



## Rehabilitation and Integration of Social Work: Issues & Challenges on International Perspectives

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### Abstract

The incidences of social problems in human society are geometrically increasing due to the multifaceted factors, we are all aware with high rate of crime, juvenile delinquency, drug abuse, prostitution, unemployment, poverty, disability, mental illness, natural and human disaster, poor social welfare services, programs and institutions as well as human rights violation. It is believed that the above-mentioned challenges would be tackled by professional social workers equipped with modern scientific knowledge and techniques of dealing with them. Therefore, the objective of this study is to identify roles of professional social workers and social work profession towards rehabilitative services in the community and Secondary data have been used to substantiate the facts.

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### Introduction

The scope of social work profession includes interacting with individuals, families, social groups and communities for the purposes of interviews, assessments, diagnosis, treatment and evaluate of social problems affecting them and provision of social services, provision of sound support to individuals, social groups and community for the purpose of prevention, remediation and resolution of social problems affecting them. It involves development, promotion, provision, delivery, management and evaluation of human services

programs for the prevention, remediation and resolution of social problems affecting individuals, social groups and communities.

It involves development of social policies aimed at resolution of social problems and improving the social condition of living of individuals, social groups and communities

Provision of supervision, consultation, administrative and evaluation of social services to client and conducting of researches on social problems affecting individuals, social groups and community. (NCSW, 2022)

## **OPERATIONAL DEFINITIONS**

**Rehabilitation:** Rehabilitation originally, the restoration of some to their previous or optimal level of functioning following an accident, other trauma or illness through the intervention of doctors, nurses physiotherapist, occupational therapist, social worker etc. still used in this sense, but also now used more widely to include work with offenders and people with drugs and or alcoholic problems. (Harris, 2018)

**Social work:** Means helping profession that uses knowledge and skills, developed from social sciences and environment to prevent, remediate and resolve social problems affecting individuals, groups and communities so as to enhance the quality of social functioning and bring about social development. (NCSW, 2022)

### **Roles of professional social workers in rehabilitative services**

Rehabilitation is a set of measures designed to assist individuals who experience, or are likely to experience disability, with the goal of helping them achieve and maintain optimal functioning in interacting with their environments. Emphasis of rehabilitation is on enhancing and restoring coping capacities and resilience of people grappling with challenges of disabilities. Disabilities could be physical, mental, social or economically related. Whatsoever form it takes, it undermines adequate functioning of people which renders them incapable of contributing to the society. It is at such point that they seek rehabilitation services. (WHO, 2011)

According to Nigeria's Social Development Policy, rehabilitation is seen as a process whereby a challenged person is restored to the fullest physical, medical, psychological, social, vocational and economic usefulness of which the individual is capable (Federal Republic of Nigeria, 2004). According to Kolo and Jubrin (1995), rehabilitation encompasses efforts and activities aimed at treating, training and restoring the challenged person's capacity for independent life status. Olubela, Olenegan and Sokale (1996), also added to the definition by describing it to be combined and coordinated use of medical, social, educational and vocational tools to scale up the functional ability of persons grappling with disabilities. In same vein, Onwuchekwa (1993) and Obani (1999) opined that rehabilitation process is a planned, orderly sequence of services related to the total needs of the challenged. The above definitions were summed in Obi-keguna (2014) and Eya (2016) who stated that rehabilitation is not complete if the challenged after training does not tend toward independence and becomes a contributory member of the society.

Therefore, any rehabilitation service rendered to the challenged should target the goal of self-sufficiency and independence. This is corroborated by Bitter (1979) who is of the view that successful delivery of rehabilitation services will enable the disabled person to engage more meaningfully in the society, as though his/her disability never existed.

### **Types of rehabilitation**

Disabilities are unique in themselves and so will demand unique approaches. Confirming this are the different types of rehabilitation as explained below.

#### ***Medical Rehabilitation:***

This is fundamentally curative and restorative. It suffices when disability is due to disease or sickness, such as damaged organs and body parts. Medical rehabilitation also captures 'social cure' i.e. enabling the person to maximally develop physical and mental functions for the purpose of living life as though the disability never occurred.

***Educational Rehabilitation:***

Here, emphasis is on helping the client to acquire skills that will help him/her fulfill coping conditions. This can be teaching the usage of braille to one who is visually impaired, or helping one acquire a new mobility pattern, perhaps he/she is paralyzed.

***Vocational Rehabilitation:***

Economic empowerment is the focus here. Potentials of clients are appraised and evaluated, so as to look out for matching skills. Gainful occupation and employment form the ends of vocational rehabilitation. Some beneficiaries of vocational rehabilitation services end up in shelter workshops, where they are closely monitored for reasons owing to the severity of their mental and social conditions (Obani, 1999).

***Social Rehabilitation:***

Social rehabilitation is a more comprehensive form of rehabilitation, which is interdisciplinary, multi-purpose and holistic in approach. In this type of rehabilitation, diverse rehabilitation services such as educational, medical, vocational and psychological are provided in one package. The goal here is to ensure that the client reintegrates fully back into the society, and appreciates his or her disability, especially in the event of permanent disabilities.

**Importance of Rehabilitation**

Rehabilitation can be of significant benefit to any individual experiencing impaired physical abilities and social functioning. Ozoji (2005) summarized the benefits of rehabilitation to include:

- Being functional in life regardless of impaired abilities and discouraging social conditions.
- Discouraging handicapping effects of disabilities.
- Provision of earning capacity.
- Reintegration of people with disabilities back into the mainstream society to live happily and gainfully.

**Government Policy on Rehabilitation in Nigeria**

The government policy on rehabilitation is contained in her 1989 social development policy document for Nigeria which was revised in 2004, and more recently in 2017. Policy on rehabilitation is hinged on a moral responsibility of the government to cater for the needs of its members, especially those with disabilities. The specific objectives of the policy as contained in the social development policy document are:

- Ensure effective management crisis situation of the challenged.
- Ensure an appropriate training for the challenged in order to reduce dependency.
- Ensure provision of relief materials.
- Ensure diligent follow-up to facilitate subsequent rehabilitation of the challenged.
- Ensure effective co-ordination of all initiatives in the public and private sectors aimed at improving welfare of challenged persons.
- Make available to every challenged, social and mental health care facility.
- Ensure that the media produce programmes which protect and enhance the image and dignity of the challenged.
- Promote the provision of adequate and accessible recreational and sporting facilities for the challenged
- Promote the integration and participation of the challenged in the mainstream of our national life.
- Ensure adequate income security for the challenged.

As is common with most policies in Nigeria, it is not far from the truth that these objectives, however lofty they seem, have done so little in impacting the lives of Nigerians with disabilities. Nigerians with disabilities still clamor for recognition and integration (Etieyibo & Omiegebe, 2016). News regarding discrimination, stigmatization and abuse they face are reported steadily by the media (United Nations, 2015). Rehabilitation centres are grossly lacking around the country. All these could be pinned to having sound policies without an effective implementation system. This remains one major setback to the effective realization of the contents of the social development policy of Nigeria.

## **Rehabilitation services**

In Nigeria, services and supports for people with disabilities often come from private bodies, foreign donors, with some driven by the government. Significant services rendered to persons with disability include:

- Medical services
- Psycho-social services
- Educational services
- Counselling and guidance service

### ***Medical services***

This is one of the pertinent ways of rehabilitation. The main feature of medical services is the restoration of the physical or mental properties of a client that might need treatment or surgery as the case may be. Such a need must have been identified and established during the medical tests. These services are provided by a physician who is either brought into the rehabilitation team or attends to the client in a hospital. Medical services therefore are meant to examine all the organs (especially the brain) so that maladaptive ones are attended to through medical procedures such as: surgery, physiotherapy, radiography, biomechanics, chemotherapy, dietetics and nutrition, among others.

### ***Psychosocial services***

These services fall within the realm of restoring the social functioning and mental health of people living with disabilities. They include mobility assistance, positive appraisal of self, developing good esteem, interpersonal relationship skills, improving skills for adjustments and coping capacity, intervening with concerned families, anger management, trauma desensitization, among others. The goal of this service is to make the client positively accept himself/herself, assist his/her family or support networks to manage the disability situation, and enable the one living with disability to participate effectively in the mainstream society. This is where social work services become very crucial.

### ***Educational services***

Educational services are aimed at helping the client acquire skills and knowledge that will reduce the handicapping effects posed by disabilities. They include vocational, numeracy, literacy and general academic training. Care are usually taken to closely observe suitability of skills for those living with disability. For instance, some might be so skilled in carpentry, sewing, etc., that they care less about academic training. Some might have had the site of the brain for academic activities very badly affected by their disability that they cannot just be academically efficient. In order to advance suitability of educational services for people living with disability, special educators, social workers, clinical psychologists, and neuron surgeons would have their services very key to the process.

### ***Counselling and guidance services***

Counselors in Nigeria work mostly in schools and rehabilitation centers. They assist pupils, students and inpatients to generally tackle their educational, vocational and social concerns. They do the above through guidance services. Effective implementation of the rehabilitation programme cannot take place without the efforts of the counselor. According to Okobiah (1992), the keystone in facilitating rehabilitation programmes for disabled individuals is good counseling. However, social workers could take up these counselling roles.

Services related to counselling and guidance will encompass: □ Determining the needs of challenged persons

- Help develop and plan the rehabilitation programme
- Assisting to implement the rehabilitation programme
- Recommend suggestions to other professionals in the multi-professional team
- Ensuring that rehabilitants are served duly
- Steadily listening to the rehabilitant and connecting personally to him or her, as well as families and support networks
- Motivate the client into appreciating his or her disability

- Follow-up/evaluation

### **The place of social work in rehabilitation**

The place of social workers in rehabilitation is not unconnected with their roles in ensuring that people become better for the society (Agwu, Atumah & Okoye, 2018; Uzuegbu, 2004). They strive to empower, liberate and make life to be fulfilling for people living with disabilities, such as amputees, destitute, those with mobility difficulties, visually impaired, orphans, those with speech and hearing difficulties, people living with albinism, older adults, to mention but few. The social worker makes effort to ensure that problems arising from disabilities are well managed, cushioned, and treated effectively, such that the client lives his/her life relatively efficiently as though the disabilities were never in existence (Egbochuku, 2008). Specific roles the social worker could play in a rehabilitation setting are discussed below.

#### ***Programme Planning:***

He/she participates in planning and organizing suitable training programmes for the challenged. This could be provided by governmental and nongovernmental bodies, as well as good spirited persons. Social workers could equally participate in stimulating and designing the programmes so as to ensure that they are suitable for the targeted persons.

#### ***Public Enlightenment:***

Through organizing public enlightenment programmes such as seminars, conferences, media advocacy, etc., the social worker helps to create societal acceptance for the challenged. In such enlightenment programmes he sensitizes the public on the need to accept the challenged as unique people deserving of respect for their dignity and worth.

#### ***Employment:***

The social worker helps the challenged to become economically productive by exposing him or her to suitable skills and educational opportunities, as well as employment opportunities. The aim is to ensure that the challenged becomes self-reliant on the long-run.

#### ***Provision of medical services:***

He ensures that the health of the challenged is catered for. Here, the social worker links up health professionals to the client, and equally engages the client in conversations that will give him or her the opportunity to reveal his or her health state.

#### ***Policy Planning:***

He offers suggestions to the governments on effective, relevant and feasible policies that could be made to enhance wellbeing for the challenged. In order to come up with ideas of such, the social worker should consult stakeholders to get their views on issues, which will in-turn impact recommendations and advice for policy interventions.

### **Steps in the rehabilitation process**

Rehabilitation just like every other engagement of social workers follows a systematic process. Therefore, this section is dedicated to explaining the steps that should be observed in the context of rehabilitation.

#### ***Selection and preliminary investigation:***

The social worker, also referred to as a counselor is first expected to conduct an investigative interview. This helps him to gather information on the client and the problem to be remedied. Skills like empathy, congruence, unconditional positive regards, and warmth are very important to help the social worker establish rapport

rehabilitants and support systems surrounding them. Information during this period is sought in the areas of health, education, emotional balance, social history, relationships with people, among others.

#### ***Client study data:***

The information from the initial interview provides a starting point of the rehabilitant's case study. All the information needed for total adjustment and treatment of the rehabilitant cannot be obtained just during an interview. Other relevant information is sourced from further investigations and reflections through the data and references obtained during the interview. This could lead to further questioning with time. Some areas deserving more attention after the preliminary investigation include: (a) Medical evaluation (b) Psychological reports (c) Vocational evaluation (d) Educational evaluation (e) Cultural and environmental evaluation, and (f) Social evaluation. These evaluations and reviews could be achieved through designing sets of questions on paper that would demand responses of the rehabilitant, other professionals and support networks. This will help the social worker to determine the extent of the client's disability, possibility of recovery, systems that will facilitate recovery, and approached that could be applied to scale-up recovery and coping processes for the client (Olukotum, 1992).

#### ***Rehabilitation diagnosis:***

In rehabilitation diagnosis, issues such as the determination of eligibility for resources and opportunities, clarity of problems arising from ascertained disabilities, identification of appropriate rehabilitation services to be offered, and economic worthiness appraisal of the client, as well as the kind of job the client can undertake, are considered at this phase.

#### ***Planning and provision of rehabilitation service:***

All other information prior to this phase serves as a springboard for designing the rehabilitation service proper for the rehabilitant. The first task at this stage is the statement of goals, which should be jointly established by the social worker and the rehabilitant. The programmes designed for a given rehabilitant should be acceptable to the rehabilitant, and in accordance with the rehabilitant's medical, psychological and social data. The social worker alongside other systems in the rehabilitation setting should assist the rehabilitant in the step-by-step fulfillment of all components involved in fulfilling the established goal. It is the responsibility of the social worker to make necessary arrangement for commencement of implementing the treatment plan. During the implementation stage, rehabilitants could receive multiple services concurrently where necessary. Also, referral service could be considered where appropriate.

#### ***Selective placement and follow up:***

The process of rehabilitation is never completed until the economically viable rehabilitant is made to be economically productive (Olukotum, 1992). Selective placement and follow up are therefore an integral part of the rehabilitation process. It is the duty of the social worker to arrange for economic opportunities for the client, and help in facilitating the process through ensuring that credentials are tidied, capital is raised, work-space is found, employers are ready to accept the rehabilitant regardless of his or her disability, work environment is friendly and would be fulfilling for the rehabilitant, among others.

#### ***Evaluation of placement and case closure:***

During placement the social worker ensures that the rehabilitant is placed in suitable jobs. The need to monitor rehabilitant to see how he or she is coping with his or her job is very necessary. The closure is determined by how well the rehabilitant has fared on the job. In other words, the nature of working conditions, income, rehabilitant's adjustment, employers' satisfaction, among others, would determine whether rehabilitation project should be closed or not.

#### **Challenges of rehabilitation**

Rehabilitation comes with several challenges. They are discussed below.



***Social and Economic Factors:***

Social issues like culturally motivated stigma and discrimination against people with disabilities reside inherently as a challenge of rehabilitation in Nigeria. Certain cultures tie disabilities to punishment from some gods and oracles as consequences of evil. This impedes interaction between those who live with these disabilities and members of the society, and most times, such experience affects the treatment process due to the absence of home-based support systems, and the challenge that comes with reintegrating the client into a different society other than the society where he or she suffers discrimination and stigma. Also, the cost of some services during the process of rehabilitation might not be affordable for the service users. This could frustrate a treatment process (Ntukidem, 2002).

***Community Participation:***

The fact that sometimes these persons with disabilities are placed out of communication in their communities is challenging for rehabilitation. It makes the community uncomfortable for a phase or a kind of rehabilitation that will require the client to receive rehabilitation services from home. Efforts must be made to develop well-established mechanisms for local administrations to involve community participation in planning programmes and appreciating people with disabilities.

***Disease oriented notion of disability:***

Education of professionals in the health and social services traditionally focused on the medical aspect of disability whereby the individual was seen as dependent rather than a person with potentials for independent living (WHO 2004). Thus, professionals working in the field of rehabilitation need to add new skills to their traditional knowledge and values so that professional behavior becomes more oriented towards aiding persons with disabilities have their potentials fulfilled.

***Difficulties in inter-professional collaboration:***

It is common across Nigerian facilities having various professionals to have squabbles and battle for supremacy amongst themselves. Rehabilitation settings are not left out (Eleweke, 1991; Okoye, 2010). This is likely to make rehabilitation services less efficient. Professionals in rehabilitation settings should be made to understand the essence of working in a team, having the client's wellbeing central to their collaboration. In the presence of interprofessional harmony, a comprehensive approach on disabilities issues will be achieved, implemented and sustained. Thus, altruistic collaboration of professionals should be fostered regardless of professional status, race, age, tribe, length of practice experience, among others.

***Poor management culture:***

Rehabilitation centers in Nigeria are firstly unpopular, this is not unconnected with the cultural perceptions of Nigerians to keep secret their odd moments. However, rehabilitation centres will be accepted if there are evidences to show that the available ones are managed properly, and handled by the best of hands. Sadly, they are reported to be poorly managed, and fall below international best standards (Ezeh, 2017; Ajobiwe, 1993; Ojoru, 1995; Ezera, 1995).

**Problems of parents with challenged children**

An area of major concern in rehabilitation discourse is the handling of challenged children at homes by their parents and guardians. Parents generally encounter some problems in bringing up children. However, parents encounter more problems and difficulties in bringing up challenged children. Some of such problems are highlighted.

***Ignorance:***

Many families, including the educated ones may be unfamiliar or ignorant about the disabling conditions of their children and their causes. As a result of curiosity and help-seeking, they solicit services from witch doctors, neighbours, religious clerics, etc. They may end up complicating the issue. This is very common in

Nigeria. To remedy this, parents and guardians should avail themselves the opportunity of consulting with rehabilitation centres, therapeutic homes, hospitals, and mental health facilities.

#### ***Pity from neighbors:***

Pity from close neighbors may complicate problems of parents. Most parents may feel they have failed the child or accusing one another as the remote or immediate cause of the problem. This inspires guilt or hopelessness. The social cost of these feelings may affect the psycho-social development of the child. Thus, parents must learn to accept fate, while consulting relevant professionals for instructions, therapy and guidance.

#### ***Superstitious explanation:***

Disabilities are often explained in superstitious term in Nigeria. No doubt, such beliefs can lead to the exclusion of the individual and even the parents from ordinary social and cultural life. Parents should endeavour to also consult relevant professionals who will ensure protection for the family, and address their concerns.

#### **Adjustment challenges:**

Adjusting to the care demands of a child with disability could be very difficult. However, consulting professionals who are experts in home making, child psychology, and family therapy, would be of great help. Nevertheless, parents would have to develop some resilient measures such as time management, role divisions, spirituality, fun-outings, and communication, among others.

In conclusion, discrepancies between the services needed by challenged persons and those provided present a dilemma. Most rehabilitation centres in Nigeria are institutionalized and are faced with problems of providing basic training and care for the challenged, as well as effectively meeting their needs (Okoye, 2010). Factors influencing malfunctioning of rehabilitation services in Nigeria are already discussed. Therefore, for successful rehabilitation to take place, communities must recognize and accept that people with challenging situations have the same rights as other members of the society. This may require a significant change in attitudes among other members of the society. It has been found that the most effective way of bringing about such change is for members of the community themselves to take on the task of rehabilitation, or instead make their communities conducive and human rights friendly to permit effective reintegration of a rehabilitant. This therefore supports the need to work out ways in which available resources could be mobilized through existing structures, in order to reach majority of the challenged population in the country.

## **CONCLUSION**

In conclusively, social worker plays important role in rehabilitation services, more especially in developing and underdeveloped societies where people living in socio-economic challenges, Integrated social work services in rehabilitative sector, will rapidly increase social development in the society. Therefore, it is highly important the government and non-governmental organizations to reintegrate social work service and promote the profession for addressing social problems affecting individuals, family, group and general society.

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