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## CHALLENGES OF ATTACHMENT PROGRAMME ON STUDENT TRAINEES' ABILITY TO PROVIDE REHABILITATION SERVICES TO PERSONS WITH DISABILITIES IN UNIVERSITY OF JOS, NIGERIA

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### ABSTRACT

**Introduction:** The study investigated the challenges of attachment programme on student trainees' ability to provide rehabilitation services to persons with disabilities in University of Jos, Nigeria.

**Purpose:** The study was to find out the challenges student trainees faced during attachment. Five research questions were set to guide the study.

**Methodology:** The study was descriptive in nature. The population of the study involved all the one hundred and fifty final year rehabilitation sciences students from University of Jos on attachment in schools and rehabilitation centres in Plateau, Bauchi and Kaduna States. Purposive sampling was employed for the study. Questionnaire was used to collect the data. Qualitative method was used to analyze the data collected in form of statements, while simple percentage was employed to analyze the participants' responses in tabular form.

**Results:** The findings showed that most of the trainees cannot define, identify and state the services for persons with learning disabilities, visual impairment, hearing impairment, cerebral palsy and autism. Most trainees complained of lack of finance, accommodation and attention during attachment as well as difficulty in getting good station for the attachment.

**Conclusion/Recommendation:** Based on these findings, the researcher concluded that majority of the trainees do not gain much from the programme. It was recommended that pragmatic steps be taken to improve it. Trainees should be given financial assistance and accommodation during attachment programme. The schools and centres of attachment should be equipped to give trainees knowledge and practical skills to work with persons with disabilities effectively.

**Keywords:** Attachment programme, Autism, Hearing Impairment, Learning disabilities, Student Trainees, Rehabilitation, Visual Impairment



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## **PUBLIC INTEREST STATEMENT**

This study gives student trainees information on the skills, attitude and behaviours they must possess when working with persons with disabilities either in special schools, regular schools or rehabilitation centres. It provides academic and station's supervisors with useful information on what they expect from the student trainees during attachment programme. The attachment programme coordinators in departments of Special Education and Rehabilitation Sciences of Universities will find the results useful when planning, posting and supervising students on attachment.

## **INTRODUCTION**

Attachment programme in school and rehabilitation centres is an integral part of tertiary institutions' curriculum. It prepares the student trainees for dynamic and real-life employment situations. It helps them to acquire the aptitudes and attitudes, adaptive, interpersonal and collaborative skills that help them function maximally in the world of work (Reddy & Moores, 2012). Attachment programme is organised for trainees in tertiary institutions to expose them to the day to day work environment of professionals. Attachment programme is aimed at making the trainees practically implement the skills, methods, theories and models they learned in school, specifically in their area of discipline. Attachment programme gives trainees the right type of work attitudes and professionalism through interactions with professionals in institutions serving persons with disabilities, clients with different disabilities, conditions and services render. Successful acquisition of practical experiences and skills during attachment programme by trainees help employers to have less on-the-job training for newly qualified professionals who are freshly employed.

Attachment programme helps teachers to prepare and adjust their teaching in line with the demands that come from the field of work. This helps the prospective rehabilitation workers to contribute meaningfully to national development of the country on graduation (Gatsi, 2010). Attachment provides trainees with functional education that is relevant and up-to-date in skill and technology to make them equipped for the task of working with persons with disabilities. Boakye-Agyeman (2006) points out that

graduates who can implement theory practically play significant role in the development of a nation. Choy and Haukka (2008) also reported that without properly trained personnel in public service, a country is not in position to exploit its own national resources. Therefore, attachment programme, if properly organized could help solve the problem of non-acquisition of practical skills while in school.

Unfortunately, these trainees go on attachment to schools and rehabilitation centres with only guidelines on paper mandating them to be of good behaviour, while their supervisors are erroneously given score sheets meant for students on teaching practice in schools for use to score trainees on attachment programme in rehabilitation centres or hospitals. There are no log books for these trainees posted to rehabilitation centres and hospitals to record their daily treatment activities. The researcher's experiences in supervising trainees during attachment programmes for the past ten years shows that many of these trainees cannot define or mention the causes, characteristics, prevention or services for either persons with hearing impairment, visual impairment, learning disability, autistic and cerebral palsied children meaningfully. They are poorly prepared, equipped and lacked the skills to work with persons with disabilities. For example, during supervision, the researcher personally asked the trainees to define and identify some services for each of the disabilities mentioned above. Their responses were horrible, some said:

*Learning Disabilities (LD) are children who cannot read, they have mental problem and should be given flash cards and story*

*books to read, Visually impaired (VI) are those who when walking, they bump on people and building. The need braille machine and stick to walk. Hearing Impaired (HI) are those who use hearing aids and sign language.*

These suggest lack of knowledge of these conditions by the trainees, but which they are asked to handle during attachment programme. Donkor (2009) expresses that the student trainees go to the attachment's station without any prepared material or equipment as first aid for the work. Their knowledge of the various disabilities can just be imagined than described. They are either not properly guided, prepared or do not know what to do during attachment period; especially those posted to hospitals, drug/alcohol related centres. Dudziak and Kohn (2007) express that during attachment, trainees believe that professionals who work in the hospitals or centres will provide them with all the information needed about all disability conditions or make the materials/equipment available for them to use.

In Special education and rehabilitation sciences department of the University of Jos, Nigeria, there is a course called SPE 105: Practicum. This course is mainly practical in the students' area of specialisation. The course is taken by students in their first year. It enables the students' academic supervisor to expose them to children with disabilities in their chosen area of study. The students work directly with the children under the academic supervisor twice a week for a month and write report about their engagement with the children to their supervisor. However, in many cases, the students are neither given a case nor made to develop materials or equipment for treating any identified case. Other courses in the department are theoretical, so many students are either not conversant with the practical aspect of it or have difficulty participating in attachment programme due to financial challenges or accessibility to

special education materials/equipment or even the special schools.

During practical, if a student trainee was able to reproduce any material/equipment, others trainees will reproduce exactly the same and write their names on it as the author. Many of the trainees cannot write a report of their engagement with persons with disabilities. Similarly, when an assignment is given and one of them happens to attempt it, all the other students just copy the same answer word for word and forward to lecturers for scoring. The only difference is in the student's name and matriculation number. These show how unserious the students are and how poorly, unprepared and unskilled they will graduate for the task ahead. These students also graduate with no single material/equipment they produced which they can use to remediate any condition in their area of specialisation.

The researcher's personal experience of students in the field during their attachment programme in schools and rehabilitation centres shows that some of them do not relate socially and friendly with the clients, especially clients with cerebral palsy, autism and intellectual disability. Many of these trainees dress as if they are going for a musical concert. They do not demonstrate the skills and attitude of working with persons with disabilities. The consequent of this is that on graduation, many of them would not be employed for lack of knowledge of the different categories of disabilities, skills and attitude in working with such persons. Those who are employed often find working with persons with disabilities to be a challenging and frustrating experience. Others might not be employed due to poor knowledge of their area of specialization. In recognition of this, Kingston (2008) added that those who managed to get a job perform poorly in rehabilitating even a simple muscle pull.

Furthermore, while supervising trainees during attachment programme in schools and rehabilitation centres, the researcher discovered that many trainees

are not able to make practical, the theory they learned in class. The activities they do with the clients, their behaviour, attitude and skills in working with the clients do not show any balance between academic and practical application of the skills learned. For those in special school, lesson plan which they were taught in their second and third year as "Method I and II" are usually poorly written and implemented. Many of them do not know what *previous knowledge* of their client is. They saw it as what they taught the clients the previous day instead of the clients' background knowledge about the new topic.

During *introduction*, the new topic is explained instead of activating the client's prior knowledge through a brief and captivating story, drama or play that is based on the topic to be taught. Introduction should be based on clients' environment, background knowledge and experiences. The student trainees confused introduction with definition of the new topic which is meant for *presentation step one*. The new topic should be defined in *presentation step one* and immediately, the teaching aids are displayed for the clients to see and to enable them contribute meaningfully in discussing the topic in the subsequent steps.

#### **STATEMENT OF THE PROBLEM**

Several concerns are being raised by employers on tertiary institutions' failure to produce graduates with practical skills for employment. The poor job skills graduates have, has become a problem to stakeholders and employers of labour. There are always accusations and counter accusations by teachers and students on each other. Teachers see students as not taking their class attendance, participating in class activities, class work and assignment serious. Many students only show up during examination. Students on their part see the teachers as not coming to class on time and or regularly. Some only come when examination time is close and bombard them with notes to copy. Others come and spend most of the lecture time

talking about where they studied overseas.

In recent times, some rehabilitation centres and educational institutions are being criticized for churning out graduates or trainees who cannot make practical their skills at work. These trainees' ability to initiate and develop activities, materials or equipment for use with their clients during attachment is very poor. In addition, trainees blamed some attachment stations for not accepting them for the programme. Some accept them but do not have enough materials/equipment which the trainees can use to work with clients. Such stations do not give the student trainees adequate training activities during the training period. Other schools or centres accept the student trainees just to enjoy their cheap labour at the expense of the training the student trainees need. There are also the shortages of attachment schools and centres as compare to the number of students going out for attachment. These problems have prompted the researcher to investigate the challenges students face during the attachment programme.

#### **PURPOSE OF THE STUDY**

1. To examine trainees' knowledge of causes, characteristics and services for persons with learning disabilities, visual impairment, hearing impairment, cerebral palsy and autism.
2. To examine the adequacy of attachment schools and centres available for trainees on attachment
3. To find out trainees' knowledge of materials and equipment for remediating different disabilities.
4. To examine relevance of attachment schools and centres to trainees' area of specialization.
5. To examine challenges student trainees face during attachment programme.

#### **RESEARCH QUESTIONS**

1. What are the causes, characteristics and services for

- persons with learning disabilities, visual impairment and hearing impairment, cerebral palsy and autism?
2. Are there adequate attachment schools and centres for interns on attachment?
  3. How knowledgeable are student trainees about the materials and equipment used in remediating disabilities?
  4. How relevant are attachment materials and equipment to trainees' area of specialisation?
  5. What are the challenges student trainees faced during attachment programme?

## METHODOLOGY

### Research Design

Descriptive research design was employed for the study. This design provided information on the characteristic and behaviour of the population, sampling techniques, procedure and instruments that were used for both data collection and analysis. Purposive sampling was also employed for the study. The use of purposive technique was based on the fact that all the students have done the mandatory attachment programme in their second and third year in the University.

### Population and Sample

The population for the study consisted of 150 final year students of the department of Special Education and Rehabilitation Sciences, University of Jos. All the 150 final year students in the department were also used as sample for the study.

### Instrument for Data Collection

Open ended and closed questionnaire were used for the data collection. The questions were prepared mainly on causes, characteristics and services for persons with learning disabilities, visual impairment, hearing impairment, cerebral palsy and autism. The questions were also centred on knowledge, adequacy, relevancy and challenges trainees faced during attachment in schools and rehabilitation

centres. These questions were administered on the 150 participants who participated in the 2017/2018 attachment programme in various special schools and rehabilitation centres in Plateau, Bauchi and Kaduna States. The questionnaires distributed consisted of confidentiality of the trainees' statements on all information given. They were also asked to give anonymous names to the school or centre that hosted them for the attachment.

### Method of Data Analysis

The participants' responses to research questions 2 and 5 were analyzed using percentage and frequency. Research question 1 was rated as: "strongly agree, agree, neutral and disagree, while research questions 3 and 4 were analyzed qualitatively. Both the quantitative and qualitative methods were used simultaneously to analyze the data collected. Data was collected through face to face administration of the questionnaire on the trainees. The trainees' statements of experiences were stated verbatim and described, while others were analyzed quantitatively in tabular form and explained using percentage. The trainees were asked to state the meaning, causes, characteristics and services for persons with visual impairment, hearing impairment, learning disabilities, cerebral palsy and autism.

## RESULTS AND DISCUSSIONS

**Research question 1:** What are the causes, characteristics and services for children with learning disabilities, visual impairment and hearing impairment, cerebral palsy and autism?

Questionnaire was given to the trainees to state the causes, characteristics and services for persons with disabilities. Their responses were collected and analyzed using qualitative method. After the analysis, many of the trainees were unable to mention more than three of each. They stated the causes as;

*Causes of Learning Disabilities (LD): Sickness, mental problem, inability to*

*see and read. Causes of Visual Impairment (VI): Sickness, hereditary and pus in eye. Causes of Hearing Impairment (HI): Sickness, hearing aid, audiology and wax in the ear. Causes of Cerebral Palsy (CP): Brain damage, accident. Causes of Autism: Brain injury and deafness.*

These trainees were only able to mention hereditary for Visual Impairment, sickness for Hearing impairment and brain damage for Cerebral Palsy correctly. This shows that the trainees do not know the causes of these conditions.

*Characteristics of LD as: Hyperactive, reading difficulty. VI; bump into wall, use stick and Braille, HI; use hearing aid, sign language, CP; dropping sliver from the mouth always zigzag movement and Autism; they are always quiet in class.*

These responses do not give true pictures of the conditions the trainees are describing. Trainees were only able to mention hyperactivity for learning disabilities and zigzag movement for cerebral palsy correctly, while the characteristics for others were wrongly stated as seen above. This shows that the trainees do not know the clients they were working with and or were treating the wrong signs. This suggests that

appropriate services will not be given to the clients by the trainees. These trainees stated some of the services to include:

*Services for LD: Flash cards, story books, one hundred high frequency words. VI: Eye glass, Braille machine sticks type writer. HI: Sign language, audiology, hearing aids. CP: Fine motor skills, gross motor skills. Autism: Motor skills and story books.*

The student trainees were able to mention some of the services correctly. Some even wrote: *Sir, we are in rehabilitation sciences not in any of these areas, so we will not know these things you are asking us.* This suggests that the trainees do not see themselves from special education perspective where they are saddled with the responsibility of providing special services for persons with special needs. They exhibited complete ignorant of the conditions they are being trained to handle. This shows the trainees poor background knowledge about the conditions they were treating. The implication of this on the clients is that their problems will not be solved, despite the present of these trainees for the attachment programme.

**Research Question 2:** Are there adequate special schools and rehabilitation centres for trainees on attachment?

**Table 1: Adequacy of Special Schools and Centres for Trainees on Attachment**

Responses		Strongly Agree	Agree	Neutral	Disagree	Total
Students	150	35(23.33%)	25(16.67%)	5(3.33%)	85(56.67%)	100

Results from the table above show that 40% of the trainees responded positively that there are adequate rehabilitation centres for them to choose for attachment, while 56.67% responded that there are inadequate special schools and rehabilitation centres where they could choose to do their attachment. As a

result of inadequacy of the schools and centres, majority of the trainees end up being posted to regular schools as special education teachers, a situation that does not allow the trainees to come in contact with children with moderate to profound disabilities in real life situation. The implication of this is that the trainees will

not be properly groomed in their area of specialisation for future employment, hence their poor work performance. Narayanan (2010) states that the effective and practical training trainees received during attachment programme is an indispensable component for developing trainees' competences, attitudes, skills and behaviours in preparation for work.

Inadequate of special schools and rehabilitation centres for trainees to choose for attachment make many of them to rush and become overcrowded in the few schools and centres available. Competition for attachment places is tough among trainees. Many of them stated:

*We always found it difficult to get rehabilitation centres to choose for the attachment. We are not benefiting from the attachment because the centres are few and we, the students, are many. Due to placement desperation, we end up begging some special schools' proprietors to accept us even in areas that are different from our areas of specialisation. That is why some of us are here sir. Some of the rehabilitation centres are small in size and lack enough equipment and materials for us to use as students on attachment.*

The trainees' responses above show the difficulty they have in finding special schools and rehabilitation centres for the attachment programme. This suggests that they are likely not to gain much skill during the attachment. In fact, reports from employers about trainees on attachment shows that some student trainees only come to work when they learned that their academic supervisor is coming to supervise them. As soon as they are supervised, they do not continue with the attachment again. Worse still, some of these undesirable behaviours are being exhibited with the knowledge of the authority of some schools and

rehabilitation centres and even some of the academic supervisors.

This agrees with Matamande, Nyikahadzo, T aderera and Mandimika (2013) who stated that some trainees end up staying at home after they have been supervised by the academic supervisor and never really participated in the attachment programme. This act is perpetrated when supervision is carried out once and the student trainees know this, they do not always participate in the attachment programme again because they have been supervised. Trainees do not see attachment programme as a means of making the theory learned in class practical and as a process of becoming professional in their areas of specialisation. Some attended the attachment programme fully to the end and their impact is not felt by the clients. They are just there to wait for a supervisor to come and supervise them for the purpose of passing the course rather than for acquiring practical knowledge, experiences and skills.

**Research Question 3:** How knowledgeable are trainees about materials and equipment use in remediating disabilities?

The trainees were asked to name materials/equipment that could be used to rehabilitate persons with disabilities, visual impairment and hearing impairment as well as cerebral palsy and autistic children. Many of the trainees stated thus:

*We were posted to do the attachment in schools not rehabilitation centres, so we do not have the materials and equipment to teach the students. The staff just allocated students to us and told us to teach them. We don't know how to make a lesson plan for teaching these students. We do not have the materials to teach the students.*

These comments by the trainees suggest that they are completely ignorant of the types of disabilities they are being trained to handle and the

materials or equipment needed to treat such disabilities. For example: Braille machine/materials, Hearing aids, magnifiers, sight correction glasses, computer with special keyboard and talking software, tape recorders, special seats for physically challenged, posture holders, wheel chair and audiometer which can be used in rehabilitation centres and schools.

Analysis of the responses of trainees posted to schools shows that they were able to mention; "story books, flash cards, stick, Braille machine, type writer, hearing aids, sign language book, wheel chair.", but none of them came for the attachment with any of the materials or equipment. They depend solely on the ones provided by the school. This shows the difficulty the trainees will have ahead on graduation as regards using materials to remediate children's problems in schools. It suggests that either these trainees were not taught how to develop teaching aids for various category of disabilities or they just see themselves as rehabilitation workers who work only in rehabilitation centres or hospitals as stated in their responses in research question one thus: *Sir, we are in rehabilitation sciences not in any of these areas, so we will not know these things you are asking us.* This shows how ignorant the trainees are about their course which is mainly provision of rehabilitation services to persons with disabilities, where persons with learning disabilities, visual impairment, hearing impairment and other conditions need their services.

Analysis of the trainees posted to rehabilitation centres show that many of them mentioned the equipment stated above, but were not able to use them to remediate the clients' problem. The trainees stated that:

*We did our attachment in schools that have no rehabilitation materials or equipment". In the schools, the materials are only for teaching students in classroom. There were none for rehabilitation of*

*students with physical challenges.*

These trainees saw disabilities only in terms of physical challenges. They did not consider those with health, neurological or intellectually-related challenges. This shows that the attachment schools or centres will not benefit from the trainees in the station. Since the trainees do not know these conditions and what to use to rehabilitate the clients problems, it means that neither the clients nor the trainees themselves will benefit from the attachment programme. This shows that many trainees will graduate from the university without the ability to even rehabilitate a common learning, visual or hearing problems among school children.

Furthermore, some attachment stations complained of trainees not being professional in their conducts and the way they handle persons with disabilities. Some staff in the station stated:

*Your students are not professionals at all. They come to work at will. Many of them do not have the skills to work with persons with disabilities. They come with no materials. They have not planned for this attachment exercise. They are not creative in working the clients attached to them all. They do not know anything about the clients they are walking with. We only see all of them in the centre when their supervisor is around.*

These comments by the staff show lack of seriousness, incompetence and poor knowledge of the problem the trainees are being trained to handle. It also suggests that the trainees either do not attend lectures regularly or their lecturers do not use assistive technology, make their lectures practical or the university does not make the teaching and learning equipment available for lecturers to use. Interesting, at the end of the attachment programme, none of the trainee scored below 50 marks or even asked to repeat the attachment.



This makes the researcher to question the quality of graduates being turn out in tertiary institutions.

In addition, based on station staff's comments and the trainees scores after the attachment programme, it suggests that the academic supervisor may not be in the trainees' area of specialisation and so does not know exactly what is expected of the trainees. In some instances, the staff in the centre covers up the trainees and give the academic supervisor false impression that the trainees are good, regular and active in performing their assigned tasks. For example, in one of the rehabilitation centres the researcher visited, the staff stated:

*"Your students are good; they have been coming regularly and work actively with the clients attached to them".*

This comment contradicts the trainees' responses to research one. However, based on the inability of the trainees to mention the causes, characteristics and services as well as equipment or materials needed to assist them during the attachment programme, the researcher concluded that the trainees are not trained and rip to proceed to the next level. This confirms the staff's comments above which states thus;

*Your students are not professionals at all. Many of them do not have the skills to work with persons with disabilities". They do not know anything about the clients they are walking with.*

In another development, the researcher's personal experience shows that during attachment, trainees are given at least two weeks to assess and familiarise themselves with the clients before they are supervised by their academic supervisor. However, personal experiences also show that after the two weeks, many trainees have no idea of the client's problem. When they were asked few questions such as: What did you use in assessing the client? Where are your

daily records and activities with the client? What was the client's deficiency or success? What materials or equipment are you using in treating the deficiencies observed? The researcher found that the trainees, especially those on attachment in special schools and rehabilitation centres do not have daily records of activities showing failure, success and areas needing further attention to show about their clients.

Almost all the trainees visited do not have any assessment materials or equipment, very few of them were able to identify the problem of the client, none of them was able to state the method, therapy or strategy used in treating the client's problem or even the skill the client needs nor were the trainees able to mention the materials or equipment needed to handle the client's problem to show the academic supervisor that they are ready for the programme. This shows that the trainees are either not well grounded in knowledge of the causes, characteristics and treatment of common disabilities among school children or they just do not want to work with children with disabilities as stated by them thus: *"sir we are in rehabilitation sciences, we work in hospital as physiotherapists not in school as teachers".* This again suggests that the trainees do not know that even children in schools need rehabilitation services. Not all of them in the school are for academic activities. Others could be in the school for vocational, psychological, social or behavioural services. These require the assistance of the station staff to help make the trainees see these practically.

However, sometimes the academic supervisors are given the impression by some station staff that the trainees are good, have been coming and doing their work well. The researcher's personal experience with trainees during attachment shows that many trainees do not have records to back up the staff's commendation about them. This positive comments about the trainees, as against the activities the trainees are actually doing, suggest that the clients' disabilities is not being attended to, rather, the staff helped the trainees to

pass their attachment as against helping the clients to be independent academic, vocational and social life. It is in realisation of this that Adeaba (2007) stated that attachment schools and rehabilitation centres sometimes do not work harmoniously with the academic supervisors to train the trainees on the expected skills and behaviour needed to enable them lift up the standard requirements of employers. According to Adeaba, most of these trainees graduate from their higher institutions without a single material or equipment to show their readiness for the task ahead. This suggests that these trainees cannot give first aid treatment when confronted with either academic, physical or health challenges.

**Research question 4:** How relevant are the attachment materials and equipment to trainees' area of specialisation?

The trainees were asked to state if the materials or equipment in the school or centre are relevant to their area of specialisation. They stated:

*They are not relevant. We are supposed to do the attachment in rehabilitation centres or hospitals not in schools, sir. "We are not in the learning disabilities,*

*visual handicap or hearing handicap to know how to teach these children. Our own work is to rehabilitate those who are physically challenged. We don't know how to use the material they have to teach the children. We did not gain from the attachment, sir.*

This suggests that the trainees have never seen the materials or equipment and so will have difficulty using them. It also suggests poor knowledge of the trainees about special education services for persons with disabilities. The trainees tend to see special education and rehabilitation services only from the medical point of view rather than educational point of view, which is their area of specialization. The implication of their overwhelming negative responses shows that their impact in schools and rehabilitation centres might not be positively felt by persons with disabilities. This also means that they will end the attachment programme without gaining from it.

**Research question 5:** What are the challenges trainees face during the attachment programme?

**Table 2: Challenges Faced by Trainees during the Attachment programme**

Items	Responses			
	Yes	%	No	%
Inadequate finance for students	35	23.33%	10	6.67%
Accommodation problem	33	22.00%	05	3.33%
Poor assistance from station staff	15	10.00%	10	6.67%
No equipment/materials	25	16.67%	06	4.00%
Not allowed to use some equipment.	05	3.33%	06	4.00%
<b>Total</b>				100

Results from the table above show that, 23.33% of the trainees stated that their major problems during attachment is finance against 6.67%, 22.00% against 3.33% responded that getting accommodation close to attachment

centres always their major problem as all the rehabilitation centres do not have staff quarters, while 10.00% against 6.67% reported poor assistance given to them by the station staff in the training centres The trainees stated:

*The staff are always reluctant when we ask them to help us know the materials or equipment for use and how to use them to solve the clients' problem. We also have financial problem that makes us not to come here every day. The centre does not have accommodation for staff. In some cases, the staff do not always want to actively involve us in handling some of the conditions. They just ask us to watch.*

This suggests that the trainees will not be regular in attendance during the attachment period. It also confirms complaints academic supervisors always give when they go to supervise trainees on attachment unannounced to both the trainees and the management of the centres. During attachment programme, most trainees absent themselves with no permission, especially when they know that their academic supervisor will not come to supervise them. Although lack of finance and accommodation could lead to absenteeism from attachment station, low motivation and irregular attendance, trainees' academic supervisors and authority of the attachment schools and centres should know that attachment programme is meant to make the trainees put into practice theory they learned in school. Both academic and station's supervisors should ensure that the trainees are regular and active in attendance during the attachment period. Unless this is enforced, most of the trainees will be half baked and not skilful in their area of specialization on graduation.

Similarly, responses from trainees on whether they have training equipment or materials, 16.67% as against 4.00% of them responded that they do not have equipment or materials to carry out their work. This implies that trainees go for the attachment programme unprepared for the task. It also shows that they have not been engaged in making the equipment or materials and practice using such in

the class before the actual implementation on clients during attachment.

When the trainees were asked to name some of the equipment or materials they would have love to have, almost all of them mentioned:

*Wheelchair, crutches, tricycles, hearing aids, braille machines, flash cards and story books. None of the trainee mentioned thermometer (manual or digital), stylus, hand frame, magnifiers for reading, sight correction glasses, computer with special keyboard and with talking software, tape recorders, posture holders, digit weighing machine and stethoscope.*

Even the ones they mentioned, none of them brought them for the attachment programme. On whether the trainees have access to the equipment or materials in the station for use to treat the clients given to them for treatment, 3.33% responded positively while 4% responded negatively. This shows that some of the staff in the station do not allow the trainees to use the centre's equipment or materials for fear of spoiling them or the trainees do not show interest on them.

Although majority of the trainees claimed they were not allowed to access the use of some machines for training, a further investigation by the researcher shows that some of the machines were made available in the centre only that the trainees do not know how to use them either because they were not taught or show no interest in constructing their own or in learning how to use the ones in the centre. During the attachment programme, station's staff often complained to the researcher on trainees' irregularity and unprofessional conduct during attachment period. The responses of trainees on lack of finance and accommodation as stated in the table confirm the staff's comments. This clearly shows that most of the trainees do not benefit from the attachment programme.

Narayanan (2010) have argued that trainees who do not have or are not given appropriate and adequate training and enough tools for use during attachment often perform poorly in their area of specialisation. This is a serious challenge to trainees because failure to acquire the practical skills means that the trainees will not benefit from the programme.

Some trainees lamented: *"We are many in our centre of attachment and the centre has few clients and equipment"*. Mansfield (2011) affirmed that for effective and relevant training of trainees during attachment, academic and training institution must have up to date and functional technological devices and human resources who are knowledgeable in using such machines for the benefit of the trainees and inmates.

### **CONCLUSION**

Effective planning and implementation of attachment programme is a panacea to provide trainees with practical skills needed for employment. Special education and rehabilitation sciences students have serious challenges due to inadequate knowledge of trainees about the causes, characteristics and services needed and given to children with disabilities. These have been noted to compromise the training of trainees for the task ahead of them. This makes trainees to have poor practical skills to work with persons with disabilities. These trainees are often faced with financial challenges to sustain themselves during attachment, inadequate special schools and centres to choose for practice, relevance of attachment materials/equipment. To have functional graduates, an urgent overhaul of the attachment programme is needed to produce graduates who will work effectively with persons with disabilities in the society.

### **RECOMMENDATIONS**

Based on the results of the analysis, it is recommended that:

1. Trainees from Special Education and Rehabilitation Sciences

students on attachment to special schools and rehabilitation centres should be given "hazard allowance" considering the different disabilities they work with, because some of these disabilities could be harmful to the trainees.

2. The student trainees should be given accommodation and financial support by government, special schools and rehabilitation centres to enable the supervising bodies strictly check for the purposes of rewarding and punishing defaulting trainees.
3. Special schools and centres should be equipped with the requisite materials or equipment to enable trainees gain more knowledge and practical skills that will make them to be employers of labour rather than job seekers on graduation.
4. A special fund to be called "Special Education Attachment Intervention Fund (SEAIF) should be set aside by government to finance special education and rehabilitation sciences attachment programme. This fund could also come from individual school and centres who are the direct beneficiaries of the interns' labour.
5. There shall be proper collaboration in terms of curriculum between the academic institutions and the school/centre of attachment.
6. Attachment programme coordinators in academic institutions should search for well-equipped attachment stations where trainees can be posted to get exposed to practical work.
7. The problem of student trainees travelling far and wide to look for attachment stations on their own must be stopped.
8. At the end of every attachment programme, a certificate of participation should be issued to each trainee. This should serve as prerequisite for their future employment.
9. Academic institutions should support special schools and

rehabilitation centres with research work and provide them with the theoretical and principles essential for functional growth of the schools or centres. The institutions should also organize a post attachment workshop or seminars for trainees to enable them share their attachment's experiences with other professionals.

### Conflict of Interest

The author declares no conflict of interest in this work.

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### Disclaimer Statement

I hereby declare that this paper is my own and autonomous work. All texts either quoted directly or paraphrased have been indicated by in-text citations. Full bibliographic details are given in the reference list. This work has not been submitted to any other examination authority.

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