

Challenges Associated with Vocational Rehabilitation for Persons with Disability in the Kumasi Metropolis of Ghana

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ABSTRACT

Purpose: *The study examined the challenges associated with vocational rehabilitation for persons with disabilities in the Kumasi metropolis of Ghana. It assessed the support available for vocational rehabilitation delivery centres and suggested measures that could ensure effective delivery of services to persons with disabilities.*

Method: *The study design was descriptive and qualitative. Purposive sampling was used to select 4 heads/managers and 11 tutors from four institutions offering vocational rehabilitation services for persons with disabilities. Interviews were conducted with the aid of semi-structured interview guides. Data was transcribed from audio-recordings and analysed using a thematic approach. The themes and codes are presented as findings and supported by quotes.*

Results: *The study revealed that the vocational rehabilitation centres in the Kumasi metropolis face challenges such as: insufficient finance, infrastructure deficits, inadequate teaching and learning materials, and stigmatisation of staff members. To counter these, participants proposed: prompt payment of government grants, increasing staff motivation, improvement in infrastructure, provision of adequate tools and equipment for teaching, and posting of additional tutors.*

Conclusion and Implications: *The government of Ghana, through the Ministry of Education, must restore the goods and services grants, as well as administrative grants, and minimise delays in the release of funds. Non-governmental organisations that work towards funding disability-related*

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activities should redirect their focus towards vocational rehabilitation for persons with disabilities.

Key words: vocational rehabilitation, persons with disabilities, Ghana.

INTRODUCTION

Individuals with disability may experience restrictions in accessing certain environments that are necessary for their education, for improving work performance, or training. If they have limited opportunities for education and training during their childhood and youth, it subsequently weakens their preparation for work (Elliott & Leung, 2005). Those who are confronted with such conditions often face financial hardship and are at a higher risk of psychosocial problems (Price, 2003). The aim of vocational rehabilitation programmes is to enable individuals with either temporary or permanent disability to access, return to or remain in employment. Vocational rehabilitation aims at maximising the ability of an individual to return to meaningful employment (British Society of Rehabilitation Medicine, 2003). Similarly, Tsengu, Brodtkorb and Almnes (2000) stated that early vocational skills training increases self-confidence and raises self-esteem and perfection, which enhance effective task performance during future working life.

Aware of the benefits associated with vocational rehabilitation for persons with disabilities, many countries devote significant resources to various rehabilitation programmes aimed at securing employment for people with disabilities (Fevang, Markussen & Røed, 2014). The United States' State-Federal Rehabilitation Service programme alone spends more than US\$2.5 billion annually; this is instrumental in helping people with disabilities to acquire the necessary training to gain and retain employment. However, Fevang et al. (2014) indicate that the success of delivering these services has been limited so far. Despite the numerous advantages that vocational rehabilitation may have for persons with disabilities, the British Society for Rehabilitation Medicine (2003) concluded that vocational rehabilitation services are, at present, woefully inadequate in terms of scope, content and standard in developing countries, among which Ghana is included. As explained further by Sweetland (2012), the development of vocational rehabilitation services in low-income countries has been piecemeal, uncoordinated, lacks adequate resources and investments, and is inadequate for society's needs, especially for persons with disabilities.

Vocational rehabilitation programmes have difficulty in achieving their aims due to a lack of resources, especially in low-income countries, as the leadership is usually not committed or able to sufficiently fund vocational rehabilitation (Lawrence, Mears & Duben, 2009). The situation in Africa is appalling. Tsengu et al (2000) has shown that the number of vocational rehabilitation centres is very limited in many African countries. This is true of Ghana, where the few vocational rehabilitation centres do not have curricula that is appropriate for the special vocational needs of persons with disabilities. In Nigeria, Ngobeni (2015) observed that there is inadequate funding for the delivery of vocational rehabilitation, which has resulted in lack of resources to conduct practical and effective training, such as textbooks, equipment and tools, or raw materials needed to practice. Some other problems that have been identified in African countries are poor facilities for staff, pathetic condition of services, and lack of adequate equipment for the implementation of meaningful vocational rehabilitation programmes (Obioka, 2011; Ngobeni, 2015). According to Hawley (2012), shortage of classrooms or old infrastructure and limited space also make it difficult for the implementation of vocational rehabilitation programmes. Howard (2009) indicated that a poor learning environment also poses a serious challenge to the successful implementation of vocational rehabilitation programmes. Another factor is the quality of personnel who deliver the training. It has been argued by Howard (2009) that the lack of qualified or specialised trainers to carry out vocational rehabilitation programmes is one of the major barriers to its success. Obioka (2011) discovered that, in Nigeria, vocational rehabilitation programmes are conducted by unqualified educators who are ill-equipped in terms of knowledge and skills required to shape the future work habits of persons with disabilities. Ngobeni (2015) also indicated that persons with disabilities receive insufficient and inadequate vocational training due to a lack of qualified trainers. Again, the Special Education unit of Ghana Education Service lacks adequate staff to assist in the area of vocational rehabilitation for persons with disabilities. According to Casely-Hayford and Lynch (2003), cited in Okyere (2009), “the majority of the graduates who majored in special education from the University of Education in Winneba, end up teaching in mainstream schools or leave the teaching profession altogether”. They further indicated that, “most disaffected teachers do not want to teach students with special needs education but simply wish to obtain a degree or diploma when they enter the University of Education, Winneba”. This might be the result of poor motivation to become special needs educators. Ngobeni (2015) reported that the support and motivation provided to the management

and training staff in vocational rehabilitation institutions were insufficient for effective delivery of services.

Earlier, Costelloe and Langelid (2011) had argued that a lack of motivation among trainers and previous negative experiences of vocational rehabilitation training were major factors responsible for trainers' inability to deliver effective services to people with disabilities in vocational rehabilitation centres. Therefore, vocational rehabilitation training opportunities must be organised for teachers, and they should be given attractive allowances so that they do not opt for mainstream education work. According to Okyere (2009), an additional number of training years should be a requirement for those who, after graduation, want to work as vocational trainers with persons with disabilities.

Research has largely focused on the state of special schools in Ghana and the relevance of vocational rehabilitation courses to persons with a disability, but scarcely refers to factors that affect the outcomes of such training for persons with disabilities. Persons with disabilities hardly access the labour market and economic benefits due to their lack of qualifications and discrimination from employers (Choruma, 2007). Therefore, unsuccessful vocational rehabilitation service delivery may leave persons with disabilities with no option but to continue depending on charity and unable to become fully integrated into the mainstream of society due to lack of required skills to compete in the labour market (World Health Organisation, 2011).

Objective

The current study aimed to determine the support available for vocational rehabilitation delivery, the various challenges encountered by vocational rehabilitation centres, and the measures that can be put in place to ensure effective delivery of vocational rehabilitation services to persons with disabilities. To this end, the research focused on the challenges associated with vocational rehabilitation for persons with disabilities in the selected rehabilitation centres of the Kumasi metropolis, Ghana.

METHODS

Study Design

A qualitative and descriptive design was adopted. Ary et al. (2002) believed that this approach helps to understand both human and social behaviour from an “insider perspective”, resulting in a vivid description of phenomena.

Study Sample

Fifteen participants were selected using a combination of purposive and convenience sampling techniques. Purposive sampling was necessary since a category of the sample was considered to be in the best position to provide specific information. These included heads of selected institutions which provide vocational rehabilitation (Edwinase Rehabilitation Centre, Kumasi Cheshire Home, Garden City Special School, and Deduako Life Community School), and their tutors/staff members. While the institutional heads were automatically included in the study, the other participants were selected if they had a minimum of 2-years work experience in their respective institutions. The number of participants was sufficient to reach a point of saturation.

Data Collection

Individual interviews, lasting for 25 – 30 minutes, were conducted with the aid of semi-structured interview guides. Interviews were considered the best option in terms of cost and time. They were held between the second and fourth weeks of March 2018 at Edwinase Rehabilitation Centre, Kumasi Cheshire Home, Garden City Special School, and Deduako Life Community School.

Data Analysis

Interviews allowed participants to express their views and the researchers did the necessary probing to get a clearer understanding of the issues raised.

The researchers listened to the recording of each interview 3 to 4 times before transcription, and then cross-checked the transcripts with their respective audio-recordings to make sure that all information was appropriately captured. This was followed by coding, based on the dominant themes, and finally analysis of the data. Participants have been quoted as and when appropriate.

Ethical Considerations

Approval was granted by the Committee on Human Research, Publications, and Ethics of Kwame Nkrumah University of Science and Technology in Kumasi. Participation in the study was voluntary and participants were at liberty not to answer questions at any stage of the interview. Anonymity was assured by the removal of all identifiers from the research instrument. The complete data of this work can be obtained from the Department of Community Health, School of Medical Sciences, Kwame Nkrumah University of Science and Technology

RESULTS

Demographic Information of Participants

As shown in Table 1, 73% of the participants were males. While 54% of the participants were teachers by profession, 20% were headmasters of the schools, 13% were psychiatric nurses and 13% were administrators. In terms of work experience within their institutions, 67% had worked for more than five years while 33% had worked for less than five years. Regarding educational levels, 33% of the participants had a Master's degree, 27% had a Bachelor's degree and 40% were diploma-holders.

Table 1: Demographic Characteristics of the Study Participants

Category	Frequency (n)	Percentage (%)
Sex		
Male	11	73
Female	4	27
Total	15	100
Position		
Headmaster	3	20
Administrator	2	13
Psychiatric nurse	2	13
Teachers/Tutors	8	54
Total	15	100
Qualification		
Master's Degree	5	33
Bachelor's Degree	4	27
Diploma	6	40
Total	15	100

Special Education background		
With SPED	6	40
Without SPED	9	60
Total	15	100
Working Experience (years)		
1-2	3	20
3-5	2	13
6-10	6	40
11-above	4	27
Total	15	100

Source: Authors' fieldwork (2019)

Available Support for the Delivery of Vocational Rehabilitation for Persons with Disabilities

Data analysis showed that support for the delivery of vocational rehabilitation was largely in the form of feeding grants, goods and services grants, and provision of teaching and learning materials. The sources of support were the government, benevolent organisations, and individuals.

"... I think you are aware that there is a government school. So, we do get support from the government. The kind of support we get from the government is: the government feeds the students. The government also gives us other things. Even as you see, the bus there was given to us by the government. So, these are government supports and in case we need teachers or other personnel, it is the government who sends them here" (Participant D3).

"...Here the school is a government institution and therefore being funded by the government of Ghana. The government gives a feeding grant so that we can feed the students. Initially, three grants were given by the government: feeding grants, administrative grants, and services grants. But unfortunately, two of the grants have been cancelled so we are only depending on feeding grants. Apart from the feeding grants we also depend on donors, philanthropists, and caregivers (parents and other relatives) of persons with disabilities here. Sometimes when they come to visit, they also support us and the items they bring also help us to manage the school" (Participant GC4).

These supports, though very useful, were inadequate and were not supplied regularly.

“...As for government’s [support], it is supposed to be every term, but with the problem that we have, government is not able, not one government, all government that comes and goes, there is always one problem or the other. The things will delay, delay, and delay before they will come. So, they do come but it delays” (Participant D3).

“...Ok, sometimes within a whole year, we have two groups of people coming to help. We are in the second term, and we’ve only had a [married] couple coming in to donate some clothes, fabric for the tie and dye, and also wax for candle making. Our main support which is supposed to be from the government is even more delayed ”(Participant D2).

“...The support comes once in a while. But when it gets to festive seasons, like Christmas and the likes, a lot of people and organisations come in to donate. But aside that, normal time it is once in a while that some groups come in to donate” (Participant EC3).

Challenges associated with Vocational Rehabilitation for Persons with Disability

The main themes that emerged were financial challenges, infrastructure and facility challenges, human resource challenges, and personal challenges.

Financial Challenges

All the participants revealed that vocational rehabilitation centres in the Kumasi metropolis face financial hardship. This not only hampers the quality of service delivery and the day-to-day running of activities, but also affects the quality and quantity of meals served to trainees. Trainers/administrators sometimes resort to borrowing money in order to cope with the situation.

“.....Yes.... As for financial challenges, we face them. For example, in the vocational department, there are times due to the absence or unavailability of materials needed for the work, that we are not able to deliver our services due to financial constraints. So the students come and they are not able to learn the vocations they are expected to be learning. So, there is this constraint, financial constraint. And when it is like that, we begin to teach them only the theoretical aspect of it, but they are not able to get the practical aspect” (Participant GC1).

“...Financial challenges do affect us. It affects our planned menu. Because of inadequate funds, we cannot follow our menu. We begin to eat what we have and no longer follow the menu. If we are supposed to be eating porridge in the morning, rice in the afternoon, and banku (a local food prepared with corn) in the evening, at times we eat rice three times daily, because it is what we have at that moment. It also affects the quantity of food we serve; we have to be sure that everyone gets something to eat” (Participant D5).

“...We manage. As a manager of the school, you must go and purchase items on a credit base and if that happens, you pay a higher price than the actual price. Now some market women are reluctant to give us the goods on credit. Sometimes we have to use our own money or raise money (loans) in our name to cater for the feeding of the students and later on when the funds are released, then we redeem it” (Participant D3).

Infrastructure and Facility Challenges

All the training centres mentioned lack of space and decrepit facilities, including classrooms and dormitories for both sexes. Consequently, students were admitted on a ‘first come, first served’ basis, and there was a long waiting list.

“...Everything of ours is old, everything is in shambles. As for infrastructure, we don’t have a good infrastructure. The roofs are leaking; the window nets are torn. Some of the doors are not even good. So many things are not in proper shape” (Participant EC2).

“...Facilities need expansion because in Ghana, the teacher-child ratio is one-is-to-eight [for special schools]. And with this ratio, because of the increasing rate of pupils with intellectual disability in our system these days, here we are taking one-is-to-thirteen, fourteen and even sometimes fifteen. Meanwhile, these classrooms that were built for eight students are now taking double than normal. And even with this, there are a good number of students who are on the waiting list to be admitted to the school. So, we have challenges with infrastructure” (Participant GC4).

Human Resource Challenges

The study found that although the majority of the staff had higher qualifications, few were special needs educators. Staff members might be expected to have a sound background in technical and vocational areas, but most vocational

departments seem to lack tutors with the requisite technical and vocational skills.

"...We are adequately staffed. All the classes have got teachers and trained teachers. Most of them are degree holders and diploma as well. Except for a few who have a diploma, most of us have at least first degree, some have second degrees, they are not many though, but everybody qualifies" (Participant GC1).

"...Staff adequacy, what happens is that if you are teaching students with special needs, the teacher and the staff must also be trained professionally. When you come to our institutions, certain classes don't have special educators, people who are trained to manage students with special needs. This is because we don't have adequate special educators so I will say we don't have adequate teachers. No motivation so they come and go" (Participant ED1).

"... Like the vocational department, it is structured in such a way that we have carpentry, life skills, and leatherwork but we don't have the requisite staff to handle. We need some people from outside, maybe skilled carpenters to come to the school and teach the students as teaching assistants alongside the regular classroom teachers. So, if we get those assistants, it will help" (Participant GC2).

Personal Challenges

The study revealed trainer-specific challenges which tend to influence service delivery and commitment levels. Most teachers are stigmatised and called derogatory names because of their work with students with disabilities. Another issue is the lack of motivation among the staff.

"Oh yeah! For stigma it is true. We do face them. Some people even think that we are posted here because we are academically poor. And then also, sometimes if we go for workshops and whenever you mention Garden City Special School, people make comments like "Ayarifo School" (school for the sick). It is because the perception of the people out there is different from the book. They think that we are sick. It is just a condition. At times too, people see us in town, and they are like: "Ayarifo teachers" (teachers for the sick), look at all these" (Participant GC5).

The participants' responses made it clear that this did not have a negative influence on their work. They attributed their attitude to the knowledge acquired through their education, which the general public is not privy to, and their passion for the

work.

“...it is my work and whatever you say it is, that is what has made me whoever I am. So, I care little about that. I see myself contributing to society” (Participant D2).

“...This stigma has not affected my work output and has not brought down my morale since I have not allowed this to overpower me” (Participant EC2).

A major challenge that the participants reported was the distance they had to travel from their area of residence to their workplace. There were no facilities to accommodate them on campus. They felt that travelling to and fro affected their performance at work.

“...I think my distance bothers on my teaching, I come from Offinso which is a faraway distance from this school. I board a car every day to come here because my family is there, and I can't live here without them. So personally, that is the challenge I'm facing in this school. Besides that, nothing” (Participant ED3).

“...Where I live, and my place of work is very far. Because this school is closer to the university the cost of the apartment around here is very expensive. So that is very challenging. Where I live, my transportation costs each week alone are more than GHc 60.00. I have to pick up three different cars before I reach here. I have to wake up very early before 5:00 am every day to be able to reach here around 7:30 am” (Participant D1).

Proposed Interventions for Effective Delivery of Vocational Rehabilitation

The researchers elicited the views of participants regarding the best way to ensure effective delivery of vocational rehabilitation in the metropolis. Most of the participants were of the opinion that steps should be taken towards improving staff motivation, making prompt payment of grants, providing teaching and learning materials, and improving the infrastructure.

“...I think in this institution as an institution for people with intellectual disabilities and all institutions for persons with disabilities, the teachers ought to be motivated. Yes, motivation is a very serious issue; if it is done, the teachers will feel happy being here. Trainers come and they easily want to go, all because they are not well motivated” (Participant GC2).

“...The government should pay attention to special schools. Because we need more help. If not, a time will come when people may not be willing to be posted here. Teachers come and they don't have teaching and learning materials to impart what they have been taught. For instance, all my machines have broken down and the headmaster's own that he brought from home is also spoilt. So, when I come, I have to sit idle” (Participant D1).

“...I think adequate teaching and learning materials and improvement in infrastructure. And then also, more human resources who are special educators with skills in vocational and technical aspects should be posted here” (Participant GC5).

DISCUSSION

Globally, many organisations have acknowledged and praised the positive impact of vocational rehabilitation. For example, the 2013 report of the British Society for Rehabilitation Medicine indicated that vocational rehabilitation has enabled persons with disabilities to gain access, return to, and have the ability to remain in employment. However, vocational rehabilitation in the Kumasi metropolis has not received the necessary attention and support from the government, even though the Disability Act makes provision for persons with disabilities to receive vocational training.

Analysis of the data revealed that centres for vocational rehabilitation have not been given adequate administrative grants and goods and services grants for about 6 years. The only grant given by the government was released after a lot of delay. Such delays in the release of funds tend to affect the successful running of the centres. The view of Straaton, Harvey and Maisiak (1992) that government support and commitment to vocational rehabilitation programmes are inadequate corroborates this finding. Inadequate infrastructure was seen to have inhibited the effective delivery of vocational rehabilitation in the Kumasi metropolis. Classrooms meant to accommodate 8 students with a disability now accommodate three times that number. Learners do not benefit from quality training since tutors have neither the skills nor the time to attend to individual needs. The teachers are burdened with extra work and this adds to the difficulties. It was observed by Hawley (2011) that “shortage of classrooms or old infrastructure and limited space also makes it difficult for the implementation of vocational rehabilitation programmes”.

When admissions are offered on a 'first come, first served' basis, as seen in this study, most students with a disability, especially those from rural areas, could remain uneducated because parents may give up trying for admission in vocational rehabilitation institutions. This finding is in agreement with a report by the Ministry of Education (2013) that there seems to be a reduction in the number of students enrolled in special schools in Ghana. For example, enrolment during the 2006/7 academic year was 6,432 pupils but it was reduced to 5,560 at the end of the 2012/13 academic year (Ministry of Education, 2013).

Ngobeni (2015) observed that the absence of teaching and learning materials is a great obstacle that subsequently affects the success of vocational rehabilitation. The current study also revealed that the lack of teaching and learning materials could be an obstacle to the success of vocational rehabilitation programmes in the metropolis. Inadequate training materials in vocational rehabilitation imply that students with disability may not acquire skills needed in the labour market (Opoku, 2016). This confirms the assertion by Gadagbui (2008) that vocational training is not always beneficial to students with disabilities as they do not acquire the training needed to establish their own businesses and become independent.

The present study found that staff adequacy was fairly good, although a little inadequacy was noticed in respect of non-teaching staff. Most of the staff were qualified teachers employed under the Ghana Education Service. This finding contradicts Ndala (2006) who opined that in sub-Saharan Africa only slightly more than 50% of special schoolteachers have the proper qualifications, which is insufficient for achieving quality education for students with special needs. The issue however is the fact that most of the tutors had special education qualifications but had additionally not been trained to impart vocational training. This finding is congruent with that of Howard (2009) who argued that a lack of qualified specialised trainers to carry out vocational rehabilitation programmes is one of the major barriers confronting vocational rehabilitation centres. Ngobeni (2015) also made a similar observation, asserting that tutors responsible for vocational rehabilitation programmes sometimes experience difficulties since they are not trained to offer these programmes.

Other factors revealed in this study that have the potential to affect the success of vocational rehabilitation in the metropolis are: long-distance travel from teachers' residences to school, stigma and the use of derogatory language against teachers because of their association with students with disabilities. However, stigma was not seen to have had any effect on delivery of vocational rehabilitation. This finding, however, contradicts that of Chaula (2014) who reported that most of the

teachers who train students with special needs show negative attitudes towards their students. One important aspect revealed by the current study pertains to teachers'/trainers' motivation. Hayes (2011) stated that sufficient motivation is necessary in every area of life because it has a strong role in igniting interest and commitment to participate in and work towards achieving the desired results. Due to lack of motivation, most tutors take on an extra job as a substitute so as to earn additional income. This finding confirms Ngobeni's (2015) report, that there is insufficient support and motivation among management and educational trainers in vocational rehabilitation centres for effective delivery of services.

Measures that need to be put in place for the effective delivery of vocational rehabilitation are in line with suggestions put forward by the UNESCO (2011). According to UNESCO, institutions designated as special schools should be adequately equipped with suitable support services and resources and should employ customised instructional programmes that will address the needs of students with disabilities. If this is ensured, tutors will be able to deliver on the mandate and enough attention would be paid to individual needs, to the benefit of all. Chaula (2014) recommends that there should be adequate provision of teaching and learning materials which are helpful for teachers to train learners with special educational/vocational needs. Vocational rehabilitation cannot achieve its goals to the fullest if the facilities and infrastructure are inadequate for teachers to perform their duties in instructing students with disabilities.

Limitations

This study focused on the views of the staff who work directly with students with disabilities in the various vocational rehabilitation settings in the Kumasi metropolis. The views of students with disabilities and their parents are not included. This is a limitation of the study. It is believed that the study participants, rather than the parents, were in a better position to provide the necessary information. Moreover, it could have been difficult to trace all the parents, as students at the vocational rehabilitation centres come to Kumasi from different parts of the country.

CONCLUSION

Effective collaboration between government ministries and non-governmental organisations is vital to ensure that the needs of vocational rehabilitation centres are met. Reliance solely on government support means that in most cases these

centres cannot function optimally. Currently government support is inadequate in comparison to similar activities done by non-governmental organisations such as religious bodies.

The government, through the Ministry of Education, should reinstate the goods and services grant and administrative grants, and minimise delays associated with the release of these funds to the vocational rehabilitation centres. This would contribute to their efficient running.

Again, through the Ghana Education Trust Fund, the government should build enough classrooms, dormitories, and teachers' bungalows. Proper accommodation on campus for (most of) the staff members will contribute towards improving their work. Furthermore, there is a need to increase the capacity of vocational training centres to admit more students and thereby do away with the long waiting list for admission.

The Ghana Education Service should ensure that special education teachers with strong technical and vocational backgrounds are posted to these vocational rehabilitation centres. The trainees will then stand a better chance of acquiring marketable vocational skills.

The National Commission for Civic Education should enlighten the general public about disability issues since the persistent gap in knowledge about disability results in stigma and discrimination.

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