of the school administrators therefore influences the effective provision of SGC services to children with disabilities in the international arena.

School administrators with negative attitudes towards services provisions in the above mentioned countries are inconsistent with 'best' practices in SGC services provisions for children with disabilities in the international world. School administrators were not involved as research participants in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to ascertain the attitude of the school administrators and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools according to the perspectives and the experiences of the school administrators and the school counsellors in order to aid the generalization of the findings with as much accuracy and precision as possible.

Apart from individual education stakeholders' attitudes, school communities affect SGC services provisions for children in the international fraternity. The support and assistance of school communities enhances the effectiveness and efficiency of SGC services provisions for children (Cobia, 2007:76; Cooley, 2010:54; Flannery, Vazsonyi, Liau, Guo, Powell, Atha, Vesterdal & Embry, 2003:292; Lairio & Nissila, 2002a:289; Parsons, 2009a:12). Morgan et al (2010:25) articulate that in the Netherlands, school communities assist and support schools in the requisition of material, technological and human resources for SGC services provisions for children. Children in the above mentioned country are likely to develop in totality in accordance with the Humanistic theory that informed the study as adequate resources for establishing and reinforcing conducive SGC environments are likely to be available.

Conversely, lack of support and assistance from school communities deter SGC services provisions for children. In Namibia (Mushaandja et al, 2013:82), school communities do not support SGC because it contradicts their culture, while in Botswana, school communities do not support SGC services provisions for children because they are not part of child examinations (Stockton et al, 2010:11). Similarly, In Uganda, parents are resistant to SGC services provisions for children because they are not commensurate with their culture (Rutondoki 2000:19). According to Gysbers (2008:129), in the USA, parents view SGC services provisions for children as ancillary-support services. Such parents are unlikely to support and assist in SGC services provisions for children.

School communities also influence SGC services provisions for children with disabilities as they are realized through collaborative and corroborative partnerships of school counsellors and school communities (Cobia, 2007:45; Fall, 2011:67; Gibson, 2008:89; Gysbers, 2008:129; Hayes, Nelson, Tabin, Pearson & Worthy, 2002:87; Helwig, 2004:53; Parsons, 2009c:45; Lonborg & Bowen, 2004:320). Collaborative structures and cultures of school counsellors and communities pool necessary resources for SGC services provisions for children with disabilities. Such resources include human, material, technological and financial resources. Erford (2011:66) posits that school counsellors consult with school communities to help them address the needs and interests of children with disabilities. Abrams and Gibbs (2000:79) reinforce this by articulating that school counsellors need the support of school communities in SGC services provisions for children with disabilities to meet the demands of multiple stakeholders in an increasingly complex and political environment.

In Japan, schools receive community support and assistance in SGC services provisions for children with disabilities (Lau & Suk-Chun, 2008:219). The needs and interests of children with disabilities in the above cited country are likely to be

addressed holistically in keeping with the Humanistic theory that informed the study as a result of the collaborative and corroborative pooling of human, material, financial and technological resources for SGC services provisions. Community participation in SGC in Japan is a result of the school counsellor system and its collaboration with the Chambers of Commerce and Industry, School Boards of Education, the Community Support Teams and Non-Profit-Making Organizations that work with all children (Lau & Suk-Chun, 2008:219). In contrast, schools in South Korea do not receive community support in SGC services provisions for children with disabilities (Lee & Yang, 2008:165). The positive attitude of the communities therefore influences the effective provision of SGC services to children with disabilities in the international fraternity.

Communities with negative attitudes towards services provisions in the above cited countries are at variance with 'best' practices in SGC services provisions for children with disabilities in the international arena. Most of the above studies used single groups of research participants and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the attitude of the communities and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using two groups of research participants particularly school administrators and counsellors to compare results in order to aid the generalization of the findings with as much accuracy and precision as possible.

In Ethiopia (Alemu, 2013:33), girls avoid SGC services provisions administered by male school counsellors because Ethiopian culture does not allow females to approach males privately and confidentially. The personal/social, academic/educational and career/vocational concerns of girl-children in the above mentioned country are unlikely to be addressed in totality thereby limiting their holistic development and consequently their optimum functionality. In the USA

(Butler & Constantine, 2005:59; Desmond et al, 2007:179; Peterson et al, 2004:249), Nigeria (Eyo et al, 2010:90), Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:239) and Japan (Yagi, 2008:145), children do not support SGC service provisions because of negative attitudes.

Similarly, in the USA, children with negative attitudes towards SGC services provisions avoid contact sessions with school counsellors and other related professionals (Gallagher, 2007:23). Gysbers (2008:129) states that in the USA, children with disabilities view SGC services provisions as ancillary-support services. Children with disabilities in the above cited country are unlikely to actively participate in SGC as embodied in the Humanistic theory that informed the study thereby potentially compromising their optimum development. The positive attitude of the children with disabilities therefore influences the effective management and administration of SGC services provisions in the international world.

Children with disabilities with negative attitudes towards services provisions in the aforementioned countries are at variance with 'model' practices in SGC services provisions in the international fraternity. Purposively sampled research participants who were unlikely to be truly representative of the population were used in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to establish the attitude of the children with disabilities and its influence on SGC services provisions in Zimbabwean inclusive primary schools using randomly selected representative samples of school administrators and counsellors in order to aid the generalization of the findings with as much accuracy and precision as possible.

The collective self-esteem of school counsellors refers to their evaluation of and identification with the social group to which they belong (Katz et al, 2004:2180).

Research indicates that collective identity is related to school counsellors' relationships with clients and their feelings of personal accomplishment (Butler &Constantine, 2005:59; Yu et al, 2007: 169). School counsellors experiencing a strong sense of collective identity are supportive and assistive of SGC services provisions for children with disabilities even when dissatisfied with their jobs. Alternatively, positive professional perceptions contribute to feelings of professional accomplishment. How a school counsellor identifies himself or herself in the school counselling profession is an important factor in understanding the effectiveness of school counsellors (Gale & Austin, 2003:6; Katz et al, 2004: 2181; Yu et al, 2007:164). This affects SGC services provisions for children (Butler & Constantine, 2005:55; Gale & Austin, 2003:9). In the USA (Duquette, 2006:29), the perception of administrators and teachers of school counsellors as ancillary support staff lowers their collective self-esteem and ultimately impedes their effectiveness in SGC services provisions for children. Collective self-esteem therefore influences the engagement of school counsellors in collaboration and discourse with other stakeholders in SGC services provisions for children in the international arena.

Katz et al (2004:2180) postulate that there is an association between the collective identity of professional school counsellors and SGC services provisions for children with disabilities. School counsellors' perceptions of themselves as members of the counselling profession (their self-esteem) impact their competence as counsellors and client-counsellor relationships (Butler & Constantine, 2005:55; Dixon, 2006:211; Gale & Austin, 2003:6; Katz et al, 2004:2181; Yu, Lee & Lee, 2007:164). School counsellors with low self-esteem avoid contact with children with disabilities and ultimately deprive them of SGC services provisions such as material resources (Daane et al, 2000:440; Hammond & Ingalls, 2003:2). School counsellors with negative attitudes towards children with disabilities are not involved in the establishment and reinforcement of collaborative structures and cultures in SGC services provisions for

children with disabilities. The positive attitude of the school counsellors is therefore foundational in the effective provision of SGC services to children with disabilities in the international fraternity.

School counsellors with negative attitudes towards services provisions for children with disabilities in the above cited countries are at variance with 'best' practices in SGC services provisions for children with disabilities in the international world. Most of the above cited studies used qualitative research instruments which subjectively measured the variables of interest and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the attitude of the school counsellors and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using self-administered questionnaires to objectively measure the variables of interest in order to aid the generalization of the findings with as much accuracy and precision as possible.

Gysbers (2008:129) states that in the USA SGC services provisions for children are seen as ancillary-support services by teachers. Such teachers are unlikely to support and assist in SGC services provisions which potentially culminate in ineffective services provisions for children. In the USA (Butler & Constantine, 2005:59; Desmond et al, 2007:179; Peterson et al, 2004:249), Nigeria (Eyo et al, 2010:90), Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:239) and Japan (Yagi, 2008:145), teachers, do not support SGC service provisions for children because of negative attitudes. Teachers with negative attitudes towards disabilities discourage the involvement and participation of other stakeholders in SGC services provisions for children with disabilities (Frye, 2005:445; Milsom, 2002:335; Seligman, 2001:13; Bandura et al, 2001:203; Daane, Beirne-Smith & Latham, 2000:440; Ferguson, 2008:116). Thus, compromising the collaborative and corroborative pooling of resources for SGC services provisions for children with

disabilities. The positive attitude of the teachers therefore influences the effective provision of SGC services to children with disabilities in the international arena.

Teachers with negative attitudes towards services provisions for children with disabilities in the above cited countries are inconsistent with 'model' practices in SGC services provisions for children with disabilities in the international fraternity. School counsellors were not involved as research participants in most of the above cited studies and therefore their findings may not be accurately and precisely generalized to Zimbabwean inclusive primary schools. The current study therefore sought to establish the nature and the influence of the attitudes of the teachers on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools according to the perspectives of the school counsellors and the school administrators in order to aid the generalization of the findings with as much accuracy and precision as possible.

According to Yu et al (2007:170), SGC services provisions for children requires a multi-disciplinary approach. This is confirmed by Hobson et al (2000:32) who reiterate that professionals', para-professionals' and non-professionals' collaboration and corroboration propels SGC services provisions for children. Collaboration of professionals, para-professionals and non-professionals results in a multi-sectorial approach to resolving the diverse problems/challenges experienced by children. However, this collaboration does not take place in some countries such as the USA (Erford, 2011:34) and Japan (Yagi, 2008:149) where non-professionals do not support and assist in SGC services provisions for children because they view such services as a co-curriculum component of the school system. Children are likely to receive impoverished SGC services provisions as the respective multi-disciplinary teams of the above cited countries are unlikely to be fully constituted.

SGC services provisions for children with disabilities also entails a multi-disciplinary approach. A collaborative team of professionals, para-professionals, non-professionals and other inclusive education stakeholders is vital in SGC services provisions for children with disabilities (Fall, 2011:84; Gysbers& Henderson, 2006:15; Heward, 2009:89; Jencius & Paez, 2003:85; Kaplan, 2002:262; Macks & Reeve, 2006:1066; Obiozor, 2009:9). Such a team includes school counsellors, rehabilitation counsellors, inclusive/special education teachers, physio/occupational therapists, ophthalmologists, regular teachers, psychometrists, parents, art therapists, assistant teachers, school principals and social workers. A total and coordinated approach ensures effective and efficient SGC services provisions for children with disabilities due to the collective pooling of resources (Abrams & Gibbs, 2000:86; Armstrong & Barton, 2007:45; Jarvis & Keeley, 2003:246; Zascavage & Keefe, 2004:225).

Yagi (2008:146) reveals that in Japan personnel such as homeroom teachers, teachers-in-charge and school nurses collaborate and corroborate in SGC services provisions for children with disabilities which mean that school personnel are all key allies to the school counsellors. This does not take place in South Korea as Lau and Suk-Chun (2008:219) posit. While school personnel provide different services to children with disabilities in the areas of academic/educational, social/personal and career/vocational as well as physical issues, the effectiveness of the services, however, is limited because there is a lack of cooperation and collaboration among the colleagues. Collaboration and discourse of members of the multi-disciplinary team is therefore foundational in the effective provision of SGC services to children with disabilities in the international arena.

The lack of collaboration and discourse of the multi-disciplinary teams in the aforementioned countries is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international world. The findings of the above cited studies may not be generalized to Zimbabwean inclusive primary schools

with much accuracy and precision as most of them used qualitative research instruments which limited the chances of getting accurate and sensitive data and information. The present study therefore sought to ascertain the engagement of members of the multi-disciplinary team in collaboration and discourse and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using self-administered questionnaires in order to guarantee the anonymity of the research participants and enhance their truthful responses thereby aiding the generalization of the findings with as much accuracy and precision as possible.

Besides the attitudes of the stakeholders, policy and legislation affects SGC services provisions for both children with disabilities and those 'without' disabilities in the international fraternity. The next section discusses policy and legislation and SGC services provisions in the international arena.

2.5 POLICY AND LEGISLATION AND SGC SERVICES PROVISIONS

Policy and legislation affects SGC services provisions for both children with disabilities and those 'without' disabilities internationally. In the USA (Erford, 2011:96; Standard, 2003:220), Nigeria (Eyo et al, 2010:91), Scotland (Howieson & Semple, 2000:374), Netherlands (Mayock & Byrne, 2004:6), Ireland (Morgan & Brand, 2009:7), Namibia (Mushaandja et al, 2013:77), Uganda (Rutondoki, 2000:18), Botswana (Stockton et al, 2010:10) and Zambia (Tamilenthi & Mbewa, 2012:13), policy and legislation mandates SGC services provisions for children. Mandatory SGC policy and legislation in the international fraternity may influence school administrators, counsellors, teachers and other stakeholders to positively perceive SGC like other subjects in the school curriculum. The Developmental Guidance and Counselling Programmes Act of 2001, in Texas, mandate the implementation of comprehensive SGC services provisions for children. Similarly, in Namibia (Mushaandja et al, 2013:78), the

Education Sector Policy for Orphans and Vulnerable children mandates SGC services provisions for all children.

In the USA (Duquette, 2006:30; Fall, 2011:84; Obiozor, 2009:9; Heward, 2009:89; Gysbers & Henderson, 2006:15), Namibia (Mushaandja et al, 2013:77) and Botswana (Stockton et al, 2010:11), policy spells out the integral role of and rationale for SGC services provisions for children. Similarly, in Scotland, policy mandates the evaluation of SGC services provisions for children and the active involvement and participation of children in such evaluation (Howieson & Semple, 2000:374). Mandatory SGC policy and legislation in the international world is likely to enhance legally informed management and administration of SGC services provisions for children by school counsellors, school administrators and other stakeholders of inclusive education which is likely to culminate in the addressing of the humanistic aspects of guidance and counselling in accordance with the Humanistic theory that informed the study.

Clear policy and legislation clarifies roles, responsibilities and expectations to the stakeholders of inclusive education thereby enhancing their effectiveness in managing and administering SGC services provisions for children. In Uganda (Rutondoki, 2000:18), South Africa (Life Orientation Document, Department of Education, Pretoria, 2002), Botswana (Charema, 2008:160; UNESCO, 2000:iv) and Nigeria (Alutu& Etiobhio, 2006:190), clear mandatory policy and legislation governs SGC services provisions for children.

Policy and legislation affects SGC services provisions for children with disabilities the world over (Abrams & Gibbs, 2000:85; Armstrong & Barton, 2007:9; Cobia, 2007:43; Hanish & Guerra, 2000:115). Comprehensive SGC services provisions for children with disabilities are grounded in clear policy and legislation (Frye, 2005:445; Heyden, 2011:43; Lapan et al, 2001:321; Lines, 2002:23; Lockhart, 2003:389; Murphy, 2008:45). Clear policy and legislation is conducive to effective governance of the

planning, development, management, implementation and evaluation of SGC services provisions for children with disabilities. In the USA, clear policy and legislation transforms and focuses SGC services provisions for children with disabilities from a collection of practices to educational programmes, integrating them into the academic mission of schools (Bemak & Cornely, 2002:325; Dryfoos, 2002:396; Ferguson, 2008:111; Maliszewski & Mackiel, 2002:142; Schaefer-Schiumo & Ginsberg, 2003:7; Sink & Stroh, 2003:357). Policy and legislation therefore facilitates the coherence of the management and administration of SGC services provisions thereby enhancing the addressing of the diverse unique needs and interests of children with disabilities in the international arena in keeping with the Humanistic theory that informed the study.

Sullivan et al (2004:9) posit that globally, relevant policy and legislation governs SGC services provisions for children with disabilities due to human rights sensitivity, while Obiozor (2009:8) postulates that most countries do not have clear and concise policy and legislation on SGC to deliver comprehensive SGC services. Internationally, most children with disabilities receive impoverished SGC services provisions as policy and legislation relating to their services provisions is a second priority in most countries (Hanish & Guerra, 2000:116; Luzzo & MacGregor, 2001:129; Sink & Yillik-Downer, 2001:281; Trolley et al, 2009:68). This can be attributed to the fact that children with disabilities are treated as 'second class citizens' as they constitute a minority of the child population in any country. Mandatory SGC policy and legislation therefore influences the effective provision of SGC services to children with disabilities in the international fraternity.

The lack of mandatory SGC policy and legislation in the above mentioned countries is incompatible with 'model' practices in SGC services provisions for children with disabilities in the international world. Most of the above cited studies used qualitative research in which the researchers subjectively viewed their studies and

research participants and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with as much accuracy and precision as possible. The current study therefore sought to establish the existence and influence of policy and legislation on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using quantitative research in order for the researcher to objectively view the study and the research participants thereby aiding the generalization of the findings with as much accuracy and precision as possible.

Mission statements also affect SGC services provisions for children in the international world. A mission statement describes what the guidance and counselling programme does, how it operates and clarifies the role of the programme and counselling personnel (Blackhurst, Auger & Wahl, 2002:682; Graham & Pulvino, 2000:179; Gysbers, 2008:129; Gysbers & Henderson, 2006:47). SGC mission statements in the USA are therefore premised on the potential of children to grow from learning in accordance with the Humanistic theory that informed the study. Mission statements are important in SGC services provisions for children as they spell out the rationale for SGC services provisions for children and their connection to the educational goals and the results of the children. Mission statements are also a resource in SGC services provisions for children as they articulate the essence of services provisions for children and the procedure for SGC services provisions for children. Mission statements further define the roles of various stakeholders in SGC services provisions for children (House & Hayes, 2002:1098; Mason & McMahon, 2009:1; Paisley & McMahon, 2001:113; Reynolds & Cheek, 2002:94).

Similarly, SGC services provisions for children with disabilities are grounded in mission statements the world over. Mission statements give focus and coherence to SGC services provisions for children with disabilities (Blackhurst et al, 2003:62; Myers et al, 2002:198; Paisley & McMahon, 2001:111; Webb & Myrick, 2003:108) even though literature indicates that SGC mission statements in some countries are

ambiguous. In the USA, mission statements are vague and obscure as some focus on special populations of children, others on disruptive behaviour and discipline problems and several have an administrative emphasis (Cook & Kaffenberger, 2003:123; Morrison, Brown, D'Incau, O'Farrell & Furlong, 2006:27; Myers et al, 2002:198; Paisley & McMahon, 2001:111; Webb & Myrick, 2003:109). Staff of such programmes assumes various other tasks such as scheduling, substitute teaching, hall monitoring and record keeping.

The constant and overwhelming needs posed by a "demand-driven'' or "crisis-oriented" model in the USA allows little time for members of guidance and counselling staff to address important developmental issues in children's lives (Cobia & Henderson, 2003:43; Gysbers, 2008:121; House & Hayes, 2002:2005). This also hinders the establishment and reinforcement of a clear mission statement that gives focus and coherence to the programme (Mason & McMahon, 2004:109; Milsom & Dietz, 2009:316; Morrison et al, 2006:27). As a result, SGC services provisions in the USA are viewed as expensive, ancillary services whose activities have little direct relevance to the educational goals of the school (Luzzo & MacGregor, 2001:125; Maliszewski & Mackiel, 2002:141; Mosconi & Emmett, 2003:69; Schlossberg, Morris & Lieberman, 2001:158).

The above cited literature reveals that SGC mission statements influence the effective provision of SGC services to children with disabilities in the international arena. Countries without SGC mission statements are at variance with 'model' practices in SGC services provisions for children with disabilities in the international world. Most of the above cited studies used qualitative data analysis hence the researchers potentially interpreted the data according to their own subjective views and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the existence and impact of mission statements on SGC services provisions

for children with disabilities in Zimbabwean inclusive primary schools using quantitative data analysis in order to objectively analyze the data so as to aid the generalization of the findings with as much accuracy and precision as possible.

Gysbers and Henderson (2006:17) articulate that in the USA, a School Guidance and Counselling Framework (SGCF) incorporates school-to-work concepts, serves all children and provides strategies to develop, implement and evaluate SGC services provisions for children (Hanish & Guerra, 2000:115; House & Hayes, 2002:1098; Lee & Yang, 2008:179). A SGCF in the USA therefore enhances the professional management and administration of SGC services provisions for children in accordance with the Humanistic theory that informed the study. A SGCF focuses on issues that relate to the design and delivery of SGC services provisions for children. According to Gysbers (2008:129), American schools translate SGCF standards into formats and systems that are consistent with their local policies and practices.

A SGCF is foundational in SGC services provisions for children with disabilities because it provides the structure and content for SGC services provisions (Baker & Gerler, 2001:34; Gale & Austin, 2003:7; Hobson et al, 2000:4). A SGCF is therefore grounded in professionally structured SGC services provisions for children in keeping with the Humanistic theory that informed the study. Standard (2003:219) states that a SGCF is a resource in the planning, development, management, implementation and evaluation of SGC services provisions for children with disabilities. The structural framework of a SGCF forms a basis for planning, provides a step-by-step process for SGC curriculum design and implementation, offers a comprehensive developmental programme that serves all children, assists in analyzing and evaluating SGC, provides for the assessment of child outcomes, provides a framework for local standards development, suggests an evaluation process for assessing child developmental progress, as well as school counsellor and programme effectiveness, provides children and parents with information on programme content and offers a common

language for delivering guidance and curriculum services (Gysbers, 2008:129; Gysbers & Henderson, 2005:151; Myers et al, 2002:198; Standard, 2003:219). A SGCF is therefore premised on evaluation of SGC services provisions for children with disabilities in tandem with the Humanistic theory that informed the study. A SGCF also constitutes programme standards which include: rationale/philosophy, programme resources, programme management and support, curriculum and accountability procedures and processes (House & Hayes, 2002:1098; Lee & Yang, 2008:179; Sears, 2005:211; Somers & Piliawsky, 2004:19; Webb & Myrick, 2003:112). SGCFs therefore influence the effective provision of SGC services to children with disabilities in the international world.

Countries without SGCFs are inconsistent with 'model' practices in SGC services provisions for children with disabilities in the international arena. School counsellors were not involved as research participants in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to establish the existence and impact of SGCFs on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using several school counsellors and school administrators as respondents in order to aid the generalization of the findings with as much accuracy and precision as possible.

According to Gale and Austin (2003:3), mandatory certification requirements and regulations for school counsellors influence SGC services provisions for both children with disabilities and those 'without' disabilities the world over. In the USA (ASCA, 2007:1), some states, such as Alabama, Nebraska, Oregon, Rhode Island, Texas and the District of Columbia, teaching experience prerequisite for school counselling certification is mandatory for all individuals wishing to serve as accredited school counsellors. These states call for two years of teaching experience before applicants

receive school counsellor certification (Brigman & Lee, 2008:382; Hobson et al, 2000:16). Kansas, Louisiana and North Dakota require school counsellors to be eligible for teacher certification, but do not indicate actual teaching experience as a requirement (Smith et al, 2001:218). In contrast, several other states such as Arizona, Arkansas, Connecticut, Delaware, Maryland, Mississippi, New Hampshire, Tennessee and Wisconsin, provide alternatives for school counselling criteria. These include supervised internships and other related work experience (ASCA, 2007:2).

In Botswana (Charema, 2008:160), South Africa (Mahlangu, 2011:240; Van der Riet & Knoetze, 2004:235), Nigeria (Modo & George, 2013:83), Namibia (Mushaandja et al, 2013:78) and Zambia (Tamilenthi & Mbewa, 2012:14), school counsellors are not certified. This lack of certification requirements for school counsellors is likely to negatively impact on SGC services provisions for children. Children are likely to receive impoverished SGC services due to the absence of set academic and professional standards that school counsellors should meet prior to managing and administering SGC services provisions for children. This could be because they may be unaware of the importance of services provisions for children or they may be professionally incompetent.

Certification requirements and regulations for school counsellors also influence SGC services provisions for children with disabilities because they ensure that these children are exposed to quality SGC services provisions from appropriately qualified professional school counsellors (ASCA, 2007:1; Baker & Gerler, 2001:16; Burnham & Stansell, 2005:35; Gale & Austin, 2003:3). School counsellor endorsement is a requirement for individuals serving as school counsellors in different countries. In the USA, to receive an initial educator certificate endorsed with school counsellor qualifications, applicants must, among other conditions, hold a Master's degree and complete an approved programme of study in SGC from a regionally accredited institution, meet testing requirements and complete a course of study in Special

Education (ASCA, 2007:1; Burnham & Stansell, 2005:23; Butler & Constantine, 2005:56; Desmond et al, 2007:175). Such certification requirements ensure that school counsellors are competent to holistically address the concerns of children with disabilities in tandem with the Humanistic theory that informed the current study. In Japan, school counsellors are licensed school psychologists with professional training in handling case work, particularly clinical cases (Yagi, 2008:143). These school counsellors use psychotherapy to work with children with behavioural and/or emotional problems. Mandatory certification requirements and regulations for school counsellors are therefore influential in the provision of effective SGC services to children with disabilities in the international arena.

The lack of certification requirements and regulations for school counsellors in the above cited countries is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. Most of the above cited studies used single groups of research participants and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the existence and impact of certification requirements and regulations for school counsellors in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe using two groups of research participants, school administrators and counsellors to allow for comparison of solicited data in order to aid the generalization of the findings with as much accuracy and precision as possible.

SGC models facilitate the provision of comprehensive SGC services to children (Cobia & Henderson, 2003:25). With the introduction of SGC models in Japan (Yagi, 2008:141) and South Korea (Lee & Young, 2008:161), roles of personnel in SGC are clear. In the USA, SGC models spell out that teachers deliver programmes whereas school counsellors primarily design, implement and evaluate SGC services provisions for children (Morrison et al, 2006:21; Romano & Hage, 2000:743; Smith, 2006:45;

Walsh et al, 2002:689). As teachers are primary caretakers of children, they are able to partner with school counsellors in SGC services provisions for children. Peterson et al (2004:254) posit that use of models in SGC services provisions for children with disabilities has limitations in different countries. For instance, as school counsellors in South Korea are clinical psychologists who mainly deliver responsive services in schools, the clinical model in that country caters for the needs of a few children since a broad range of developmental, experiential and transitional issues of most children are not addressed. Similarly, Epstein et al, (2000:50) reveal that the clinical model adopted in Japan prevents school counsellors and other personnel from viewing children with disabilities in a positive perspective.

SGC models are among the variables influencing the provision of comprehensive SGC services to children with disabilities (Gysbers, 2008:129). These spell out the elements constituting SGC services provisions for these children particularly SGC services content, structure, processes, time and resources which represent the means of the programme (ASCA, 2007:3; Cobia & Henderson, 2003:67; Gysbers, 2008:152; Lapan, 2005:287). Without these means in place, it becomes impossible to ensure effective and efficient SGC services provisions for children with disabilities (Cook & Kaffenberger, 2003:119; Niles, Akos & Cutler, 2001:287; Standard, 2003:221; Swenson, 2005:366).

In the USA, a SGC model comprises an organizational structure which includes content (competencies), organizational framework (structural and programme components) and resources (human, financial and political) (Bemak & Cornely, 2002:324; Gysbers, 2008:117; Lau & Suk-Chun, 2008:218; Schaefer-Schiumo & Ginsberg, 2003:7; Sink & Stroh, 2003:357; Standard, 2003:221). SGC models therefore influence the effective provision of SGC services to children with disabilities in the international arena.

Countries without SGC models are at variance with 'model' practices in SGC services provisions for children with disabilities in the international world. Most of the above cited studies were qualitative in nature and therefore yielded information that may not influence policy and legislation and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to ascertain the existence and impact of a national SGC model on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe using the quantitative approach to research in order to yield numerical information for instantiating SGC policy and legislation.

2.6 CONCLUSION

The present chapter reviewed related international literature on challenges in SGC services provisions for both children with disabilities and those 'without' disabilities with reference to the Humanistic theory that informed the study. The reviewed related international literature is structured around the four sub-research questions that guided the study. The review of related international literature revealed that there are different challenges in SGC services provisions for these children with respect to: school counsellors' training, material resources, stakeholders' attitudes and policy and legislation. The subsequent chapter presents related Zimbabwean literature on challenges in SGC services provisions for both children with disabilities and those 'without' disabilities with reference to the Humanistic theory that informed the study. The literature for the current chapter is structured around similar sub-headings as the preceding one. However, the chapter begins with the provision of inclusive education in Zimbabwe (History of inclusive education in Zimbabwe), the needs of Zimbabwean children with disabilities and the role of school counsellors in Zimbabwean schools in order to contextualize the study and provide the theoretical background regarding the situation of the country with respect to SGC services provisions for all children.

CHAPTER 3

REVIEW OF RELATED ZIMBABWEAN LITERATURE ON CHALLENGES IN SCHOOL GUIDANCE AND COUNSELLING SERVICES PROVISIONS

3.1 INTRODUCTION

The study sought to investigate challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools as a context for strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities. Chapter 2 reviewed related international literature on challenges in SGC services provisions for both children with disabilities and those 'without' disabilities with reference to the Humanistic theory that informed the study. In the present chapter, related Zimbabwean literature on challenges in SGC services provisions for both children with disabilities and those 'without' disabilities is reviewed with reference to the Humanistic theory that informed the study. As already above mentioned, in addition to the same sub-headings reviewed in Chapter 2, the current chapter reviews related Zimbabwean literature on: the provision of inclusive education in Zimbabwe (History of inclusive education in Zimbabwe), the needs of children with disabilities in Zimbabwe and the role of school counsellors in Zimbabwean schools in order to contextualize the study. Gaps to be filled in by the current study are highlighted.

3.2 THE PROVISION OF INCLUSIVE EDUCATION IN ZIMBABWE (HISTORY OF INCLUSIVE EDUCATION IN ZIMBABWE)

In the past, children with disabilities in Zimbabwe were believed to be inferior to their peers 'without' disabilities that it was deemed essential to teach them in separate schools or classes where they were exposed not only to specialist services but also avoid disturbing the teaching and learning of others (Charema, 2004:23; Maunganidze & Kasayira, 2002:72; Musengi & Chireshe, 2012:107; Mushoriwa, 2002:35). Consistent with the international fraternity, in Zimbabwe, children who

were considered 'special needs children' were placed in special schools or special classes in the past. In order to be assigned to special placements, children with 'special needs' were often assessed and then classified into different categories such as attention deficit disorder, generalized anxiety disorder, learning disabilities and mental retardation (Charema, 2004:24; Maunganidze & Kasayira, 2002:73; Mutepfa, Mpofu & Chataika, 2007:342). In keeping with the international arena, 'special education' was established and reinforced in colonial Zimbabwe as a system parallel to mainstream/regular education and conceptualized children with disabilities as 'abnormal' and in need of specialist attention.

Comparable to the international world, in pre-independent Zimbabwe, the concept of 'special educational needs' was narrow in perspective and needed to be widened to embrace all children who, for diverse reasons, experienced barriers to learning. In practice, due to the inequitable delivery of education in colonial Zimbabwe, only some of the privileged sectors of the population particularly, the White, Indian and Coloured children were placed in 'special education' facilities (Charema, 2004:15; Maunganidze & Kasayira, 2002:73; Mutepfa et al, 2007:342). In the same vein, Mushoriwa (2002:34) laments that in colonial Zimbabwe, disadvantaged Black children were accepted into the special schools or classes but largely ignored or else rejected and not included in the education system at all.

Consistent with the international fraternity, in Zimbabwe, over time, due to 'knowledge explosion', research, practice in education, changing political and social norms and pressure from the human rights movements, a shift began towards inclusive education (Mawire, 2011:37; Mushoriwa, 2002:84; Mutepfa et al, 2007:342). Zimbabwean practitioners and theorists began applying inclusion tenets to education in an endeavor to bring education in line with democracy and human rights movements. Musengi and Chireshe (2012:107) reveal that as the frontiers of ignorance gradually receded in Zimbabwe, it was realized that it might not be in the

best interests of those with disabilities or even society, for them to be separated from the mainstream.

In keeping with the international arena, in Zimbabwe, inclusive education was actively adopted in 1994 in response to the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994) (Maunganidze & Kasayira, 2002:73; Mushoriwa, 2002:35; Mutepfa et al, 2007:342). In the same vein, Chireshe (2013:223) articulates that consistent with the international fraternity, in Zimbabwe, apart from the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994), the key legal frameworks impacting on inclusive education include the Universal Declaration of Human Rights (1948), Convention against Discrimination in Education (1960), the Convention on the rights of the Child (1989), Convention on Protection and Promotion of Diversity in Cultural Expressions (2005), Convention on the Rights of Persons with Disabilities (2006), UNESCO Inclusive Education: The Way of the Future (2008) and UNESCO Policy Guidelines (2009). The aforementioned inclusive education-oriented key legal frameworks influence curriculum policy, development and management in Zimbabwe.

Charema (2004:34) reiterates that in Zimbabwe, comparable to the international world, the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994) heralded the paradigm shift from special education to inclusive education as the celebration of differences and the support for all children. The worldwide shift in paradigm from special education to inclusive education is premised on promoting equal opportunity and access to the resources necessary for the acquisition of skills, attitudes, knowledge and understandings that facilitates meaningful societal participation and involvement by children with disabilities in their communities and beyond. In the context of Zimbabwean history, the shift in paradigm from special education to inclusive education was inevitably indispensable

to ensure an equitable and fair future for all (Charema, 2004:55; Chireshe & Ndlovu, 2002:14; Maunganidze & Kasayira, 2002:79).

In Zimbabwe, consistent with the international arena, inclusive education is grounded in the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994), the ground breaking convention on inclusive education (Chireshe & Ndlovu, 2002:14; Mushoriwa, 2002:84; Mutepfa et al, 2007:342). Musengi and Chireshe (2012:108) articulate that the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994) proclaims that every child has a fundamental right to education and must be given the opportunity to achieve and maintain an acceptable level of learning. In tandem with the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994), the post-colonial Government of Zimbabwe recognizes the rights of all Zimbabwean children to an equitable education. The UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994) re-asserted that those with 'special educational needs' must have access to regular schools which should accommodate them within a child-centred pedagogy capable of meeting these needs (Chireshe, 2013:223; Maunganidze & Kasayira, 2002:75; Mushoriwa, 2002:36).

In line with the international fraternity, the post-colonial Government of Zimbabwe sought to enhance citizen rights for children with disabilities through the adoption and institutionalization of inclusive education (Maunganidze & Kasayira, 2002:79; Musengi & Chireshe, 2012:108; Mushoriwa, 2002:36). The emphasis was on universalizing access and promoting equity for disadvantaged groups with special thrust on removal of educational disparities (Charema, 2004:13; Mutepfa et al, 2007:343). Maunganidze and Kasayira (2002:73) posit that following the adoption of inclusive education in Zimbabwe, there was a shift in focus from the shortcomings of individual children and how they could be overcome to focusing on how the shortcomings of ordinary/mainstream schools could be overcome to accommodate

all children. In keeping with the international world, in Zimbabwe, inclusive education is grounded in recognition and respect of the differences among all children and building on the similarities and supporting all children, teachers and the system as whole so that the full range of learning needs can be addressed. The UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994) commented that inclusive schools combat discriminatory attitudes and build an inclusive society in the most cost effective way (Charema, 2004:28; Maunganidze & Kasayira, 2002:73; Mushoriwa, 2002:35).

Consistent with the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994), post-colonial Zimbabwe made a breakthrough with respect to the education of children with disabilities in ordinary/mainstream schools in the company of their peers 'without' disabilities instead of special schools which were established and reinforced by the missionaries on humanitarian grounds (Charema, 2004:16; Musengi & Chireshe, 2012:108; Mushoriwa, 2002:36). Chireshe (2012:107) reiterates that following the adoption of inclusive education in Zimbabwe, support which included SGC services provisions for children with disabilities in inclusive schools was institutionalized as there was the perception of children with disabilities as only having 'special educational needs' which needed to be accommodated in least restrictive environments. However, Mawire (2011:21) reveals that in Zimbabwe, the provision of SGC services to children is beset with challenges whose 'remedial' solutions remain a pipe dream. In the same vein, Charema (2004:25) reiterates that in Zimbabwe, the provision of SGC services that would enhance the creation of conditions of learning and teaching in schools so that all children can be fully accommodated and can flourish as re-affirmed in the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994) is riddled with challenges whose solutions are yet to be established. The study therefore sought to investigate the challenges in SGC services provisions for children

with disabilities in Zimbabwean inclusive primary schools with a view to strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities.

Internationally, the identification of the needs of the children with disabilities enhances the provision of effective SGC services. In the subsequent section, the needs of Zimbabwean children with disabilities are discussed.

3.3 THE NEEDS OF CHILDREN WITH DISABILITIES IN ZIMBABWE

Comparable to their counterparts in the international fraternity, Zimbabwean children with disabilities have diverse unique individual needs that key stakeholders of inclusive education need to identify and address in totality if such children are to develop holistically and thereby realize their optimum functionality (Chireshe, 2013:224; Mushoriwa, 2002:36). Following is a discussion of the needs of children with disabilities in Zimbabwe structured around themes, specifically personal/social, academic/educational and career/vocational dimensions.

3.3.1 Personal/social needs

In keeping with their peers in the international arena, Zimbabwean children with disabilities need social, psychological and emotional support and assistance in order to behave with consideration towards others and to know how to get along well with others (Charema, 2004:16; Chireshe & Ndlovu, 2002:14; Musengi & Chireshe, 2012:107). Consistent with the Humanistic theory that informed the study, SGC services provisions would address the regulatory and affective facets of Zimbabwean children with disabilities. In the same vein, Mushoriwa (2002:35) and Chireshe (2011a:157) articulate that in line with their peers in the international fraternity, Zimbabwean children with disabilities require exposition to professional guidance and counselling if they are to understand themselves and their disabilities better and

function optimally. In accordance with the Humanistic theory that informed the study, support and assistance from specialized inclusive education personnel such as school counsellors, physiotherapists, occupational therapists and educational psychologists would aid children with disabilities in Zimbabwe to adjust and adapt to their disabilities, home, school and society.

Consistent with their counterparts in the international world, Zimbabwean children with disabilities need the collaboration and corroboration of professionals, para-professionals, non-professionals, parents and other stakeholders of inclusive education in order to be effectively supported and assisted in practising social skills and understanding social roles and responsibilities (Mutepfa et al, 2007:342; Chireshe, 2013:223; Mushoriwa, 2002:34). In the same vein, Maunganidze and Kasayira (2002:72) posit that children with disabilities in Zimbabwe need to be taught manners and etiquettes in keeping with their peers in the international fraternity. In accordance with the Humanistic theory that informed the study, Zimbabwean SGC services provisions would be grounded in fostering values in children with disabilities. Charema (2004:35) and Musengi and Chireshe (2012:108) posit that comparable to their counterparts in the international arena, children with disabilities in Zimbabwe need to learn and practise leisure time activities. In line with the international fraternity, recreation activities for Zimbabwean children with disabilities would include adapted sport and recreation when and as necessary depending on the nature and severity of their disabilities.

3.3.2 Academic/educational needs

Consistent with their peers in the international arena, children with disabilities in Zimbabwe need academic support and assistance in order to adjust and adapt to the curriculum and to school life (Charema, 2004:17; Chireshe, 2013:223; Mushoriwa, 2002:36; Mutepfa et al, 2007:342). In accordance with the Humanistic theory that

informed the study, Zimbabwean SGC services provisions would foster independent teaching and learning in children with disabilities. Such children include those with learning disabilities, hearing impairment, behaviour disorders and mental retardation. Comparable to their counterparts in the international world, children with disabilities in Zimbabwe require professional guidance and counselling in order to choose academic/educational courses that are in tandem with their potentialities and capacities (Maunganidze & Kasayira, 2002:72; Chireshe & Ndlovu, 2002:14; Musengi & Chireshe, 2012:108). In the same vein, Chireshe (2013:223) posits that children with disabilities in Zimbabwe should be groomed in order to acquire the attitudes, knowledge, skills and understandings that contribute to effective and efficient teaching and learning in school in line with their peers in the international arena. Such skills include positive study habits. In keeping with the Humanistic theory that informed the study, Zimbabwean SGC services provisions would be premised on supporting and assisting children with disabilities to behave out of intentionality and values.

3.3.3 Career/vocational needs

Comparable to their peers in the international arena, children with disabilities in Zimbabwe need support and assistance to investigate the world of work in relation to knowledge of self and to make informed career decisions (Chireshe, 2013:224; Mushoriwa, 2002:35; Mutepfa, et al, 2007:342). Consistent with the Humanistic theory that informed the study, Zimbabwean SGC services provisions would assist and support children with disabilities to realize their potentialities and capacities and change their lives positively. In keeping with the international world, SGC services provisions supports and assists children with disabilities in Zimbabwe to make realistic career/vocational choices and eventually choose an occupation, prepare for it, enter it and develop it (Maunganidze & Kasayira, 2002:72; Musengi & Chireshe, 2012:107). Similarly, Chireshe and Ndlovu (2002:14) articulate that comparable to

their peers in the international fraternity, Zimbabwean children with disabilities need professional career/vocational guidance and counselling to choose career/vocational courses that are commensurate with their potentialities and capacities.

Chireshe (2011a:157) reiterates that consistent with their counterparts in the international world, children with disabilities in Zimbabwe require support and assistance to adjust and adapt to work. In line with the Humanistic theory that informed the study, Zimbabwean SGC services provisions for children with disabilities would holistically address the individual career/vocational needs and interests of children with disabilities. However, Charema (2004:19) reveals that diverse challenges interfere with the effective provision of SGC services to children with disabilities in Zimbabwe. The current study therefore sought to investigate the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools with a view to strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities.

Comparable to the international arena, school counsellors play a definite role in Zimbabwean schools. In the subsequent section, the role of school counsellors in schools in Zimbabwe is discussed.

3.4 THE ROLE OF THE SCHOOL COUNSELLORS IN ZIMBABWEAN SCHOOLS

Consistent with the international fraternity, the role of the school counsellors in Zimbabwean schools is multi-dimensional in nature. The Government of Zimbabwe spells out the role of the school counsellors in Zimbabwean schools through circulars disseminated by the Ministry of Education, Sport, Arts and Culture (Charema, 2004:16; Mapfumo & Nkoma, 2013:100). In Zimbabwe, the role of the school counsellors in schools is to implement SGC services in compliance with the policy of the Zimbabwean Ministry of Education, Sport, Arts and Culture (Chireshe, 2006:60; Mawire, 2011:37). In the present section, the role of the school counsellors in

Zimbabwe is discussed around themes specifically academic/educational development, personal-social development, career/vocational development, referral role and additional roles.

3.4.1 Academic/educational development role

According to the Government of Zimbabwe, the role of the school counsellors in schools is to design and implement SGC services that are commensurate with the academic/educational needs of children (Charema, 2004:16; Chivonivoni, 2003:12; Gwengo, 2003:23; Mapfumo & Nkoma, 2013:100). In accordance with the Humanistic theory that informed the study, the thrust of the school counsellors in Zimbabwean schools is to holistically address the needs of the children in tandem with their uniqueness thereby aiding their optimum functionality. Maturure (201:9) articulates that the role of the Zimbabwean school counsellors in schools is to equip children with study skills so that they can cope with school work.

Nkoma and Mapfumo (2013:101) postulate that the role of the school counsellors in Zimbabwean schools is to make children comfortable and improve their school attendance. In keeping with the Humanistic theory that informed the study, the Zimbabwean school counsellors' role in schools is to cultivate and nurture warm SGC environment where children feel safe and secure to realize their optimum functionality. It is the role of the school counsellors in Zimbabwean schools to reduce the problems of children as well as make children discover occupations that are commensurate with their potentialities and capacities (Mawire, 2011:37). Consistent with the Humanistic theory that informed the study, the academic/development role of the Zimbabwean school counsellors in schools is to support children to resolve their own academic/educational problems without the direct intervention of other people. The academic/educational development role of Zimbabwean school

counsellors in schools is comparable to that of their counterparts in the international world.

3.4.2 Personal-social development role

In Zimbabwe, the school counsellors' role in schools is to help children to make friends, sustain friendship and understand themselves (Madhuku, 2005:8). In accordance with the Humanistic theory that informed the study, the personal development role of the Zimbabwean school counsellors in schools is to support and assist children to behave out of intentionality and values. In the same vein, Gwengo (2003:17) articulates that the role of the school counsellors in Zimbabwean schools is to support and assist children to resolve the socio-psychological problems/challenges emanating from the HIV/AIDS pandemic. In line with the Humanistic theory that informed the study, the role of the school counsellors in Zimbabwean schools is to help children to have an in-depth understanding of the environment as a springboard for resolving their own personal/social problems without the intervention of other people. The Zimbabwean school counsellors' personal-social development role in schools is commensurate with that of the school counsellors in the international arena.

3.4.3 Career/vocational development role

Chireshe (2006:75) posits that the career/vocational role of the Zimbabwean school counsellors in schools is to keep guidance and counselling reference library and any relevant career/vocational pamphlets and papers relevant to the dissemination of information among children and sensitizing the communities on the need for guidance and counselling services. In the same vein, Charema (2004:17) reiterates that the role of the school counsellors in Zimbabwean schools is to provide children with accurate information about the world of work and existing career opportunities,

assess the interests and abilities of children, which assist in making appropriate subject and career choices.

In accordance with the Humanistic theory that informed the study, the role of the Zimbabwean school counsellors in schools is to foster autonomy in children with disabilities. Chireshe (2006:75) posits that the role of the Zimbabwean school counsellors in schools should not only be to focus on employment in the formal sector but should also be to dwell on the concept of self-employment. In keeping with the Humanistic theory that informed the study, Zimbabwean school counsellors' role in schools is to inform and educate children to self-sustain instead of solely focusing on formal employment.

3.4.4 Referral role

It is the role of the school counsellors in Zimbabwean schools to refer children in need of specialized assistance beyond what the school can offer to professionally trained educational psychologists (Gumbo, 2002:17; Gwengo, 2003:37; Mapfumo & Nkoma, 2013:101). In the same vein, Charema (2004:23) and Mawire (2011:13) posit that Zimbabwean school counsellors' role in schools is to provide counselling, support and referral information to children and their families. In accordance with the Humanistic theory that informed the study, the Zimbabwean school counsellors' role in schools is to support and assist the holistic addressing of the needs of children.

The above cited literature reveals that school counsellors in Zimbabwe play a multi-faceted role in schools in an endeavor to facilitate the holistic development of children in keeping with the Humanistic theory that informed the study. However, Mapfumo and Nkoma (2013:101) posit that in Zimbabwe, the provision of SGC services to children is a complex, ambivalent and paradoxical process. The study therefore sought to investigate the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools with a view to strategizing

on overcoming them and proposing a model of SGC services provisions for children with disabilities.

3.4.5 Additional roles

The additional role of the Zimbabwean school counsellors in schools include drawing school-based guidance and counselling services, drawing guidance and counselling time-table, in-service training of SGC committee members, coordinating and drawing up of services to provide in-service training to other teachers at school level, coordinating all guidance and counselling activities of the school and making periodic reports to the headmaster/headmistress on any guidance and counselling activities in the school (Chivonivoni, 2006:19; Mapfumo, 2001:38). In line with the Humanistic theory that informed the study, the additional role of the Zimbabwean school counsellors in schools is to monitor and evaluate SGC services provisions for children as a baseline for managing and administering effective services provisions.

According to Mawire (2011:17), the additional role of school counselors in Zimbabwean schools is to sensitize the public on guidance and counselling activities of the school and mobilizing community support and input in such guidance and counselling. Chireshe (2006:76) adds that it is the additional role of the Zimbabwean school counsellors to keep detailed records of interviews with children showing the substance of any such dialogue or action taken by the school counsellors. In the same vein, Mawire (2011:23) posits that the additional role of the school counsellors in Zimbabwean schools is to advise school administrators on matters in respect of feelings held by the student groups. Consistent with the Humanistic theory that informed the study, the Zimbabwean school counsellors' role in schools is to address the needs and interests of children.

The above cited literature reveals that the execution of additional roles by school counsellors in Zimbabwean schools is a complex process. The study therefore sought

to investigate challenges in SGC service provisions for children with disabilities in Zimbabwean inclusive primary schools with a view to strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities.

3.5 SCHOOL COUNSELLORS' TRAINING AND PROVISION OF SGC SERVICES

In Zimbabwe, SGC courses on the implementation of SGC services are mounted throughout the country for the Ministry of Education, Sport, Arts and Culture high ranking officials who include education officers, district education officers, school headmasters/headmistresses and new guidance and counselling officers (Charema, 2004:47; Chivonivoni, 2006:32; Gwengo, 2003:43; Kasayira et al, 2004:60). Comparable to the international fraternity, in Zimbabwe, the training of SGC high ranking officials is integral in the effective management and administration of SGC services provisions for children. The provision of training to SGC high ranking officials in Zimbabwe is premised on enhancing their effectiveness in the management and administration of SGC services provisions for children in keeping with the Humanistic theory that informed the study.

In Zimbabwe, educational psychologists are trained as providers of specialized guidance and counselling services beyond the capacities of the schools (Badza, 2005:34; Charema, 2004:13; Chivonivoni, 2006:32; Mawire, 2011:37). Trained Zimbabwean educational psychologists are likely to be professionally groomed to holistically address the concerns of children with disabilities in accordance with the Humanistic theory that informed the study. The formal professional training of educational psychologists in Zimbabwe is consistent with 'best' practices in SGC services provisions for children with disabilities in the international world. The above cited studies were executed in mainstream schools and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to establish the training of SGC support

personnel and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools.

Comparable to the international arena, in Zimbabwe, apart from the professional training of support SGC personnel, the training of the school counsellors influences the provision of SGC services to both children with disabilities and those 'without' disabilities. The lack of formal professional training of school counsellors in SGC is attributed to the mismanagement and maladministration of SGC services provisions for children in Zimbabwe (Badza, 2005:34; Chireshe, 2006:200; Mapfumo & Nkoma, 2013:107; Maturure, 2004:22). Consistent with the international world, the formal professional training of school counsellors in Zimbabwe influences the provision of SGC services to both children with disabilities and those 'without' disabilities. Gwengo (2003:54) postulates that most Zimbabwean school counsellors are ineffective in designing, managing and evaluating SGC services provisions for children because of lack of formal pre-service training in SGC. In the same vein, Mudhumani (2005:33) laments that the lack of formal professional training of school counsellors in SGC is a cause for concern in Zimbabwe. Similarly, Chivonivoni (2006:17) articulates that Zimbabwean school counsellors have general teaching qualifications with little exposure to SGC services provisions. Without formal professional preparation and training in SGC, Zimbabwean school counsellors are likely to lack specialized SGC skills, knowledge, attitudes and understandings to professionally guide and counsell children as embodied in Humanistic theory that informed the study.

In line with the international arena, the formal professional preparation and training of school counsellors in SGC influences the effective provision of SGC services to children with disabilities in Zimbabwe. The lack of formal professional preparation and training of school counsellors in SGC in Zimbabwe is incompatible with 'model' practices in SGC services provisions for children with disabilities in the international

fraternity. School counsellors were not involved as research participants in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the nature of SGC professional training for school counsellors in Zimbabwe and its impact on SGC services provisions for children with disabilities in inclusive primary schools according to the perspectives and the experiences of the school administrators and counsellors.

In Zimbabwe, school counsellors without training in Special Needs Education render watered-down SGC services provisions to children with disabilities (Charema, 2004:63; Chireshe, 2013:223). Comparable to the international world, in Zimbabwe, the training of school counsellors in Special Needs Education influences the provision of SGC services to children with disabilities. In Zimbabwe, most teachers lack formal training in Special Needs Education (Chireshe & Ndlovu, 2002:16; Maunganidze & Kasayira, 2002:77; Mushoriwa, 2002:35). Without Special Needs Education training, Zimbabwean school counsellors are unlikely to be professionally competent to administer SGC services provisions that promote self-direction and independence in children with disabilities in accordance with the Humanistic theory that informed the study.

Consistent with the international arena, formal professional preparation and training of school counsellors in Special Needs Education influences the effective provision of SGC services to children with disabilities in Zimbabwe. The lack of formal professional preparation and training of Zimbabwean school counsellors in Special Needs Education is at variance with 'best' practices in SGC services provisions for children with disabilities in the international world. School administrators and counsellors were not involved as research participants in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to

ascertain the training of school counsellors in Special Needs Education and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools according to the perspectives and experiences of the school administrators and counsellors who are respectively managers and implementers of services provisions in order to aid the generalization of the findings with as much accuracy and precision as possible.

In Zimbabwe, inexperienced school counsellors are ineffective in evaluating SGC services provisions for children (Chireshe, 2006:194; Gwengo, 2003:47; Mapfumo & Nkoma, 2013:112; Mawire, 2011:21). Comparable to the international fraternity, the classroom teaching experience of school counsellors influences the provision of SGC services to children in Zimbabwe. In Zimbabwe, school counsellors without classroom teaching experience lack the specialized competencies and skills to develop, manage and administer SGC services provisions for children (Gwengo, 2003:17; Maturure, 2004:22; Mudhumani, 2005:46). Inexperienced school counsellors in Zimbabwe are unlikely to be professionally competent to administer SGC services provisions that are commensurate with the diverse and dynamic unique needs, interests, characteristics and abilities of children with disabilities in accordance with the tenets of the Humanistic theory that informed the study.

Consistent with the international world, the classroom teaching experience of school counsellors influences the effective provision of SGC services to children with disabilities in Zimbabwe. The lack of classroom teaching experience among school counsellors in Zimbabwe is inconsistent with 'model' practices in SGC services provisions for children with disabilities in the international arena. The above cited studies were executed at district level and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the status and impact of previous teaching experience of school counsellors on SGC services provisions for

children with disabilities in Zimbabwean inclusive primary schools at provincial level in order to aid the generalization of findings with as much accuracy and precision as possible.

Comparable to the international fraternity, apart from previous classroom teaching experience of school counsellors, the provision of SGC services to both children with disabilities and those 'without' disabilities in Zimbabwe is also influenced by the staff development of school counsellors. School counsellors in Zimbabwe need staff development in order to be professionally groomed for SGC services provisions for children (Gwengo, 2003:28; Mapfumo & Nkoma, 2013:112; Maturure, 2004:23; Mawire, 2011:46). In the same vein, Mudhumani (2005:53) posits that Zimbabwean school counsellors are professionally incompetent in the management and administration of SGC services provisions for children because of lack of staff development.

In keeping with the international world, staff development of school counsellors influences the effective provision of SGC services to children in Zimbabwe. The lack of staff development for school counsellors in Zimbabwe is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international arena. The above cited studies used few research participants and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to establish the availability and influence of professional development of school counsellors on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using several research participants particularly school administrators and counsellors in order to aid the generalization of the findings with as much accuracy and precision as possible.

Comparable to the international world, material resources affect SGC services provisions for both children with disabilities and those 'without' disabilities in Zimbabwe. The following section presents material resources and provision of SGC services in Zimbabwe.

3.6 MATERIAL RESOURCES AND PROVISION OF SGC SERVICES

In Zimbabwe, inadequate physical resources compromises the effective provision of SGC services to children (Badza, 2005:35; Chireshe, 2006:198; Chivonivoni, 2006:34). Consistent with the international arena, physical resources influences the provision of SGC services to children in Zimbabwe. According to Maturure (2004:77), many secondary schools in Zimbabwe lack the necessary physical resources to effectively administer SGC services to children. In the same vein, Mawire (2011:112) and Mudhumani (2005:32) articulate that an acute shortage of physical resources in Zimbabwe due to the nationwide economic downturn interferes with the effective administration of SGC services provisions for children. Comparable to the international fraternity, the availability of physical resources influences the effective implementation of SGC services for children in Zimbabwe.

The lack of physical resources for SGC services provisions in Zimbabwe is at variance with 'model' practices in SGC services provisions for children with disabilities in the international world. The findings of the above cited studies may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision as most of them used closed self-administered questionnaires which did not capture the diverse perspectives of the research participants. The present study therefore sought to ascertain the availability of physical resources and its impact on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe using self-administered questionnaires with some few open-ended items that capture

the diverse perspectives of the research participants in order to aid the generalization of the findings with as much accuracy and precision as possible.

Apart from physical resources, comparable to the international fraternity, in Zimbabwe, time also affects SGC services provisions for both children with disabilities and those 'without' disabilities. There is inadequate time for SGC services provisions for children in Zimbabwe (Chireshe, 2006:198; Chivonivoni, 2006:33; Mapfumo & Nkoma, 2013:101). In the same vein, Chireshe and Mapfumo (2005:19) posit that Zimbabwean school administrators do not allocate adequate time for SGC services provisions for children. Similarly, Mawire (2011:34) articulates that the 'main' school curriculum overload compromises the effective provision of SGC services to children in Zimbabwe. The mainstream school curriculum in Zimbabwe include 'difficult' and 'time-consuming' subjects such as Mathematics, Physics and Chemistry which may result in no time or inadequate time set aside for the provision of SGC services to children.

According to Maturure (2004:13) and Gwengo (2003:15), school counsellors in Zimbabwe have inadequate time to attend to all children because of work overload. The absence of adequate time for SGC services provisions for children in Zimbabwe is likely to interfere with school counsellors' establishment and reinforcement of warm relationships with children in line with the Humanistic theory that informed the study. Consistent with the international arena, in Zimbabwe, the availability of adequate time influences the effective provision of SGC services to children with disabilities. The lack of adequate time for SGC services provisions in Zimbabwe is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. The above cited studies were carried out in mainstream schools and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to ascertain the availability and impact of time on SGC

services provisions for children with disabilities in Zimbabwean inclusive primary schools in order to aid the generalization of the findings with as much accuracy and precision as possible.

Most school headmasters/headmistresses in Zimbabwe do not allocate adequate money to SGC services departments in their schools (Chivonivoni, 2006:31; Gwengo, 2003:58; Mawire, 2011:26). Consistent with the international arena, finance influences the provision of SGC services to children in Zimbabwe. In Zimbabwe, the lack of finance compromises the requisition of adequate appropriate resources for SGC services provisions for children (Mapfumo & Nkoma, 2013:102; Mukamwi, 2005:1). The lack of adequate resources in Zimbabwe is likely to interfere with the establishment and reinforcement of SGC environments that are conducive to the effective management and administration of services provisions for children with disabilities in keeping with the Humanistic theory that informed the study.

Comparable to the international world, the availability of adequate finance influences the effective provision of SGC services to both children with disabilities and those 'without' disabilities in Zimbabwe. The lack of finance in SGC services provisions in Zimbabwe is at variance with 'model' practices in SGC services provisions for children with disabilities in the international fraternity. The findings of the above cited studies may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision as most of them were executed at post-primary school level. The present study therefore sought to establish the availability and impact of finance on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools in order to aid the generalization of the findings with as much accuracy and precision as possible.

In Zimbabwe, it is difficult to implement SGC services for children because of the lack of curricular resources and supplies (Charema, 2004:16; Gwengo, 2003:23;

Mudhumani, 2005:42). Comparable to the international world, curricular resources and supplies influences the provision of SGC services to children in Zimbabwe. In Zimbabwe, the effective implementation of inclusive education is hampered by the lack of curricular resources and supplies needed to meet the individualized needs and interests of children with disabilities (Chireshe, 2012:112; Mutepfa et al, 2007:343). In the same vein, Mapfumo and Nkoma (2013:103) lament that there is an acute shortage of SGC curricular materials and supplies in Zimbabwe to holistically address the personal/social, academic/educational and career/vocational concerns of children thereby aiding the unfolding of their unique endowments. The shortage of SGC curricular resources and materials in Zimbabwe is likely to impede self-exploration and self-actualization of children with disabilities as embodied in the Humanistic theory that informed the study.

Consistent with the international arena, in Zimbabwe, the availability of adequate curricular resources and supplies influences the effective provision of SGC services to children with disabilities. The lack of SGC curricular materials and supplies in Zimbabwe is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. Most of the above cited studies were executed in single school settings and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to establish the availability and impact of curricular resources and supplies on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools in different settings in order to aid the generalization of the findings with as much accuracy and precision as possible.

Comparable to the international arena, apart from material resources, stakeholders' attitudes influences SGC services provisions for both children with disabilities and those 'without' disabilities in Zimbabwe. The subsequent section presents the

literature review on stakeholders' attitudes and the provision of SGC services in Zimbabwe.

3.7 STAKEHOLDERS' ATTITUDES AND THE PROVISION OF SGC SERVICES

In Zimbabwe, most school administrators have negative attitudes towards SGC services provisions for children (Chireshe & Mapfumo 2005:19, Gwengo, 2003:29; Mapfumo & Nkoma, 2013:103; Maturure, 2004:27). Comparable to the international world, the attitudes of the school administrators influences the provision of SGC services to children in Zimbabwe. In Zimbabwe, most school administrators are non-supportive and non-assistive of SGC because it is a non-examinable subject (Chivonivoni, 2006:53; Gwengo, 2003:26; Kasayira et al, 2004:61). School administrators with negative attitudes are unlikely to requisite adequate appropriate resources such as SGC curriculum materials and computers that facilitate the establishment and reinforcement of SGC environments in which children are motivated to take care of their own guidance and counselling in keeping with the Humanistic theory that informed the study. In Zimbabwe, the negative attitude of the school administrators interferes with the effective implementation of inclusive education (Chireshe, 2011:162; Maunganidze & Kasayira, 2002:73). Consistent with the international fraternity, in Zimbabwe, the positive attitudes of the school administrators influences the effective provision of SGC services to children with disabilities.

The negative attitude of Zimbabwean school administrators towards services provisions for children with disabilities is incompatible with 'model' practices in SGC services provisions for children with disabilities in the international world. Most of the above cited studies used single research groups and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the attitude of the school

administrators and its influence on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using school administrators and counsellors as research participants in order to compare findings so as to aid their generalization with as much accuracy and precision as possible.

In Zimbabwe, the Ministry of Education, Sport, Arts and Culture assigns low status to SGC services provisions for children (Gwengo, 2003:46; Maturure, 2004:53; Mawire, 2011:23). Comparable to the international fraternity, the negative attitude of the government interferes with the effective provision of SGC services to children in Zimbabwe. In Zimbabwe, the lack of commitment of policy makers towards children with disabilities is a stumbling block to the effective implementation of inclusive education (Mutepfa et al, 2007:343). In the same vein, Mapfumo (2001:200) reiterates that in Zimbabwe, SGC services provisions for children are monitored by officers who are not fully qualified in SGC because of the negative attitude of the government towards services provisions. Consistent with the international arena, the positive attitude of the government influences the effective provision of SGC services to both children with disabilities and those 'without' disabilities in Zimbabwe.

The negative attitude of the Government of Zimbabwe towards SGC services provisions for children is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international world. Inversely, Mushoriwa (2002:35) reveals that the passing of mandatory policy and legislation that is anchored on 'Education for All' testifies the commitment of the Zimbabwean Government towards inclusive education. Such pro-inclusive education legal framework includes the 1996 Education Act of Zimbabwe (Chireshe & Ndlovu, 2002:14; Maunganidze & Kasayira, 2002:75; Mushoriwa, 2002:34). Unlike in the international fraternity, the above cited literature contradicts on the attitude of the Government of Zimbabwe and its impact on SGC services provisions for children with disabilities. The present study therefore sought to ascertain the attitude of the

government and its impact on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe.

Apart from the attitude of the government, in keeping with the international arena, the attitude of the school communities also influences the provision of SGC services to both children with disabilities and those 'without' disabilities in Zimbabwe. The negative attitude of the school communities interferes with the effective provision of SGC services to children in Zimbabwe (Badza, 2005:43; Charema, 2004:29; Chivonivoni, 2006:37; Gwengo, 2003:28). In the same vein, Mapfumo and Nkoma (2013:101) posit that in Zimbabwe, communities do not support and assist schools in pooling resources for SGC services provisions for children because of negative attitudes. Consistent with the international fraternity, Zimbabwean communities have negative attitudes towards SGC services provisions for children.

In Zimbabwe, parents of children without disabilities resent inclusive education because they do not understand disability (Chireshe, 2011:161; Maunganidze & Kasayira, 2002:75; Mushoriwa, 2002:36). In the same vein, Charema (2004:13) articulates that in Zimbabwe, stigmatic cultural standards of communities towards disability are a key deterrent to effective SGC services provisions for children with disabilities. In Zimbabwe, the negative perception of school communities of the role of SGC in the school system is a barrier to the effective implementation of SGC services for children (Gwengo, 2003:36; Mapfumo & Nkoma, 2013:103; Maturure, 2004:61; Mawire, 2011:17). Comparable to the international world, the positive attitude of the communities influences the effective provision of SGC services to children with disabilities in Zimbabwe.

The negative attitudes of Zimbabwean school communities towards services provisions is at variance with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. Inversely, Maunganidze and Kasayira

(2002:73) postulate that owing to the adoption and institutionalization of inclusive education in Zimbabwe, communities are supportive and assistive of pro-inclusive education initiatives. The above cited literature contradicts on the attitude of the communities and its impact on SGC services provisions for children with disabilities in Zimbabwe. The current study therefore sought to ascertain the attitude of the communities and its impact on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools.

Comparable to the international arena, in Zimbabwe, collaboration and discourse of members of the multi-disciplinary team influences the provision of SGC services to both children with disabilities and those 'without' disabilities. The lack of specialized personnel to collaborate and corroborate in order to meet the individual needs and interests of children with disabilities deters the effective implementation of inclusive education in Zimbabwe (Chireshe, 2012:112; Mushoriwa, 2002:39; Mutepfa et al, 2007:343). Specialized inclusive education personnel in shortage in Zimbabwe include educational psychologists, occupational therapists and physiotherapists. Chivonivoni (2006:54) and Maturure (2004:37) reiterate that most school administrators and educational psychologists in Zimbabwe do not collaborate with teachers in the implementation of SGC services for children. Consistent with the international world, in Zimbabwe, the lack of collaboration and discourse of members of the multi-disciplinary team interferes with the effective provision of SGC services to children with disabilities. Chireshe (2006:60) and Mudhumani (2005:64) lament that most Zimbabwean school administrators do not collaborate with teachers in evaluating SGC services for children. Comparable to the international fraternity, the positive attitudes of the school administrators influences the effective provision of SGC services to children in Zimbabwe.

The negative attitude of the Zimbabwean school administrators towards services provisions is incompatible with 'model' practices in SGC services provisions for

children with disabilities in the international arena. Managers of SGC services provisions particularly school administrators were not involved as research participants in most of the above cited studies and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the existence and impact of collaboration and discourse of stakeholders of inclusive education on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools according to the perspectives and the experiences of the school administrators and counsellors who are respectively managers and implementers of services provisions in order to aid the generalization of the findings with as much accuracy and precision as possible.

Besides the attitudes of the stakeholders, comparable to the international world, policy and legislation influences SGC services provisions for both children with disabilities and those 'without' disabilities in Zimbabwe. The subsequent section discusses policy and legislation and SGC services provisions in Zimbabwe.

3.8 POLICY AND LEGISLATION AND SGC SERVICES PROVISIONS

Although Zimbabwe is a signatory to several inclusive education-oriented international charters and conventions such as the Universal Declaration of Human Rights (1948), the Convention against Discrimination in Education (1960), the Convention on the rights of the Child (1989), the Dakar Framework for Action Education For All (1990), the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994), the Copenhagen Declaration on Social Development (1995), the Convention on Protection and Promotion of Diversity in Cultural Expressions (2005) and the Convention on the Rights of Persons with Disabilities (2006), the country does not have legislation for inclusive education (Mutepfa et al, 2007:243). However, Musengi and Chireshe (2012:107) reveal that the

global egalitarian foundations of education which were re-afffirmed in the Dakar Framework for Action Education for All (1990), the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994), the Convention on Protection and Promotion of Diversity in Cultural Expressions (2005) and the Convention on the Rights of Persons with Disabilities (2006) among other inclusive education conventions found expression in Zimbabwean legislation such as the Education Act (1996) which institutionalized the right of every Zimbabwean child to school education at the nearest school. The Act, however, does not articulate the provision of education to persons with disabilities (Mutepfa et al, 2007:342). According to Maunganidze and Kasayira (2002:73), in Zimbabwe, the education of persons with disabilities is addressed by the Zimbabwe Disabled Persons Act (1996).

Chireshe (2011:157) posits that the Education Act (1996) and the Zimbabwe Disabled Persons Act (1996) which were enacted in Zimbabwe after the attainment of independence in 1980 are all inclusive education-oriented policies. Comparable to the international fraternity, in Zimbabwe, the policies underpinning inclusive education influences the provision of SGC services to children with disabilities. Unlike in the international arena, the above cited Zimbabwean literature contradicts on the existence and impact of inclusive education policy and legislation on SGC services provisions in Zimbabwe. The current study therefore sought to establish the existence and impact of inclusive education policy and legislation on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools.

The thrust of the post-colonial Government of Zimbabwe is to universalize access and promote equity for marginalized groups with a special focus on total removal of educational disparities (Chireshe & Ndlovu, 2002:14; Musengi & Chireshe, 2012:108; Mushoriwa, 2002:35). In keeping with governments of the international world, inclusive education is among the several strategies the Government of Zimbabwe pursues to enhance citizen rights for children with disabilities. In Zimbabwe,

consistent with the international fraternity, inclusive education is grounded in provision, within the mainstream/ordinary school setting, of the conditions and support that enables diverse individual children to attain specified educational outcomes which may or may not be the same for all children (Mutepfa et al, 2007:342). In accordance with the Humanistic theory that informed the study, inclusive education in Zimbabwe is premised on facilitating the unfolding of the diverse inherent unique potentialities and the capacities of the children with disabilities thereby aiding their development in totality.

In Zimbabwe, inclusive education is grounded in holistic addressing of the needs and interests of children with disabilities (Maunganidze & Kasayira, 2002:77; Mushoriwa, 2002:35). In the same vein, Charema (2004:14) posits that inclusive education is fostering an even learning environment for all children in their beliefs, values and norms. In line with the Humanistic theory that informed the study, inclusive education facilitates the cultivation and nurturance of cultural and social skills, knowledge, attitudes and understandings in children with disabilities. The UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994:11) postulates that inclusive education is a process of addressing and responding to the diversity of the needs of all children through increasing participation in learning, cultures and communities and reducing exclusion within and from education. The UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994:12) adds that inclusive education involves changes and modifications in content, approaches, structures and strategies, within a common vision which caters for all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children.

Comparable to the international arena, in Zimbabwe, the provision of SGC services in inclusive schools is among the strategies for support and assistance that has been institutionalized to aid children with disabilities to attain specified educational

outcomes which may or may not be the same for all children (Musengi & Chireshe, 2012:108). However, internationally, the provision of SGC services to children with disabilities is riddled with constraints whose solutions are yet to be established (Ginsberg, 2003:7; Sink & Stroh, 2003:357; Standard, 2003:221). The present study therefore sought to investigate the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools with a view to strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities.

In Zimbabwe, there is no mandatory policy and legislation on SGC services provisions for children (Charema, 2004:17; Chireshe, 2006:61; Mapfumo & Nkoma, 2013:100). The lack of mandatory SGC policy and legislation in Zimbabwe is at variance with the 'model' practices in SGC services provisions for children with disabilities in the international arena. Chivonivoni (2006:31) postulates the Education Act of Zimbabwe (1996) is not clear on the provision of SGC services to children in the country. The lack of clear mandatory SGC legal framework in Zimbabwe is likely to compromise effective planning, development, implementation, management and evaluation of SGC services provisions for children with disabilities as embodied in the Humanistic theory that informed the study.

According to Maturure (2004:2), circulars, and not mandatory policies from the Ministry of Education, Sport, Arts and Culture, inform school headmasters/headmistresses to appoint SGC coordinators and provide adequate space and time for SGC services provisions for children. Circulars and a draft SGC services syllabus spell out the domains for SGC services provisions for children, specifically, personal-social guidance and counselling, educational guidance and counselling, career or vocational guidance and counselling and AIDS Education (Charema, 2004:24; Gumbo, 2002:1; Mukamwi, 2005:25). The Zimbabwean Circulars and draft SGC syllabus are in keeping with the Humanistic theory that informed the

study as they constitutes components that are grounded in facilitating the holistic development of children.

In keeping with the international fraternity, mandatory SGC policy and legislation influences the effective provision of SGC services to children with disabilities in Zimbabwe. The lack of mandatory SGC policy and legislation in Zimbabwe is incompatible with 'best' practices in SGC services provisions for children with disabilities in the international world. The above cited studies were executed in mainstream schools and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The current study therefore sought to establish the existence and influence of policy and legislation on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools in order to aid the generalization of the findings with as much accuracy and precision as possible.

In Zimbabwe, SGC services mission statement is premised on moulding children that can make informed personal/social, educational/academic and vocational/career decisions (Gumbo, 2002:1; Mudhumani, 2005:13; Mukamwi, 2005:25). In keeping with the international arena, in Zimbabwe, mission statement influences SGC services provisions for children. The mission statement of the Zimbabwe SGC is grounded in assisting and supporting children to overcome the challenges of unemployment, drug abuse and pandemic disease (Maturure, 2004:2; Mawire, 2011:37). In line with the Humanistic theory that informed the study, the SGC services mission statement in Zimbabwe is grounded in supporting and assisting children to develop holistically.

Consistent with the international arena, SGC mission statement influences the effective provision of SGC services to children in Zimbabwe. The existence of a SGC mission statement in Zimbabwe is in tandem with 'model' practices in SGC services

provisions for children with disabilities in the international world. Most of the above cited studies used few research participants and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and precision. The present study therefore sought to establish the existence and impact of a mission statement on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools using several research participants particularly school administrators and counsellors in order to facilitate the generalization of the findings with as much accuracy and precision as possible.

In Zimbabwe, school counsellors are teachers with regular teaching qualifications (Badza, 2005:34; Mapfumo & Nkoma, 2013:100; Mawire, 2011:13). Consistent with the international fraternity, in Zimbabwe, certification requirements and regulations for school counsellors influences the provision of SGC services to both children with disabilities and those 'without' disabilities. Maturure (2004:22) posits that Zimbabwean children receive impoverished SGC services provisions because their school counsellors are ordinary teachers without formal professional training in SGC. In the same vein, Mudhumani (2005:23) posits that in Zimbabwe, untrained teachers administer SGC services provisions for children. The administration of SGC services provisions for children by regular and untrained teachers in Zimbabwe can be attributed to the absence of certification requirements and regulations for school counsellors. Consistent with the international arena, certification requirements and regulations for school counsellors influences the effective provision of SGC services to children with disabilities.

The lack of certification requirements and regulations for school counsellors in Zimbabwe is at variance with 'best' practices in SGC services provisions for children with disabilities in the international fraternity. The above cited studies were carried out in mainstream post-primary schools and therefore their findings may not be generalized to Zimbabwean inclusive primary schools with much accuracy and

precision. The current study therefore sought to establish the existence and impact of certification requirements and regulations for school counsellors on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe in order to aid the generalization of the findings with as much accuracy and precision as possible.

3.9 CONCLUSION

The present chapter reviewed related Zimbabwean literature on challenges in SGC services provisions for both children with disabilities and those 'without' disabilities with reference to the Humanistic theory that informed the study. The literature review is structured around the following sub-headings: the provision of inclusive education in Zimbabwe (History of inclusive education in Zimbabwe), the needs of Zimbabwean children with disabilities, the role of school counsellors in Zimbabwean schools, school counsellors' training and provision of SGC services, material resources and provision of SGC services, stakeholders' attitudes and the provision of SGC services and policy and legislation and SGC services provisions. Gaps to be filled in by the study are highlighted. The review of related Zimbabwean literature revealed that there are different challenges in SGC services provisions for these children with respect to: school counsellors' training, material resources, stakeholders' attitudes and policy and legislation. The subsequent chapter presents the research methodology and justifies the research design, sample, instruments and data analysis methods of the study.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The study sought to investigate challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools as a context for strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities. Chapter 3 reviewed related Zimbabwean literature on challenges in SGC services provisions for both children with disabilities and those 'without' disabilities with reference to the Humanistic theory that informed the study. In the current chapter, the research methodology for the present study is discussed. Aspects discussed include: research design, sample, instrumentation, procedure, data analysis, validity and reliability and ethical issues.

Research methodology is the logic through which researchers address research questions and collect data for studies (Ary, Jacobs & Razavieh, 2001:426; Cohen, Manion & Morrison, 2007:324; Denzin & Lincoln, 2005:157; Lines, 2002:23; Mason, 2002:30; Mills, 2003:1). Leedy and Ormrod (2005:12) posit that research methodology is the general approach that the researcher takes in carrying out the research project. To some extent, this approach dictates the particular tools the researcher selects. McMillan and Schumacher (2006:74) reiterate that research methodology encompasses the complete research process including the research approaches, procedures, sampling methods and data collection. Research methodology therefore refers to the systematic empirical techniques used to structure a study, gather, analyze and interpret data during investigation and constitute a set of orderly, disciplined procedures to acquire information. Research methodology is the conduit for the realization of the objectives of a study (Johnson &

Onwuegbuzie, 2004:14; Leedy & Ormrod, 2005:12; Mason, 2002:30; Ritchie & Lewis, 2003:78). In the current study, the adopted research methodology sought to establish the:

- influence of the training of school counsellors on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe;

- extent to which material resources affect SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools;

- perceived impact of the attitudes of the stakeholders on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe;

- role of policy and legislation on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools;

- strategies and a model that can be put in place to overcome the challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe.

In an endeavor to realize the aforementioned research objectives, the research design for the current study is discussed below.

4.2 RESEARCH DESIGN

4.2.1 Introduction

A research design is the plan of inquiry of the researcher that puts paradigms of interpretation into motion on how to proceed in gaining an understanding of a phenomenon (Ary et al, 2001:426; Bogdan & Knopp, 2006:54; Denzin & Lincoln, 2005:132; McMillan & Schumacher, 2006:72). It is the overall plan for obtaining answers to the research questions guiding a study. It is also a plan or blueprint for

conducting a study that maximizes control over factors that could interfere with the validity and reliability of research results (Burns & Grove, 2003:65; Cohen et al, 2007:329). Creswell (2009:5) adds that a research design is a plan to conduct research which involves the intersection of philosophy, strategies of inquiry and specific methods. According to Bryman (2004:111), the control afforded by a research design increases the probability that the results of a study are accurate reflections of real situations.

A research design assists a researcher to plan and implement studies to obtain intended, accurate, objective and interpretative information (Cohen et al, 2007:318; Johnson & Onwuegbuzie, 2004:14; McMillan & Schumacher, 2006:31). According to Denzin and Lincoln (2005:130), a research design provides, within an appropriate mode of inquiry, the most valid and accurate answers possible to a research question. In a study, all the components should fit together in order to realize valid and reliable results (Burns & Grove, 2003:65; Cohen et al, 2007:319; Denzin & Lincoln, 2005:132; Sobh & Perry, 2005:1195; Leedy & Ormrod, 2005:45).

A research design is determined by the research question and an appropriate research design should be identified for a research question (Leedy & Ormrod, 2005:145; Staiton-Rogers, 2006:109). McMillan and Schumacher (2006:74) add that an effective research design outlines the defined purpose in which there is coherence between the research questions and the methods or approaches proposed that generates data that is credible and verifiable.

Researchers can adopt quantitative, qualitative or mixed research approaches in their studies (McMillan & Schumacher, 2006:22; Creswell, 2009:3; Wiersma & Jurs, 2009:118). The present study sought to use a descriptive survey design which was primarily quantitative in nature in order to give a detailed description of the challenges in SGC services provisions for children with disabilities in Zimbabwean

inclusive primary schools as perceived and experienced by inclusive primary school administrators and counsellors. Following is a discussion of the quantitative approach.

4.2.2 The quantitative research approach

Quantitative research is research conducted using a range of methods, which makes use of measurement to record and investigate aspects of social reality (Bless & Higson-Smith, 2000:156; Bryman, 2004:8; Staiton-Rogers, 2006:80; David & Sutton, 2004:36). Chambers (2000:98) articulates that quantitative research is the study of phenomena using numerical means and emphasizes quantification in the collection and analysis of data. Quantitative researchers assume that "reality" can be approximated through the use of methods that prevent human contamination of its apprehension or comprehension (Creswell & Clarke, 2007:22; McMillan & Schumacher, 2006:12; Wiersma & Jurs, 2009:118; Staiton-Rogers, 2006:80). In the current study, the quantitative research approach was used for a number of reasons.

Because quantitative studies represent the mainstream approach to research, carefully structured guidelines exist for conducting them (Fraenkel & Wallen, 2006:43; Leedy & Ormrod, 2005:95; McMillan & Schumacher, 2006:12; Wiersma & Jurs, 2009:118). In the present study, the researcher used the quantitative approach because concepts, variables and methods of measurement on challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe were defined before the study began and remained the same throughout. Quantitative researchers use methods that allow them to objectively measure the variables of interest detached from the research participants so that they can draw unbiased conclusions (Cohen et al, 2007:323; McMillan & Schumacher, 2006:23). In the current study, self-administered questionnaires were used to solicit data and information. Self-administered questionnaires allowed the researcher to remain

detached from the research participants, inclusive primary school administrators and counsellors, and ultimately to draw unbiased conclusions.

Objective and empirical data from quantitative research is easy to summarize using numbers, statistics, aggregated data and formal voice, which facilitates the communication of findings (Leedy & Ormrod, 2005:203). The quantitative approach to research enabled the researcher to collect data from several respondents, settings and times and then to compare the findings using numerical indices. A quantitative approach allows the researcher to handle a large number of cases (Bryman, 2004:8; Gall et al, 2003:89; Creswell &Clarke, 2007:9) which meant that the researcher was able to collect data from a large number of inclusive primary school administrators and counsellors (N = 600) in three different educational provinces of Zimbabwe.

Quantitative research seeks explanations and predictions that will generalize to other persons and places (Bryman, 2004:8; McMillan & Schumacher, 2006:12; Wiersma & Jurs, 2009:118). In the present study, the quantitative research approach sought to establish, confirm and validate relationships and to develop generalizations that contribute to theory on challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe.

Quantitative research methods use numbers to describe phenomenon (Fraenkel & Wallen, 2006:39; Leedy & Ormrod, 2005:95). They also use objective and empirical numbers that ensure precision in measurement (McMillan & Schumacher, 2006:12; Staiton-Rogers, 2006:80). Precise information from the quantitative research approach that was adopted in the present study was envisaged to positively impact on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe.

Quantitative researchers identify variables that they intend to study and then collect data specifically related to those variables (Burns & Grove, 2003:68; Creswell &

Clarke, 2007:22; Johnson & Onwuegbuzie, 2004:14; Morgan, 2007:48). The current study sought to investigate challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe with respect to the following variables: training of school counsellors, material resources, attitudes of stakeholders and role of policy and legislation.

Quantitative research approaches are associated with research questions that deal with the interrelationship among variables, predictability of certain outcomes and the comparison of specific groups and are premised on positivism which assumes that there are stable, social facts with a single reality detached from individual feelings and beliefs (Creswell, 2009:7; McMillan & Schumacher, 2006:12; Morgan, 2007:49; Staiton-Rogers, 2006:79; Wiersma & Jurs, 2009:118; Wimmer & Dominick, 2003:12). In order to do that, specific methods of measuring each variable are identified, developed and standardized, with attention to the validity and reliability of the measurement instrument (Leedy & Ormrod, 2005:96; Cohen et al, 2007:324; Mason, 2002:30). In the present study, self-administered questionnaires that underwent validity and reliability tests were used to gather data. The self-administered questionnaires for inclusive primary school administrators and counsellors comprised items derived from all the sub-research questions guiding the present study.

Quantitative research data is collected from a population, or from one or more large samples that represent the population, in a form that is easily converted to numerical indices (Creswell & Clarke, 2007:22). The quantitative research approach was appropriate for the current study since findings on challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe, as perceived and experienced by the inclusive primary school administrators and counsellors, were expressed numerically and the research design was premised on enabling the researcher to compare and break up those numbers to make valid interpretations.

Quantitative researchers report their findings using summarizing statistics (Burns & Grove, 2003:69; Creswell & Clarke, 2007:22; Johnson & Onwuegbuzie, 2004:16; Leedy & Ormrod, 2005:45; Morgan, 2007:48). The quantitative approach to research was suitable for the current study because it endeavored to reduce data on the subject at hand to summarizing statistics, particularly ratios and Chi-square tests. In the current study, the researcher sought to present the results in a report that employs a formal, scientific style using passive voice and impersonal language which is characteristic of the quantitative approach to research.

In the present study a descriptive survey design was used. Following is a discussion of the descriptive survey design.

4.2.2.1 A descriptive survey design

In the current study, a descriptive survey was used to investigate challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe for several reasons. A descriptive survey involves the acquisition of information about one or more groups of people regarding their characteristics, opinions, attitudes or previous experiences by asking them questions and tabulating their responses (Babbie & Mouton, 2001:249; Cohen et al, 2007:317; Leedy & Ormrod, 2005:183; McMillan & Wergin, 2002:17; Neuman, 2003:35). The ultimate goal of a descriptive survey is to learn about a large population by surveying a sample of that population (Bless & Higson-Smith, 2000:156; Delport, 2005:166; Fink, 2002:15; Neuman, 2003:35).

Descriptive surveys are useful in describing the characteristics of a population. No other method of observation can provide this general capacity (Cohen et al, 2007:319; Delport, 2005:166). A descriptive survey was appropriate for the present study as it sought the opinions, attitudes, characteristics and experiences of the inclusive primary school administrators and counsellors. The researcher posed a

series of questions to a willing random sample of inclusive primary school administrators and counsellors in Zimbabwe, summarized their responses with percentages, frequency counts, descriptive and inferential statistics in particular, and then drew inferences about the Zimbabwean inclusive primary schools administrators and school counsellors population from the responses of the sample.

Leedy and Ormrod (2005:184) postulate that survey research captures a fleeting moment in time, much as a camera takes a single-frame photograph of an ongoing activity. By drawing conclusions from one transitory collection of data on challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe, an extrapolation about the state of affairs over a longer time period was made.

Sobh and Perry (2005:1196) posit that a descriptive survey design is impartial, there is no prejudice in the selection of units participating in the study. In the current study, the sample of participating inclusive primary school administrators and counsellors was randomly selected from Harare, Mashonaland West and Midlands educational provinces of the Ministry of Education, Sport, Arts and Culture in Zimbabwe. Leedy and Ormrod (2005:179) reiterate that a descriptive survey does not involve changing or modifying the situation. Similarly, Cohen et al (2007:331) reveal that when a descriptive survey is used in a study, there is no active intervention on the part of the investigator that may produce researcher bias. Data is collected in the natural setting using questionnaires, interviews or observations (Babbie & Mouton, 2001:249). In the present study, participating inclusive primary school administrators and counsellors responded to self-administered questionnaires on challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools at their own space, pace and time in the comfort of their 'natural' inclusive primary school settings.

A descriptive survey examines a situation as it is (Bless & Higson-Smith, 2000:156; Neuman, 2003:270). A descriptive survey was appropriate for the research objectives of the current study as the aim of the study was not to infer cause and effect association but to describe in-depth the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Bryman (2004:45) adds that a descriptive survey is utilized to investigate probable solutions of a research problem. The present study used a descriptive survey in order to investigate challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe as a context for strategizing on ways to circumvent the challenges and proposing a model of SGC services provisions for children with disabilities.

Despite the above-mentioned strengths, the use of quantitative surveys in studies has its own weaknesses. Individual inclusive primary school administrators and counsellors who responded to the self-administered questionnaires in the current study were aware that they were being studied and could have elicited biased data. The information that was collected may also be relatively superficial because survey questionnaires rarely probe deeply into the complexities such as contradictions of human behaviour and feelings. In addition, the descriptive survey used in the present study required the cooperation of the respondents, inclusive primary school administrators and counsellors which, fortunately, was forthcoming. Despite the aforementioned limitations, in the view of the researcher, the strengths of the quantitative survey outweighed its weaknesses and the quantitative survey was the most appropriate design to adopt in the current study. The aforementioned weaknesses of a descriptive survey as they apply to the present study were overcome using strategies revealed in the background to the study in section 1.9.

Researchers need to carefully choose data collection instruments for their studies in order to accumulate results that are valid and reliable as much as possible (Van

Vuuren & Maree, 2000:281). In the subsequent section, the instrumentation for the present study is discussed.

4.3 POPULATION

In research, population refers to the entire aggregation of respondents that meet the designated set of criteria (Burns & Grove, 2003:86). Population is therefore the group of individuals who are the focus of the study to which research results would be generalized. Such a population should be characterized by specific index characteristics or a particular index characteristic. The population in the current study constituted all inclusive primary school administrators and counsellors from all the educational provinces of the Ministry of Education, Sport, Arts and Culture in Zimbabwe.

School administrators were selected in the present study because they are the managers of the provision of SGC services to children with disabilities in inclusive primary schools hence they are likely to be informed regarding the policy, development and management related to services provisions. School counsellors are the implementers of SGC services for children with disabilities and ultimately are likely to be relevant in providing information related to administration of services provisions for these children.

In the current study, the population was heterogeneous as it comprised school administrators and counsellors of different age groups, gender, experience and different types of schools. The population was drawn from farm, rural and urban inclusive primary schools in order to aid the generalization of the findings with as much accuracy and precision as possible.

In the subsequent section, the instrumentation of the study is presented.

4.4 INSTRUMENTATION

Descriptive surveys primarily use interviews and questionnaires for data collection (Cohen et al, 2007:331; Leedy & Ormrod, 2005: 184; Van Vuuren & Maree, 2000:281). The current study used self-administered questionnaires with primarily closed question items and very few open-ended items for school administrators and counsellors respectively in order to solicit for data and information on the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive schools. Data and information solicited from the very few open-ended questions was primarily used as a springboard for conclusions and recommendations of the present study. Among other criteria, a self-administered questionnaire should be designed to solicit data and information that is amenable to analysis and interpretation, comprise standardized questions so that all the respondents answer identical question items and ask questions that solicit for data and information that directly address the research question (Denscombe, 2003:144; Leedy & Ormrod, 2005:184; Van Vuuren & Maree, 2000:281). Following is a discussion of self-administered questionnaires that were used in the present study to gather data and information.

4.4.1 Self-administered questionnaires

Self-administered questionnaires are printed self-report forms in which respondents elicit data and information on specific research phenomena (Burns & Grove, 2003:83; Cohen et al, 2007:318; Denscombe, 2003:159; Leedy & Ormrod, 2005:185; McMillan & Schumacher, 2006:194). The current study sought to use self-administered questionnaires for a number of reasons.

The present study primarily used closed questionnaire items and a few open-ended items. Closed questionnaire items provide the respondents with standardized responses from which to select (Cohen et al, 2007:335; Wiersma & Jurs, 2009:204). It was anticipated that participating Zimbabwean inclusive primary school

administrators and counsellors would find it easier and quicker to respond to closed-ended self-administered questionnaire items than open-ended ones and that the coding of responses would be simple, efficient and effective. Closed questionnaire items, according to Wiersma and Jurs (2009:204), are consistent for all the respondents and the data and information generated can be quantified and compared easily.

In the current study, the Likert scale was used for closed-ended self-administered questionnaire items in order to approximate accurate assessments of the perceptions and experiences of the research participants on challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Likert scale refers to a series of gradations, levels or values that are descriptive of various degrees of a phenomenon under research (McMillan & Schumacher, 2006:198). The present study used a five-point Likert scale for its self-administered questionnaire items because some respondents needed to choose "neutral" responses on specific researched issues. Like any other rating scale, the Likert scale manages the degrees of response, intensity of response and the move away from dichotomous questions (Cohen et al, 2007:325). The Likert scale was used in the current study on account of its flexibility as the descriptors on the scale vary to accommodate the nature of the question or statement under consideration.

Open-ended questionnaire items, according to Nardi (2006:72) allow respondents to state their responses in their own words. They capture diverse and complex perspectives of the respondents on research questions without any limitations (Cohen et al, 2007:322; Denscombe, 2003:153). The present study used very few open-ended questionnaire items as the study was primarily quantitative in nature. The very few open-ended questionnaire items allowed the participating inclusive primary school administrators and counsellors to express in their own words the challenges they face.

When self-administered questionnaires are used in a study, research participants can respond to questions with assurance that their responses will be anonymous, and so they may be more truthful than they would be in a personal interview, particularly when they are talking about sensitive or controversial issues (Cohen et al, 2007:317; Leedy & Ormrod, 2005:185; Nardi, 2006:72; Wiersma & Jurs, 2009:204). In order to enhance the chances of getting accurate and sensitive data and information in the current study, respondents were not asked to identify themselves. Self-administered questionnaires were used in order to reduce bias that might have resulted from the personal characteristics of the individual interviewer and also to capitalize on the greater anonymity associated with the absence of an interviewer. Anonymity was envisaged to increase the genuiness of the responses of the research participants. With the use of self-administered questionnaires, respondents felt that they remained anonymous and ultimately expressed themselves in their own words without fear of identification. In so doing, respondents are willing to provide "real answers" to "real questions" (Nardi, 2006:7) and controversial and sensitive questions are treated like any other question without the participant being worried about the repercussions (Van Vuuren & Maree, 2000:281). The aspect of anonymity was critical in the present study where inclusive primary school administrators and counsellors did not want other inclusive education stakeholders to know about their knowledge, attitudes, skills, beliefs and understandings on challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe.

A self-administered questionnaire is the cheapest form of survey that can be disseminated to a wide spectrum of participants, both geographically and categorically, without spending more than just the postage, or by sending as an email attachment (Denscombe, 2003:159; Van Vuuren & Maree, 2000:281). Self-administered questionnaires were more effective to administer than personal face-to-face in-depth interviews in the current study since they were personally distributed

by the researcher to Zimbabwean inclusive primary school administrators and counsellors in the different participating educational provinces of Zimbabwe, specifically, Harare, Mashonaland West and Midlands, and immediately collected upon completion.

Self-administered questionnaires are standardized, written for specific purposes and can measure an individual's likes, dislikes, attitudes, beliefs and knowledge (Cohen et al, 2007:317; McMillan & Schumacher, 2006:194; Neuman, 2003:99). Van Vuuren and Maree (2000:281) posit that the format of self-administered questionnaires is standard for all subjects and is therefore independent of the mood of the researcher.

Self-administered questionnaires are convenient (Cohen et al, 2007:317; Denscombe, 2003:159; Nardi, 2006:74; Van Vuuren & Maree, 2000:281). The present study used self-administered questionnaires because they were easy to administer and analyze. Research participants, inclusive primary school administrators and counsellors, individually entered their responses on self-administered questionnaires, saving the researcher's time, compared to the time required to conduct personal interviews. Denscombe (2003:159) states that self-administered questionnaires are easier to administer than personal interviews, supplying standardized answers as all the research participants are exposed to exactly the same questions and pre-coded answers speed-up collation and analysis of data by the researcher. Self-administered questionnaires also gathered data on a broad range of issues derived from the sub-research questions guiding the study within a limited period of time. Burns and Grove (2003:79) add that self-administered questionnaires are convenient since respondents can complete them at a time and place that is convenient for them.

In spite of the aforementioned strengths, the use of self-administered questionnaires in studies has its own limitations. The majority of people who receive questionnaires do not return them (Denscombe, 2003:160; Leedy & Ormrod, 2005:185). Thus, a low

response rate is a disadvantage of self-administered questionnaires if completing the questionnaire is not made intrinsically rewarding. In the present study, low response rate was curtailed by appealing to the research participants' goodwill, explaining the rationale of the current study to them and assuring them that their responses would be private and confidential, as well as self-administering of the questionnaires by the researcher and immediate collection upon completion. In order for the participating inclusive primary school administrators and counsellors to cooperate and to yield responses that the researcher could use and interpret, the researcher kept the self-constructed questionnaires short, used simple and clear language, kept the respondents' task simple, provided clear instructions and made the self-constructed questionnaires attractive and professional looking.

By specifying in advance all of the questions that will be asked, thereby eliminating other questions that could be asked about the issue or phenomenon in question, the researcher is apt to gain only limited and possibly distorted information from self-administered questionnaires (Leedy & Ormrod, 2005:185). Denscombe (2003:159) adds that self-administered questionnaires can consist of closed questions in which respondents are given a set of pre-designed replies, such as agree or disagree, or are given the opportunity to choose from a set of numbers representing strengths of feeling or attitude, thereby limiting the breadth and depth of their responses.

In the current study, two sets of self-administered questionnaires were used to collect data and information on challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. One self-administered questionnaire was designed for inclusive primary school administrators. It was called "The Zimbabwean Inclusive Primary School Administrator Questionnaire." Another self-administered questionnaire was designed for inclusive primary school counsellors and was called "The Zimbabwean Inclusive Primary School Counsellor Questionnaire." The two sets of questionnaires comprised items soliciting for the

same data and information. The preceding review of related literature provided the theoretical framework for the generation of items for the two sets of aforementioned self-administered questionnaires as exemplified below.

Table 4.1: A grid showing examples of questionnaire items gleaned from the preceding literature by authors

Author(s)	Items
Abrams & Gibbs, 2000:79;	School counsellors' training and provision of SGC

Baker & Gerler, 2001:76; Burgess & Gutstein, 2007:82; Frye, 2005:442; Landa, 2007:18; Lockhart, 2003:358; Milsom, 2002:332; Schaefer-Schiumo & Ginsberg, 2003;1; Sink & Stroh, 2003:352	services
Coleman, 2009:17; Dryfoos, 2002:395; Coy, 2004:45; Erford, 2011:63; Heyden, 2011:47; Meyer & Vadasy, 2008:75; Newsome & Gladding, 2007:176	Material resources and provision of SGC services
Dryfoos, 2002:394; Gallagher, 2007:7; Lockhart, 2003:365; Tomlinson, 2001:34; Westling & Fox, 2004:18; Duquette, 2006:29; Frye, 2005:445; Gibson, 2008:89; Obiozor, 2009:1; Zascavage & Keefe, 2004:225; Taub, 2002:199;	Stakeholders' attitudes and the provision of SGC services
Abrams & Gibbs, 2000:85; Armstrong & Barton, 2007:9; Cobia, 2007:43; Heyden, 2011:43; Lines, 2002:23; Sink & Yillik-Downer, 2001:281	Policy and legislation and provision of SGC services

The categories of the questions on the self-administered questionnaires were gleaned from the sub-research questions posed in section 1.4 which guided the present study. The following were the broad categories in the self-administered questionnaires:

Section A: Items soliciting for biographical details of the individual respondents.

Section B: Items focusing on training of school counsellors and SGC services provisions for children with disabilities.

Section C: Items concentrating on material resources and SGC services provisions for children with disabilities.

Section D: Items focusing on stakeholders' attitudes and SGC services provisions for children with disabilities.

Section E: Items focusing on policy and legislation and SGC services provisions for children with disabilities.

According to McMillan and Schumacher (2006:183), researchers need to critically consider the validity and reliability of their research instruments in order to accrue as much meaningful results from their studies as possible. Following is a discussion on validity and reliability issues as they relate to the current study.

4.4.2 Validity and reliability

The lack of validity and reliability renders any study null and void (Cohen et al, 2007:367). Diverse measures were taken to address the validity and reliability of the present study. Validity was enhanced through careful systematic sampling of the research participants, the use of appropriate research instrumentation and effective treatment of data.

A self-administered questionnaire needs to be pre-tested through a pilot study in order to increase its reliability, validity and practicability (Cohen et al, 2007:341). Pilot testing was done to validate the self-administered questionnaires, the research instruments for the current study. The pilot study was done with a group of 50 inclusive primary school administrators and 50 inclusive primary school counsellors, similar to the sample used in the main study. The pilot study inclusive primary school

administrators and counsellors commented on the usability, suitability and ambiguity of the self-administered questionnaire items.

The researcher also used the Criteria Jury opinion to validate the self-administered questionnaires for inclusive primary school administrators and counsellors. The supervisor of the present study and other experienced experts in SGC services provisions for children with disabilities in inclusive primary schools scrutinized the relevance of the questionnaire items against the objectives of the current study, among other criteria.

The reliability of the self-administered questionnaires for the present study was also established. Reliability refers to the extent to which research results are consistent over various forms of the same research instrument or occasions of data collection (McMillan & Schumacher, 2006:183). In the current study, the researcher adopted different measures in order to enhance the reliability of the research results.

Self-administered questionnaires for inclusive primary school administrators and counsellors were pilot tested. The pilot group did not participate in the main study because it had completed the questionnaire twice in tandem with the Test re-test reliability method, hence was familiar with the questionnaire items. The researcher established the Test re-test reliability through distributing the self-administered questionnaires to 20 inclusive primary school administrators and 20 inclusive primary school counsellors in the Midlands educational province in Zimbabwe and readministering the questionnaires to 20 inclusive primary school administrators and 20 inclusive primary school counsellors after 3 weeks.

The re-test scores of the two groups were correlated in order to establish the reliability of the self-administered questionnaires for inclusive primary school administrators and counsellors respectively. The results of the executed reliability tests for the inclusive primary school administrators are presented below.

Table 4.2: Inclusive primary school administrators' test re-test scores (N = 20)

SCHOOL ADMINISTRATORS	INITIAL SCORE (X)	RE-TEST SCORE (Y)
1	170	166
2	168	173
3	177	181
4	169	173
5	159	164
6	176	179
7	169	167
8	159	157
9	175	172
10	169	172
11	171	173
12	176	179
13	159	165
14	177	179
15	166	167
16	177	179
17	158	161
18	169	163
19	178	174
20	168	171

The results of the test re-test scores in Table 4.2 above show a correlation of 0.87 which indicates that the "Zimbabwean Inclusive Primary School Guidance and Counselling Services Provisions for Children with Disabilities: Questionnaire for School Administrators" administered in the current study is highly reliable (See Appendix L for calculation details).

As mentioned above, 20 school counsellors in inclusive primary schools in Zimbabwe participated in the test of reliability of the present study. The results of the reliability tests executed for the inclusive primary school counsellors in Zimbabwe are presented below.

Table 4.3: Inclusive primary school counsellors 'test re-test scores (N = 20)

SCHOOL COUNSELLORS	INITIAL SCORE (X)	RE-TEST SCORE Y
1	162	165
2	176	177
3	173	170
4	168	174

5	159	165
6	155	158
7	165	169
8	152	157
9	168	173
10	158	156
11	171	172
12	166	169
13	168	174
14	157	159
15	176	174
16	159	163
17	171	173
18	159	162
19	170	173
20	165	160

The results of the test re-test scores in Table 4.3 above show a correlation of 0.88 which indicates that the "Zimbabwean Inclusive Primary School Guidance and Counselling Services Provisions for Children with Disabilities: Questionnaire for School Counsellors" used in the current study is highly reliable (see Appendix M for calculation details).

Cohen et al (2007:333) posit that a pilot study is instrumental in the improvement of the quality of questionnaires and increases the efficiency and effectiveness of a study. Following is a discussion of the pilot study for the present study.

4.5 PILOT STUDY

A pilot study precedes a main study (McMillan & Schumacher, 2006:183). Pilot studies are critical in descriptive survey studies because they help the researcher to: ascertain the feasibility of a study, identify and rectify logical and procedural difficulties of a main study, identify and "shoot" difficulties in the main study data analysis and establish and ensure that collected data answers the research question(s) of a study (Denscombe, 2003:159; McMillan & Schumacher, 2006:183).

In the current study, a pilot study was carried out for several reasons. A pilot study assists researchers to check the clarity of questionnaire items, instructions and layout, to gain feedback on the validity and reliability of the questionnaire and to eliminate ambiguities or difficulties in wording (Cohen et al, 2007:341). In the present study, the results of the pilot study helped the researcher in identifying and rectifying misunderstandings, ambiguities, useless items, inadequate items and mechanical difficulties in the self-administered questionnaires. The pilot study also afforded the researcher ample opportunity and latitude to discuss the items of the self-administered questionnaires with the participants of the pilot group.

The pilot study was done with a sample similar to the final sample of the research participants. The permission to conduct the pilot study was first sought from and granted by the Head Office of the Ministry of Education, Sport, Arts and Culture of Zimbabwe. Subsequently, permission was obtained from the Provincial Education Offices of the respective participating educational provinces, namely Harare, Mashonaland West and Midlands, as well as participating inclusive primary school administrators and counsellors (see Appendices D, E, F and G for letters seeking permission and Appendices H, I, J and K for copies of both the Ministry of Education, Sport, Arts and Culture and Regional Education Offices' permission letters).

A pilot sample of 50 inclusive primary school administrators (23 females and 27 males) and 50 inclusive primary school counsellors (26 females and 24 males), constituting approximately 16.67% of the anticipated main study sample, conveniently selected from Midlands educational province, responded to the self-administered questionnaires which were administered by the researcher and immediately collected upon completion. Table 3.4 and 3.5 below presents the pilot study sample grid.

Table 4.4: Inclusive primary school administrators' pilot study sample grid (N = 50)

Gender	Age range	Frequency	Percentage
Female	20 – 30 years	2	4.00
	31 – 40 years	7	14.00
	41 – 50 years	9	18.00
	Over 50 years	5	10.00
Male	20 – 30 years	5	10.00
	31 – 40 years	9	18.00
	41 – 50 years	6	12.00
	Over 50 years	7	14.00
Female		23	46.00
Male		27	54.00
Grand Total		50	100.00

Table 4.5: Inclusive primary school counsellors' pilot study sample grid (N = 50)

Gender	Age range	Frequency	Percentage
Female	20 – 30 years	2	4.00
	31 – 40 years	9	18.00
	41 – 50 years	8	16.00
	Over 50 years	7	14.00

Male	20 – 30 years	5	10.00
	31 – 40 years	4	8.00
	41 – 50 years	9	18.00
	Over 50 years	6	12.00
Female		26	52.00
Male		24	48.00
Grand Total		50	100.00

The respondents were given the opportunity to comment on the self-administered questionnaires and their comments were carefully considered when the necessary modifications were made before the presentation of the questionnaire to the full sample. The self-administered questionnaires for the present study were finalized and reproduced.

The guiding information on the self-administered questionnaire to both the pilot run group and the main study group read as follows:

This questionnaire seeks to investigate challenges in School Guidance and Counselling (SGC) Services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The study is part of the researcher's Doctor of Education Degree at the University of South Africa and should help improve SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. You do not need to write your name and no respondent will be identified or traced from the present investigation whatsoever as confidentiality and anonymity are guaranteed. All data and information provided by you will be treated as strictly private and confidential. There are no "right" and "wrong" answers. The researcher is only interested in your response. You are therefore kindly requested to complete the questionnaire as honestly as you can. Thank you for participating in the present survey.

4.6 MAIN STUDY

4.6.1 Sample

A sample is a subset of the research population which is selected to participate in a study representing the research population (Burns & Grove, 2001:36; Cohen et al, 2007:321; Durrheim, 2000:44; Leedy & Ormrod, 2005:198). In the current study, the researcher sought to select a sufficient sample size. Gay and Airasian (2003:113) reveal that if the population size is beyond a certain point (at about 5,000 units or more), the population size is almost irrelevant and a sample size of 400 should be adequate. A sample of 600 inclusive primary school administrators and counsellors (N = 600) randomly drawn from Harare, Mashonaland West and Midlands educational provinces of the Ministry of Education, Sport, Arts and Culture in Zimbabwe participated in the present study. Convenience sampling was used to select the above-mentioned participating educational provinces. Convenience sampling makes no pretence of identifying a representative subset of a population. It takes people or units that are readily available (Durrheim, 2000:44).

In order to generalize research results with accuracy and precision, researchers should carefully select the samples for their studies (Cohen et al, 2007:318). In the current study, stratified random sampling was used to select participating rural, urban and farm inclusive primary schools from Harare, Mashonaland West and Midlands educational provinces. In stratified random sampling, the researcher samples equally from each one of the layers in the overall population (Leedy & Ormrod, 2005:202). Stratified random sampling guaranteed equal representation of each of the identified strata: rural, farm and urban inclusive primary schools in participating Harare, Midlands and Mashonaland West educational provinces of Zimbabwe. The schools that participated in the current study were drawn from the lists of inclusive primary schools from the participating educational provinces. These were obtained from the respective Provincial Education Directors.

Leedy and Ormrod (2005:199) posit that a tried-and-true method of selecting a random sample is to use a table of random numbers. Simple random sampling, in particular, a table of random numbers, was used to select participating inclusive primary schools from the criteria above.

In the present study, the researcher sought to select a sample that was truly representative of the population in order to use the results obtained from the sample to make generalizations about the entire population. Leedy and Ormrod (2005:199) reiterate that the sample should be so carefully chosen that, through it, the researcher is able to see all the characteristics of the total population in the same relationship that they would be seen were the researcher, in fact, to examine the total population. Inclusive primary school administrators who participated in the current study were selected from the sample of farm, rural and urban inclusive primary schools in the above-mentioned educational provinces using random sampling method. Random sampling means selecting a sample in such a way that each member of the population has an equal chance of being selected into the sample (Durrheim, 2000:44). Leedy and Ormrod (2005:202) postulate that when a random sample is selected, the researcher can assume that the characteristics of the sample approximate the characteristics of the total population. A sample of 100 inclusive primary school administrators was selected from each one of the participating educational provinces and was classified according to gender, age and experience.

Systematic sampling involves selecting individuals according to a predetermined sequence which originates by chance (Leedy & Ormrod, 2005:203). Burns and Grove (2001:36) posit that systematic sampling is used when the population consists of clusters whose characteristics are similar, but the individual units within each cluster show variability in characteristics that are similar to the variability in the overall population.

The present study sought to use systematic sampling to select participating school counsellors by selecting every "nth" (chosen number depended on sample size of the respective school stratum) inclusive primary school counsellors from the farm, rural and urban inclusive primary schools of the participating educational provinces. A sample of 100 inclusive primary school counsellors was drawn from each of the participating educational provinces. The sample of inclusive primary school counsellors was categorized according to gender, age and experience.

Studies should have explicit research procedures (Denscombe, 2003:159). Following is a discussion of the research procedure for the current study.

4.6.2 Procedure

As was the case with the pilot study, the permission to conduct the main study was first sought from and granted by the Head Office of the Ministry of Education, Sport, Arts and Culture of Zimbabwe and subsequently from the Provincial Education Offices of the respective participating educational provinces namely, Harare, Mashonaland West and Midlands, as well as participating inclusive primary school administrators and counsellors (see Appendices D, E, F and G for letters seeking permission and Appendices H, I, J and K for copies of both the Ministry of Education, Sport, Arts and Culture and Regional Education Offices' permission letters). The researcher explicitly explained to the research participants the rationale for the present study in order to garner their cooperation and also to reduce biased responses on self-administered questionnaires.

The self-administered questionnaires were personally distributed by the researcher to the main study group of inclusive primary school administrators and counsellors and collected immediately upon completion so as to avoid the research participants sharing their responses as the study was premised on the accumulation of objective data and information.

Any collected research data needs to be analyzed to discern its meaning (Burns & Grove, 2003:84). Data analysis for the current study is discussed in the subsequent section.

4.7 DATA ANALYSIS

Data analysis in the present study comprised: coding, statistical analysis and content analysis.

4.7.1 Coding

Coding is the process of translating data from an empirical study into a form that makes it amenable to computer analysis (Leedy & Ormrod, 2005:96). Coding involves standardizing and quantifying data solicited from the research participants. Burns and Grove (2003:98) articulate that coding is the process of classifying the responses of the research participants into meaningful categories. Coding entails assigning numbers to observations in studies. When the same condition exists, assigned codes should be consistent across units of analysis (Leedy & Ormrod, 2005:215).

In the current study, each individual respondent was termed a unit of analysis. Each unit of analysis was assigned a unique serial code. The assigned unique serial code represented that individual respondent's score for each variable. Each self-administered questionnaire item was assigned a column number. The serial number of each unit of analysis was captured first, followed by the column number of each self-administered questionnaire item. Responses for each self-administered questionnaire item were coded numerically. The codes for each self-administered questionnaire item were entered against each column number.

After coding, quantitative data should be statistically analyzed (McMillan & Schumacher, 2006:183). Statistical analysis for the present study is discussed below.

4.7.2 Statistical analysis

In the current study, the Statistical Package for the Social Sciences (SPSS) Student Version 11.0 was used to analyze data on challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. The SPSS package was used in the present study for several reasons. The SPSS package included a wide variety of statistical procedures and easily handled large sets of data, multiple variables and missing data points and presented all research results in an easy-to-read table format. The SPSS package also tested for characteristics such as kurtosis that might have violated the assumptions on which parametric statistical procedure is based and was speedy in completion of statistical tasks. In addition, the SPSS package allowed the researcher to summarize and display data in graphics, particularly tables. However, Leedy and Ormrod (2005:275) state that a computer cannot and should not do it all for the researcher. In the present study, the researcher totally controlled the data analysis and knew when, what, where, how and why calculations were performed. With the intimate knowledge of the data, the researcher derived true meaning from the statistics computed and used them to address the research problem of the current study.

The Chi-square test was used as data from the present study was categorical. The Chi-square test was computed to indicate the significance of the relationship between the item responses of either inclusive primary school administrators or counsellors and, in some circumstances, a combination of both, as and when necessary. The establishment of the significance implied that inclusive primary school administrators' and counsellors' responses on aspects of challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools were different. Significance was established at 0.01 or 0.05 significance levels. Ratios were also computed for each questionnaire item in order to identify items that were negatively or positively rated. Ratios were computed by dividing the sum of positive

responses by the sum of negative responses, for instance, the sum of "Very Great Extent" and "Great Extent" divided by the sum of "Little Extent" and "Very Little Extent."

4.7.3 Content analysis

Content analysis was used to analyze data from the very few open-ended questionnaire items because it produces a relatively systematic and comprehensive summary of the data set as a whole. The researcher examined data from the very few open-ended questionnaire items for recurrent instances which were systematically identified across the data sets and grouped together thematically.

4.7.4 Variables

The independent variables in the present study were: inclusive primary school counsellors' training, stakeholders' attitudes, material resources and policy and legislation. The way that these independent variables affected SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools was established.

Research ethics must be upheld by every researcher (Denzin & Lincoln, 2005:138). Following is a discussion of the ethical issues considered in the present study.

4.8 ETHICAL ISSUES

Research ethics constitute beliefs about what is right or wrong, proper or improper, good or bad in conducting studies (McMillan & Schumacher, 2006:196). It is imperative for researchers to adhere to ethical standards in the execution of their studies. A study ethically begins with the identification of the research topic and continues through to the publication of the study (Burns & Grove, 2003:65; David & Sutton, 2004:19; De Vos, 2001:24; Gall et al, 2003:189; Ritchie & Lewis, 2003:66; Seal, Gobo, Gubrium & Silverman, 2004:231). The execution of studies demands not only

expertise and diligence but honesty and integrity. Ethics guide researchers on how to conduct studies (American Psychological Association, 2002:1061; Ary et al, 2001:438; Burns & Grove, 2003:65; Denzin & Lincoln, 2005:138; De Vos, 2001:24; McMillan & Schumacher, 2006:366; Ritchie & Lewis, 2003:66; Seal et al, 2004:231). Ethics ensure that research is done in the best interests of the research participants. Researchers need to be aware of and uphold their ethical responsibilities towards the research participants (De Vos, 2001:24; Gall et al, 2003:189; Loue & Case, 2000:19; McMillan & Schumacher, 2006:366; Neuman, 2003:87). Ethical issues influence the capacity of the researcher to acquire and retain the research participants. Ethical issues also affect the academic and professional integrity of researchers and their research reports. Following is a discussion of the ethical standards that were adhered to in the current study in order to ensure that the rights and welfare of all the research participants, Zimbabwean inclusive primary school administrators and counsellors, were observed, respected and protected and none of them was harmed or hurt in any way during and after the research process.

4.8.1 Permission

Researchers need to secure the approval of the research participants prior to conducting their studies (American Psychological Association, 2002:1061; Denzin & Lincoln, 2005:138; De Vos, 2001:24; Leedy & Ormrod, 2005:101; Loue & Case, 2000:19; McMillan & Schumacher, 2006:366; Neuman, 2003:87; Ritchie & Lewis, 2003:66). In order to secure the approval of the research participants, the researcher first sought and secured clearance from the University of South Africa, Head Office of the Ministry of Education, Sport, Arts and Culture of Zimbabwe and Harare, Mashonaland West and Midlands Provincial Education Offices (see Appendices A for UNISA Research Ethics Clearance Certificate and D, E, F and G for letters seeking permission and Appendices H, I, J and K for copies of both the Ministry of Education, Sport, Arts and Culture and Regional Education Offices' permission letters). Then the

participating inclusive primary school administrators and counsellors were approached for approval before embarking on the investigation. All parties were provided with a brief, clear, concise and precise research profile so as to get the permission required to execute the study.

4.8.2 Confidentiality

Any researcher should respect the right to confidentiality of the research participants (Burns & Grove, 2003:38; Denzin & Lincoln, 2005:138; De Vos, 2001:29; Gall et al, 2003:189; Leedy & Ormrod, 2005:102 McMillan & Schumacher, 2006:366). Ritchie and Lewis (2003:66) reveal that confidentiality is a basic ethical principle, while anonymity is one way in which confidentiality is maintained. Confidentiality connotes the ethical obligation of the researchers to keep the identity and responses of the research participants private (Leedy & Ormrod, 2005:101102; McMillan & Schumacher, 2006:366; Ritchie & Lewis, 2003:66). In the current study, the researcher kept the nature and quality of the performance of the research participants strictly confidential by informing the participating inclusive primary school administrators and counsellors that they were not required to write their names on the self-administered questionnaires.

4.8.3 Anonymity

It is the ethical responsibility of the researcher to respect the right to anonymity of the research participants (American Psychological Association, 2002:1060; Denzin & Lincoln, 2005:129; Loue & Case, 2000:18; McLeod, 2003:3; McMillan & Schumacher, 2006:366; Ritchie & Lewis, 2003:68). Anonymity in a study is realized when a researcher cannot identify a given response with a given respondent (Creswell, 2003:121; Gay & Airasian, 2003:87; Loue & Case, 2000:18; Neuman, 2003:86; Ritchie & Lewis, 2003:66). Research participants in the present study were identified by serial numbers rather than by names. Anonymity was also guaranteed through grouping

data rather than presenting individual responses. The research report of the current study was presented in such a way that others would be unaware of how particular participating inclusive primary school administrators and counsellors responded to the self-administered questionnaires.

4.8.4 Informed consent

Any participation in studies by individuals should be strictly voluntary (American Psychological Association, 2002:1061; Ary et al, 2001:438; Leedy & Ormrod, 2005:101; Loue & Case, 2000:19; Ritchie & Lewis, 2003:66). Informed consent demands that respondents be allowed to choose to participate or not to participate in a study after receiving full information about the possible risks or benefits of participating from the researcher (Burns & Grove, 2003:65; Denzin & Lincoln, 2005:138; Seal et al, 2004:233). Participating Zimbabwean inclusive primary school administrators and counsellors were informed about the rationale and nature of the study and given the choice of either participating or not participating (see Appendices D, E, F and G for letters seeking permission to execute the study). Research participants were also told that if they agreed to participate, they had a right to withdraw from the study at any time.

4.8.5 Protection from harm

Researchers should not expose research participants to undue physical or psychological harm (Ary et al, 2001:438; McMillan & Schumacher, 2006:377; Neuman, 2003:87; Ritchie & Lewis, 2003:678). In the current study, participating Zimbabwean inclusive primary school administrators and counsellors were not exposed to harm such as: embarrassment, anger, emotional stress, loss of self-esteem, sleep deprivation, negative labelling, invasion of privacy and damage to personal dignity. In addition, the researcher did not solicit for data and information on private and sensitive issues from the research participants. Psychological harm to

the research participants was also avoided by maintaining privacy, confidentiality and anonymity.

4.8.6 Honesty with professional colleagues

Researchers must report their findings in a complete and honest fashion, without misrepresenting what they have done or intentionally misleading others about the nature of their findings (Denzin & Lincoln, 2005:140; Leedy & Ormrod, 2005:102). In the present study, under no circumstances did the researcher fabricate data and/or information to support particular conclusions, regardless of how seemingly "noble" those conclusions were. The researcher fully acknowledged any use of ideas or words of any individual, organization or institution in the current study. The full acknowledgement of all material belonging to another person is an ethical requirement to be adhered to by researchers in their studies (American Psychological Association, 2002:1061). In the current study, the researcher sought to acknowledge his indebtedness to others as is the case with any honest researcher.

4.9 SUMMARY

In the current chapter, the research methodology was presented. Aspects covered include: research design, sample, instrumentation, procedure, data analysis, validity and reliability and ethical issues. Chapter 5 will present, analyze and discuss data.

CHAPTER 5

DATA PRESENTATION, ANALYSIS AND DISCUSSION

5.1 INTRODUCTION

The study is aimed at investigating challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools as a context for strategizing on overcoming them and proposing a model of SGC services provisions for children with disabilities. The previous chapter presented the research methodology covering: research design, sample, instrumentation, procedure, data analysis, validity and reliability and ethical issues. In the present chapter, the data generated from the current study is presented and discussed in the context of the four sub-headings derived from the sub-research questions posed in section 1.4 that guided the current study. Specifically, the sub-headings are: school counsellors' training and provision of SGC services, material resources and provision of SGC services, stakeholders' attitudes and the provision of SGC services and policy and legislation and provision of SGC services. Results on sub-research question (v) also posed in section 1.4 which focuses on strategies that can be put in place to overcome the challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe, will also be presented and discussed. The data generated from the current study is presented in tabular form per respective sub-research question guiding the study. Below each table is an explanation of the meaning of the presented data.

In the following section, the biographical variables of the research participants of the current study, selected inclusive primary school administrators and counsellors in Zimbabwe, are presented. The biographical variables of the research participants portray and convey the research context in which data was solicited in the present

study. An exposition of the research context enhances the comprehension of the presented, analyzed and discussed data on the subject at hand.

5.2 BIOGRAPHICAL VARIABLES OF THE RESEARCH PARTICIPANTS

Table 4.1 below presents the biographical variables of the Zimbabwean inclusive primary school administrators and counsellors who participated in the current study.

Table 5.1: Biographical variables of inclusive primary school administrators and counsellors (N = 600)

INCLUSIVE PRIMARY SCHOOL ADMINISTRATORS		
BIOGRAPHICAL VARIABLE	VARIABLE DESCRIPTION	FREQUENCY
Gender	Female	107 (36%)
	Male	193 (64%)
Age	20 – 30 years	7 (2%)
	31 – 40 years	94 (31%)
	41 – 50 years	164 (55%)
	Over 50 years	35 (12%)
Experience as an administrator	1 – 5 years	11 (4%)
	6 – 10 years	57 (19%)
	11 – 15 years	139 (46%)
	Over 15 years	93 (31%)
Experience as a teacher	1 – 5 years	42 (14%)
	6 – 10 years	187 (62%)
	11 – 15 years	66 (22%)
	Over 15 years	5 (2%)
INCLUSIVE PRIMARY SCHOOL COUNSELLORS		
BIOGRAPHICAL VARIABLE	VARIABLE DESCRIPTION	FREQUENCY
Gender	Female	173 (58%)
	Male	127 (42%)
Age	20 – 30 years	31 (10%)
	31 – 40 years	73 (24%)
	41 – 50 years	131 (44%)
	Over 50 years	65 (22%)
Experience as a teacher	1- 5 years	38 (13%)
	6 – 10 years	84 (28%)
	11 – 15 years	133 (44%)
	Over 15 years	45 (15%)
Experience as a school counsellor	1 – 5 years	77 (26%)
	6 – 10 years	109 (36%)
	11 – 15 years	96 (32%)
	Over 15 years	18 (6%)

Table 5.1 above reveals that there were fewer female inclusive primary school administrators than male inclusive primary school administrators. The majority of the inclusive primary school administrators were aged between 41 and 50 years and the minority of them were aged between 20 and 30 years. Few of the inclusive primary school administrators were aged between 31 and 40 years and even fewer were aged over 50 years. Table 5.1 above also shows that most of the inclusive primary school administrators had between 11 and 15 years of experience as school administrators, while the minority of them had between 1 and 5 years of experience as school administrators. A small number of the inclusive primary school administrators had over 15 years of experience as school administrators, while only a few had between 6 and 10 years of experience as school administrators. Table 5.1 above further reveals that the majority of the inclusive primary school administrators had between 6 and 10 years of experience as teachers and the fewest had over 15 years of experience as teachers. A few of the inclusive primary school administrators had between 11 and 15 years of experience as teachers and fewer of them had between 1 and 5 years of experience as teachers.

Table 5.1 above reveals that there were fewer male inclusive primary school counsellors than female inclusive primary school counsellors. The majority of the inclusive primary school counsellors were aged between 41 and 50 years and the fewest of them were aged between 20 and 30 years. A few of the inclusive primary school counsellors were aged between 31 and 40 years and fewer of them were aged over 50 years. Table 5.1 above also shows that the majority of the inclusive primary school counsellors had between 11 and 15 years of experience as teachers and the lowest number had between 1 and 5 years of experience as teachers. Few of the inclusive primary school counsellors had between 6 and 10 years of experience as teachers and even fewer of them had over 15 years of experience as teachers. Table 5.1 above further reveals that the majority of the inclusive primary school counsellors

had between 6 and 10 years of experience as school counsellors and the fewest of them had over 15 years of experience as school counsellors. A few of the inclusive primary school counsellors had between 11 and 15 years of experience as school counsellors and even fewer of them had between 1 and 5 years of experience as school counsellors.

In the following section, the findings of the current study on school counsellors' training and provision of SGC services are presented and analyzed.

5.3 SCHOOL COUNSELLORS' TRAINING AND PROVISION OF SGC SERVICES

The first sub- research question posed in section 1.4 explored the influence of school counsellors' training on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The findings of the present study on school counsellors' training and provision of SGC services are presented in the subsequent section.

Table 5.2: The extent to which school counsellors are trained in SGC services provisions for children with disabilities in inclusive primary schools (N = 600)

Respondents	Statements	Responses							Chi- Square test (X^2)
		Very Great Extent	Great Extent	Somewhat	Little Extent	Very little	Total	Ratio	
Inclusive primary school administrators	1. Our school counsellor is trained in SGC	16(0.67%)	48(2.00%)	23(0.96%)	98(4.08%)	115(4.79%)	**300(12.5%)**	0.3	X^2= 963.05
	2. Our school counsellor is trained in Special Needs Education	7(0.29%)	63(2.63%)	19(0.79%)	132(5.50%)	79(3.29%)	**300(12.50%)**	0.3	df = 28
	3. Our school counsellor is experienced in teaching children with disabilities	34(1.42%)	10(0.42%)	41(1.71%)	169(7.04%)	46(1.92%)	**300(12.50%)**	0.2	p<0.01
	4. Our school counsellor is continuously staff developed in SGC	51(2.13%)	75(3.13%)	13(0.54%)	113(4.71%)	48(2.00%)	**300(12.50%)**	0.8	(Significant)
	5. SGC training positively impacts on SGC	89(3.71%)	171(7.13%)	4(0.17%)	28(1.17%)	8(0.33%)	**300(12.50%)**	7.2	
	6. Special Needs Education positively impacts on SGC	119(4.96%)	77(3.21%)	39(1.63%)	43(1.79%)	22(0.92%)	**300(12.50%)**	3.0	
	7. Teaching experience positively impacts on SGC	107(4.46%)	129(5.38%)	2(0.08%)	27(1.13%)	35(1.46%)	**300(12.50%)**	3.8	
	8. Staff development positively impacts on SGC	99(4.13%)	128(5.33%)	12(0.50%)	8(0.33%)	53(2.21%)	**300(12.50%)**	3.7	
	TOTAL	**522(21.77%)**	**701(29.23%)**	**153(6.38%)**	**618(25.75%)**	**406(16.92%)**	**2400(100%)**		

Inclusive primary school counsellors									
	1. I trained in SGC	19(0.79%)	89(3.71%)	9(0.38%)	110(4.58%)	73(3.04%)	**300 (12.50%)**	0.6	X^2= 887.71
	2. I trained in Special Needs Education	25(1.04%)	68(2.83%)	4(0.17%)	89(3.71%)	114(4.75%)	**300(12.50%)**	0.5	df = 28
	3. I am experienced in teaching children with disabilities	6(0.25%)	96(4.00%)	19(0.79%)	99(4.13%)	80(3.33%)	**300(12.50%)**	0.6	p<0.01
	4. I am staff developed in SGC	13(0.54%)	67(2.79%)	18(0.75%)	177(7.37%)	25(1.04%)	**300(12.50%)**	0.4	(Significant)
	5. SGC training positively impacts on SGC	177(7.38%)	81(3.38%)	5(0.21%)	20(0.83%)	17(0.71%)	**300 (12.50%)**	7.0	
	6. Special Needs Education positively impacts on SGC	79(3.29%)	106(4.42%)	31(1.29%)	17(0.71%)	67(2.79%)	**300(12.50%)**	2.2	
	7. Teaching experience positively impacts on SGC	111(4.63%)	79(3.29%)	8(0.33%)	40(1.67%)	62(2.58%)	**300(12.50%)**	1.9	
	8. Staff development positively impacts on SGC	123(5.13%)	89(3.71%)	23(0.96%)	32(1.33%)	33(1.37%)	**300(12.50%)**	3.3	
	TOTAL	**553(23.05)**	**675(28.13)**	**117(4.88)**	**584(24.33)**	**471(19.61)**	**2 400(100)**		

Table 5.2 above shows a p value of less than 0.01 for inclusive primary school administrators. Such a difference is statistically significant by conventional criteria. The computed Chi-square test for inclusive primary school administrators reveals significant differences in inclusive primary school administrators' responses on school counsellors' training and provision of SGC services. The ratios in the table show that inclusive primary school administrators negatively rated the extent of school counsellors' training in SGC services provisions for children with disabilities, training in Special Needs Education, experience in teaching children with disabilities and exposure to continuous staff development in SGC services provisions for children with disabilities. Inversely, the ratios in the table also reveal that inclusive primary school administrators positively rated the extent of the impact of school counsellors' training in SGC, training in Special Needs Education, experience in teaching children with disabilities and staff development on SGC services provisions for children with disabilities.

Table 5.2 above also shows a p value of less than 0.01 for inclusive primary school counsellors, bearing consistency with inclusive primary school administrators. The calculated Chi-square test for inclusive primary school counsellors reveals significant differences in inclusive primary school counsellors' responses on school counsellors' training and provision of SGC services, bearing consistency with inclusive primary school administrators. The ratios in the table show that inclusive primary school counsellors negatively rated the extent of school counsellors' training in SGC services provisions for children with disabilities, training in Special Needs Education, experience in teaching children with disabilities and exposure to continuous staff development in SGC services provisions for children with disabilities. This bears a similarity to inclusive primary school administrators. Inversely, the ratios in the table also reveal that inclusive primary school counsellors positively rated the extent of the impact of school counsellors' training in SGC, training in Special Needs Education,

experience in teaching children with disabilities and staff development on SGC services provisions for children with disabilities concurring with inclusive primary school administrators.

The subsequent section presents the findings of the present study on material resources and provision of SGC services.

5.4 MATERIAL RESOURCES AND PROVISION OF SGC SERVICES

The second sub-research question posed in section 1.4 examined the extent to which material resources affect SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. In the following section, the findings of the current study on material resources and provision of SGC services are presented.

Table 5.3: Inclusive primary school administrators' and counsellors' satisfaction with availability of physical resources in SGC services   provisions for children with disabilities (N = 600)

Respondents	Physical resources	Responses							Chi-square test (X^2)
		Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Strongly Dissatisfied	Total	Ratio	
Inclusive primary school administrators	1. SGC rooms	9(1.00%)	31(3.44%)	55(6.11%)	16(12.89%)	89(9.89%)	300(33.30%)	0.2	X^2 = 139.10 df = 8 p<0.01 (Significant)
	2. Reading rooms	17(1.89%)	22(2.44%)	15(1.67%)	107(11.89%)	139(15.44%)	300(33.30%)	0.2	
	3. Storage closets	3(0.33%)	13(1.44)	31(3.44%)	119(13.22%)	134(14.89%)	300(33.30%)	0.1	
	TOTAL	**29(3.22%)**	**66(7.33%)**	**101(11.22%)**	**342(38.00%)**	**62(40.22%)**	**900(100%)**		
Inclusive primary school counsellors	1.SGC rooms	11(1.22%)	29(3.22%)	15(1.67%)	169(18.78%)	76(8.44%)	300(33.30%)	0.2	X^2 = 152.53 df = 8 p< 0.01 (Significant)
	2. Reading rooms	21(2.33%)	19(2.11%)	31(3.44%)	40(4.44%)	189(21.00%)	300(33.30%)	0.2	
	3. Storage closets	9(1.00%)	7(0.78%)	29(3.22%)	131(14.56%)	124(13.78%)	300(33.30%)	0.1	
	TOTAL	**41(4.55%)**	**55(6.11%)**	**75(8.33%)**	**340(37.78%)**	**389(43.22%)**	**900(100%)**		

Table 5.3 above shows a p value of less than 0.01 for inclusive primary school administrators. Such a current difference is extremely statistically significant by conventional criteria. The computed Chi-square test for inclusive primary school administrators reveals significant differences in inclusive primary school administrators' responses on physical resources and the provision of SGC services. The ratios in the table show that inclusive primary school administrators negatively rated their satisfaction with the availability of SGC rooms, reading rooms and storage closets in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Table 5.3 above also reveals a p value of less than 0.01 for inclusive primary school counsellors bearing similarity to inclusive primary school administrators. The calculated Chi-square test for inclusive primary school counsellors shows inclusive primary school counsellors' significant differences in responses on physical resources and the provision of SGC services bearing consistency with inclusive primary school administrators. The ratios in the table reveal that inclusive primary school counsellors negatively rated their satisfaction with the availability of SGC rooms, reading rooms and storage closets in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe, bearing consistency with inclusive primary school administrators.

Table 5.4: Inclusive primary school administrators' and counsellors' satisfaction with availability of material resources and supplies in SGC services provisions for children with disabilities (N = 600)

Respondents	Material resources and supplies	Responses							Chi-Square test (X^2)
		Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Strongly Dissatisfied	Total	Ratio	
Inclusive primary school administrators	1. Stationery	7(0.33%)	21(1.00%)	47(2.24%)	118(5.62%)	107(5.10%)	300(14.30%)	0.1	X^2 =
	2. Referral materials	26(1.24%)	64(3.05%)	30(1.43%)	89(4.24%)	91(4.33%)	300(14.30%)	0.5	246.82
	3. Pamphlets	13(0.62%)	27(1.29%)	66(3.14%)	63(3.00%)	131(6.24%)	300(14.30%)	0.2	df = 24
	4. Psychometric test	28(1.33%)	21(1.00%)	64(3.05%)	78(3.71%)	109(5.19%)	300(14.30%)	0.3	p<0.01
	5. Toiletries	3(0.14%)	56(2.67%)	82(3.90%)	99(4.71%)	60(2.86%)	300 (14.30%)	0.4	(Significant)
	6. Tables/Desks	23(1.10%)	69(3.29%)	17(0.81%)	71(3.38%)	120(5.71%)	300(14.30%)	0.5	
	7. Chairs	46(2.19%)	29(1.38%)	66(3.14%)	80(3.81%)	79(3.76%)	300 (14.30%)	0.5	
	TOTAL	146 (6.95)	287(13.68)	372(17.71)	598(28.47)	697(33.19)	2100 (100%)		
Inclusive primary school counsellors	1. Stationery	6(0.29%)	45(2.14%)	27(1.29%)	131(6.24%)	91(4.33%)	300(14.30%)	0.2	X^2=
	2. Referral materials	16(0.76%)	49(2.33%)	43(2.05%)	78(3.71%)	114(5.43%)	300(14.30%)	0.3	204.13
	3. Pamphlets	49(2.33%)	55(2.62%)	33(1.57%)	85(4.05%)	78(3.71%)	300(14.30%)	0.6	D
	4. Psychometric tests	29(1.38%)	22(1.05%)	18(0.86%)	157(7.48%)	74(3.52%)	300(14.30%)	0.2	df=24
	5. Toiletries	13(0.62%)	60(2.86%)	27(1.29%)	79(3.76%)	121(5.76%)	300(14.30%)	0.4	p<0.01
	6. Tables/Desks	19(0.90%)	35(1.67%)	11(0.53%)	149(7.10%)	86(4.10%)	300(14.30%)	0.2	(Significant)
	7.Chairs	37(1.76%)	51(2.43%)	43(2.05%)	116(5.52%)	53(2.52%)	300(14.30%)	0.5	
	TOTAL	169(8.05%)	317(15.10%)	202(9.64%)	795(37.86%)	617(29.37%)	2100(100%)		

Table 5.4 above shows a p value of less than 0.01 for inclusive primary school administrators. By conventional criteria, the current difference is extremely statistically significant. The computed Chi-square test for inclusive primary school administrators reveals significant differences in inclusive primary school administrators' responses on materials resources and supplies and provision of SGC services. The ratios in the table show that inclusive primary school administrators negatively rated their satisfaction with the availability of stationery, referral materials, pamphlets, psychometric tests, toiletries, tables/desks and chairs in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Table 5.4 above also reveals a p value of less than 0.01 for inclusive primary school counsellors consistent with inclusive primary school administrators. The calculated Chi-square test for inclusive primary school counsellors shows significant differences in inclusive primary school counsellors' responses on material resources and supplies and provision of SGC services, bearing similarity to inclusive primary school administrators. The ratios in the table reveal that inclusive primary school counsellors negatively rated their satisfaction with the availability of stationery, referral materials, pamphlets, psychometric tests, toiletries, tables and chairs in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools consistent with inclusive primary school administrators.

Table 5.5: Inclusive primary school administrators' and counsellors' satisfaction with the availability of time and finance in SGC services   provisions for children with disabilities (N = 600)

Respondents	Resources	Responses							Chi-square test (X^2)
Inclusive primary school administrators		**Very Satisfied**	**Satisfied**	**Just Satisfied**	**Dissatisfied**	**Strongly Dissatisfied**	**Total**	**Ratio**	
	1. Time	11(1.83%)	37(6.17%)	51(8.50%)	105(17.50%)	96(16.00%)	300(50.00%)	0.2	X^2=71.42 df = 4 p<0.01 (Significant)
	2. Finance	4(0.67%)	19(3.17%)	34(5.67%)	206(34.33%)	37(6.17%)	300(50.00%)	0.1	
	TOTAL	**15(2.5)**	**56(9.34)**	**85(14.17)**	**311(51.83)**	**133(22.17)**	**600(100%)**		
Inclusive primary school counsellors	1.Time	3(0.50%)	23(3.83%)	9(1.50%)	196(32.67%)	69(11.50%)	300(50.00%)	0.1	X^2 =151.08 df = 8 p<0.01 (Significant)
	2. Finance	8(1.33%)	13(2.17%)	78(13.00%)	63(10.50%)	138(23.00%)	300(50.00)	0.1	
	TOTAL	**11(1.83%)**	**36(6.00%)**	**87(14.50%)**	**259(43.17.00%)**	**207(34.50%)**	**600(100%)**		

Table 5.5 above shows a p value of less than 0.01 for inclusive primary school administrators. The current difference is extremely statistically significant by conventional criteria. The computed Chi-square test for inclusive primary school administrators reveals significant differences in their responses regarding time and finance and the provision of SGC services. The ratios in the table show that inclusive primary school administrators negatively rated their satisfaction with the availability of time and finance in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Table 5.5 above also reveals a p value of less than 0.01 for inclusive primary school counsellors, bearing similarity to inclusive primary school administrators. The computed Chi-square test for inclusive primary school counsellors shows significant differences in their responses regarding time and finance and the provision of SGC services bearing similarity to inclusive primary school administrators. The ratios in the table reveal that inclusive primary school counsellors negatively rated their satisfaction with the availability of time and finance in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools consistent with inclusive primary school administrators.

Table 5.6: Inclusive primary school administrators' and counsellors' satisfaction with the availability of curricular resources in SGC services provisions for children with disabilities (N =600)

Respondents	Curricular resources	Responses							Chi-square test (X^2)
		Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Strongly Dissatisfied	Total	Ratio	
Inclusive primary school administrators	1. Booklets	6(0.50%)	58(4.83%)	35(2.92%)	163(13.58%)	38(3.17%)	300(25.00%)	0.3	X^2 = 146.45
	2. Reading materials	41(3.42%)	30(2.50%)	59(4.92%)	72(6.00%)	98(8.17%)	300(25.00%)	0.4	df = 12
	3. Pamphlets	17(1.42%)	29(2.42%)	60(5.00%)	92(7.67%)	102(8.50%)	300(25.00%)	0.2	p<0.01
	4. Brochures	31(2.58%)	44(3.67%)	27(2.25%)	117(9.75%)	81(6.75%)	300(25.00%)	0.4	(Significant)
	TOTAL	**95(7.92)**	**161(13.42)**	**181(15.09)**	**444(37)**	**319(26.59)**	**1 200(100%)**		
Inclusive primary school counsellors	1. Booklets	41(3.42%)	23(1.92%)	39(3.25%)	79(6.58%)	118(9.83%)	300(25.00%)	0.3	X^2= 94.91
	2. Reading materials	22(1.83%)	63(5.25%)	51(4.25%)	89(7.42%)	75(6.25%)	300(25.00%)	0.5	df = 12
	3. Pamphlets	7(0.58%)	32(2.67%)	44(3.67%)	105(8.75%)	112(9.33%)	300(25.00%)	0.2	p<0.01
	4. Brochures	32(2.67%)	66(5.50%)	25(2.08%)	54(4.50%)	123(10.25%)	300(25.00%)	0.6	(Significant)
	TOTAL	**102(8.50%)**	**184(15.34%)**	**159(13.25%)**	**327(27.25%)**	**428(35.66%)**	**1200(100)**		

Table 5.6 above shows a p value of less than 0.01 for inclusive primary school administrators. Such a difference is extremely statistically significant by conventional criteria. The calculated Chi-square test for inclusive primary school administrators reveals significant differences in inclusive primary school administrators' responses on curricular resources and provision of SGC services. The ratios in the table show that inclusive primary school administrators negatively rated their satisfaction with the availability of booklets, reading materials, pamphlets and brochures in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Table 5.6 above also reveals a p value of less than 0.01 for inclusive primary school counsellors, bearing consistency with inclusive primary school administrators. The calculated Chi-square test for inclusive primary school counsellors shows significant differences in inclusive primary school counsellors' responses on curricular resources and provision of SGC resources, bearing similarity to inclusive primary school administrators. The ratios in the table reveal that inclusive primary school counsellors negatively rated their satisfaction with the availability of booklets, reading materials, pamphlets and brochures in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools, bearing consistency with inclusive primary school administrators.

In the following section, the findings of the study on stakeholders' attitudes and the provision of SGC services are presented.

5.5 STAKEHOLDERS' ATTITUDES AND THE PROVISION OF SGC SERVICES

The third sub-research question in section 1.4 of Chapter 1 explored the impact of the stakeholders' attitudes on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The following section presents the findings of the present study on stakeholders' attitudes and the provision of SGC services.

Table 5.7: School administrators' and counsellors' perceptions on the extent to which the attitudes of the stakeholders are supportive of SGC services provisions for children with disabilities in inclusive primary schools (N = 600)

Respondents	Stakeholders	Responses						Chi-Square (X^2)
		Very Great Extent	Great Extent	Somewhat	Little extent	Very Little Extent	Total	
Inclusive primary school administrators	1.Government	15(0.83%)	33(1.83%)	81(4.50%)	109(6.06%)	62(3.44%)	300(16.70%)	X^2 = 94.91
	2. School administrators	27(1.50%)	87(4.83%)	9(0.50%)	72(4.00%)	105(5.83%)	300(16.70%)	df = 12
	3. Teachers	41(2.28%)	39(2.17%)	63(3.50%)	99(5.50%)	58(3.22%)	300(16.70%)	p< 0.01
	4. Community	15(0.83%)	49(2.72%)	34(1.89%)	113(6.28%)	89(4.94%)	300(16.70%)	(Significant)
	5. Children	35(1.94%)	47(2.61%)	26(1.44%)	45(2.50%)	147(8.17%)	300(16.70%)	
	6. School counsellors	7(0.39%)	28(1.56%)	87(4.83%)	110(6.11%)	68(3.78%)	300(16.70%)	
	TOTAL	140(7.77%)	283(15.72%)	300(16.66%)	548(30.48%)	529(29.38%)	1 800(100%)	
Inclusive primary school counsellors	1.Government	38(2.11%)	54(3.00%)	10(0.56%)	127(7.06%)	71(3.94%)	300(16.70%)	X2 = 146.45
	2. School administrators	63(3.50%)	11(0.61%)	23(1.28%)	86(4.78%)	117(6.50%)	300(16.70%)	df = 12
	3. Teachers	4(0.22%)	61(3.39%)	26(1.44%)	128(7.11.00%)	81(4.50%)	300(16.70%)	p < 0.01
	4. Community	21(1.16%)	9(0.50%)	67(3.72%)	149(8.28%)	54(3.00%)	300(16.70%)	
	5. Children	12(0.67%)	39(2.17%)	89(4.94%)	97(5.39%)	63(3.50%)	300(16.70%)	(Significant)
	6. School counsellors	71(3.94%)	44(2.44%)	25(1.39%)	78(4.33%)	82(4.56%)	300(16.70%)	
	TOTAL	209(11.61%)	218(12.11%)	240(13.33)	665(36.94%)	468(26.00%)	1800(100%)	

Table 5.7 above shows a p value of less than 0.01 for inclusive primary school administrators. By conventional criteria, such a difference is extremely statistically significant. The calculated Chi-square test for inclusive primary school administrators reveals significant differences in inclusive primary school administrators' responses on stakeholders' attitudes and the provision of SGC services. The ratios in the table show that inclusive primary school administrators negatively rated the extent to which the attitudes of the government, school administrators, teachers, communities, children and school counsellors are supportive of SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Table 5.7 above also reveals a p value of less than 0.01 for inclusive primary school counsellors, bearing similarity to inclusive primary school administrators. The calculated Chi-square test for inclusive primary school counsellors shows significant differences in inclusive primary school counsellors' responses on stakeholders' attitudes and the provision of SGC services, concurring with inclusive primary school administrators. The ratios in the table reveal that inclusive primary school counsellors negatively rated the extent to which the attitudes of the government, school administrators, teachers, communities, children and school counsellors are supportive of SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools which is consistent with inclusive primary school administrators.

Table 5.8: Inclusive primary school administrators' and counsellors' satisfaction with collaboration and discourse of members of the multi-disciplinary team in SGC services provisions for children with disabilities (N = 600)

Respondents	Stakeholders	Responses							Chi- Square test (X^2)
		Very Satisfied	Just Satisfied	Satisfied	Dissatisfied	Strongly Dissatisfied	Total	Ratio	
Inclusive primary school administrators	1. Specialist teachers	27(3.00%)	84(9.33%)	108(12.00%)	75(8.33%)	6(0.67%)	300(33.30%)	1.4	X^2 =183.34 df = 8 p<0.01 (Significant)
	2. Regular teachers	46(5.11%)	75(8.33%)	99(11.00%)	37(4.11%)	43(4.77%)	300(33.30%)	1.5	
	3. Therapists	11(1.22%)	23(2.56%)	61(6.78%)	131(14.56%)	74(8.22%)	300(33.30%)	0.2	
	TOTAL	**84(9.33%)**	**182(20.22%)**	**268(29.78%)**	**243(27.00%)**	**123(13.66%)**	**900(100%)**		
Inclusive primary school counsellors	1. Specialist teachers	96(10.67%)	79(8.78%)	83(9.22%)	11(1.22%)	31(3.44%)	300(33.30%)	4.2	X^2 = 128.39 df = 8 p<0.01 (Significant)
	2.Regular teachers	67(7.44%)	93(10.33%)	62(6.89%)	49(5.44%)	29(3.22%)	300(33.30%)	2.1	
	3. Therapists	41(4.56%)	47(5.22%)	57(6.33%)	63(7.00%)	92(10.22%)	300(33.30%)	0.6	
	TOTAL	**204(22.67%)**	**219(24.33%)**	**202(22.44%)**	**123(13.66%)**	**152(16.88%)**	**900(100%)**		

Table 5.8 above shows a p value of less than 0.01 for inclusive primary school administrators. Such a difference is extremely statistically significant by conventional criteria. The calculated Chi-square test for inclusive primary school administrators reveals significant differences in inclusive primary school administrators' responses on collaboration and discourse of members of the multi-disciplinary team and the provision of SGC services. The ratios in the table show that inclusive primary school administrators positively rated their satisfaction with the collaboration and discourse of most members of the multi-disciplinary team particularly specialist teachers and regular teachers in SGC service provisions for children with disabilities in inclusive primary schools in Zimbabwe. Inversely, the ratios in the table also reveal that inclusive primary school administrators negatively rated their satisfaction with the collaboration and discourse of some members of the multi-disciplinary team specifically therapists in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools.

Table 5.8 above also shows a p value of less than 0.01 for inclusive primary school counsellors, consistent with inclusive primary school administrators. The computed Chi-square test for inclusive primary school counsellors reveals significant differences in inclusive primary school counsellors' responses on collaboration and discourse of members of the multi-disciplinary team and the provision of SGC services, showing a similarity to inclusive primary school administrators. The ratios in the table show that inclusive primary school counsellors positively rated their satisfaction with the collaboration and discourse of most members of the multi-disciplinary team, in particular, specialist teachers and regular teachers in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools, concurring with inclusive primary school administrators. Inversely, the ratios in the table also reveal that inclusive primary school counsellors negatively rated their satisfaction with the collaboration and discourse of some members of the multi-disciplinary team,

specifically therapists, in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe, consistent with inclusive primary school administrators.

The subsequent section presents the findings of the current study on policy and legislation and provision of SGC services.

5.6 POLICY AND LEGISLATION AND PROVISION OF SGC SERVICES

The fourth sub-research question posed in section 1.4 explored the influence of policy and legislation on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. In the subsequent section, the findings of the current study on policy and legislation and provision of SGC services are presented.

Table 5.9: The extent to which policy and legislation influences SGC services provisions for children with disabilities in inclusive primary schools (N = 600)

Respondents	Statements	Responses							Chi-square test (X^2)
		Very Great Extent	Great Extent	Somewhat	Little Extent	Very Little Extent	Total	Ratio	
Inclusive primary school administrators	1. Policy and legislation mandates SGC	21(0.88%)	53(2.21%)	10(0.42%)	125(5.21%)	91(3.79%)	300(12.5%)	0.3	X^2=634.25 df = 28 p<0.01 (Significant)
	2. Clear mission statement on SGC in existence	26(1.08%)	85(3.54%)	29(1.21%)	117(4.88%)	43(1.79%)	300(12.5%)	0.7	
	3. SGCF in existence.	51(2.13%)	35(1.46%)	42(1.75%)	69(2.88%)	103(4.29%)	300(12.5%)	0.5	
	4. School counsellors are certified	14(0.58%)	37(1.54%)	42(1.75%)	118(4.92%)	89(3.71%)	300(12.5%)	0.2	
	5. SGC National model in existence	3(0.13%)	76(3.17%)	31(1.29%)	87(3.63%)	103(4.29%)	300(12.5%)	0.4	
	6. Mission statements positively impact on SGC	111(4.63%)	69(2.88%)	9(0.38%)	49(2.04%)	62(2.58%)	300(12.5%)	1.6	
	7. SGCF positively impacts on SGC	48(2.00%)	117(4.88%)	3(0.13%)	89(3.71%)	43(1.79%)	300(12.5%)	1.3	
	8. Counsellor certification positively impacts SGC	139(5.79%)	66(2.75%)	17(0.71%)	59(2.46%)	19(0.79%)	300(12.5%)	2.6	
	TOTAL	**413(17.20%)**	**538(22.42%)**	**183(7.63%)**	**713(29.71%)**	**553(23.04%)**	**2 400(100%)**		
Inclusive primary school counsellors	1. Policy and legislation mandates SGC	81(3.38%)	9(0.38%)	21(0.88%)	117(4.87%)	72(3.00%)	300(12.5%)	0.5	X^2=514.46 df = 28 p<0.01 (Significant)
	2. Clear mission statement on SGC in existence	69(2.88%)	45(1.88%)	13(0.54%)	76(3.17%)	97(4.04%)	300(12.5%)	0.7	
	3. SGCF in existence.	21(0.88%)	46(1.92%)	69(2.88%)	78(3.25%)	86 (3.58%)	300(12.5%)	0.4	
	4. School counsellors are certified	59(2.46%)	17(0.71%)	56(2.33%)	107(4.46%)	61(2.54%)	300(12.5%)	0.5	
	5.SGC national model in existence	7(0.29%)	81(3.38%)	22(0.92%)	72(3.00%)	118(4.92%)	300(12.5%)	0.5	
	6. Mission statements positively impact on SGC.	91(3.79%)	101(4.21%)	47(1.96%)	58(2.42%)	3(0.13%)	300(12.5%)	1.2	
	7. SGCF positively impacts SGC.	89(3.71%)	72(3.00%)	29(1.21%)	42(1.75%)	68(2.83%)	300(12.5%)	1.5	
	8. Certification positively impacts SGC	92(3.83%)	81(3.38%)	31(1.29%)	59(2.46%)	37(1.54%)	300(12.5%)	1.8	
	TOTAL	**509(21.75%)**	**452(28.71%)**	**288(6.62%)**	**609(23.93%)**	**542(19.07%)**	**2400(100%)**		

Table 5.9 above reveals a p value of less than 0.01 for inclusive primary school administrators. Such a difference is extremely statistically significant by conventional criteria. The computed Chi-square test for inclusive primary school administrators shows significant differences in inclusive primary school administrators' responses on policy and legislation and provision of SGC services. The ratios in the table reveal that inclusive primary school administrators negatively rated the extent to which mandatory policy and legislation, a clear mission statement, a SGCF, school counsellor certification requirements and a SGC national model influence SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Inversely, the ratios in the table also show that inclusive primary school administrators positively rated the extent to which a mission statement, a SGCF and certification requirements for school counsellors influence SGC services provisions for children with disabilities.

Table 5.9 above also reveals a p value of less than 0.01 for inclusive primary school counsellors consistent with inclusive primary school administrators. The computed Chi-square test for inclusive primary school counsellors shows significant differences in inclusive primary school counsellors' responses on policy and legislation and the provision of SGC services, showing similarity to inclusive primary school administrators. The ratios in the table reveal that inclusive primary school counsellors and administrators negatively rated the extent to which mandatory policy and legislation, a clear mission statement, a SGCF, school counsellor certification requirements and a SGC national model influence SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe, consistent with inclusive primary school administrators. Inversely, the ratios in the table also reveal that inclusive primary school counsellors positively rated the extent to which a mission statement, a SGCF and certification requirements for school counsellors influence

SGC services provisions for children with disabilities, agreeing with inclusive primary school administrators.

The following section presents the findings of the current study on strategies that can be put in place to overcome challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools.

5.7 RESULTS ON STRATEGIES TO OVERCOME CHALLENGES IN SGC SERVICES PROVISIONS FOR CHILDREN WITH DISABILITIES IN ZIMBABWEAN INCLUSIVE PRIMARY SCHOOLS

The fifth sub-research question posed in section 1.4 explored the strategies that can be put in place to overcome challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. In the subsequent section, the findings of the current study on strategies that can be put in place to overcome challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools are presented.

5.7.1 Inclusive primary school administrators' and counsellors' responses on strategies to overcome challenges in SGC services provisions for children with disabilities

Inclusive primary school administrators and counsellors indicated that strategies to overcome challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools include: professional training of school counsellors, information, advocacy and mobilization campaigns on disabilities to develop in stakeholders of inclusive education positive attitudes towards SGC services provisions for children with disabilities, collaboration and corroboration of stakeholders of inclusive education in pooling resources for SGC services provisions for children with disabilities, adequate budgetary allocation for SGC services provisions for children with disabilities in inclusive primary schools, time-tabling SGC services provisions for children with disabilities in inclusive primary schools, coopting

all key stakeholders of inclusive education into the multi-disciplinary team in SGC services provisions for children with disabilities in inclusive primary schools and passing clear and concise mandatory policy and legislation on SGC services provisions for children with disabilities in inclusive primary schools.

The following extracts from the self-administered questionnaires demonstrate each one of the above suggestions:

"I need training in SGC to deliver SGC services to children with disabilities." (School counsellor 003)

"Education on disabilities can change our school's stakeholders' negative attitudes towards SGC services provisions." (School administrator 014)

"Partnering with other stakeholders is the solution for my school to get resources for SGC services provisions for children with disabilities." (School counsellor 096)

"Budgeting can help the provision of SGC services to children with disabilities as we are currently in a financial crisis." (School administrator 068)

"Enough time has to be allocated for SGC services at our school." (School counsellor 047)

"Fully composing the multi-disciplinary team with all role players of our school is required in SGC services." (School administrators 007)

"There should be binding policy and legislation on SGC services provisions for children with disabilities." (School Counsellor 085)

In the subsequent section, the findings of the study are discussed.

5.8 DISCUSSION OF RESULTS

The current study investigated challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools with a view to strategizing to overcome them and proposing a model of SGC services provisions for children with disabilities. In the current section, the findings from the study are discussed under the four sub-headings derived from the sub-research questions posed in section 1.4 that guided the study. Specifically, the sub-headings are: school counsellors' training and provision of SGC services, material resources and provision of SGC services, stakeholders' attitudes and the provision of SGC services and policy and legislation and provision of SGC services. The discussion entails presenting the findings of the study in relation to available literature. In the first sub-section, the findings of the study on school counsellors' training and provision of SGC services are discussed.

5.8.1 School counsellors' training and provision of SGC services

The present section is a discussion of school counsellors' training and provision of SGC services as revealed by the findings of the current study. Specifically, the present section addresses sub-research question 1.4.1 which read as: What is the influence of school counsellors' training on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe? In the discussion, reference is made to available literature on school counsellors' training and provision of SGC services.

It emerged from the current study that school counsellors in inclusive primary schools in Zimbabwe's three educational provinces were not trained in SGC services provisions for children with disabilities. Both inclusive primary school administrators and counsellors negatively rated the extent of the training of school counsellors in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. The lack of training in SGC services negatively impacted on the services received by children with disabilities. The school counsellors were most likely to be

unaware of what SGC services to offer and how to offer them. Children with disabilities were also likely to receive watered down SGC services as school counsellors were likely to be professionally incompetent in SGC services provisions for them. These children were further likely to shun SGC services provisions as they were likely to be mismanaged and maladministered by the school counsellors. The finding of the present study concurs with Brigman and Lee (2008:380), Burnham and Stansell (2005:27), Butler and Constantine (2005:55), Desmond et al (2007:174), Dixon (2006:206) and Gale and Austin (2003:7) who all found that school counsellors' lack of training in SGC is a worldwide cause for concern. Literature reveals a negative impact of school counsellors' lack of training in SGC. For instance, in Ethiopia (Alemu, 2013:32), Nigeria (Eyo et al, 2010:90), the USA (Gysbers, 2008:118; Smith, 2006:54), Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:239), Namibia (Mushaandja et al, 2013:82) and Japan (Yagi, 2008:145), many school counsellors are incompetent to holistically address the academic/educational, personal/social and career/vocational concerns of children because of lack of professional training in SGC. Similarly, in Botswana (Stockton et al, 2010:11), Uganda (Chireshe, 2008a: iv), Zambia (Tamilenthi & Mbewa, 2012:18) and Zimbabwe (Chireshe, 2006:200; Mapfumo & Nkoma 2013:107), many school counsellors mismanage SGC services due to professional incompetency because they are regular teachers without any SGC training.

The lack of training in SGC services was worsened by the finding that Zimbabwean inclusive primary school counsellors were not trained in Special Needs Education. Inclusive primary school administrators and counsellors negatively rated the extent of the training of school counsellors in inclusive primary schools in Zimbabwe in Special Needs Education which negatively impacted on the provision of SGC services to children with disabilities. The school counsellors were likely to lack specialized professional skills, knowledge, attitudes and understandings to manage and

administer SGC services provisions in tandem with the unique characteristics, interests, abilities and needs of individual children with disabilities. The SGC services that these children received were also likely to be compromised as school counsellors were likely to lack the theory and "best practices" in Special Needs Education which were foundational in SGC services provisions for children with disabilities.

The finding of the current study concurs with Barr et al (2008:170) who reveal that most school counsellors are ineffective and inefficient in managing and administering SGC services provisions for children with disabilities because they lack in-depth training in Special Needs Education. Similarly, in Nigeria, (Alutu & Azuka, 2006:160) school counsellors who are not trained in Special Needs Education render watered-down responsive services to children with disabilities. School counsellors without training in Special Needs Education lack the theory and practice of SGC services provisions for children with disabilities. The above situation obtains in the Netherlands (Armstrong & Barton, 2007:13) and the UK (Ferguson, 2008:117). In the same vein, Foreman and Arthur-Kelly (2008:112) articulate that in Australia, school counsellors who are not trained in Special Needs Education ineffectively and inefficiently plan SGC services provisions for children with disabilities.

The current study further established that school counsellors in inclusive primary schools in Zimbabwe were inexperienced in teaching children with disabilities because administrators and counsellors negatively rated the extent of school counsellors' experience in teaching these children. This lack of teaching experience negatively impacted on the management and administration of SGC services provisions that were commensurate with the heterogeneity of children with disabilities. School counsellors were likely to be incompetent in the planning, development, implementation, management and evaluation of SGC programmes and pedagogical programmes that accommodated the wide diversity of the characteristics and needs of children with disabilities. School counsellors were

unlikely to be diagnostic and adaptive in SGC services provisions for children with disabilities which was likely to affect the quality of SGC services provisions for these children. Dyson (2010:44), Lawson (2007:25) and Obiozor (2009:8) established that school counsellors without experience in teaching children with disabilities lack a holistic understanding of the school context and culture to effectively manage and administer SGC services provisions for these children. This is confirmed by Brigman and Lee (2008:385); Burnham and Stansell (2005:29); Desmond et al (2007:183); Dixon (2006:209) and Hobson et al (2000:9) who reveal that school counsellors are usually not fully accepted by teachers if they have not "walked the walk" and "talked the talk".

In contrast, it emerged from the present study that school counsellors' experience in teaching children with disabilities positively impacted on SGC services provisions for these children. This was confirmed as inclusive primary school administrators and counsellors positively rated the extent of the impact of school counsellors' experience in teaching children with disabilities on SGC services provisions for children with disabilities. School counsellors who had experience in teaching children with disabilities were likely to manage and administer SGC services provisions in response to the unique dynamic concerns of children with disabilities through individualized planning, development, implementation, management and evaluation of SGC curricula. School counsellors were also likely to administer responsive SGC services provisions to these children as they were familiar with the unique support and assistance that individual children required and they also had a holistic understanding of the school system and its dynamics. The finding of the present study concurs with Duquette (2006:29), Dyson (2010:44), Lawson (2007:25), Obiozor (2009:6) and Westling and Fox (2004:23) who all established that school counsellors with classroom experience in teaching children with disabilities are the architects of accommodations, modifications, special assistance and/or additional support services

needed to resolve home and school concerns of children with disabilities. Similarly, ASCA (2007:3) posits that, in the USA, school counsellors with classroom teaching experience are comfortable and effective in managing and administering SGC services.

The current study also revealed that school counsellors in inclusive primary schools in Zimbabwe were not continuously staff developed in SGC services provisions for children with disabilities. Inclusive primary school administrators and counsellors negatively rated the extent of the exposure of Zimbabwean inclusive primary school counsellors to continuous staff development in SGC services provisions for these children and this negatively impacted on SGC services provisions for them. School counsellors were likely to lack current knowledge and information on specific aspects of SGC services provisions for children with disabilities such as the assessment of special needs, adaptation of SGC curriculum content and process, utilization of assistive technology and SGC approaches to address the diversity of children with disabilities. This meant that school counsellors were also likely to manage and administer low quality SGC services as they were unlikely to be up-to-date with psychological and educational theories and practices in SGC services provisions for children with disabilities. School counsellors were further likely to be demotivated to manage and administer SGC services provisions for children with disabilities in the absence of professional development. The finding of the current study concurs with literature on the subject in Ethiopia (Alemu, 2013:35), Kenya (Karangu & Muola, 2011:268), South Africa (Mahlangu, 2011:239), Namibia (Mushaandja et al, 2013:83), Botswana (Stockton et al, 2010:11) and Zambia (Tamilenthi & Mbewa, 2012:14). Mawire (2011:109) articulates that school counsellors in Zimbabwe also need staff development to be professionally groomed in SGC services provisions while, in contrast, Lynch et al (2006:567) reiterate that staff development for Irish school counsellors is entrenched within the school system. Similarly, Japanese school

counsellors receive continuous in-service training to earn enough credits to keep up their credentials as school counsellors (Lau & Suk-Chun, 2008:217), while Gysbers (2008:122) posits that American school counsellors are staff developed continuously to ensure that they are qualified professionals who are well-informed about SGC practice and ethics.

It further emerged from the present study that school counsellors' training in SGC positively impacted on SGC services provisions for children with disabilities. Inclusive primary school administrators and counsellors positively rated the extent of the impact of school counsellors' training in SGC on SGC services provisions for children with disabilities. These children were likely to be exposed to improved SGC services as school counsellors were likely to be equipped with professional knowledge and skills of SGC services provisions. Children with disabilities were also likely to receive timeous SGC services as school counsellors were likely to be equipped with information and knowledge pertaining to the SGC services provisions to administer to individual children with disabilities. The academic/educational, personal/social and career/vocational problems/challenges of children with disabilities were further likely to be holistically addressed as school counsellors were likely to be equipped with specialized professional skills and competencies. The finding of the current study concurs with Burgess and Gutstein (2007:82), Frye (2005:442), Nelson Jones (2005:34), Landa (2007:18), Lockhart (2003:358), Milsom (2002:332), Myers and Johnson (2007:1163) and Zascavage & Keefe (2004:224) who articulate that professional training in SGC equips school counsellors with specialized skills, knowledge, attitudes and understandings that are foundational in SGC services provisions for children with disabilities. Lines (2002:36), Luthar (2003:72), Mayock et al (2009:10), Murphy (2008:66) and Platts and Williamson (2000:74) concur that professional training in SGC develops the expertise of school counsellors to address all the unique concerns of children with disabilities.

The current study established that school counsellors' training in Special Needs Education positively impacted on SGC services provisions for children with disabilities. Inclusive primary school administrators and counsellors positively rated the extent of the impact of the training of school counsellors in Special Needs Education on SGC services provisions for these children. Children with disabilities were likely to be exposed to improved SGC services provisions as school counsellors were likely to be equipped with professional expertise and competency in both the theory and the practice of SGC services provisions to effectively and efficiently plan, develop, implement, manage and evaluate individualized SGC services provisions. The finding of the present study concurs with Abrams and Gibbs (2000:79), Brigman and Lee (2008:381), Canary (2008:437), Dryfoos (2002:393), Ferguson (2008:109) and Smith et al (2001:216) who all established that Special Needs Education training fosters in school counsellors the knowledge and skills to provide SGC services to children with disabilities. American pre-service training courses for school counsellors also include a Special Needs Education component to improve SGC services provisions for children with disabilities (Baker & Gerler, 2001:76; Burnham & Stansell, 2005:36; Butler & Constantine, 2005:59; Desmond et al, 2007:179; Peterson et al, 2004:249). Inversely, in Zimbabwe, teachers lack training in Special Needs Education (Chireshe, 2011a:161).

It also emerged from the present study that staff development of school counsellors positively impacted on SGC services provisions for children with disabilities. Inclusive primary school administrators and counsellors positively rated the extent of the impact of staff development of school counsellors on SGC services provisions for these children. Staff developed school counsellors were more likely to be able to assist children with disabilities to negotiate the diverse challenges they experienced as the counsellors were likely to be equipped with specialized professional training and competencies for SGC services provisions. The finding of the current study

concurs with Cooley (2010:78), Halvorsen and Neary (2001:27) and Trolley et al (2009:34) who established that professional development enhances in school counsellors the expertise to address the unique challenges/problems children with disabilities experience. Mayock et al (2009:8) concur that staff development fosters in school counsellors the competencies and skills to cope with SGC services provisions for children with disabilities that are increasingly anchored in proactive interventions associated with comprehensive, developmental and collaborative approaches. Bruce and Cockreham 2004:338), DeRosier (2004:200), Graham and Pulvino (2000:179), Murphy (2008:65), Nelson Jones (2005:64), Wahl and Blackhurst (2000:370), Wilson et al (2001:270) and Whiston (2003:436) also agree that professional development of school counsellors is a fundamental process in the provision of SGC services for children with disabilities.

The subsequent sub-section discusses material resources and provision of SGC services as revealed by the findings of the present study.

5.8.2 Material resources and provision of SGC services

The current sub-section discusses material resources and provision of SGC services as revealed by the findings of the present study. In the discussion, reference is made to the available literature on material resources and the provision of SGC services. The present sub-section addresses the sub-research question posed in section 1.4 that guided the current study and specifically refers to sub-research question 1.4.2 which asked: To what extent do material resources affect SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools?

It emerged from the present study that there was lack of physical resources in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Inclusive primary school administrators and counsellors negatively rated their satisfaction with the availability of SGC rooms, reading rooms and storage

closets. This lack of physical resources negatively impacted on SGC services provisions for children with disabilities. The unavailability of SGC rooms was likely to be a stumbling block to private and confidential guidance and counselling as well as to a comfortable and pleasant SGC services environment which was necessary to cultivate and nurture a relaxed feeling among these children. The unavailability of reading rooms and counselling centres was likely to deprive children with disabilities of reading sessions, materials and other resources to address the academic/educational, personal/social and academic/educational challenges/problems they experienced at home and at school. There was likely to be no space for safe-keeping and easy accessing of SGC services provisions resources such as computers and the records of children with disabilities owing to the unavailability of storage closets. This was ultimately likely to result in impoverished SGC services provisions for children with disabilities as there was unlikely to be safe-keeping of their profiles. The finding of the present study is consistent with literature from Ethiopia (Alemu, 2013:32), China (Chan et al, 2005:124; Jiang, 2005:66; Lam & Yuen, 2008:105; Lang, 2003:38; Liu et al, 2008:68; Luk-Fong, 2006:332; Meng, 2008:42), Botswana (Charema, 2008:158), Nigeria (Eyo et al, 2010:97), Uganda (Chireshe, 2008a:iv), the UK (Fox & Butler, 2007: 99; McLaughlin, 2008:354; Watkins, 2008:7; Yuen, 2008:106), Kenya (Karangu & Muola, 2011:276), South Korea (Lee & Yang, 2008:157), South Africa (Mahlangu, 2011:239) and Japan (Tan, 2006:86) which reveals that the lack of physical resources compromises SGC services provisions for children. Chireshe (2006:198) established that, in Zimbabwe, the lack of physical resources is a stumbling block to SGC services provisions for children. Coleman (2009:17), Coy (2004:45), Erford (2011:63) and Heyden (2011:47) established that poorly planned physical resources result in poor quality SGC services provisions due to space inadequacy, inaccessibility and lack of privacy.

The current study also revealed that there was lack of material resources and supplies in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Inclusive primary school administrators and counsellors negatively rated their satisfaction with the availability of stationery, referral materials, pamphlets, psychometric tests, toiletries, tables/desks and chairs in SGC services provisions environments. Children with disabilities were deprived of sources of information and knowledge for addressing their academic/educational, personal/social and career/vocational concerns including brochures and pamphlets. School counsellors were also likely to be demotivated to administer SGC services provisions for these children without material resources and supplies. Children with disabilities were therefore further likely to be demotivated to attend SGC services provisions sessions devoid of materials and supplies. The finding of the present study concurs with Lairio and Nissila (2002b:169) who found that, in Finnish schools, the lack of material resources and supplies impedes the provision of SGC services. In Botswana (Shumba et al, 2011:8), Ethiopia (Alemu, 2013:32), Hong Kong (Lau & Suk-Chun, 2008:226), Kenya (Karangu & Muola, 2011:277), Nigeria (Eyo et al, 2010:97), South Africa (Mahlangu, 2011:239), Uganda (Chireshe, 2008a:iv) and Zimbabwe (Chivonivoni, 2006:119), the lack of material resources and supplies compromises the provision of SGC services to children. Inversely, Lawson (2007:25), Obiozor (2009:5), Westling and Fox (2004:23), Schaefer-Schiumo and Ginsberg (2003:7) and Schwiebert et al (2002:7) reveal that, in the USA, material resources and supplies for SGC services provisions for children with disabilities are readily available. This implies that American children with disabilities are exposed to quality SGC services provisions.

It further emerged from the current study that there was lack of time for SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Inclusive primary school administrators and counsellors negatively rated their satisfaction with the availability of time in SGC services provisions for these children.

This lack of time compromised SGC services provisions because school counsellors were likely to have limited contact sessions with children with disabilities thereby compromising the quality and quantity of SGC services the children received. This meant that school counsellors were also unlikely to establish and reinforce warm and trusting relationships with the children with disabilities and other stakeholders. Children with disabilities, among other stakeholders of inclusive education, were further likely to perceive SGC services provisions as a secondary priority. The finding of the present study concurs with Lau and Suk-Chung (2008:214) who reveal that Japanese children with disabilities have inadequate contact time with school counsellors as school counsellors attend only eight hours or even less in a school every week. Similarly, Gale and Austin (2003:8), Katz et al (2004:2189) and Smith et al (2001:221) posit that American school counsellors have inadequate time for SGC services provisions as they spend time executing clerical and administrative duties, while being totally responsible for Special Needs Education case management and assessment. In Ethiopia (Alemu, 2013:34), Nigeria (Eyo et al, 2010:98), South Africa (Mahlangu, 2011:241), Namibia (Mushaandja et al, 2013:81) and Zimbabwe (Chireshe, 2006:198; Chireshe and Mapfumo, 2005:19; and Chivonivoni, 2006:33), school counsellors also have inadequate time to holistically address the academic/educational, social/personal and career/vocational concerns of children due to work overload. Karangu and Muola (2011:269) reiterate that in Kenya, school counsellors administer SGC services during evenings and weekends because of the pressure of work.

The current study revealed that there was lack of finance in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Inclusive primary school administrators and counsellors negatively rated their satisfaction with the availability of finance in SGC services provisions which meant that they were constrained in pooling human, material and technological resources such as

therapists, curricular resources and computers. Inclusive primary schools were also unlikely to be able to meet fixed and recurrent costs such as personnel, material and supplies and equipment and maintenance costs in SGC services provisions for children with disabilities. Inclusive primary schools were further unlikely to establish and reinforce conducive environments where SGC services provisions such as state of the art SGC reception rooms would be found. The finding of the present study is consistent with Lynch et al (2006:557) who reveal that inadequate finance militates against SGC services provisions for Irish children with disabilities. Similarly, in Ethiopia (Alemu, 2013:32), Kenya (Karangu & Muola, 2011:266), South Africa (Mahlangu, 2011:239) and Namibia (Mushaandja et al, 2013:81), financial constraints interfere with the provision of SGC services to children. The capital intensive nature of SGC services, aggravated by the current worldwide economic meltdown, stalls on the provision of SGC services internationally (Desmond et al, 2007:179; Peterson et al, 2004:249) including in Zimbabwe where the requisition of necessary human, material and technological resources is impeded.

It also emerged from the present study that there was lack of curricular resources for SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. The administrators and counsellors at these schools negatively rated their satisfaction with the availability of curricular resources particularly booklets, reading materials, handbooks and brochures that were likely to address the concerns of the children with disabilities. Children with disabilities were also likely to be deprived of published curricular resources and materials that were likely to address issues such as anger, stress and crisis management and of reading materials to educate and inform them on their personal/social, academic/educational and career/vocational concerns. The findings of the present study concurs with literature in Ethiopia (Alemu, 2013:34), Nigeria (Eyo et al, 2010:98), Kenya (Karangu & Muola, 2011:269) and Namibia (Mushaandja et al, 2013:81) which reveals that the unavailability of

important curricular resources interferes with the provision of SGC services. Inversely, Erford (2011:17) reveals that in the USA, user-friendly SGC handbooks educate and inform children with disabilities on their personal, academic and career concerns (Luk-Fong & Lung, 2003:294; Mayock et al, 2007:17; Morgan et al, 2010:25; Platts & Williamson, 2000:9) .

The following section discusses stakeholders' attitudes and the provision of SGC services as revealed by the findings of the study.

5.8.3 Stakeholders' attitudes and the provision of SGC services

The current sub-section discusses stakeholders' attitudes and the provision of SGC services in Zimbabwean inclusive primary schools as revealed by the findings of the present study. In the discussion, reference is made to available literature on stakeholders' attitudes and the provision of SGC services. The present section addresses the sub-research question posed in section 1.4 that guided the current study. Specifically, the current section addresses sub-research question 1.4.3 which is: What is the impact of the stakeholders' attitudes on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe?

The present study revealed that the attitude of the government is non-supportive of SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Inclusive primary school administrators and counsellors negatively rated the extent to which the attitude of the government is supportive of SGC services provisions for these children. The finding of the current study is consistent with Lau and Suk-Chun (2008:212) who reveal that the South Korean Government does not support the provision of SGC services as it places school counsellors in remedial-reactive roles because of a negative attitude towards such services. Antonak and Livneh (2000:217), Duquette (2006:29), Hammond and Ingalls (2003:5) and Leyser and Tappendorf (2001:760) reveal that governments with negative attitudes towards

disabilities do not encourage the involvement and participation of all stakeholders of inclusive education in SGC services provisions for children with disabilities. Governments with negative attitudes towards disabilities are unlikely to provide human, material, technological and financial support and assistance in SGC services provisions for children with disabilities thereby compromising the quality and quantity of services provisions to these children.

It also emerged from the current study that school administrators had negative attitudes towards SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The administrators and counsellors negatively rated the extent of their support of SGC services provisions for these children which negatively impacted on the SGC services provisions for them. School administrators were thus unlikely to support and assist in the requisition of human, material, technological, time and financial resources for SGC services provisions for children with disabilities. They were further unlikely to monitor and evaluate the planning, development, implementation and management of SGC services provisions to ensure quality services provisions for children with disabilities. School counsellors and other stakeholders were likely to be demotivated to manage and administer SGC services provisions for children with disabilities without the support and assistance of school administrators. The finding of the present study concurs with literature in the USA (Butler & Constantine, 2005:59; Desmond et al, 2007:179; Peterson et al, 2004:249), Nigeria (Eyo et al, 2010:90), Kenya (Karangu & Muola, 2011:268), South Africa (Mahlangu, 2011:239) and Japan (Yagi, 2008:145) which reveals that school administrators with negative attitudes towards disabilities do not support SGC services provisions for children with disabilities. Similarly, in Kenya, school administrators are reluctant to finance the provision of SGC services because of negative attitudes (Karangu & Muola, 2011:274) and, in Zimbabwe, SGC services are ineffectively and inefficiently implemented because headmasters negatively value

them (Chireshe, 2006:2002; Chireshe & Mapfumo, 2005:19; Chivonivoni, 2006:30; Kasayira et al, 2004:61).

The present study further revealed that teachers in Zimbabwean inclusive primary schools also had negative attitudes towards SGC services provisions for children with disabilities. Inclusive primary school administrators and counsellors negatively rated the extent to which the attitudes of the teachers are supportive of SGC services provisions for these children. The negative attitudes of the teachers compromised the SGC services children with disabilities received because the teachers were likely to avoid membership of the multi-disciplinary teams which facilitated the holistic development of children with disabilities, rendering them incomplete. Teachers were also unlikely to motivate children with disabilities to be involved in SGC services provisions. In situations where the children with disabilities attended SGC services provisions sessions without teacher support and assistance, teachers were further unlikely to motivate them to adopt SGC action plans developed for them by the school counsellors.

The finding of the current study is consistent with Daane et al (2000:440) who established that teachers with negative attitudes towards disabilities distance themselves from SGC services provisions for children with disabilities. Similarly, Gysbers (2008:129) articulates that the provision of SGC services is a secondary priority for American teachers as they perceive such services as ancillary-support services. In Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:239) and Japan (Yagi, 2008:145), most teachers are also unsupportive of SGC services provisions for children because of negative attitudes towards such services.

The current study established that communities also had negative attitudes towards SGC services provisions for children with disabilities in inclusive primary schools in

Zimbabwe. School administrators and counsellors negatively rated the extent to which the attitudes of the communities are supportive of SGC services provisions for these children which negatively impacted on the services provisions for them. Communities were unlikely to collaborate and support inclusive primary schools in pooling material, technological, human and financial resources for SGC services provisions for children with disabilities. These communities were also unlikely to morally support and assist in services provisions and thus were further unlikely to reinforce SGC services provisions programmes designed for children with disabilities in inclusive primary schools.

The finding of the present study concurs with Lee and Yang (2008:165) who established that South Korean communities also do not support SGC services provisions for children with disabilities because of negative attitudes. In Namibia, communities do not support SGC services provisions for children because they contradict with their culture (Mushaandja et al, 2013:82) while, in Botswana, communities are non-supportive of SGC services provisions for children because they are not a component of child examinations (Stockton et al, 2010:11). Community involvement is an integral component in SGC services provisions for children with disabilities. Erford (2011:66), Cobia (2007:45), Fall (2011:67), Gibson (2008:89), Gysbers (2008:129) and Parsons (2009b:12) articulate that effective and efficient SGC services provisions are realized through collaborative partnerships of school counsellors and communities that holistically address the needs of children with disabilities.

It also emerged from the present study that children with disabilities had negative attitudes towards SGC services provisions for them in inclusive primary schools in Zimbabwe. Inclusive primary school administrators and counsellors negatively rated the extent to which the attitudes of these children were supportive of SGC services provisions. Children with disabilities were unlikely to actively participate in SGC

contact sessions in discussing solutions to help themselves because of negative attitudes towards services provisions. They were also likely to avoid attending SGC services provisions sessions altogether.

The findings of the current study concur with Gallagher (2007:23) who established that in the USA, children with disabilities with negative attitudes towards SGC services provisions avoid contact sessions with school counsellors and other related professionals. American children with disabilities regard SGC services provisions as a secondary priority because they perceive them as ancillary-support services (Gysbers, 2008:129). In Ethiopia (Alemu, 2013:33), girls avoid SGC services provisions administered by male school counsellors because Ethiopian culture prohibits females from approaching males privately and confidentially. In Nigeria (Eyo et al, 2010:90), Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:239) and Japan (Yagi, 2008:145), children do not support SGC services because of negative perceptions towards such provisions. Chireshe (2006:2002) reveals that if children have no faith in SGC services provisions, it is unlikely that they would seek such services.

The current study further revealed that school counsellors had negative attitudes towards SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Both administrators and counsellors negatively rated the extent to which the attitudes of the school counsellors are supportive of SGC services provisions for children with disabilities. The negative attitudes of the school counsellors meant that they were unlikely to support effective and efficient management and administration of SGC services provisions for children with disabilities and to motivate other stakeholders such as parents and school administrators to collaborate and corroborate in SGC services provisions for these children. School counsellors were further unlikely to facilitate the establishment and reinforcement of inclusive primary school environments that were conducive to SGC

services provisions for children with disabilities. The finding of the present study is consistent with Frye (2005:445) and Milsom (2002:335) who established that school counsellors with negative attitudes towards SGC services provisions for children with disabilities do not support the active involvement and participation of all inclusive education stakeholder individuals, organizations and institutions in services provisions. Taub (2002:199) and Hammond and Ingalls (2003:5) reveal that school counsellors with these negative attitudes erratically administer SGC services provisions for these children and avoid contact with children with disabilities ultimately depriving them of these services. The above situation also obtains in Zimbabwe (Chireshe, 2011a:162), Nigeria (Eyo et al, 2010:90), Kenya (Karangu & Muola, 2011:268), South Korea (Lee & Yang, 2008:161), South Africa (Mahlangu, 2011:239) and Japan (Yagi, 2008:145).

It emerged from the present study that there was collaboration and discourse of most members of the multi-disciplinary team in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Collaboration and discourse of members of the multi-disciplinary team was likely to aid the holistic development of children with disabilities as a multi-sectorial approach was used to resolve the diverse academic/educational, personal/social and career/vocational challenges/problems they experienced. The finding of the current study concurs with Yagi (2008:146) who established that, in Japan, several child personnel such as homeroom teachers, teachers-in-charge and school nurses collaborated in SGC services provisions for children with disabilities.

Collaboration and discourse of a multi-disciplinary team positively impacts on SGC services provisions for children with disabilities. Abrams and Gibbs (2000:86), Armstrong and Barton (2007:45), Dryfoos (2002:394), Gallagher (2007:7), Milsom (2002:334) and Zascavage and Keefe (2004:225) established that multi-disciplinary teams facilitate effective and efficient management and administration of SGC

services provisions due to collective pooling of resources. On the other hand, in South Korean schools, Lau and Suk-Chun (2008:219) reveal that there is an absence of collaboration and discourse of the multi-disciplinary team in SGC services provisions, while in the USA (Erford 2011:34) and Japan (Yagi, 2008:149), non-professionals do not support and assist in SGC services provisions which impedes the holistic development of children with disabilities.

The following sub-section discusses policy and legislation and provision of SGC services as revealed by the findings of the present study.

5.8.4 Policy and legislation and provision of SGC services

The current sub-section discusses policy and legislation and provision of SGC services in Zimbabwean inclusive primary schools as revealed by the findings of the present study. In the discussion, reference is made to available literature on policy and legislation and provision of SGC services. The present section addresses the sub-research question posed in section 1.4 that guided the current study. Specifically, the current section addresses sub-research question 1.4.4 which reads: How do policy and legislation influence SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools?

It emerged from the present study that there was no mandatory policy and legislation on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Administrators and counsellors in these schools negatively rated the extent of the existence of mandatory policy and legislation on SGC services provisions for these children which negatively impacted on the provision of SGC services for them. School administrators and counsellors, among other stakeholders, were therefore unlikely to have a legally binding framework for effective and efficient planning, development, management, implementation and evaluation of SGC services provisions. School counsellors, among other stakeholders, were therefore

unlikely to make informed, legally bound and accountable decisions about these services and were also unlikely to have the latitude to administer such services provisions. The finding of the current study concurs with Obiozor (2009:13) who reveals that most countries lack clear and concise mandatory policy and legislation on SGC services provisions for children with disabilities. Such countries include Zimbabwe (Chireshe, 2006:182; Gumbo, 2002:1). This absence of mandatory policy and legislation is likely to negatively impact on SGC services provisions for children with disabilities.

Mandatory policy and legislation positively impacts on SGC services provisions for these children because it transforms and focuses these services from a collection of practices to educational programmes, integrating them into the academic mission of schools (Bemak & Cornely, 2002:325; Dryfoos, 2002:396; Ferguson, 2008:111). In Scotland, Howieson and Semple (2000:374) found that policy mandates the evaluation of SGC services and the involvement and participation of children in such evaluation.

It should be noted, however, that mandatory SGC policy and legislation was unlikely to be the panacea for improved management and administration of SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. SGC services provisions would also be influenced by other factors which include individual and institutional capacity with respect to the management and administration of such services provisions and the attitudes of the stakeholders. Even if legislation were in existence, the negative attitudes held towards people with disabilities and other marginalized groups (Chireshe, 2013:226) may be far from over and improved SGC services provisions were likely to remain a pipe dream.

The current study also revealed that there was no clear mission statement on SGC services provisions for children with disabilities in inclusive primary schools in

Zimbabwe. Administrators and counsellors negatively rated the extent of the existence of a clear mission statement on SGC services provisions for children with disabilities in these schools which negatively impacted on SGC services provisions for them. School counsellors and teachers, among other SGC personnel, were likely to lack clarity and experience role conflict in the execution of their duties. The effectiveness of SGC personnel, including school administrators, counsellors and therapists, was also likely to be compromised as the rationale and the procedures for the management and administration of SGC services provisions would be unclear. This would apply equally to teachers, parents and other key stakeholders of inclusive education as their roles in the provision of SGC services would also lack clarity.

Clear mission statements positively impact on SGC services provisions for children with disabilities. For instance, in the USA (Blackhurst et al, 2003:62; Graham & Pulvino, 2000:179; Gysbers, 2008:129; Gysbers & Henderson, 2006:47; Hanish & Guerra, 2000:115; House & Hayes, 2002:1098; Lee & Yang, 2008:179), mission statements describe the rationale for SGC programmes, their management and administration and clarify the roles of counselling personnel and their connection to the educational goals and the results of the child (Cobia & Henderson, 2003:89).

It further emerged from the current study that there was no SGCF on SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Administrators and counsellors negatively rated the extent of the existence of a SGCF on SGC services provisions for these children. This negatively impacted on SGC services provisions. School counsellors were likely to mismanage SGC services provisions due to the unavailability of a referent in planning, development, management, implementation, evaluation and strategic management of SGC services provisions for children with disabilities. Inclusive primary schools were further likely to be devoid of the structure and content for SGC services provisions for children with disabilities.

A SGCF positively influences SGC services provisions for children with disabilities. In the USA, for instance, Gysbers (2008:129), Myers et al (2002:198), Standard (2003:219) and Webb and Myrick (2003:112) found that a SGCF guides the design and implementation of SGC services, provides comprehensive developmental programmes, assists in analysis and evaluation of SGC services, provides for assessment of child outcomes, provides a framework for local standards development, suggests an evaluation process for assessing child developmental progress, as well as school counsellor and programme effectiveness, provides children and parents with information on programme content and offers a common language for delivering SGC services provisions. Baker and Gerler (2001:34), Gale and Austin (2003:7), Hobson et al (2000:4), Sears (2005:211) and Somers and Piliawsky (2004:19) reiterate that in American schools, a SGCF provides the structure and content for SGC services provisions for children with disabilities.

The present study revealed that there were no certification requirements for school counsellors in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Administrators and counsellors negatively rated the extent of the existence of certification requirements for school counsellors in SGC services provisions for these children. The absence of certification requirements negatively impacted on the SGC services children with disabilities received, as school counsellors who managed and administered such services provisions were not employed on academic and professional merit. School counsellors were also likely to be demotivated to manage and administer SGC services provisions as they were likely to lack the professional know-how and know-with of services provisions. This would also affect children with disabilities as uncertified school counsellors were likely to mismanage the services. The finding of the current study concurs with literature in Botswana (Charema, 2008:160), Namibia (Mushaandja et al, 2013:81) and South Africa (Mahlangu, 2011:240) which reveals that school counsellors are ordinary

teachers with regular teaching qualifications. This situation also exists in Zimbabwe (see section 4.8.1).

Certification requirements for school counsellors positively impacts on SGC services provisions for children with disabilities. In the USA, mandatory certification requirements for school counsellors ensure that SGC services provisions for children with disabilities are managed and administered by highly qualified school counsellors (Burnham & Stansell, 2005:23; Butler & Constantine, 2005:56; Desmond et al, 2007:175). Similarly, Yagi (2008:143) reveals that in Japan, only licensed school psychologists manage and administer such services.

The present study also established that there was no national model on SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Administrators and counsellors negatively rated the existence of a national model on SGC services provisions for these children which negatively impacted on SGC services provisions for them. SGC personnel, including school counsellors and teachers, were likely to encroach in their management and administration of SGC services provisions as a clear-cut job description was unlikely to be available. School counsellors were also likely to lack clarity of the components constituting SGC services provisions such as content, structure, processes, time, resources and strategies for SGC services provisions for children with disabilities. Cook and Kaffenberger (2003:119) reiterate that, without a SGC model, the facilitation of effective and efficient SGC services provisions for children with disabilities is compromised.

A SGC national model positively influences SGC services provisions for children with disabilities. For instance, Bemak and Cornely (2002:324), Lau and Suk-Chun (2008:218), Schaefer-Schiumo and Ginsberg (2003:7), Sink and Stroh (2003:357) and Standard (2003:221) state that, in the USA, a SGC model spells out competencies, structural components and programme components and resources. In the same vein,

ASCA (2007:3) articulates that a SGC model is important as its elements represent the means of the SGC programme for children with disabilities.

The current study further established that a mission statement positively influenced SGC services provisions for children with disabilities. Inclusive primary school administrators and counsellors positively rated the extent of the influence of a mission statement on SGC services provisions for these children because they were likely to receive improved SGC services which were focused and coherent because they were based on a mission statement. Children with disabilities were also likely to receive improved SGC services provisions as stakeholders were likely to collaborate and corroborate and school counsellors were likely to manage and administer services provisions expertly. The finding of the current study concurs with Myers et al (2002:198), Paisley and McMahon (2001:111), Webb and Myrick (2003:114) and Gysbers and Henderson (2006:67) who all established that mission statements focus and cohere SGC services provisions. Zimbabwe has a mission statement on SGC services provisions and this is likely to enhance the quality and quantity of SGC services children with disabilities receive.

It emerged from the current study that a SGCF positively influenced SGC services provisions for children with disabilities. Inclusive primary school administrators and counsellors positively rated the extent of the influence of a SGCF on SGC services provisions for children with disabilities. Children with disabilities were likely to receive improved SGC services as school counsellors were able to access the content and structure for SGC services provisions for them from a SGCF. This would also motivate school counsellors owing to the availability of this resource.

The finding of the present study concurs with Standard (2003:219) who reveals that a SGCF is a resource in the planning, development, management, implementation and evaluation of SGC services provisions for children with disabilities. Similarly, House

and Hayes (2002:1098) and Lee and Yang (2008:179 articulate that a SGCF is important in SGC as it constitutes programme standards which include philosophy, programme resources, programme management and support, curriculum and accountability procedures and processes. Gysbers and Henderson (2006:17) state that in the USA, a SGCF incorporates school-to-work concepts that serve all children and provide strategies to develop, implement and evaluate SGC services provisions for children with disabilities. Zimbabwe has no SGCF which is likely to compromise SGC services provisions for children with disabilities as school counsellors do not have a springboard for planning, development, management, implementation and evaluation of services provisions.

The present study also revealed that certification requirements for school counsellors positively impacted on SGC services provisions for children with disabilities. Inclusive primary school administrators and counsellors positively rated the extent of the impact of certification requirements for school counsellors on SGC services provisions. These children were likely to receive improved SGC services provisions as appropriately qualified school counsellors were likely to be recruited to manage and administer SGC services provisions. The academic/educational, personal/social and career/vocational concerns of children with disabilities were also likely to be holistically addressed as certified school counsellors were likely to be competent to effectively and efficiently address such concerns. Children with disabilities were further likely to be motivated to be exposed to improved SGC services provisions.

The current finding of the study concurs with Smith et al (2001:218) who reveal that in Kansas, Louisiana and North Dakota, school counsellors are certified to ensure quality management and administration of SGC services provisions. Inversely, in Nigeria (Modo & George, 2013:83), Namibia (Mushaandja et al, 2013:78) and Zambia (Tamilenthi & Mbewa, 2012:14) there are no school counsellor certification requirements as school counsellors are ordinary teachers. Zimbabwean school

counsellors are also regular teachers without any SGC training and this is likely to negatively impact on the quality and quantity of SGC services rendered.

The subsequent section discusses strategies to overcome challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools

5.8.5 Strategies to overcome challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools

The current sub-section discusses strategies to overcome challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools as revealed by the findings of the present study. In the discussion, reference is made to available literature on strategies to overcome challenges in SGC services provisions for children with disabilities. The present section addresses the sub-research question posed in section 1.4 that guided the current study. Specifically, the current section addresses sub-research question 1.4.5 which reads: What strategies can be put in place to overcome the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools?

In the present study, it was suggested that the provision of professional training for school counsellors, in Zimbabwean inclusive primary schools, in SGC services provisions for children with disabilities is foundational to the effective management and administration of such services. Administrators and counsellors in these schools indicated that school counsellors in Zimbabwe require SGC training to be equipped with the relevant professional skills, knowledge, attitudes and understandings to effectively manage and administer SGC services provisions for children with disabilities. The finding of the current study concurs with Lines (2002:36), Murphy (2008:66) and Platts and Williamson (2000:74) who all established that professional training in SGC fosters in school counsellors the unique competencies and skills to address the unique social/personal, academic/educational and career/vocational

concerns of children with disabilities. Luthar (2003:72) and Mayock et al (2009:10) articulate that SGC training equips school counsellors with the professional expertise to effectively and efficiently manage the heterogeneity of children with disabilities. Bauer et al (2000:43), Bemak and Cornely (2002:326), Carnevale and Desrochers (2003:228), Schaefer-Schiumo and Ginsberg (2003:3), Milsom (2002:332), Myers and Johnson (2007:1163) and Zascavage and Keefe (2004:224) agree that, with professional training, school counsellors can adapt their priorities and interventions to meet the unique dynamic needs of children with disabilities and the society that they live in, while maintaining the sound base of their purpose and mission.

In the present study, it was also suggested that cultivating and nurturing positive attitudes in stakeholders can steer SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. Administrators and counsellors indicated that the government, school administrators, teachers, communities, children and school counsellors themselves need information, advocacy and mobilization campaigns on disabilities to foster in them positive attitudes towards SGC services provisions. The finding of the present study concurs with Chireshe (2011a:163; 2013:227) who also found that the attitudes of society towards disability should be improved through awareness campaigns that may result in fair allocation of resources for inclusive education. Lau and Suk-Chun (2008:226) postulate that information, advocacy and mobilization campaigns should convince stakeholders of the rationale behind the provision of SGC services to children with disabilities which could influence subsequent decisions and actions. Similarly, the Salamanca Statement (UNESCO, 1994:40) states that public awareness campaigns on disabilities can overcome public prejudice and misinformation on disabilities and infuse greater optimism and imagination about the capabilities of persons with disabilities.

It was further suggested in the current study that collaboration and corroboration of inclusive education stakeholder individuals, organizations and institutions is

fundamental in pooling human, institutional, logistic and financial resources for SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. Administrators and counsellors indicated that it is important for Zimbabwean inclusive primary schools to partner and cooperate with inclusive education stakeholders such as communities and voluntary organizations in the requisition of physical, material, financial and curricular resources for SGC services provisions for children with disabilities. The findings of the current study concurs with Lau and Suk-Chun (2008:219) who established that Japanese schools collaborate and corroborate with the Chambers of Commerce and Industry, School Boards of Education, Community Support Teams and Non-Profit-Making Organizations to pool resources for SGC services provisions. Similarly, Morgan et al (2010:25) found that, in the Netherlands, schools work in collaboration with communities to pool material, technological and human resources for SGC services provisions. In the USA, schools collaborate and corroborate with volunteers, donors, parents, businesses, industries and other inclusive education stakeholder individuals, organizations and institutions to finance the resources for SGC services provisions for children with disabilities (Cobia & Henderson 2003:67; Gysbers & Henderson 2006:78; Lee & Yang 2008:168; Yagi 2008:149). Gibson (2008:89) and Gysbers (2008:129) also found that, internationally, the requisition of resources for SGC services provisions for children with disabilities is realized through collaborative and corroborative partnerships of schools and communities.

Inclusive primary school administrators and counsellors who participated in the present study suggested that adequate budgetary allocations are pivotal for the requisition of human, material and technological resources in SGC services provisions for children with disabilities in their schools. The finding of the present study concurs with Heward (2009:67) who articulates that schools need to budget adequate finance to meet fixed and recurrent costs in SGC services provisions. The current finding is

also consistent with Day (2004:32), Cobia (2007:12), Coleman (2009:25), Erford (2011:36) and Hardman et al (2008:46) who established that finance must be budgeted to offset human, material and technological resources and the costs of personnel, supplies, equipment and maintenance, travel and other out-of-school expenses in SGC services provisions for children with disabilities. Chireshe (2011a:163) suggests that, in Zimbabwe, there should be a separate budget for inclusive education so that the issue of resources can be addressed.

Inclusive primary school administrators and counsellors also suggested that allocation of adequate time facilitates SGC services provisions for children with disabilities in their schools. They indicated the need to formally time-table SGC services provisions for these children. The finding of the present study concurs with Duquette (2006:30); Obiozor (2009:5); Brown and Trusty (2005:13) and Canary (2008:448) who found that contact sessions between school counsellors and children with disabilities need to be time-tabled into the school system. Wamocho (2003:170) reveals that, internationally, the following time structure for SGC services provisions for children with disabilities is common: children with disabilities are allowed to visit school counsellors' offices during private study periods, children with disabilities are released from non-examinable subjects such as Physical Education, after they have finished their schoolwork, time is arranged for crucial cases to meet the school counsellor whenever necessary, time is availed for record keeping, home and family visitation, personal and social counselling, interests and hobbies and children with disabilities are excused from games time. If necessary, time is also set aside over the weekends and after classes in the evenings to encourage child consultation with school counsellors.

Participating school administrators and counsellors in the current study further suggested that the active involvement and participation of all key stakeholders of inclusive education in the multi-disciplinary team aids SGC services provisions for

children with disabilities. They indicated the need to coopt all key non-professionals, para-professionals and professionals into the multi-disciplinary teams that provide SGC services. Brigman and Lee (2008:383), Cobia (2007:16), Coy (2004:56), Duquette (2006:30), Fall (2011:84), Gysbers and Henderson (2006:15), Obiozor (2009:13), Heward (2009:89) and Yu et al (2007:170) agree that the collaborative multi-disciplinary teams described above steer SGC services provisions and that they are conducive to effective management and administration of SGC services provisions due to synergy and syllogism (Abrams & Gibbs, 2000:86; Armstrong & Barton, 2007:45; Dryfoos, 2002:394; Gallagher, 2007:7; Milsom, 2002:334; Zascavage & Keefe, 2004:225).

Inclusive primary school administrators and counsellors suggested that SGC services provisions for children with disabilities hinge on clear and concise mandatory policy and legislation. They indicated that it is imperative for the Government of Zimbabwe to promulgate clear and concise mandatory policy and legislation to govern the planning, development, management, implementation and evaluation of SGC services provisions for children with disabilities in inclusive primary schools. The finding of the present study concurs with Abrams and Gibbs (2000:85), Armstrong and Barton (2007:9), Cobia (2007:43), Frye (2005:445), Lockhart (2003:389), Heyden (2011:43), Lines (2002:23) and Murphy (2008:45) who all found that effective and efficient SGC services provisions for children with disabilities are grounded in clear mandatory policy and legislation. In Uganda (Rutondoki, 2000:18), South Africa (2002), Nigeria (Alutu & Etiobhio, 2006:190), Scotland (Howieson & Semple, 2000:374), the Netherlands (Mayock & Byrne, 2004:6), Ireland (Morgan & Brand, 2009:7), Namibia (Mushaandja et al, 2013:77), Botswana (Charema, 2008:160; UNESCO, 2000:iv) and Zambia (Tamilenthi & Mbewa, 2012:13), clear mandatory policy and legislation encourages and facilitates the provision of SGC services. However, as Chireshe (2013:226) argued earlier on, the policies may be in place but if

stakeholders have negative attitudes towards people with disabilities, such policies will not be implemented.

In the following section, a conclusion of data presentation, analysis and discussion is presented.

5.9 CONCLUSION

The current chapter presented, analyzed and discussed the findings of the present study on challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The subsequent chapter presents the summary, conclusions and recommendations of the study.

CHAPTER 6

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The present study sought to establish challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools with a view to strategizing on overcoming them. In the current chapter, the context of the problem presented in chapter 1 is recapped and a summary of the findings of the study on each sub-research question is presented. The chapter also presents the conclusion of the study and recommendations for the improvement of SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The chapter further presents a proposed SGC model for SGC services provisions for children with disabilities, suggestions for future research and final comments.

6.2 A REVIEW OF THE RESEARCH PROBLEM

Section 1.2 revealed that, internationally, different researchers have investigated SGC services provisions for children with disabilities in different countries. Such studies were executed in Hong Kong (Yuk Yee & Brennan, 2004: 55), Ireland (Lynch et al, 2006:555), Scotland (Lehr & Sumararh, 2002:292), the UK (Platts & Williamson, 2000:234), the USA (Berry, 2009: 13; Duquette, 2006: 29; Brigman & Goodman, 2001:106), Botswana (Charema, 2008:158) and Nigeria (Alutu & Etiobhio, 2006:188). The results of these studies show that there are human, material, time, technological and financial challenges in SGC services provisions for children with disabilities.

Previous researchers on SGC services provisions for children in Zimbabwe such as Chireshe (2006), Chireshe and Mapfumo (2005), Gwengo (2003) and Madhuku (2005) focused on the so-called 'normal children' in mainstream schools regardless of the importance of SGC services provisions for children with disabilities. The current study

was premised on the conception that the diverse academic/educational, social/personal and career/vocational problems/challenges experienced by the so-called 'normal children' globally are usually resolved through SGC services provisions (Berry, 2009:14; Bemak & Cornely, 2002:323; Brigman & Campbell, 2003:92; Duquette, 2006:29; Hanish & Guerra, 2000:113; Hardman et al, 2008:17; Heward, 2009:45; Lapan et al, 2003:329) but it was not established how these challenges manifest in relation to children with disabilities in Zimbabwean inclusive primary schools. Section 1.2 revealed that SGC services provisions assist children with disabilities to learn in school and life (Bemak & Cornely, 2002:323;Cobia, 2007:4; Cook & Kaffenberger, 2003:117; DeRosier, 2004:197; Hallahan & Kauffman, 2003:37; Hanish & Guerra, 2000:113; Hermann & Finn, 2002:46; Heward, 2009:67), to make informed career decisions (Erford, 2011:1; Graham & Pulvino, 2000:172; Hall, Strangman & Meyer, 2003:1; Holcomb-McCoy, 2007:1; Mau & Bilkos, 2000:187; Morgan & Brand, 2009:5; Smart, 2009:34; Sink & Stroh, 2003:352; Whiston, 2003:435), to respect self and others (Metz, 2002:3; Obiozor, 2009:7; Rose & Meyer, 2002:7; Tomlinson, 2001:32; Wylie, 2004:17) and to understand opportunities in tandem with their uniqueness and potentialities (Coker & Schrader, 2004:264).

Section 1.2 also revealed that the provision of SGC services to children with disabilities is a resource-intensive and complex process (Bemak & Cornely, 2002:330; Gysbers, 2008:135; Mayock et al, 2009:19; Myers et al, 2002:200; Sullivan et al, 2004:5) and yet the challenges inherent in SGC services provisions for these children in Zimbabwean inclusive primary schools were not established. The current study sought to reveal these challenges with the intention that this would serve as a springboard for strategizing on overcoming them. Therefore, it was necessary to investigate the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools according to the perspectives and experiences of school administrators and counsellors.

The following sub-section presents a summary of the findings of the present study.

6.3 SUMMARY OF THE FINDINGS

6.3.1 Sub-research question 1: School counsellors' training and provision of SGC services

It emerged from the current study that school counsellors in inclusive primary schools in Zimbabwe lacked training in SGC services provisions for children with disabilities, training in Special Needs Education, experience in teaching children with disabilities and continuous staff development in SGC services provisions for children with disabilities. The present study also revealed that the aforementioned aspects positively impacted on SGC services provisions for children with disabilities.

6.3.2 Sub-research question 2: Material resources and provision of SGC services

The present study revealed that Zimbabwean inclusive primary schools lacked physical resources specifically SGC rooms, reading rooms and storage closets, materials and supplies, particularly stationery, referral materials, pamphlets, psychometric tests, toiletries, tables and chairs, time, finance and curricular resources, specifically, booklets, reading materials, pamphlets and brochures in SGC services provisions for children with disabilities.

6.3.3 Sub-research question 3: Stakeholders' attitudes and the provision of SGC Services

It emerged from the current study that stakeholders, specifically, the government, school administrators, teachers, communities, children and school counsellors had negative attitudes towards SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. The present study also revealed that most members of the multi-disciplinary team, particularly specialist teachers and ordinary

teachers except therapists, engaged in collaboration and discourse in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe.

6.3.4 Sub-research question 4: Policy and legislation and provision of SGC services

The current study revealed that Zimbabwean inclusive primary schools lacked mandatory policy and legislation, clear mission statements, a SGCF, school counsellor certification requirements and a national model for SGC services provisions for children with disabilities. It also emerged from the present study that the aforementioned aspects positively impacted on SGC services provisions for children with disabilities.

6.3.5 Strategies to overcome challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools

It emerged from the present study that strategies to overcome challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe included: professional training of school counsellors in SGC services provisions, information, advocacy and mobilization campaigns on disabilities, collaboration of inclusive primary schools with other key stakeholders of inclusive education in pooling resources for SGC services provisions, adequate budgetary allocation for SGC services provisions, time-tabling SGC services provisions, coopting all key stakeholders of inclusive education into the multi-disciplinary team in SGC services provisions and passing clear and concise mandatory policy and legislation on SGC services provisions for children with disabilities.

6.4 CONCLUSION

The essence of the current study was to establish challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools as a context for strategizing on overcoming them. There are a number of challenges in

SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The challenges include: school counsellors' lack of professional training in SGC services provisions for children with disabilities, training in Special Needs Education and experience in teaching children with disabilities and exposition to continuous staff development, lack of physical resources, material resources and supplies, time, finance and curricular resources, negative attitudes of the stakeholders, absence of mandatory policy and legislation, clear mission statement, a SGCF, school counsellor certification requirements and a national model for SGC services provisions for children with disabilities, and lack of collaboration and discourse of therapists with other members of the multi-disciplinary team.

Based on the findings of the present study, it can also be concluded that school counsellors' training in SGC, training in Special Needs Education, experience in teaching children with disabilities and exposition to continuous staff development positively impacts on SGC services provisions for children with disabilities. It can further be concluded that mission statements, a SGCF and certification requirements for school counsellors also positively impact on SGC services provisions for children with disabilities. From the findings of the current study, it can be concluded that there is collaboration and discourse of most members of the multi-disciplinary team in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe.

In the subsequent section, the contribution of the current study is presented.

6.5 CONTRIBUTION OF THE STUDY

The present study is the first of its kind to investigate challenges in SGC services provisions for children with disabilities in inclusive primary schools in Zimbabwe from the perspectives and experiences of inclusive primary school administrators and counsellors.

The current study extends the breadth and depth of the body of knowledge, attitudes, skills and understandings regarding challenges in SGC services provisions for children with disabilities in inclusive primary schools, and their circumvention thereof. This body of knowledge, attitudes, skills and understandings will assist and support inclusive education stakeholder individuals, organizations and institutions such as school counsellors, administrators, parents, teachers, children, the government and the community in strategizing on resolving challenges in SGC provisions for children with disabilities in Zimbabwean inclusive primary schools. This study also serves as a springboard for future researchers in the field of SGC services provisions.

In the following section, the recommendations of the current study are presented.

6.6 RECOMMENDATIONS

Based on the findings of the present study and the literature study, the researcher recommends strategies on overcoming challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools. The recommendations are commensurate with the current practices in the field of SGC services provisions for children with disabilities as defined, acknowledged and applied by the international fraternity.

The researcher makes the following recommendations:

6.6.1 Policy and legislation

From administrators' and counsellors' responses to the self-administered questionnaires and the literature study, SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools would be improved if they would be grounded in clear and concise mandatory policy and legislation, supported by an Act of Parliament that would spell out the expectations and roles of the

stakeholders. Clear and concise mandatory policy and legislation would also be supported by a clear mission statement, a SGCF, school counsellor certification requirements and a SGC national model. Mandatory planning, development, implementation, management and evaluation of SGC services provisions for children with disabilities, concurring with the international fraternity, would further improve SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools.

6.6.2 Practice

6.6.2.1 School counsellors' training

Based on inclusive primary school administrators' and counsellors' responses to the self-administered questionnaires and the literature study findings, SGC services provisions for children with disabilities in inclusive primary schools would be improved if there would be professional preparation and training of Zimbabwean school counsellors in SGC to equip them with specialized skills, knowledge, attitudes and understandings to address the unique academic/educational, personal/social and career/vocational concerns of children with disabilities. The administration and management of SGC services provisions would be enhanced if higher education institutions, particularly teachers' colleges and universities in Zimbabwe, would offer both undergraduate and postgraduate courses in SGC as a component of all teacher education programmes. In line with the international fraternity on SGC services provisions for children with disabilities, Special Needs Education would be incorporated in every teacher education programme.

As revealed by the inclusive primary school administrators' and counsellors' responses to the self-administered questionnaires and the literature study, continuous orientation and staff development of school counsellors in Zimbabwe would take place and would include current psychological and educational theories

and practices in SGC services provisions. Mounting staff orientation and development workshops, seminars and conferences for school counsellors at school, district, provincial and national levels would enhance school counsellors' professional expertise in managing and administering SGC services provisions. Consistent with the international fraternity, SGC services provisions in Zimbabwe would be improved if staff development for school counsellors would be entrenched into the school system.

6.6.2.2 Resources

SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools would be improved if pooling of adequate resources in particular physical facilities, material resources and supplies, time, finance and curricular materials would be realized. Adequate resources for SGC services provisions would be accumulated if inclusive primary schools would establish and reinforce inside-out and outside-in collaborative and corroborative structures and cultures such as networks with key stakeholders of inclusive education including the government, communities and non-governmental organizations.

6.6.2.3 Attitudes

SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools would be improved if positive attitudes towards such provisions among inclusive education stakeholder individuals, organizations and institutions such as the government, school administrators, teachers, communities, children and school counsellors, would be cultivated and nurtured. The hosting of orientation programmes on disabilities for the aforementioned stakeholders by institutions of higher learning such as colleges and universities would develop positive attitudes towards SGC services provisions for these children.

6.6.2.4 The SGC Services Provisions Model for children with disabilities

A SGC services provisions model for children with disabilities in inclusive primary schools is proposed below to advance the adoption of the recommendations presented above. As shown in the diagram, there is a symbiotic relationship among the different components of the model as they are all hinged on the collaboration of inclusive primary schools with other stakeholders of inclusive education.
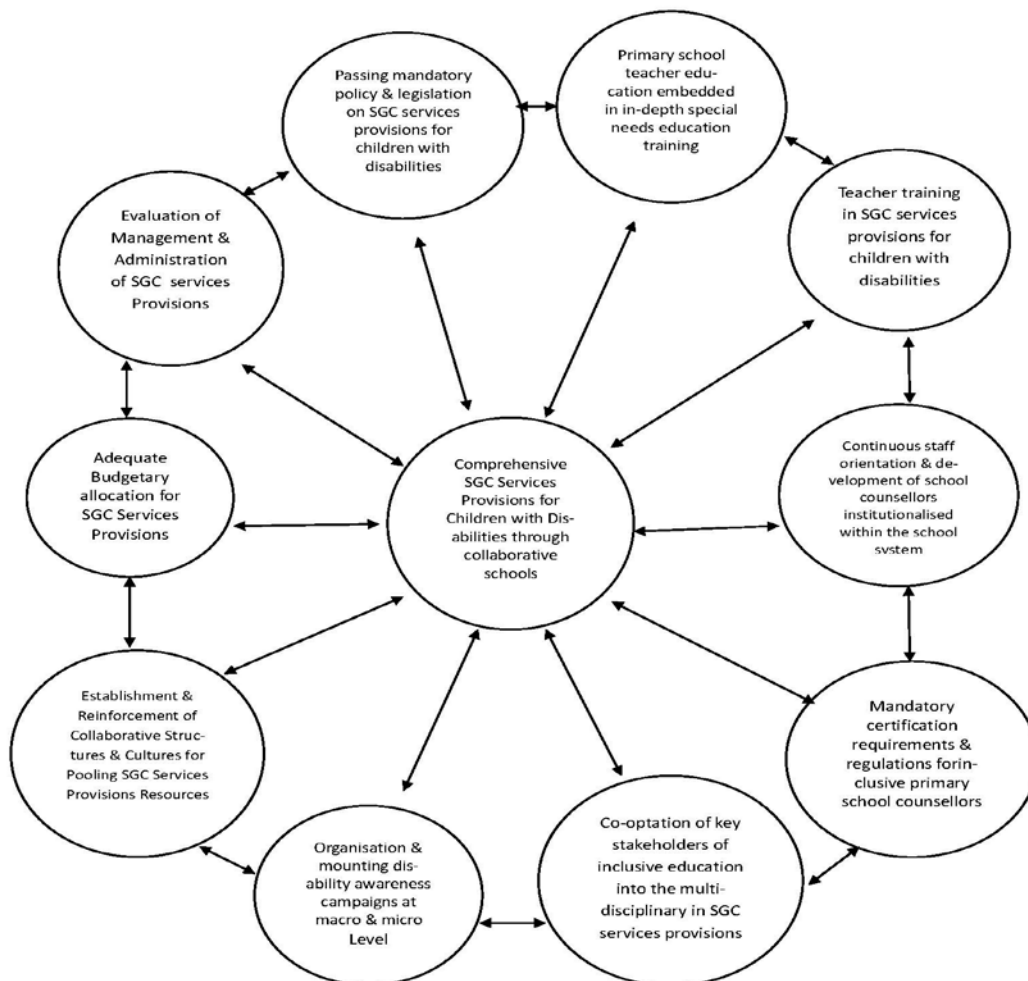
Figure 5.1: A Proposed T. Majoko (2013) Model of SGC Services Provisions for Children with Disabilities

The symbiotic components of the proposed SGC services provisions model for children with disabilities in inclusive primary schools as shown in Figure 5.1 above include: passing clear and concise mandatory policy and legislation on SGC services provisions, teacher training embedded in in-depth Special Needs Education, teacher training in SGC services provisions, continuous staff development of school counsellors in SGC services provisions entrenched within the school system, mandatory certification requirements and regulations for inclusive primary school counsellors, cooptation of key stakeholders of inclusive education into the multi-disciplinary team in SGC services provisions, organization and mounting of disability awareness campaigns at macro and micro levels, establishment and reinforcement of collaborative structures and cultures for pooling resources for SGC services provisions, adequate budgetary allocation for SGC services provisions and monitoring and evaluation of the management and administration of SGC services provisions. The model is cyclic in nature and grounded in the 'best' /'model' practices in SGC services provisions for children with disabilities gleaned from the reviewed related international and Zimbabwean literature, the Humanistic theory that informed the study and the responses of the research participants particularly Zimbabwean inclusive primary school administrators and counselors. The pivot for all the iterative components of the model is the establishment and reinforcement of inside-out and outside-in collaborative structures and cultures such as networks by inclusive primary schools.

Component 1: Passing clear and concise mandatory policy and legislation on SGC services provisions for children with disabilities

In keeping with the USA, Nigeria, Scotland, Botswana, Zambia and other countries where clear and concise mandatory SGC policy and legislation influences the effective management and administration of SGC services provisions for children, services provisions for children with disabilities would be improved if they were grounded in clear and concise mandatory policy and legislation that would spell out the integral role of and rationale for SGC services provisions for children with disabilities and clarify the roles, responsibilities and expectations to all key stakeholders of inclusive education. Consistent with the Netherlands, Ireland, Namibia, Uganda and other countries where mandatory SGC policy and legislation facilitates the provision of comprehensive SGC services to children with disabilities, mandatory planning, development, implementation, management and evaluation of services provisions would influence the management and administration of services provisions that would be commensurate with the diverse unique individual needs and interests of children with disabilities in accordance with the Humanistic theory that informed the study.

SGC services provisions would also be supported by an Act of Parliament as is the case with the Developmental Guidance and Counselling Programmes Act of 2001 in Texas which mandates the implementation of comprehensive SGC services provisions. The management and administration of SGC services provisions for children with disabilities would be improved if there would be a clear mission statement, mandatory school counsellor certification requirements and regulations, a SGCF and a SGC national model in line with the USA, Japan, South Korea and other countries where the aforementioned comprehensive SGC components enhances the realization of quality services provisions for children with disabilities. The effective management and administration of SGC services provisions for children with disabilities would enhance the holistic development of children with disabilities in accordance with the Humanistic theory that informed the study.

Component 2: Primary school teacher education embedded in in-depth Special Needs Education training

Consistent with Botswana, Zambia, Finland, South Korea, Japan and other countries where school counsellors who underwent pre-service teacher training are effective in the management and administration of SGC services provisions for children, it is recommended that school counsellors would undergo initial training in primary school teacher education embedded in in-depth Special Needs Education to acquire the theory and practice of primary school education for facilitating the holistic development of children with disabilities as embodied in the Humanistic theory which informed the study.

Pre-service teacher training embedded in in-depth Special Needs Education would foster in school counsellors competencies and skills in SGC policy, development and management that would facilitate their effective management and administration of SGC services provisions for children with disabilities. Primary school teacher education embedded in in-depth Special Needs Education training would develop in school counsellors specialized skills, knowledge, attitudes and understandings to manage SGC content and process that would cultivate and nurture the unfolding of the diverse unique inherent individual capacities and potentialities of children with disabilities as embodied in the Humanistic theory that informed the study.

Component 3: Teacher training in SGC services provisions for children with disabilities in inclusive primary schools

In keeping with Botswana, Japan, South Korea, Hong Kong, Ireland, Namibia and other countries where school counsellors who are formally professionally trained in SGC are effective in the management and administration of SGC services provisions for children, school counsellors would have intensive professional preparation and training in SGC services provisions for children with disabilities in order to be

equipped with the specialized skills, knowledge, attitudes and understandings to holistically address the diverse unique, individual, dynamic concerns of children with disabilities and adapt their priorities and interventions in accordance with the heterogeneity of children with disabilities as embodied in the Humanistic theory that informed the study. School counsellors with intensive professional preparation and training in SGC would be professionally competent to address in totality the humanistic aspects of guidance and counselling in services provisions for children with disabilities as upheld in the Humanistic theory that informed the study.

Component 4: Continuous staff orientation and development of school counsellors institutionalized within the school system

It is recommended that continuous staff orientation and development of school counsellors in SGC services provisions would be provided so that the services provisions would be managed and administered by highly qualified school counsellors who would be well-informed of SGC practice and ethics. In line with Ethiopia, Namibia, Botswana, Ireland, Japan, South Korea, Zambia and other countries where school counsellors who are staff developed in SGC are effective in the management and administration of SGC services provisions for children, staff development would be institutionalized within the school system so that school counsellors would be continuously equipped with the professional expertise to understand, accommodate and manage the unique dynamic individual needs and interests of children with disabilities in an ever-changing society as upheld in the Humanistic theory that informed the study.

Staff development in SGC would facilitate the management and administration of SGC services provisions for children with disabilities by fully trained, qualified professional school counsellors who would be informed of the guidance and counselling practice and ethics as embodied in the Humanistic theory that informed

the study. Such school counsellors would address the regulatory and the affective facets of children with disabilities in SGC services provisions in tandem with the Humanistic theory that informed the study.

Component 5: Mandatory certification requirements and regulations for school counsellors

It is recommended that mandatory certification requirements and regulations by a national professional board would improve SGC services provisions for children with disabilities in line with Japan, South Korea and other countries where mandatory certification requirements and regulations for school counsellors facilitates the exposition of children with disabilities to SGC services provisions from appropriately qualified school counsellors. Mandatory certification requirements and regulations for school counsellors would facilitate the recruitment of appropriately qualified school counsellors who would manage and administer SGC services provisions for children with disabilities in accordance with the Humanistic theory that informed the study.

Children with disabilities would be exposed to comprehensive SGC services provisions if the level of academic and professional education required of school counsellors would make them competent to holistically address their concerns in accordance with the Humanistic theory that informed the study. In keeping with the USA, South Korea and other countries where the effective management and administration of SGC services provisions for children with disabilities is grounded in mandatory certification requirements and regulations for school counsellors, individuals wishing to be certified as school counsellors would be required to hold at least a Master's Degree in SGC.

Component 6: Cooptation of key stakeholders of inclusive education into the multi-disciplinary team in SGC services provisions

Consistent with Scotland, Finland, Ireland, Japan and other countries where cooptation of key stakeholders of inclusive education into the multi-disciplinary team in SGC services provisions enhances the effective management and administration of services provisions for children with disabilities, collective pooling of expertise in services provisions for children with disabilities would be realized if there would be cooptation of professionals, para-professionals, non-professionals and parents as primary socialization agents for children with disabilities, into the multi-disciplinary team. This would result in a holistic approach to SGC services provisions that would enhance the development of children with disabilities in totality in accordance with the Humanistic theory which informed the study. In keeping with South Korea, Japan and other countries with 'model' practices in SGC services provisions for children with disabilities, the cooptation of key stakeholders of inclusive education into the multi-disciplinary team would facilitate the adoption and institutionalization of the multi-sectorial approach to services provisions for children with disabilities which would culminate in the total resolution of the diverse concerns of children with disabilities as upheld in the Humanistic theory that informed the study.

Component 7: Organization and mounting of disability awareness campaigns at macro and micro levels

Positive attitudes, knowledge, skills and understandings of SGC services provisions for children with disabilities in inclusive primary schools would be fostered in stakeholders of inclusive education through disability awareness campaigns mounted at national and local levels in line with the USA, Scotland, Finland and other countries with comprehensive SGC services provisions for children with disabilities as a result of the positive attitudes of most inclusive education stakeholders. The organization of these campaigns at macro and micro levels would foster positive attitudes towards SGC services provisions for children with disabilities among inclusive education stakeholder individuals, organizations and institutions such as school counsellors,

donors, parents and the government in tandem with the Humanistic belief that human beings have the capacity to grow from learning.

Disability awareness campaigns mounted by persons with disabilities in collaboration and corroboration with persons 'without' disabilities would be one way to develop in stakeholders of inclusive education positive attitudes towards SGC services provisions for children with disabilities. Consistent with Scotland, Finland and other countries with 'best' practices in SGC services provisions for children with disabilities, positive attitudes of the stakeholders would facilitate collaborative and corroborative pooling of human, material, technological and financial resources that would aid the establishment and reinforcement of SGC environments that would enhance the effective management and administration of SGC services provisions for children with disabilities in accordance with the Humanistic theory that informed the study.   In keeping with the USA, Japan, South Korea and other countries where adequate appropriate resources for SGC services provisions facilitates the provision of comprehensive SGC services to children with disabilities, the availability of adequate appropriate resources for SGC services provisions would facilitate self-exploration of children with disabilities which would enhance their self-actualization and self-independence in accordance with the Humanistic theory that informed the study.

Component 8: Establishment and reinforcement of collaborative structures and cultures for pooling SGC services provisions resources

In line with Japan, Scotland, Finland and other countries where total and coordinated approaches are conducive to effective management and administration of SGC services for children with disabilities, the collective pooling of human, material, technological, finance and time resources in SGC services provisions for children with disabilities would be realized if inclusive primary schools would establish and reinforce collaborative structures and cultures such as Inclusive Primary Schools-

Parents Associations and other networks with inclusive education stakeholders such as the government, communities and the corporate world. This would create inclusive primary SGC environments that would facilitate the unfolding of the inherent unique capacities and potentialities of children with disabilities in line with the Humanistic theory that informed the study. The establishment and reinforcement of inside-out and outside-in collaborative structures and cultures in SGC services provisions would also enhance the addressing of the needs and interests of children with disabilities in totality as embodied in the Humanistic theory that informed the study.

Component 9: Adequate budgetary allocation for SGC services provisions

In tandem with countries with 'model' practices in SGC services provisions for children with disabilities in the international fraternity such as Finland, Japan, South Korea and Scotland, recurrent and fixed costs would be offset if there would be separate and adequate budgetary allocation coupled with the establishment and reinforcement of an effective and efficient accounting system for services provisions for children with disabilities in inclusive primary schools. Separate and adequate budgetary allocation for SGC services provisions for children with disabilities would facilitate the requisition of adequate appropriate human, material, financial and technological resources such as school counsellors, educational psychologists, computers and SGC curriculum materials and resources that would enhance self-direction and independence among children with disabilities in accordance with the Humanistic theory that informed the study.

In line with the USA, South Korea and Scotland, the requisition of adequate appropriate resources for SGC services provisions for children with disabilities would facilitate the exposition of children with disabilities to a variety of motivating, informative and educative SGC experiences that would equip them with diverse skills,

knowledge, attitudes and understandings to effectively manage their lives in tandem with the Humanistic theory that informed the study. The availability of adequate appropriate resources for SGC services would also support and assist children with disabilities to take responsibility of their own guidance and counselling and provide much of the input for guidance and counselling in accordance with the Humanistic theory that informed the study.

Component 10: Monitoring and Evaluation of SGC services provisions management and administration

Quality assurance in SGC services provisions for children with disabilities in inclusive primary schools would be realized through the establishment and reinforcement of effective and timeous monitoring and evaluation of the management and administration of services provisions in keeping with Scotland, Finland, South Korea and other countries with comprehensive services provisions for children with disabilities. Effective and timeous monitoring and evaluation of the management and administration of SGC services provisions would culminate in children with disabilities receiving responsive services provisions in line with the Humanistic theory that informed the study. It would also aid in ascertaining the field independency and self-actualization of children with disabilities and the subsequent adoption of 'remedial measures' as and when necessary. Effective and timeous monitoring and evaluation of the management and administration of SGC services provisions would further facilitate the exposition of children with disabilities to timeous services provisions that would enhance their coping with the ever-dynamic society in keeping with the Humanistic theory that informed the study.

SGC services provisions would be managed and administered in a diagnostic and prescriptive manner for the optimum benefit of children with disabilities. This would be realized if the management and administration of such services would be

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monitored and evaluated at regular intervals by highly qualified and experienced personnel in keeping with the USA, Japan, South Korea, Finland and Scotland among other countries with comprehensive monitoring and evaluation of SGC services provisions for children with disabilities. Effective and timeous expert monitoring and evaluation of SGC services provisions would accumulate feedback that would serve as a 'database' for effective management and administration of services provisions for children with disabilities in accordance with the Humanistic theory that informed the study.

The following section presents recommendations for further research.

6.7 RECOMMENDATIONS FOR FURTHER RESEARCH

Following are the recommendations for future studies in the field of SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools.

The current study was confined to only three out of ten educational provinces in Zimbabwe, a small national coverage. A more comprehensive study executed nationally in inclusive primary schools would establish the challenges in SGC provisions for children with disabilities as a necessary preliminary step to circumventing them. This would also provide a baseline for passing clear and concise policy and legislation on SGC services provisions for these children.

In the current study, data and information was solicited from inclusive primary school administrators and counsellors only. The tapping of the diverse perspectives and experiences of inclusive education stakeholders regarding the challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools would be realized through the active involvement and participation of diverse stakeholders such as parents, children, legislators, therapists and education officers for SGC and Provincial Education Directors as research participants.

The establishment and reinforcement of the pivotal link between key stakeholders of inclusive education and inclusive primary schools would be realized if studies would be done on the collaboration between the schools and the stakeholders. Experimental studies that would compare inclusive primary schools that offer SGC services provisions with those that do not offer these services would further reveal challenges in SGC services provisions for children with disabilities.

6.8 FINAL COMMENTS

The current study investigated and established challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools by reaping perspectives and experiences of school administrators and counsellors. This accumulated valuable insight into the challenges they face and the strategies required to overcome them.

It emerged from the present study that school counsellors in Zimbabwe are not professionally trained in SGC services provisions for children with disabilities in inclusive primary schools. They lack training in Special Needs Education, experience in teaching children with disabilities and do not receive continuous staff development in SGC services provisions for these children. It was also revealed that there is lack of physical and material resources and supplies, time, finance and curricular resources for SGC services provisions. It further emerged from the study that Zimbabwean inclusive primary schools lack mandatory policy and legislation, a clear mission statement, a SGCF and a national model on SGC services provisions for children with disabilities. The study revealed that stakeholders of inclusive education have negative attitudes towards SGC services provisions for children with disabilities.

Regardless of the above-mentioned challenges, administrators and counsellors maintain that they are managing and administering SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools and that most

members of the multi-disciplinary team collaborate in SGC services provisions for these children.

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APPENDIX A: RESEARCH ETHICS CLEARANCE CERTIFICATE

UNISA | college of education

Research Ethics Clearance Certificate

This is to certify that the application for ethical clearance submitted by

T Majoko [46742522]

for a D Ed study entitled

Challenges in school guidance and counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools

has met the ethical requirements as specified by the University of South Africa College of Education Research Ethics Committee. This certificate is valid for two years from the date of issue.

Prof CS le Roux   18 April 2013
CEDU REC (Chairperson)
lrouxcs@unisa.ac.za
Reference number: 2013 APR/46742522/CSLR

APPENDIX B: QUESTIONNAIRE FOR SCHOOL ADMINISTRATORS

ZIMBABWEAN INCLUSIVE PRIMARY SCHOOL GUIDANCE AND COUNSELLING SERVICES PROVISIONS FOR CHILDREN WITH DISABILITIES: QUESTIONNAIRE FOR SCHOOL ADMINISTRATORS

INSTRUCTIONS

This questionnaire seeks to investigate challenges in School Guidance and Counselling services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The study is part of the researcher's Doctor of Education Degree at the University of South Africa and should help improve School Guidance and Counselling (SGC) Services provisions for children with disabilities in Zimbabwean inclusive primary schools. You do not need to write your name and no respondent will be identified or traced from this investigation whatsoever as confidentiality and anonymity are guaranteed. All data and information provided by you will be treated as strictly private and confidential. There are no 'right' and 'wrong' answers. The researcher is only interested in your response. You are therefore kindly requested to complete the questionnaire as honestly as you can. Thank you for participating in the current survey.

SECTION A: BIOGRAPHICAL INFORMATION

Serial number

1   2   3

Kindly indicate your response by placing a tick ☑ in the appropriate box at each statement or question.

For Official use Only columns

1. Gender

| Female | 1 |
| Male | 2 |

2. Age

20 – 30 years	1
31 – 40 years	2
41 – 50 years	3
Over 50 years	4

3. Experience as a teacher

1 – 5 years	1
6 – 10 years	2
11 – 15 years	3
Over 15 years	4

4. Experience as a school administrator

1 – 5 years	1
6 – 10 years	2
11 – 15 years	3
Over 15 years	4

SECTION B: SCHOOL COUNSELLORS' TRAINING AND PROVISION OF SGC SERVICES

a) To what extent do the following statements apply to your own situation?

Statements	Very Great Extent	Great Extent	Somewhat	Little Extent	Very Little Extent	
1. Our school counsellor is trained in SGC services provisions for children with disabilities.	1	2	3	4	5	
2. Our school counsellor is trained in Special needs education.	1	2	3	4	5	
3. Our school counsellor is experienced in teaching children with disabilities**.**	1	2	3	4	5	
4. Our school counsellor is continuously staff developed in SGC services provisions for children with disabilities.	1	2	3	4	5	
. 5. SGC services training has a positive impact on SGC services provisions for children with disabilities.	1	2	3	4	5	
6. Training in Special needs education has a positive impact on SGC services provisions for children with disabilities.	1	2	3	4	5	
7. Teaching experience has a positive impact on SGC services provisions for children with disabilities.	1	2	3	4	5	
8. Staff development positively impacts on SGC services provisions for children with disabilities.	1	2	3	4	5	

Comment on school counsellor' training and SGC services provisions for children with disabilities at your school

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SECTION C: MATERIAL RESOURCES AND SCHOOL PROVISION OF SGC

a) To what extent are you satisfied with the availability of the following physical resources in SGC services provisions for children with disabilities at your school?

Physical resources	Satisfied	Just satisfied	Satisfied	Dissatisfied	Strongly Dissatisfied	
1.SGC rooms	1	2	3	4	5	
2.Reading rooms	1	2	3	4	5	
3.Storage closets	1	2	3	4	5	

Comment on physical resources and provision of SGC services for children with disabilities at your school

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b) To what extent are you satisfied with the availability of the following supplies in SGC services provisions for children with disabilities at your school?

Supplies	Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Strongly dissatisfied	
1.Stationery	1	2	3	4	5	
2.Referral materials	1	2	3	4	5	
3.Reading materials	1	2	3	4	5	
4.Psychometric tests	1	2	3	4	5	
5.Toiletries	1	2	3	4	5	
6. Tables/Desks	1	2	3	4	5	
7. Chairs	1	2	3	4	5	

Comment on supplies and provision of SGC services for children with disabilities at your school

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c) To what extent are you satisfied with the availability of time and finance in SGC services provisions for children with disabilities at your school?

Resource	Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Strongly Dissatisfied	
1.Time	1	2	3	4	5	
2.Finance	1	2	3	4	5	

Comment on time and finance and provision of SGC services for children with disabilities at your school

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d) To what extent are you satisfied with the availability of the following curricular resources in SGC services provisions for children with disabilities at your school?

Curricular resources	Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Strongly Dissatisfied	
1. Booklets	1	2	3	4	5	
2.Reading materials	1	2	3	4	5	
3.Pamphlets	1	2	3	4	5	
4.Bronchures	1	2	3	4	5	

Comment on curricular resources and provision of SGC services for children with disabilities at your school

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SECTION D: STAKEHOLDERS' ATTITUDES AND PROVISION OF SGC SERVICES

a) To what extent are the attitudes of the following stakeholders supportive of SGC services provisions for children with disabilities at your school?

Stakeholders	Very Great Extent	Great Extent	Somewhat	Little Extent	Very Little Extent	
1.Government	1	2	3	4	5	
2.School administrators	1	2	3	4	5	
3.Teachers	1	2	3	4	5	
4. Communities	1	2	3	4	5	
5.Children	1	2	3	4	5	
6.School counsellors	1	2	3	4	5	

Comment on stakeholders' attitudes and provision of SGC services for children with disabilities at your school

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b) To what extent are you satisfied with the collaboration and discourse of the following members of the multi-disciplinary approach in SGC services provisions for children with disabilities at your school?

Members	Very Satisfied	Just Satisfied	Satisfied	Dissatisfied	Strongly Dissatisfied	
1.Inclusive/Specialist teachers	1	2	3	4	5	
2. Ordinary/ regular teachers	1	2	3	4	5	
3.Therapists	1	2	3	4	5	

Comment on the multi-disciplinary team and provision of SGC services for children with disabilities at your school

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SECTION E: POLICY AND LEGISLATION AND PROVISION OF SGC SERVICES

a) To what extent do you agree or disagree with the following statements

Statements	Very Great Extent	Great Extent	Somewhat	Little Extent	Very Little Extent	
1. Policy and legislation mandates SGC services provisions for children with disabilities at our school.	1	2	3	4	5	
2. There is a clear mission statement on SGC services provisions for children with disabilities at our school.	1	2	3	4	5	
3. There is a SGC Framework on SGC services provisions for children with disabilities at our school.	1	2	3	4	5	
4. There are certification requirements for the school counsellor at our school.	1	2	3	4	5	
5.There is a national model for SGC services provisions for children with disabilities at our school	1	2	3	4	5	
6. A mission statement has a positive influence on SGC services provisions for children with disabilities.	1	2	3	4	5	
7. A SGC Framework has a positive influence on SGC services provisions for children with disabilities.	1	2	3	4	5	
8. Certification requirements for the school counsellor positively impact on SGC services provisions for children with disabilities.	1	2	3	4	5	

Comment on policy and legislation and provision of SGC services for children with disabilities at your school

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APPENDIX C: QUESTIONNAIRE FOR SCHOOL COUNSELLORS

ZIMBABWEAN INCLUSIVE PRIMARY SCHOOL GUIDANCE AND COUNSELLING SERVICES PROVISIONS FOR CHILDREN WITH DISABILITIES

QUESTIONNAIRE FOR SCHOOL COUNSELLORS

INSTRUCTIONS

This questionnaire seeks to investigate challenges in School Guidance and Counselling Services provisions for children with disabilities in inclusive primary schools in Zimbabwe. The study is part of the researcher's Doctor of Education Degree at the University of South Africa and should help improve School Guidance and Counselling (SGC) Services provisions for children with disabilities in Zimbabwean inclusive primary schools. You do not need to write your name and no respondent will be identified or traced from this investigation whatsoever as confidentiality and anonymity are guaranteed. All data and information provided by you will be treated as strictly private and confidential. There are no 'right' and 'wrong' answers. The researcher is only interested in your response. You are therefore kindly requested to complete the questionnaire as honestly as you can. Thank you for participating in this survey.

SECTION A: BIOGRAPHICAL INFORMATION

Serial number

1	2	3

Kindly indicate your response by placing a tick ☑ in the appropriate box at each statement or question.

**For Official use
Only columns**

1. Gender

Female	1
Male	2

2. Age

20 – 30 years	1
31 – 40 years	2
41 – 50 years	3
Over 50 years	4

3. Experience as a teacher

1 – 5 years	1
6 – 10 years	2
11 – 15 years	3
Over 15 years	4

4. Experience as a school counsellor

1 – 5 years	1
6 – 10 years	2
11 – 15 years	3
Over 15 years	4

SECTION B: SCHOOL COUNSELLORS' TRAINING AND PROVISION OF SGC SERVICES

a) To what extent do the following statements apply to your own situation?

Statements	Very Great Extent	Great Extent	Somewhat	Little Extent	Very Little Extent	
1. I am trained in SGC services provisions for children with disabilities.	1	2	3	4	5	
2. I am trained in Special needs education.	1	2	3	4	5	
3. I am experienced in teaching children with disabilities.	1	2	3	4	5	
4. I am continuously staff developed in SGC services provisions for children with disabilities.	1	2	3	4	5	
5. SGC services training has a positive impact on SGC services provisions for children with disabilities.	1	2	3	4	5	
6. Training in Special needs education has a positive impact on SGC services provisions for children with disabilities.	1	2	3	4	5	
7. Teaching experience has a positive impact on SGC services provisions for children with disabilities.	1	2	3	4	5	
8. Staff development positively impacts on SGC services provisions for children with disabilities	1	2	3	4	5	

Comment on your training and SGC services provisions for children with disabilities at your school
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SECTION C: MATERIAL RESOURCES AND SCHOOL PROVISION OF SGC

(a) To what extent are you satisfied with the availability of the following physical resources in SGC services provisions for children with disabilities at your school?

Physical resources	Satisfied	Just satisfied	Satisfied	Dissatisfied	Strongly Dissatisfied	
1.SGC rooms	1	2	3	4	5	
2.Reading rooms	1	2	3	4	5	
3.Storage closets	1	2	3	4	5	

Comment on physical resources and SGC services provisions for children with disabilities at your school

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b) To what extent are you satisfied with the availability of the following supplies in SGC services provisions for children with disabilities at your school?

Supplies	Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Strongly dissatisfied	
1.Stationery	1	2	3	4	5	
2.Referral materials	1	2	3	4	5	
3.Reading materials	1	2	3	4	5	
4.Psychometric tests	1	2	3	4	5	
5.Toiletries	1	2	3	4	5	
6. Tables/Desks	1	2	3	4	5	
7. Chairs	1	2	3	4	5	

Comment on supplies and SGC services provisions for children with disabilities at your school

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c) To what extent are you satisfied with the availability of time and finance in SGC services provisions for children with disabilities at your school?

Resource	Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Very Dissatisfied	
1.Time	1	2	3	4	5	
2.Finance	1	2	3	4	5	

Comment on time and finance and SGC services provisions for children with disabilities at your school

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d) To what extent are you satisfied with the availability of the following curricular resources in SGC services provisions for children with disabilities at your school?

Curricular resources	Very Satisfied	Satisfied	Just Satisfied	Dissatisfied	Strongly Dissatisfied	
1. Booklets	1	2	3	4	5	
2.Reading materials	1	2	3	4	5	
3.Pamphlets	1	2	3	4	5	
4.Bronchures	1	2	3	4	5	

Comment on curricular resources and SGC services provisions for children with disabilities at your school

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SECTION D: STAKEHOLDERS' ATTITUDES AND PROVISION OF SGC SERVICES

a) To what extent are the attitudes of the following stakeholders supportive of SGC services provisions for children with disabilities at your school?

Stakeholders	Very Great Extent	Great Extent	Somewhat	Little Extent	Very Little Extent	
1.Government	1	2	3	4	5	
2.School administrators	1	2	3	4	5	
3.Teachers	1	2	3	4	5	
4. Communities	1	2	3	4	5	
5.Children	1	2	3	4	5	
6.School counsellors	1	2	3	4	5	

Comment on stakeholders' attitudes and provision of SGC services provisions for children with disabilities at your school

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b) To what extent are you satisfied with the collaboration and discourse of the following members of the multi-disciplinary approach in SGC services provisions for children with disabilities at your school?

Members	Very Satisfied	Just Satisfied	Satisfied	Dissatisfied	Strongly Dissatisfied	
1.Inclusive/Specialist teachers	1	2	3	4	5	
2. Ordinary/ regular teachers	1	2	3	4	5	
3.Therapists	1	2	3	4	5	

Comment on the multi-disciplinary team and SGC services provisions for children with disabilities at your school

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SECTION E: POLICY AND LEGISLATION AND PROVISION OF SGC SERVICES

a) To what extent do you agree or disagree with the following statements?

Statements	Very Great Extent	Great Extent	Somewhat	Little Extent	Very Little Extent	
1. Policy and legislation mandates SGC services provisions for children with disabilities at our school.	1	2	3	4	5	☐
2. There is a clear mission statement on SGC services provisions for children with disabilities at our school.	1	2	3	4	5	☐
3. There is a SGC Framework on SGC services provisions for children with disabilities at our school.	1	2	3	4	5	☐
4. There are certification requirements for the school counsellor at our school.	1	2	3	4	5	☐
5.There is a national model for SGC services provisions for children with disabilities at our school	1	2	3	4	5	☐
6. A mission statement has a positive impact on SGC services provisions for children at our school.	1	2	3	4	5	☐
7. A SGC Framework has a positive influence on SGC services provisions for children with disabilities at our school.	1	2	3	4	5	☐
8. Certification requirements for the school counsellor positively impacts on SGC services provisions for children with disabilities at our school.	1	2	3	4	5	☐

Comment on policy and legislation and provision of SGC services provisions for children with disabilities at your school

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APPENDIX D: APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY

28 Northampton Crescent
Eastlea
Harare
13 March 2013

Ministry of Education, Sport, Arts and Culture
P.O. Box CY 121
Causeway
Harare
Zimbabwe

Dear Sir/ Madam

Ref: Application for clearance to conduct a research study in selected Zimbabwean inclusive primary schools

I, Majoko Tawanda, I am registered with the University of South Africa for the Doctor of Education in Inclusive Education Degree. My student number is 46742522. I wish to conduct a research study on *"Challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools"* in Harare, Mashonaland West and Midlands regions. I will use self-administered questionnaires for inclusive primary school counsellors and administrators to solicit for data. A total of 600 randomly selected inclusive primary school counsellors and administrators from the aforementioned regions are envisaged to participate in this research study. To this end, I am requesting for your clearance to conduct the research study in the respective above mentioned regions. There are no anticipated risks or discomforts emanating from the research participants' involvement in this research study.

The opinions and experiences of the inclusive primary school counsellors and administrators are very important in the current study as they will form the basis for strategizing on addressing identified challenges in SGC services provisions for children with disabilities in Zimbabwean inclusive primary schools for the benefit of all inclusive education stakeholder individuals, organizations and institutions.

The participation of the selected inclusive primary school counsellors and administrators in in this study is strictly voluntary. They can withdraw from this study at any stage if they do not like continuing regardless of having consented to participate. Anonymity will be maintained and the information given by the respondents will be managed with strict privacy and confidentiality.

Yours truly

Majoko Tawanda: Cell number: +263772481216
Signature: ....Date: ....

APPENDIX E: APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY

28 Northampton Crescent
Eastlea
Harare
13 March 2013

The Provincial Education Director
Ministry of Education, Sport, Arts and Culture
Harare Provincial office, Chester House
P.O. Box CY 1343
Causeway
Zimbabwe

Dear Sir/ Madam
Ref : Application for permission to conduct research study in Harare Region

I, Majoko Tawanda, I am registered with the University of South Africa for the Doctor of Education in Inclusive Education Degree. My student number is 46742522. I am conducting a research study on *"Challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools"*. I am using self-administered questionnaires for school counsellors and administrators to solicit for data and information. A total of 200 randomly selected inclusive primary school counsellors and administrators from your educational region are expected to participate in this research study'. To this end, I am requesting for your permission to conduct the research study in your region. There are no anticipated risks or discomforts emanating from your participation in this research study.

The opinions and experiences of the inclusive primary school counsellors and administrators in your region are very important in this study. Their opinions and experiences will enable the researcher to find out the challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools as a basis for strategizing on addressing such challenges for the benefit of all inclusive education stakeholder individuals, organizations and institutions.

The participation of the selected inclusive primary school counsellors and administrators in in this study is strictly voluntary. They can withdraw from this study at any stage if they do not like continuing regardless of having consented to participate. Anonymity will be maintained and the information given by the respondents will be managed with strict privacy and confidentiality.

Yours truly

Majoko Tawanda: Cell number: +263772481216
Signature:......................Date:..............................

APPENDIX F: APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY

28 Northampton Crescent
Eastlea
Harare
13 March 2013

The Provincial Education Director
Ministry of Education, Sport, Arts and Culture
Mashonaland West Provincial office
P.O. Box 328
Chinhoyi
Zimbabwe

Dear Sir/ Madam
Ref : Application for permission to conduct research study in Mashonaland West Region

I, Majoko Tawanda, I am registered with the University of South Africa for the Doctor of Education in Inclusive Education Degree. My student number is 46742522. I am conducting a research study on *"Challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools"*. I am using self-administered questionnaires for school counsellors and administrators to solicit for data and information. A total of 200 randomly selected inclusive primary school counsellors and administrators from your educational region are expected to participate in this research study'. To this end, I am requesting for your permission to conduct the research study in your region. There are no anticipated risks or discomforts emanating from your participation in this research study.

The opinions and experiences of the inclusive primary school counsellors and administrators in your region are very important in this study. Their opinions and experiences will enable the researcher to find out the challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools as a basis for strategizing on addressing such challenges for the benefit of all inclusive education stakeholder individuals, organizations and institutions.

The participation of the selected inclusive primary school counsellors and administrators in in this study is strictly voluntary. They can withdraw from this study at any stage if they do not like continuing regardless of having consented to participate. Anonymity will be maintained and the information given by the respondents will be managed with strict privacy and confidentiality.

Yours truly

Majoko Tawanda: Cell number: +263772481216

Signature:........................Date:...........................

APPENDIX G: APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY

28 Northampton Crescent
Eastlea
Harare

13 March 2013

The Provincial Education Director
Ministry of Education, Sport, Arts and Culture
Midlands Provincial office
P.O. Box 737
Gweru
Zimbabwe

Dear Sir/ Madam
Ref : Application for permission to conduct research study in Midlands   Region

I, Majoko Tawanda, I am registered with the University of South Africa for the Doctor of Education in Inclusive Education Degree. My student number is 46742522. I am conducting a research study on *"Challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools"*. I am using self-administered questionnaires for school counsellors and administrators to solicit for data and information. A total of 200 randomly selected inclusive primary school counsellors and administrators from your educational region are expected to participate in this research study'. To this end, I am requesting for your permission to conduct the research study in your region. There are no anticipated risks or discomforts emanating from your participation in this research study.

The opinions and experiences of the inclusive primary school counsellors and administrators in your region are very important in this study. Their opinions and experiences will enable the researcher to find out the challenges in School Guidance and Counselling services provisions for children with disabilities in Zimbabwean inclusive primary schools as a basis for strategizing on addressing such challenges for the benefit of all inclusive education stakeholder individuals, organizations and institutions.

The participation of the selected inclusive primary school counsellors and administrators in in this study is strictly voluntary. They can withdraw from this study at any stage if they do not like continuing regardless of having consented to participate. Anonymity will be maintained and the information given by the respondents will be managed with strict privacy and confidentiality.

Yours truly

Majoko Tawanda: Cell number: +263772481216
Signature:.......................Date:...........................

APPENDIX H: PERMISSION TO CARRY OUT EDUCATIONAL RESEARCH

All communications should be addressed to "The Provincial Education Director, Ministry of Education, Sport and Culture"
Telephone:222911/4
Fax:228482

ZIMBABWE

Ministry of Education
Sport, Arts and Culture
P.O Box 737
GWERU

11/06/13

Mr/Mrs/Miss: ...... *TAWANDA MASOKO* ......

E. ASTREA

HARARE

Dear Sir/Madam

APPLICATION FOR PERMISSION TO CARRY OUT AN EDUCATIONAL RESEARCH IN SELECTED SCHOOLS IN MIDLANDS PROVINCE

Permission to carry out a Research on:-

Challenges in School guidance and Counselling Services provisions for Children with disability in Zimbabwe inclusive Primary Schools

1. Midlands Province has been granted on these conditions.
2. That in carrying out this you do not disturb the learning and teaching programmes in schools.
3. That you avail the Ministry of Education, Sport and Culture with a copy of your research findings.
4. That this permission can be withdrawn at anytime by the Provincial Education Director or by any higher officer.

The Education Director wishes you success in your research work and in your University College studies.

Education Officer (Professional Administration And Legal Services)

FOR PROVINCIAL EDUCATION DIRECTOR: MIDLANDS

APPENDIX I: PERMISSION TO CARRY OUT EDUCATIONAL RESEARCH

Ref :C/246/1/MW

All communications should be addressed to
"The Provincial Education Director"
Telephone: 067-23083/4/5
Fax: 067-23320

ZIMBABWE

Ministry of Education Sport, Arts and C
Mashonaland West Provincial Office
P.O Box 328
CHINHOYI

12/06/.2013

Mr/Mrs/Ms. Majoko Tawanda
28 Northampton Crescent
Eastlea
Harare

Dear Sir/Madam

APPLICATION FOR PERMISSION TO CARRY OUT AN EDUCATIONAL RESEARCH:
SCHOOLS IN MASHONALAND WEST PROVINCE

Your application letter dated 18/04/13 seeking authority to carry out a research/survey in schools in Mashonaland West Province refers:

Permission has been granted by the Provincial Education Director on the following conditions:-

-that the learning and teaching programmes at the targeted schools are not interrupted in any way.
-that you strictly adhere to the activities and topics specified in your letter of request.
-that the permission or authority may be withdrawn at any time by this office or a higher office if need be.

Please appraise this office on your research findings for the benefit of the Province.

By this letter, all District Education Officers and Heads of schools you wish to visit are kindly requested to give you assistance in your work.

We wish you success in your research and studies.

For : **PROVINCIAL EDUCATION DIRECTOR**
MASHONALAND WEST PROVINCE

MINISTRY OF PRIMARY
and Secondary Education
1 2 JUN 2013
Mashonaland West Region
P O BOX 128 CHINHOYI
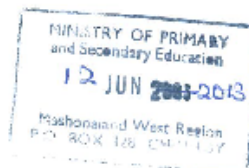
APPENDIX J: PERMISSION TO CARRY OUT EDUCATIONAL RESEARCH

All communications should be
addressed to
"THE PROVINCIAL EDUCATION
DIRECTOR"

Telephone : 792671-9
Fax   : 796125/792548
E mail   :
moeschra@yahoo.com

REF: G/42/1
Ministry of Education,
Sport and Culture
Harare Provincial Education Office
P. O. Box CY 1343
Causeway
Zimbabwe

05 JUNE 2013

TIMANDA MAJOKO

28 NORTHAMPTON CRESCENT

EASTLEA

RE : PERMISSION TO CARRY OUT RESEARCH IN SOME SELECTED SCHOOLS

CHALLENGES IN SCHOOL GUIDANCE AND COUNSELLING

SERVICES PROVISIONS FOR CHILDREN WITH DISABILITIES

IN ZIMBABWEAN INCLUSIVE PRIMARY SCHOOLS

Reference is made to your letter dated 12 APRIL 2013

Please be advised that the Provincial Education Director grants you authority to carry out your
research on the above topic. You are required to supply Provincial Office with a copy of your
research findings.

E MAPUMA

For Provincial Education Director
Harare Metropolitan Province

APPENDIX K: PERMISSION TO CARRY OUT EDUCATIONAL RESEARCH

all communications should be addressed to
"The Secretary for Education, Sport and Culture"
Telephone: 734051/59 and 734071
Telegraphic address : "EDUCATION"
Fax: 794505/705286/734005

ZIMBABWE

Ref: C/126/3
Ministry of Education, Sport, Arts
and Culture
P.O Box CY 121
Causeway
Zimbabwe

T. Majoko
28 Northampton Cresent
Eastlea
Harare
Zimbabwe.

RE: PERMISSION TO CARRY OUT RESEARCH

Reference is made to your application to carry out research in the Ministry of Education,
Sport and Culture institutions on the title:

Challenges in School guidance and
counselling services provisions for
Children with disabilities in Zimbabwean
inclusive primary schools

Permission is hereby granted.   However, you are required to visit the Provincial Education
Offices responsible for the schools you want to involve in your research for assistance and
permission to work with schools.

It would be appreciated if you can provide a copy of your final report to the Ministry since it
is instrumental in the development of education in Zimbabwe.

I. Gwene
FOR: SECRETARY FOR EDUCATION, SPORT AND CULTURE

APPENDIX L: INCLUSIVE PRIMARY SCHOOL ADMINISTRATORS' TEST RE-TEST SCORES

School administrators	INITIAL SCORE (X)	RE-TEST SCORE Y	X^2	Y^2	XY
1	170	166	28 900	27 556	28 220
2	168	173	28 224	29 929	29 064
3	177	181	31 329	32 761	32 037
4	169	173	28 561	29 929	29 237
5	159	164	25 281	26 896	26 076
6	176	179	30 976	32 041	31 504
7	169	167	28 561	27 889	28 223
8	159	157	25 281	24 649	24 963
9	175	172	30 625	29 584	30 100
10	169	172	28 561	29 584	29 068
11	171	173	29 241	29 929	29 583
12	176	179	30 976	32 041	31 504
13	159	165	25 281	27 225	26 235
14	177	179	31 329	32 041	31 683
15	166	167	27 556	27 889	27 722
16	177	179	31 329	32 041	31 683
17	158	161	24 964	25 921	25 438
18	169	163	28 561	26 569	27 547
19	178	174	31 684	30 276	30 972
20	168	171	28 224	29 241	28 728
	$\sum X = 3\ 390$	$\sum Y = 3\ 415$	$\sum x^2 = 575\ 444$	$\sum Y^2 = 583\ 991$	$\sum XY = 579\ 587$

Pearson product correlation (r)

$$r = \frac{N\sum XY - \sum X \sum Y}{\sqrt{[N\sum X^2 - (X)^2][N\sum Y^2 - (\sum Y)^2]}}$$

$$r = \frac{20(579\ 587) - (3\ 390)\ (3\ 415)}{\sqrt{[20(575\ 444) - (3\ 390)^2][20(583\ 991) - (3\ 415)^2]}}$$

$$r = \frac{11591740 - 11576850}{\sqrt{[(11508880 - 11492100)][11679820 - 11662225)]}}$$

$$r = \frac{14890}{\sqrt{(16780)(17595)}}$$

$$r = \frac{14890}{\sqrt{295244100}}$$

$$r = \frac{14890}{\sqrt{17183}}$$

$$r = 0.87$$

APPENDIX M: INCLUSIVE PRIMARY SCHOOL COUNSELLORS' TEST RE-TEST SCORES

SCHOOL COUNSELLORS	INITIAL SCORE (X)	RE-TEST SCORE Y	X^2	Y^2	XY
1	162	165	26 244	27 225	26 730
2	176	177	30976	31 329	31 152
3	173	170	29 929	28 900	29 410
4	168	174	28 224	30 276	29 232
5	159	165	25 281	27 225	26 235
6	155	158	24 025	24 964	24 490
7	165	169	27 225	28 561	27 885
8	152	157	23 104	24 646	23 864
9	168	173	28 224	29 929	29 064
10	158	156	24 964	24 336	24 648
11	171	172	29 241	29 584	29 412
12	166	169	27 556	28 561	28 054
13	168	174	28 224	30 276	29 232
14	157	159	24 649	25 281	24 963
15	176	174	30 976	30 276	30 624
16	159	163	25 281	26 596	25 917
17	171	173	29 241	29 929	29 583
18	159	162	25 281	26 244	25 758
19	170	173	28 900	29 929	29 410
20	165	160	27 225	25 600	26 400
	$\sum X = 3\ 298$	$\sum Y = 3\ 343$	$\sum X^2 = 544\ 770$	$\sum Y^2 = 559\ 667$	$\sum XY = 552\ 063$

Pearson product correlation (r)

$$r = \frac{N\sum XY - \sum X\sum Y}{\sqrt{[N\sum X^2 - (X)^2][N\sum Y^2 - (\sum Y)^2]}}$$

$$r = \frac{20(552063) - (3\ 298)(3\ 343)}{\sqrt{[20(544770) - (3298)^2][20(559667) - (3343)^2]}}$$

$$r = \frac{11041260 - 11025214}{\sqrt{[(10895400 - 10876804)][11193340 - 11175649]}}$$

$$r = \frac{16046}{\sqrt{(18596)(17691)}}$$

$$r = \frac{16046}{\sqrt{328981836}}$$

$$r = \frac{16046}{\sqrt{18137.86}}$$

$$r = 0.88$$