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EFFECT OF VOCATIONAL REHABILITATION ON PERSONS WITH SPECIAL NEEDS

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Abstract

This study examined the effect of vocational rehabilitation (VR) on persons with special needs in selected rehabilitation centres in southern Nigeria. Persons with special needs often face barriers such as unemployment, social stigma, inadequate support services, and limited socio-economic participation. Vocational rehabilitation, which provides skills training, counselling, and employment-related support, is designed to enhance independence and employability among individuals with disabilities. A descriptive survey design was adopted, and data were collected from 120 trainees using structured questionnaires. Descriptive statistics, including mean and standard deviation, were used for data analysis. The results revealed high mean scores in skill acquisition (M = 3.59), independence (M = 3.41), psychosocial well-being (M = 3.43), and moderate-high improvements in employment readiness (M = 3.25) and social inclusion (M = 3.11). Using a descriptive decision rule (Mean ≥ 2.50), the study found that vocational rehabilitation significantly enhances functional independence, employability, and socio-economic participation among persons with special needs. The study concludes that VR is an effective empowerment tool and recommends increased funding, curriculum modernization, assistive technologies, employer partnerships, psychological support, and community sensitization to improve VR outcomes in Nigeria.

Keywords: Vocational rehabilitation, Special needs education, Psychological development, Cognitive functioning

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1.0. Introduction

Persons with special needs often encounter multiple barriers, including limited access to education, unemployment, societal stigma, and inadequate support systems. These barriers affect their ability to participate fully in socio-economic activities (Adebayo, 2021). Vocational rehabilitation (VR) is a structured intervention that seeks to equip individuals with disabilities with relevant skills, counselling, and job support to enhance independence and employability (Okafor & Mensah, 2020).

Globally, VR has proven effective in reducing dependency and improving quality of life for persons with disabilities (Chen & Haruna, 2019). In Nigeria, although VR programs exist, they are affected by inadequate funding, obsolete equipment, and limited trained personnel (Lawal, 2021). This study empirically evaluates the effect of vocational rehabilitation on persons with special needs in selected rehabilitation centres in southern Nigeria

1.1. Specific Objective of the Study

To examine the effect of vocational rehabilitation programmes on the independence, employability, and socio-economic functioning of persons with special needs in selected rehabilitation centres in southern Nigeria

1.2. Statement of the Problem

Persons with special needs in Nigeria continue to experience unemployment, social stigma, and limited socio-economic participation due to inadequate vocational rehabilitation services. Despite the presence of rehabilitation centres, challenges such as poor funding, obsolete equipment, and a shortage of trained personnel hinder the effectiveness of VR programmes and limit the independence and employability of individuals with special needs.

1.3. Research Question

I. To what extent does vocational rehabilitation influence the functional independence of persons with special needs in selected rehabilitation centres in southern Nigeria?
II. To what degree does vocational rehabilitation improve the employability and socio-economic participation of persons with special needs?

2.0. Literature Review

2.1. Persons with Special Needs

Persons with special needs are individuals whose developmental, cognitive, emotional, behavioural, sensory, or physical functioning deviates significantly from age-expected norms, thereby requiring specialized educational and psychological support (Heward, 2017). These differences may arise from congenital conditions, neurological disorders, environmental factors, or developmental delays. In educational contexts, special needs children are those whose cognitive, affective, or physical functioning differs markedly from typical development, necessitating individualized instruction, specialized therapies, and continuous monitoring (Slavin, 2006).

Common categories of special needs include:

Autism Spectrum Disorder

Intellectual disabilities

Attention-deficit/hyperactivity disorder

Sensory impairments (hearing or visual impairments)

Physical impairments

Chronic health conditions

These categories help educators and psychologists design appropriate interventions that support adaptive functioning, academic achievement, and social inclusion.

2.1.1. Persons with Sensory, Physical, and Health Impairments

Persons with sensory impairments experience limitations in visual or auditory functioning, which affect their ability to receive and interpret information. Examples include children who are deaf, hard of hearing, blind, or visually impaired. Persons with physical impairments may have cerebral palsy, spinal cord injuries, or muscular dystrophy, affecting movement, coordination, or motor skills. Health impairments include chronic illnesses such as diabetes, sickle-cell disease, immune disorders, and other medical conditions that disrupt normal functioning.

According to Slavin (2006), these children require a combination of therapy, medical support, psychological intervention, and adaptive educational strategies to promote learning and independence.

2.1.2. Persons with Autism

Autism is described as a pervasive developmental condition characterized by impaired social interaction, communication deficits, and repetitive behavioural patterns (Colman, 2006). Slavin (2006) notes that autism significantly affects verbal and non-verbal communication, interpersonal engagement, and adaptive behaviour. Symptoms typically emerge in early childhood and may persist across the lifespan. Although autism is a lifelong developmental disorder, early intervention, behavioural therapy, communication training, and structured educational programmes significantly improve social skills and reduce maladaptive behaviours. Psychologists and educators play crucial roles in providing early developmental screening, individualized therapy, and structured learning plans.

2.1.3. Persons with Intellectual Disabilities (Mental Retardation)

Intellectual disability refers to substantial limitations in cognitive functioning and adaptive behaviour. Such limitations affect communication, self-care, social interaction, functional academics, and independent living. Based on IQ scores, Slavin (2006) classifies intellectual disability as:

Mild (IQ 55–70) – Educable

Moderate (IQ around 55) – Trainable

Severe/Profound (IQ below 50) – Custodial care

Early diagnosis, functional skills training, psychosocial support, and special education significantly enhance adaptive functioning and quality of life.

2.1.4. Persons with Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD is characterized by persistent patterns of inattention, hyperactivity, and impulsivity, often evident before age seven. These symptoms interfere with learning, social relationships,

and behavioural regulation. ADHD affects approximately 2–10% of school-age children globally (Slavin, 2006). In educational settings, ADHD significantly impacts academic performance due to difficulties maintaining focus, completing tasks, and controlling impulsive behaviour. Psychological and behavioural interventions—including reinforcement techniques, structured routines, and cognitive-behavioural strategies—are essential in managing the condition.

2.2. Concept of Vocational Rehabilitation for persons with Special Needs

Vocational rehabilitation (VR) in Nigeria is a structured, multidisciplinary process designed to assist persons with disabilities and special needs to acquire employable skills, secure sustainable livelihoods, and achieve functional independence. It is grounded in key policy frameworks such as the National Policy on Special Needs Education (Federal Ministry of Education, 2015) and the Discrimination Against Persons with Disabilities (Prohibition) Act (Federal Republic of Nigeria, 2018). Nigeria's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) further reinforces the country's commitment to inclusive vocational and educational services.

VR begins with functional vocational assessment, which evaluates the individual's abilities, interests, limitations, behavioural needs, and environmental factors. This is typically conducted by a multidisciplinary team that may include psychologists, special educators, occupational therapists, and rehabilitation officers (Adebayo & Olatayo, 2019). Assessment outcomes guide career counselling and transition planning, enabling individuals to choose realistic vocational goals in line with their skills and Nigeria's occupational landscape (Omede & Anijola, 2020).

A major component of VR in Nigeria is skills training, delivered through government rehabilitation centres, special schools, NGOs, and community-based rehabilitation (CBR) programmes. Skills are tailored to local market demands and commonly include tailoring, hairdressing, farming, carpentry, welding, ICT, shoemaking, and bead-making (Ozoji & Obidike, 2018). Given the high unemployment rate, programmes often emphasise entrepreneurship and self-employment as viable paths for economic empowerment (Ogunjimi & Ajibola, 2019).

To ensure effective participation, VR programmes incorporate the provision of assistive devices such as hearing aids, Braille materials, mobility aids, and communication tools. Assistive technology is essential for reducing barriers and improving functional independence (Eleweke & Rodda, 2020). After training, job placement and supported employment services help individuals transition into the workforce. This often involves collaboration with small businesses, NGOs, artisans, government ministries, and agencies like SMEDAN (Olawale & Adeleke, 2021).

Sustained follow-up and monitoring are central to VR outcomes. Rehabilitation officers track progress, provide mentorship, address workplace challenges, and ensure that the individual adapts effectively to employment expectations. These steps are essential for achieving the objectives of VR, including improved independence, social inclusion, increased employability, and a reduction in poverty among persons with disabilities and their families.

VR in Nigeria serves individuals with autism, Down syndrome, intellectual disabilities, hearing impairment, visual impairment, cerebral palsy, learning disabilities, emotional or behavioural disorders, and physical impairments. Institutions involved include federal and state rehabilitation centres, special schools with vocational units, NGOs, faith-based organisations, and CBR programmes. Examples include the National Rehabilitation Centres

in Lagos, Kaduna, and Enugu; NGOs such as Modupe Cole; and private centres such as the Achieve Centre for Children with Special Needs in Warri.

Despite its potential, vocational rehabilitation in Nigeria faces challenges such as inadequate funding, shortage of trained rehabilitation personnel, insufficient assistive technologies, infrastructural deficits, societal stigma, and high unemployment rates that impede job placement (Omede & Nwosu, 2019). Nevertheless, VR remains a critical tool for empowering persons with special needs, reducing dependency, and promoting their meaningful participation in Nigeria's socio-economic development.

2.3. Empirical Review

Empirical research has consistently demonstrated that vocational rehabilitation (VR) is a central intervention for persons with special needs, providing essential developmental, functional, and socio-emotional benefits. Evidence from special education and vocational training literature shows that VR enhances skill acquisition, independence, and future employability by linking educational experiences to real-world occupational demands (Ruhela & Agrahari, 2024). Early empirical findings emphasize that pre-vocational skill development—including attention, coordination, persistence, and task completion—forms the foundation for successful vocational engagement later in life. Studies have confirmed that integrating pre-vocational tasks such as sorting, craft activities, and simple functional tasks significantly increases readiness for structured vocational learning, highlighting the importance of introducing these skills at early developmental stages (Ruhela & Agrahari, 2024). Similarly, research by Grigorenko et al. (2019) found that children with learning disabilities demonstrate better long-term functional and vocational outcomes when early educational programs integrate functional and adaptive skill training, underscoring the developmental value of early intervention (Grigorenko et al., 2019).

Empirical evidence further demonstrates that hands-on vocational learning significantly enhances self-reliance, adaptive ability, and occupational readiness in children with special needs. Wiratman, Yuliana, and Roihana (2017) observed that exposure to practical vocational activities—such as workshop-based training, craft production, and simple enterprise tasks—improves independence and real-world adaptability among children with disabilities (Wiratman et al., 2017). Their findings reinforce the widely established view that practical engagement is more impactful than purely theoretical skill instruction for this population. Additionally, curriculum adaptation has been empirically validated as essential for effective vocational training: Ruhela & Agrahari (2024) found that vocational curriculum modifications—tailored to students' learning styles, sensory profiles, and cognitive capacities—greatly improve engagement, motivation, and skill mastery (Ruhela & Agrahari, 2024).

Empirical research also highlights the importance of psychological and social support within vocational rehabilitation. Children with disabilities often experience behavioural, emotional, and social challenges that limit their vocational potential. Grigorenko et al. (2019) found strong empirical evidence that behavioural modification, emotional regulation training, motivational strategies, and social skills development significantly improve vocational learning outcomes for children with special needs (Grigorenko et al., 2019). This suggests that vocational training alone is insufficient without psychological interventions that address emotional and behavioural barriers. Furthermore, inclusive educational environments have been shown to amplify vocational success. Vasylyeva-Khalatnykova et al. (2021) reported

that inclusive and rehabilitative learning spaces promote social participation, peer interaction, and emotional confidence, all of which contribute to better vocational adaptation (Vasylyeva-Khalatnykova et al., 2021).

A significant body of empirical work has examined the core components of effective vocational rehabilitation programs. Phelps & Wermuth (1992) conducted a landmark empirical study identifying twenty components of effective vocational programs for students with disabilities, including individualized curriculum, structured work experience, and comprehensive support services, eight of which demonstrated strong empirical validity (Phelps & Wermuth, 1992). Their findings remain central to vocational rehabilitation research and program design. These components are empirically associated with improved task performance, stronger adaptation to workplace routines, and reduced future unemployment.

Long-term empirical findings consistently reveal that children who receive structured vocational rehabilitation—especially those involving early pre-vocational skills, practical hands-on tasks, psychological support, and inclusive settings—show superior outcomes in adulthood. Studies show improvements in employment rates, functional independence, social integration, and reduced dependency, particularly among children with learning disabilities and those exposed to structured workshop-based vocational programs (Grigorenko et al., 2019; Wiratman et al., 2017). Likewise, transition planning has been empirically validated as a critical determinant of vocational success. Phelps & Wermuth (1992) found that structured transition programs—such as job coaching, community work placements, and career orientation—significantly improve employment retention and future productivity (Phelps & Wermuth, 1992).

Collectively, empirical evidence confirms that vocational rehabilitation is most effective when introduced early, grounded in individualized planning, supported with psychological intervention, delivered in inclusive settings, and complemented by structured transition programs. The convergence of these findings underscores that VR is not merely a training approach but a holistic developmental strategy essential for improving social, emotional, and vocational outcomes among children with special needs across their lifespan. Empirical studies overwhelmingly support the conclusion that vocational rehabilitation significantly enhances independence, functional competence, and long-term employability when implemented systematically and supported by multidisciplinary collaboration (Grigorenko et al., 2019; Ruhela & Agrahari, 2024).

3. Methodology

3.1 Research Design

A descriptive survey design was used to assess the effects of vocational rehabilitation programs on persons with special needs.

3.2 Population and Sampling Technique

The study population consisted of trainees in rehabilitation centres in Rivers, Delta, and Bayelsa States. A purposive sampling method was used to select 120 participants

3.4 Method of Data Collection

Questionnaires were administered physically with the assistance of rehabilitation officers. Ethical principles such as confidentiality and voluntary participation were observed.

3.5 Method of Data Analysis

Descriptive statistics including mean and standard deviation were used.

4. Data Analysis

The data collected from 120 respondents in selected rehabilitation centres were analysed using descriptive statistics, namely:

- Mean (M)
- Standard Deviation (SD)
- Interpretation of Magnitude (High, Moderate, Low)

The descriptive statistics reflect the level of improvement among persons with special needs following their participation in vocational rehabilitation programmes.

Descriptive Statistics of Vocational Rehabilitation Outcomes (N = 120)

Variable	Mean (M)	Standard Deviation (SD)	Interpretation
Skill Acquisition	3.59	0.49	High
Independence	3.41	0.67	High
Employment Readiness	3.25	0.72	Moderate–High
Psychosocial Well-being	3.43	0.75	High
Social Inclusion	3.11	0.71	Moderate

Interpretation of Table 1

1. **Skill Acquisition (M = 3.59)**
   Indicates that vocational rehabilitation strongly improves practical and work-related skills.
2. **Independence (M = 3.41)**
   Shows that VR significantly enhances the ability of persons with special needs to function independently.
3. **Employment Readiness (M = 3.25)**
   Reflects moderate to high improvement in job preparedness, confidence, and work habits.
4. **Psychosocial Well-being (M = 3.43)**
   Shows VR positively impacts emotional stability, self-esteem, and mental well-being.
5. **Social Inclusion (M = 3.11)**
   Indicates moderate improvement, suggesting social stigma is still a challenge despite VR gains.

TEST OF HYPOTHESES (USING DESCRIPTIVE DECISION RULES)

Since inferential statistics are excluded, hypotheses were tested using mean score decision rules, which are accepted in descriptive research:

Decision Rule:

- If Mean ≥ 2.50 → Accept the alternative hypothesis (Significant effect).
- If Mean < 2.50 → Accept the null hypothesis (No significant effect).

Hypothesis 1

H_{01}: Vocational rehabilitation has no significant effect on the functional independence of persons with special needs.

H_{11}: Vocational rehabilitation has a significant effect on the functional independence of persons with special needs.

Outcome:

Mean Independence Score = 3.41

Decision:

Since 3.41 ≥ 2.50, the study rejects H_{01} and accepts H_{11}.

Conclusion:

Vocational rehabilitation has a significant positive effect on the functional independence of persons with special needs.

Hypothesis 2

H_{02}: Vocational rehabilitation does not significantly improve employability and socio-economic participation of persons with special needs.

H_{12}: Vocational rehabilitation significantly improves employability and socio-economic participation of persons with special needs.

Outcome Components:

- Employment Readiness: M = 3.25
- Social Inclusion: M = 3.11

Decision:

Since all means are above 2.50, the study rejects H_{02} and accepts H_{12}.

Conclusion:

Vocational rehabilitation significantly improves employability and socio-economic participation among persons with special needs.

4.0. Interpretation of Results

The descriptive results demonstrate that vocational rehabilitation provides meaningful improvements across all measured outcomes. Participants reported:

- Strong skill acquisition
- Increased independence
- Improved emotional and psychosocial functioning
- Enhanced readiness for employment
- Moderate but positive social integration

The descriptive test of hypotheses confirmed that VR programmes have a significant and positive effect on both independence and employability of persons with special needs.

5.0. Discussion of Findings

The findings agree with previous studies that highlight the positive impact of VR on empowerment and functional development. Improvements in psychosocial well-being support past research showing that rehabilitation increases confidence, motivation, and emotional stability. Moderate gains in social inclusion suggest that although VR builds personal capacity, societal attitudes and stigma remain barriers.

6.0. Conclusion

The study concludes that vocational rehabilitation is an effective intervention for improving functional independence, employability skills, emotional well-being, and social functioning among persons with special needs in southern Nigeria.

7.0. Recommendations

1. Increase funding for upgrading rehabilitation equipment and training tools.
2. Incorporate ICT and digital vocational skills into the curriculum.
3. Strengthen collaborations between VR centres and employers for job placement.
4. Provide assistive technologies to enhance training and independence.
5. Implement community sensitization programmes to improve social inclusion.
6. Extend psychological counselling to improve motivation, coping, and emotional stability.

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