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# A Proposal To Establish a Vocational Rehabilitation Center for Restaurant Staff With Down Syndrome in Saudi Arabia

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**Abstract:** The present research paper aims to determine problems facing people with Down syndrome working at restaurants in Saudi Arabia and develop a proposal to establish a vocational rehabilitation center of restaurant services. The author adopted the descriptive and analytical method and developed and applied a five-domain questionnaire of (25) items to (36) participants of vocational rehabilitation staff for people with intellectual disability. The results showed that the problems facing restaurant staff members with Down syndrome are related to psychological and behavioral, craftsmanship and work skills, employer, environment and community, and communication skills, respectively. The paper concludes with developing a proposal to establish a vocational rehabilitation center of restaurant services and recommends establishing vocational rehabilitation centers with fundamentals and standards to ensure employability in the different fields.

**Keywords:** Proposal, Vocational rehabilitation center, Restaurant work, People with Down syndrome in Saudi Arabia.

## 1 Introduction

Special needs have recently drawn considerable attention worldwide in various fields, including legislations and laws supporting their rights and establishing governmental institutions and non-governmental societies to provide health, social, cultural, and vocational care. Therefore, Saudi Arabia has paid due attention to the education and training of special needs, stressing its educational policy that everybody has the right to receive education and vocational training according to one's capabilities.

Intellectual disability is widely spread compared to other categories of special needs. One of the most common cases of intellectual disability is Down syndrome that results from a chromosomal disorder, causing a disorder in the brain and the nervous system, which creates a mental disability with similar facial and body features (Ibrahim et al., 2001, p. 37). Kelly (2015) argues that Down syndrome is a set of physical and psychological characteristics resulting from a genetic problem in a prenatal early stage. Those with this syndrome have distinguished facial features, a short neck, and mental retardation to a certain degree. Disease symptoms' intensity differs from a patient to another from very mild to moderate.

Down syndrome's mental capacity ranges from mild to moderate. That is, people with Down syndrome can learn simple academic skills, including reading, writing, arithmetic, social skills, self-care, communication, and purchasing and professional skills (Al-Rousan, 2013). Thus, they can work, as they have vocational capabilities to join an adequate job (Al-Dabour and Al-Turki, 2014). According to Human Resources Development Fund (2017), people with Down syndrome have special training abilities and acquire various skills to be financially independent. Many employers conclude that people with Down syndrome demonstrate commitment and motivation and do not often need an opportunity to prove their abilities.

Alzari (2011) illustrates that people with disability are willing to learn and excel in professional fields. Rehabilitation helps them reduce negative behaviors that hinder joining some jobs and achieve security and psychological stability. People with intellectual disability can achieve productivity, financial independence, and self-reliance, especially if trained in jobs that fit their mental level to be active citizens (Al-Fawzan and Al-Raqas, 2009).

Moreover, intellectual disability is not a charity/ human problem only but is a socio-economic issue, and vocational rehabilitation of special needs is a step towards socio-

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economic development. Intellectual disability is an obstacle to development because those with this disability are a part of the human capital. Therefore, vocational rehabilitation programs should be set in governmental and non-governmental institutions because of the significant institutional role to make those people effective socially. Down syndrome is an intellectual disability that should receive due attention by activating and applying their vocational training services and programs to equip them with various vocational and adjustment skills to make them independent and increase the opportunities of their interaction and inclusion in the local community.

Al-Khatib (2010) reports the interest of many societies in defending the rights of people with disabilities, including a decent life, a good environment, and normal-like programs and services to achieve independence. Alsaratwey et al. (2016) argue that people with intellectual disability have acquired professional skills in vocational rehabilitation, proving learning new skills and having good social skills. Moreover, their professional difficulties result from inadequate training, not mental and physical skills. Vocational rehabilitation is a dynamic industry that is continually developing in response to current concerns, shifting labor demographics, and changes in health and public policy (Elliott & Leung, 2005). Additionally, it provides eligible individuals with disabilities with comprehensive, coordinated, effective, efficient, and accountable services to help them prepare for, enter, engage in, and retain employment that is tailored to their strengths, resources, priorities, concerns, and abilities (Rayadurgam, 2017).

Vocational rehabilitation relies on transferring the individual with intellectual disability from being dependent to self-independence and retaining the physical, sensory, or mental ability by enhancing abilities and regaining self-confidence. It also includes qualification and training in a profession that fits tendencies, preparedness, capabilities, and providing appropriate work opportunities. Accordingly, the financial and psychological levels are improved, and the person with special needs can achieve socio-economic inclusion (Hammady, 2016; Rasheed, 2021). Society bears a great responsibility by adequately utilizing the capabilities and capacities of people with Down syndrome to be active skills and production capacities to achieve good positions and acceptance as productive members.

Vocational rehabilitation is complementary to the programs of education and social rehabilitation. It has key objectives, such as providing suitable job opportunities based on the provided rehabilitation and empowering people with intellectual disability to be productive and participate in everyday life because lack of empowerment causes problems that hinder their development and society progress (Obeid, 2012). Hence, people with Down syndrome can get a suitable job to be independent, included in everyday life, efficient, and happy with modified adjustment behavior (Sayed, 2013). Rasheed (2021) reports

that vocational rehabilitation helps utilize the individual's energies and competencies economically, provides a workforce, and changes negative to positive attitudes to advance the national development process.

Despite the importance of vocational rehabilitation for people with intellectual disability, in general, and Down syndrome, in particular, Alajamy and Albattal (2015) illustrate the lack of services, opportunities of vocational training, and work opportunities for those people. Therefore, they recommend developing and broadening training and vocational rehabilitation to fit the labor market needs, dedicating training, employment, and rehabilitation centers and bodies, providing job opportunities, continuous follow-up, and resolving obstacles and problems facing people with Down syndrome. Wahba (2008) concludes some obstacles facing vocational rehabilitation, including lack of materials, equipment, and material capabilities necessary for vocational training, lack of workers and specialized trainers, lack of family cooperation, and negative family attitudes regarding this issue.

In sum, there is a consensus between the concept of vocational rehabilitation of people with intellectual disability and vocational rehabilitation centers in terms of the goal. This segment's vocational rehabilitation encounters several problems, obstacles, and difficulties. Based on the previous considerations, the current research attempted to present a proposal to establish a vocational rehabilitation center for people with Down syndrome to develop their capabilities and determine the nature of establishment and nature of programs to fit this segment's capabilities and work opportunities.

### 1. Statement of the Problem

The authors are motivated to carry out the study because people with intellectual disability are the most common in special needs and require more effort to develop. Therefore, vocational rehabilitation is necessary when looking for a suitable job. The adolescents of this group, especially Down syndrome, are unqualified and cannot be independent or join a job because of the lack of professional skills and abilities (Awda, 2013).

Saudi Arabia has interested in employing people with intellectual disability because of the lack of bodies involved in their qualification and training to join the labor market. Hawsawi (2015) argues that people with intellectual disability suffer professional neglect as many individuals with Down syndrome stay home after graduation because of the lack of vocational rehabilitation programs.

Vocational rehabilitation is essential for the human development of people with intellectual disabilities to improve their living standards and achieve democratic principles and equal opportunities to make them productive. Successful employment is a vocational rehabilitation success that provides people with Down syndrome with the required professional, social, and behavioral capabilities.

Arab Organization for people with Disabilities (2004) indicates the need to qualify people with disabilities in the light of scientific and technological developments, and the labor market needs to ensure equal work opportunities. According to United Nations (2006), point n. (c) of the 27<sup>th</sup> article of the Convention on the Rights of Persons with Disabilities indicated the necessity of enabling persons with disabilities to have effective access to general technical and vocational guidance programs, placement services and vocational and continuing training; as well as point n. (i) of the same article referred to the importance of ensuring reasonable accommodation is provided to persons with disabilities in the workplace.

The Lebanese Physical Handicapped Union (2007) recommends preventing the low skills of people with disabilities that cause unequal jobs and adjusting vocational programs to suit the needs of disability to ensure learning and rehabilitation. Gulf Cooperation Council recommends modifying the vocational training programs for the people with intellectual disabilities to fit the labor market requirements, adopting skill-based curricula, and offering various skills to cover a wide range of jobs instead of workshops that provide training in one profession (Ministry of Social Affairs, 2009).

Some studies reported the need for the vocational rehabilitation of people with disabilities to get jobs, be independent, and feel their role in society. For instance, Obeid (2012) reported that vocational rehabilitation services, e.g., rehabilitation, assessment, counseling, guidance, training, work analysis, adjustment, and follow-up, aim to develop the disabled to work and achieve financial independence by joining a job or profession. Soliman (2012) argued that the vocational rehabilitation of the disabled is a must for education and training to acquire training skills of joining and succeeding in a work opportunity by assessing the disabled's capabilities, defining strengths and weaknesses, and guiding towards the appropriate profession.

Therefore, vocational rehabilitation is essential for education to get the appropriate job opportunity. It ensures financial independence, promotes self-satisfaction, and achieves the psychological and social development of the person with Down syndrome. Moreover, the labor market should be surveyed to define the required professions, tasks, and circumstances because training should be carried out in similar circumstances and raise employers' awareness of the ability of this category to work (Hammady, 2016).

Vocational rehabilitation centers qualify people to have the required skills to work. Empowering people with disability cannot be achieved with well-planned programs and awareness of the methods of providing and implementing vocational rehabilitation programs because the shortage of these programs negatively affects the rehabilitation and benefit of these people from the provided services and programs (Hawsawi, 2015; Hammady, 2016). Al-Khatib (2013) argued that any program could not

achieve its goals without an institutional structure with engineering, administrative, social, and functional principles and standards with clear, defined, and direct goals. Similarly, Sawalma (2020) illustrated that private vocational rehabilitation centers for special needs do not fulfill vocational rehabilitation requirements appropriately, and guiding this category to different works that fit their nature and services is not systematically sound.

Therefore, the problem of the study is defined in the problems facing restaurant staff members with Down syndrome in Saudi Arabia, the lack of vocational rehabilitation centers of restaurant work for them, the lack of operating administrative and technical frameworks, the poor vocational programs, and the improper employment of people with Down syndrome's skills. The study makes a proposal to establish a vocational rehabilitation center of restaurant work for people with Down syndrome in Saudi Arabia to develop their skills and capabilities, provide and guide rehabilitation services appropriately, and determine the problems they face. It raises the following questions:

- 1- What are the psychological and behavioral problems facing restaurant staff members with Down syndrome in Saudi Arabia?
- 2- What are the communication-related problems facing restaurant staff members with Down syndrome in Saudi Arabia?
- 3- What are the problems of craftsmanship and work skills facing restaurant staff members with Down syndrome in Saudi Arabia?
- 4- What are the employer's problems facing restaurant staff members with Down syndrome in Saudi Arabia?
- 5- What are the problems related to the environment and society facing restaurant staff members with Down syndrome in Saudi Arabia?
- 6- What is the proposal for establishing a vocational rehabilitation center of restaurant work for people with Down syndrome in Saudi Arabia?

## 2. Objectives

The study aims to

- 1- Define the psychological and behavioral problems facing restaurant staff members with Down syndrome in Saudi Arabia.
- 2- Define the communication-related problems facing restaurant staff members with Down syndrome in Saudi Arabia.
- 3- Define the craftsmanship and work skills' problems facing restaurant staff members with Down syndrome in Saudi Arabia.
- 4- Define are the employer's problems facing restaurant staff members with Down

syndrome in Saudi Arabia.

- 5- Define the problems related to the environment and society facing restaurant staff members with Down syndrome in Saudi Arabia.
- 6- Make a proposal for establishing a vocational rehabilitation center of restaurant work for people with Down syndrome in Saudi Arabia.

### 3. Significance

#### 1. Theoretical significance

- The study addresses an important social segment, i.e., Down syndrome, because it is educable. Saudi Vision 2030, studies, conferences, and international conventions have called for the interest and providing appropriate services to this segment as they have rights and duties similar to the normal.
- It helps include people with Down syndrome with normal peers in Saudi society.
- It explores a critical topic related to people with Down syndrome in Saudi Arabia: vocational rehabilitation.
- To the authors' knowledge, it is one of the early studies in Saudi Arabia interested in the role of vocational rehabilitation centers in qualifying people with Down syndrome to restaurant service.
- It contributes to the theoretical literature relevant to the research variables, i.e., vocational rehabilitation of people with intellectual disability and their professional competencies of restaurant service, that may benefit the authors and those interested in the field.
- It provides scientific principles and standards for establishing vocational rehabilitation centers in restaurant service to provide job opportunities for people with Down syndrome.
- It is an addition to the Arabic literature and paves the way for further studies in social work and disability on other services to meet the disabled's needs to improve such services.

#### 2. Applied significance

- The results of the current research, recommendations, and proposal can benefit disability care institutions and vocational rehabilitation staff to develop the skills and capabilities of people with Down syndrome to work in restaurant service and resolve problems therein.

- The results and recommendations may help take measures to advance the reality of vocational rehabilitation and resolve the problems of people with Down syndrome in Saudi Arabia.
- The study provides a questionnaire to measure the most common problems facing restaurant staff members with Down syndrome. The questionnaire was administered to (36) participants of vocational rehabilitation staff for people with intellectual disability.
- It makes a proposal to establish a vocational rehabilitation center of restaurant service for people with Down syndrome. It helps achieve sustainable development by supporting the plans of Saudi Vision 2030 by empowering, employing, and social inclusion of people with disability by encouraging institutions and individuals to provide such services.
- The results help employ people with Down syndrome, turning them into productive energies that benefit them and society.

### 4. Limits

- Human and spatial limits: The study was limited to a group of the vocational rehabilitation staff of people with intellectual disability in Jeddah Education Department, Help Center, Effective Syndrome Association, Intellectual Education Institute, Al Nahrawan High School, and Sheikh Muhammad bin Abdul Wahhab High School in Jeddah, Saudi Arabia. The research sample is intentionally selected from these places in order to cover all vocational rehabilitation centers in Saudi Arabia.
- Temporal limits: The data were collected in the first semester of 2020/2021.
- Object limits:
  - Problems related to the psychological and behavioral, craftsmanship and work skills, employer, environment and community, and communication skills encountered by restaurant staff members with Down syndrome.
  - A proposal to establish a vocational rehabilitation center of restaurant services for people with Down syndrome in Saudi Arabia.

### 5. Definition of Terms

- Proposal

Zain Al-Din (2013, p.6) defines the proposal as "future planning based on actual field results using qualitative and quantitative methods to develop a general intellectual

framework adopted by researchers or authors”.

A proposal is procedurally defined as a future model based on procedures and suggestions within the actual results of applying the questionnaire to a group of specialists and analyzing the reality. It includes a set of professional competencies of restaurant service, such as mastering organization and classification, simple arithmetic operations, and effective communication. Moreover, vocational rehabilitation centers of restaurant service for people with Down syndrome should provide assessment, planning and vocational training, employment, and follow-up to develop an intellectual (fundamental) framework of these centers.

- Vocational rehabilitation center

According to Attrill and Gunn (2010), vocational rehabilitation is a proactive process aiming at the activity directed at maintaining or maximizing a job and achieving the highest possible level of physical, psychological, social, and economic independence.

A vocational rehabilitation center is “a center for the rehabilitation and training of the disabled in the suitable professions that fit their psychological, mental, and physical capabilities to achieve a set of human, social, and economic objectives to enable the person to work, produce, adjust, and integrate into the society and follow up training inside or outside the center” (Soliman, 2012, p.459).

It is procedurally defined as a social institution and a form of quality rehabilitation unit that provides and carries out training and vocational rehabilitation of the people with Down syndrome to develop their skills and capabilities, prepare them for public life, and guide them to desirable, required, and suitable professions psychologically, mentally, and physically to include them in the society and follow up their training to achieve total development according to a scientific method. The center’s establishment requirements and specifications are defined through the questionnaire applied to vocational rehabilitation staff for people with Down syndrome in Jeddah, Saudi Arabia.

- Service works

They are “benefits offered by one party to another with unchanged intangible characteristics from one case to another. These characteristics cannot be owned and do not have a fixed form” (Alsultani, 2017, p.416).

They are procedurally defined as the skills that should be mastered by people with Down syndrome, e.g., welcoming customers, providing a catering menu, preparing tables, and preparing and offering requests in the defined places in the places that accept employing qualified and trained adolescents with Down syndrome.

- People with Down syndrome

Down syndrome is a “congenital condition caused by an abnormal chromosomal increase, resulting in an intellectual disability and delays in physical growth. It varies in

severity among individuals. There is no evidence that the syndrome is attributable to certain behavioral or environmental factors before or during pregnancy (Ministry of Health, 2019).

People with Down syndrome are procedurally defined as adolescents aged 14-25 years with mild-moderate IQ with no problems or difficulties in motor or communication skills that may hinder rehabilitation and employment.

## 6. Theoretical Framework and Literature Review

During childhood and adolescence, children and young adults with Down syndrome may exhibit more behavioral issues than their typically developing counterparts (Patel, et al., 2018). The ability persons with Down syndrome in activities of daily living, cognitive functioning, behavior, and social skills differs. Individuals with Down syndrome may stay dependent on their family for support and help in participating in activities long into adulthood (Foley, et al., 2014). Because persons with Down syndrome can frequently comprehend far more than they can convey, potential employers sometimes underestimate their intellect and talents as a result of their challenges. In order to give education and rehabilitative counsel to this category, policymakers must provide incentives and assistance. Further, employers and employment counselors should examine all of the abilities that a person with Down syndrome can contribute to the workplace and widen their definition of prospective career options for a person with Down syndrome (Kumin, & Schoenbrodt, 2016).

Vocational rehabilitation of people with Down syndrome has drawn particular attention by developing relevant programs and services controlled by professional conditions and standards, aiming to develop and vocational rehabilitation of people with Down syndrome to be productive social members according to their capabilities. Currently, it is a basic program in most developed countries. It aims to make the person with a disability feel human and included in society (Alzari and Haymor, 2017). Vocational training is an essential part of vocational training, aiming to qualify trainees in accordance with the labor market needs that need special skills. According to Soliman (2012), training the disabled in vocational rehabilitation centers aims to

- Qualify the disabled to work-life at home or work, develop language skills in new social relationships, and develop motor performance through daily exercises.
- Learn using tools and techniques that suit disability and age effectively because the improper use makes the disabled lose self-confidence and motivation and causes work injuries
- Introduce workshops, factories, and laboratories by paying field visits and identifying the future

working life of the disabled.

- Rehabilitate the disabled to pursue life independently and activate self-action by implementing individual projects for each group with a similar disability based on specialized curricula and educational plans.
- Utilize craftwork and training as an educational means to develop the intellectual and physical efficiency of the disabled to rationalize capabilities to achieve social integration.
- Ensure helpful work for the disabled to practice rights within social frameworks and define responsibilities towards others as fundamentals of human life.

Al-Khatib (2010) and Powers (2008) report several vocational programs.

- I. Pre-vocational skill programs by Attainment Company aim to qualify and develop the staff of vocational rehabilitation by providing programs to train people with intellectual disability in the skills of money management, using public transport, fine skill development, following instructions, categorization, assembly, pre-vocational skills, as well as identification and packaging.
- II. Rehabilitation and training (work-study) programs are forms of vocational education offered in special educational programs, in which the trainee receives vocational education part-time and works part-time. They provide the trainees with other services, including counseling, diagnosis, vocational rehabilitation, and vocational training.

- Vocational rehabilitation and training programs aim at equipping persons with disabilities with some professional competencies that fit the work nature. According to Alzari and Haymor (2017), they equip persons with intellectual disabilities with the following competencies:
- Cognitive skills: Reading, writing, and simple arithmetic operations;
- Independence skills: Taking care of physical appearance, using means of transportation, considering security, and safety in daily life;
- Social skills: Cooperative work and social interaction;
- Communication skills: Using expressive and receptive language; and
- Motor skills: Gross (sound walking and lack of hindering problems) and fine motor skills (using fingers to do different tasks).

Thus, the author defined the professional competencies of restaurant service that fit people with Down syndrome as follows

- Mastery of simple arithmetic operations to carry out selling, buying, and receiving orders.
- Mastery of organization, classification, food preparation, setting tables, and transferring stocks.
- Cooperation with workmates to achieve tasks and carry out duties.
- Effective communication to receive and deliver ideas and feelings, including welcoming and smiling at guests.

Regarding the specifications of vocational rehabilitation centers, Masoud et al. (2005), Al-Ahmadi (2009), Alzari (2011), Al-Khatib (2013), and King Abdul Aziz Centre for National Dialogue (2015) highlight their requirements and obstacles to define their standards. For instance, these centers should have an administrative and technical framework to assess the efficiency of rehabilitation programs and services. They should also have vision, mission, and goal as essential elements in directing departments and employees' efforts, plans, and objectives to establish these centers.

Assessment is also necessary for all programs and activities, as the primary stage of rehabilitation (Al-Khatib, 2013) and the milestone of plans, programs, and rehabilitation services. The professionals' attitudes on families are more important than on persons with disabilities because all the carry out programs, training, and rehabilitation methods will not achieve their goals without the cooperation of families (Masoud et al., 2005).

In short, the final stage and goal of vocational rehabilitation centers is the appointment, employment, and follow-up done by the psychologist, social worker, and employment specialist supervised by the center administration because trainees may encounter some difficulties that require the intervention of various specialists, including feeling frustrated and weak social relationships. Therefore, specialists help resolve problems quickly (Alzari and Haymor, 2017).

Given the importance of vocational rehabilitation and vocational rehabilitation centers for people with intellectual disabilities, there have been previous attempts and efforts by Arab countries to take care of this category and work on rehabilitating them. Further, many studies addressed this group's problems in vocational rehabilitation and the benefits of joining centers. For instance, Abu Shasheya and Al-Anizat (2019) covered vocational rehabilitation centers for people with disability across (Northern, Center, and Southern) Jordan and concluded the moderate knowledge of the participants. The authors reported dissatisfaction because the participants were the centers' administrators and trainers and should be familiar with their standards.

Ahmed (2018) explored the perspective of people with disabilities and their superiors at work on the effectiveness of vocational rehabilitation programs in the United Arab Emirates. The results concluded the high effectiveness of such programs at the vocational and social levels and the moderate degree at the post-employment follow-up. Cavkaytar (2017) examined the effectiveness of a vocational educational program teaching cafe waitering to adults with intellectual disability using tablets, Bluetooth headsets, and modern audio-visual devices. The results reported the program's success, and two participants succeeded in generalizing and implementing skills in workplaces. Hawsawi (2015) explored the obstacles of vocational rehabilitation of the intellectual disabled from trainers' perspective in Riyadh. The results showed that the obstacles to the management, vocational rehabilitation, student, and family were ranked first, second, third, and fourth, respectively.

Al-Khatib (2013) examined the problems of vocational rehabilitation of people with intellectual disabilities from the supervisors' perspective. The findings illustrated that problems of employment, lack of qualified trainers, vocational programs, and vocational rehabilitation centers were ranked first, second, third, and fourth, respectively. The characteristics-related problems were ranked last because the supervisors did not perceive them as problematic but related to external factors, such as staff, centers, programs, and negative attitudes. Soliman (2012) made a proposal to activate the role of and resolve the obstacles to vocational rehabilitation centers of the training and employment for the disabled based on international trends. The results showed some obstacles, e.g., lack of financial resources, lack of human cadres, failure to provide the necessary equipment and tools, failure to provide multiple areas of training, few centers, the negative social perspective of the disabled, and difficult employment after rehabilitation and training, and lack of following the trainee after training and employment. The author made and explained the implementation of a five-stage proposal in the light of international trends from rehabilitation and acceptance to follow-up. Cavkaytar (2012) studied teaching cafe' waiter skills to adults with intellectual disability by providing group training in the waiter's customs and ethics, customer communication, and determining the characteristics of the waiters' functions. The training also included work rehabilitation, dressing appropriately, and maintaining personal hygiene. This study is characterized by a detailed presentation of settings, educational materials, and activities. The results showed the effectiveness of the program. Diana (2010) designed a pre-vocational training program for individuals with intellectual disability and identified the skills of vocational rehabilitation and educational programs. The results indicated the need for training and support for people with intellectual disability to promote their abilities to search for and maintain work. Reco (2009) examined the opinions of the employers on the vocational performance of vocational rehabilitation centers'

graduates with disability. The results showed that the graduates differ from the unqualified ones in handling problems as they adopt new and vocational methods and mechanisms and encounter modern problems. However, employers believe that graduates with disabilities perform less than normal workers.

#### *Commentary*

To the authors' knowledge, no similar study regarding variables has been conducted. However, they utilized the literature to validate the significance of the study and make a proposal to establish a vocational rehabilitation center of restaurant work for people with Down syndrome. The literature helped determine some problems facing restaurant staff members with Down syndrome that should be confronted by setting suitable mechanisms.

The authors noticed the interest of specialists and authors in the employment and work problems of people with Down syndrome. Despite the different objectives of studies, they agreed on the importance and impact of employing people with intellectual disability for better living and resolving their difficulties. The present paper can be linked to literature concerning ensuring the capabilities and efficiency of people with intellectual disability, in general, and Down syndrome, in particular, on work, but they need training and acquiring different skills by providing vocational rehabilitation centers. The authors also used the literature to adopt the descriptive survey method because most previous studies adopted the descriptive approach.

#### **7. Methodology**

The study adopted the descriptive analytical approach as the most appropriate to the nature of the study based on the qualitative expression of reality by describing, discussing, and highlighting the characteristics of the phenomenon. It also adopted the quantitative approach (questionnaire) in the collection and digital description of data to define the size of the phenomenon, conclude results, and make generalizations and new relationships to develop reality (Pandey, 2014; Zawqan, 2013). The authors reviewed the literature and collected and analyzed data by exploring the reality of problems of restaurant work facing teenagers with Down syndrome and describing the standards, competencies, and suggested programs of vocational rehabilitation centers. Then, they statistically processed data and analyzed and discussed results.

#### **Population**

The population covered all vocational rehabilitation centers numbered (36) in Jeddah Education Department, Help Center, Effective Syndrome Association, Intellectual Education Institute, Al Nahrawan High School, and Sheikh Muhammad bin Abdul Wahhab High School in the academic year 2020/2021.

#### **Sampling**



Because the population was small, the sample comprised (36) intentionally selected specialists to whom an electronic questionnaire was sent via Google Drive. Table (1) shows the distribution of the participants according to the study variables.

**Table (1): Description of the sample**

Characteristics	Variable	Frequency	Percentage
Specialization	Special education	12	33.3%
	Intellectual disability	24	66.7%
	Total	36	100%
Years of experience	1-5	3	8.3%
	6-10	10	27.8%
	11-15	17	47.2%
	16 and more	6	16.7%
	Total	36	100%
Academic degree	Bachelor	32	88.9%
	Graduate studies	4	11.1%
	Total	36	100%

Table (1) illustrates the participants' differences in terms of specialization, years of experience, and academic degree.

### Tool

#### a. Defining the objective of the questionnaire:

The questionnaire aimed to identify the most significant and common problems of restaurant work among the staff with Down syndrome.

#### b. Preliminary draft

- The authors phrased the items after reviewing the relevant literature (e.g., Abu Shasheya and Al-Anizat, 2019; Al-Khatib, 2013; Hammady, 2016) and the questionnaires of Alajamy and Albattal (2018) and Hawsawi (2015). They interviewed specialists of special education and vocational rehabilitation, employers, and families of people with Down syndrome working at restaurants and asked them an open-end question (what are the problems facing people with Down syndrome working at restaurants?). The interview helped define the domains and phrase the items of the questionnaire.
- They studied the characteristics, features, and work problems of people with Down syndrome.
- They prepared the preliminary draft of five domains with the following items: (7) items (1<sup>st</sup> domain), (5) items (2<sup>nd</sup> domain), 4 items (3<sup>rd</sup> domain), 4 items (4<sup>th</sup> domain), and 5 items (5<sup>th</sup> domain). The items were concise, accurate, and clear.

#### c. Final questionnaire: Two sections

- Section One (personal data) covered specialization, years of experience, and academic degree.
- Section Two comprised (25) items distributed two five domains. The authors used a five-point Likert scale according to importance (strongly agree- agree- undecided- disagree- strongly disagree). The agreement received three scores: 3 (agree), 2 (undecided), and 1 (disagree). Five marks were assigned to responses: 5 (strongly agree), 4 (agree), 3 (undecided), 2 (disagree), and 1 (strongly disagree).

#### D. Psychometric conditions of the questionnaire:

- Reviewer's (face) validity: The preliminary draft of the questionnaire was presented to (6) faculty members of special education at King Abdulaziz University and University of Jeddah, Saudi Arabia, to determine the relevance of the items to the domains, as well as the phrasing, clarity, and appropriateness of the items. The reviewers suggested modifying, replacing, and rephrasing some items. After making the suggested modifications, the final questionnaire was obtained.
- Internal validity: Internal validity was calculated between the scores of the items and the total score of the questionnaire in a pilot sample of (30) vocational rehabilitation specialists, as shown in table (2).

**Table (2): Correlation coefficients between the score of each item and the total score of the questionnaire**

The most significant problems of restaurant work facing adolescents with Down syndrome in Jeddah					
No.	Domain	Item No.	Correlation coefficient	Item No.	Correlation coefficient
1	Psychological and behavioral problems	1	**0.56	5	**0.63
		2	**0.65	6	**0.77
		3	**0.66	7	**0.68
		4	**0.58	-	-
2	Communication skills' problems	1	**0.78	4	**0.53
		2	**0.73	5	**0.69
		3	**0.67	-	-
3	Craftsmanship and work skills' problems	1	**0.63	3	***0.73
		2	**0.75	4	**0.60
4	Employer's problems	1	**0.67	3	**0.79
		2	**0.77	4	**0.75
5	Environment and community problems	1	**0.64	4	**0.67
		2	**0.80	5	**0.67
		3	**0.84	-	-

\*\*Statistically significant at the level of 0.01 and less

Table (2) illustrates that the correlation coefficients are in the closed interval [0.53-0.84]. Thus, all coefficients are statistically significant at the level of 0.01, indicating the

validity of the questionnaire.

**Table (3): Reliability coefficients of the domains and the questionnaire**

Questionnaire	Domain	No. of items	Cronbach's alpha
The most significant problems of restaurant work facing adolescents with Down syndrome in Jeddah	Psychological and behavioral problems	7	0.74
	Communication skills' problems	5	0.81
	Craftsmanship and work skills' problems	4	0.73
	Employer's problems	4	0.72
	Environment and community problems	5	0.76
Overall reliability		25	0.75

Table (3) illustrates that all reliability coefficients are statistically significant at the level of (0.01), ranging from (0.72) to (0.81) with an overall reliability coefficient of (0.75), suggesting the high reliability of the questionnaire.

**9. Data analysis**

For fulfilling the research objectives and analyzing the collected data, several appropriate statistical methods were used. The Statistical Package for Social Sciences (SPSS) was used after coding data. Frequency, arithmetic mean, standard deviation, and ranking of participants' responses were estimated.

**10. Results and Discussion**

1. To answer the first question, frequencies, arithmetic means, and standard deviations of participants' responses to the most significant psychological and behavioral problems facing restaurant staff members with Down syndrome in Saudi Arabia, as shown in table (4).

**Table (4): Responses of the participants to the most significant psychological and behavioral problems facing restaurant staff members with Down syndrome in Saudi Arabia**

No	Item	Freq.	Agreement					Mean	Standard deviation	Rank
			%	Strongly agree	Agree	Undecided	Disagree			
2	Restaurant staff members with Down syndrome should be reminded of security standards.	F	22	12	2	-	-	4.56	0.61	1
		%	61.1	33.3	5.6	-	-			
3	Restaurant staff members with Down syndrome should be reminded of safety standards.	F	20	14	2	-	-	4.50	0.61	2
		%	55.5	38.9	5.6	-	-			
4	Restaurant staff members with Down syndrome maintain personal hygiene.	F	10	18	7	1	-	4.03	0.77	3
		%	27.8	50.0	19.4	2.8	-			
1	Restaurant staff members with Down syndrome handle different situations according to the efficiency of their training.	F	6	24	6	-	-	4.00	0.59	4
		%	16.7	66.6	16.7	-	-			
5	Restaurant staff members with Down syndrome maintain good looking.	F	10	16	9	1	-	3.97	0.81	5
		%	27.8	44.4	25.0	2.8	-			
7	Restaurant staff members with Down syndrome need continuous in-service supervision.	F	11	14	10	1	-	3.97	0.85	6
		%	30.6	38.8	27.8	2.8	-			
6	Restaurant staff members with Down syndrome demonstrate unacceptable behaviors in the workplace.	F	1	6	13	13	3	2.69	0.95	7
		%	2.8	16.7	36.1	36.1	8.3			
<b>Overall mean</b>							<b>3.06</b>	<b>0.39</b>		

Table (4) illustrates that the arithmetic means of

psychological and behavioral problems facing restaurant staff members with Down syndrome in Saudi Arabia ranged (3.41-4.20). While item (restaurant staff members with Down syndrome should be reminded of security standards) was ranked first, item (restaurant staff members with Down syndrome demonstrate unacceptable behaviors in the workplace) was ranked last. The overall mean was (3.96), indicating the agreement of vocational rehabilitation specialists on these problems, suggesting the need to overcome them. The standard deviation of the items was moderate to high and ranged (0.59-0.95), denoting different opinions on the items.

The participants strongly agreed on two psychological and behavioral problems, namely items 2 and 3. Item (2) was ranked first with an arithmetic mean of (4.56). The authors argue that people with Down syndrome suffer the improper feeling of danger and should be reminded of security standards. Item (3) was ranked second with an arithmetic mean of (4.50). The authors argue that people with Down syndrome suffer inadequate safety maintenance because of the lack of feeling danger and should be reminded of safety standards continually. This result agrees with the results of Baran and Cavkaytar (2007) that employers reported the need of people with Down syndrome to develop the capabilities of adjustment, handling situations, and adherence to work rules and provisions.

The participants agreed on four psychological and behavioral problems, namely items (4, 1, 5, and 7) in descending order. Item (4) was ranked third with an arithmetic mean of (4.03). The authors argue that restaurant staff members with Down syndrome have the skill and can maintain personal hygiene. Item (1) was ranked fourth with an arithmetic mean of (4.00). The authors argue that training relates to skill acquisition; therefore, restaurant staff members with Down syndrome handle different situations according to the efficiency of their training. This result agrees with the results of Cavkaytar (2012) that teaching cafe' waiter skills to adults with intellectual disability proved effective.

Item (5) was ranked fifth with an arithmetic mean of (3.97). The authors argue that restaurant staff members with Down syndrome receive continuous directions to maintain good-looking and succeed in maintaining physical appearance. Item (6) was ranked sixth with an arithmetic mean of (3.97). The authors argue that restaurant staff members with Down syndrome lack good conduct appropriately and need continuous in-service supervision. The participants were undecided on one problem, i.e., no. (6) with an arithmetic mean of (2.69). The authors argue that restaurant staff members with Down syndrome receive extensive training on managing the work environment and often demonstrate unacceptable behaviors.

The results of the domain generally match the findings of Al-Khatib (2013) that most vocational rehabilitation supervisors do not perceive the characteristics of people with Down syndrome hinder vocational rehabilitation. Still, vocational rehabilitation is hindered by external factors,

such as staff, centers, programs, and negative attitudes.

1. To answer the second question, frequencies, arithmetic means, and standard deviations of participants' responses to the most significant communication-related problems facing restaurant staff members with Down syndrome in Saudi Arabia, as shown in table (5).

**Table (5): Responses of the participants to the most significant communication-related problems facing restaurant staff members with Down syndrome in Saudi Arabia**

No	Item	Freq.	Agreement					Mean	Standard deviation	Rank
		%	Strongly agree	Agree	Undecided	Disagree	Strongly disagree			
3	Restaurant staff members with Down syndrome respond to verbal guidance within their abilities.	F	9	21	6	-	-	4.08	0.65	1
		%	25.0	58.3	16.7	-	-			
1	Restaurant staff members with Down syndrome respond to workmates' requests.	F	6	23	7	-	-	3.97	0.61	2
		%	16.7	63.9	19.4	-	-			
4	Restaurant staff members with Down syndrome encounter difficulties in communication with people of different cultures.	F	3	14	17	1	1	3.47	0.81	3
		%	8.3	38.9	47.2	2.8	2.8			
5	Restaurant staff members with Down syndrome need repeat orders to respond.	F	2	14	16	4	-	3.39	0.77	4
		%	5.6	38.9	44.4	11.1	-			
2	Restaurant staff members with Down syndrome speak clearly with customers.	F	-	4	29	3	-	3.03	0.45	5
		%	-	11.1	80.6	8.3	-			
<b>Overall mean</b>							3.59	0.35		

Table (5) illustrates that the arithmetic means of communication-related problems facing restaurant staff members with Down syndrome in Saudi Arabia ranged (3.03-4.08). While item (restaurant staff members with Down syndrome respond to verbal guidance within their abilities) was ranked first, item (restaurant staff members with Down syndrome speak clearly with customers) was

ranked last. The overall mean was (3.59) and indicated the agreement of vocational rehabilitation specialists on these problems, suggesting the need to overcome them. The standard deviation of the items was moderate to high and ranged (0.45-0.81), denoting different opinions on the items.

The participants agreed on three communication-related problems facing restaurant staff members with Down syndrome, namely 3, 1, and 4, in descending order. Item (3) was ranked first with an arithmetic mean of (4.08). The authors argue that people with Down syndrome communicate effectively within their abilities. Item (1) was ranked second with an arithmetic mean of (3.97). The authors argue that restaurant staff members with Down syndrome often receive guidance and respond to the requests of workmates. Item (4) was ranked third with an arithmetic mean of (3.47). The authors argue that restaurant staff members with Down syndrome find it difficult to communicate with people from different cultures.

The participants were undecided on two problems, namely 5 and 2. Item (5) was ranked fourth with an arithmetic mean of (3.39). The authors argue that restaurant staff members with Down syndrome are accustomed to work and do not need to repeat the order to respond. Item (2) was ranked fifth with an arithmetic mean of (3.03). The authors argue that restaurant staff members with Down syndrome may lack communication skills and do not communicate with customers in a clear language.

The results of the domain agree with the findings of Baran and Cavkaytar (2007) that there are often no negative attitudes towards the ability of people with Down syndrome to work, but they should develop some work skills.

1. To answer the third question, frequencies, arithmetic means, and standard deviations of participants' responses to the most significant craftsmanship and work skills' problems facing restaurant staff members with Down syndrome in Saudi Arabia, as shown in table (6).

**Table (6): Responses of the participants to the most significant craftsmanship and work skills' problems facing restaurant staff members with Down syndrome in Saudi Arabia**

No	Item	Freq.	Agreement					Mean	Standard deviation	Rank
		%	Strongly agree	Agree	Undecided	Disagree	Strongly disagree			
3	Restaurant staff members with Down syndrome need extra time to achieve the required tasks.	F	9	13	12	2	-	3.81	0.89	1
		%	25.0	36.1	33.3	5.6	-			
4	Restaurant staff members with Down syndrome	F	2	23	9	2	-	3.69	0.67	2

No	Item	Freq.	Agreement					Mean	Standard deviation	Rank
		%	Strongly agree	Agree	Undecided	Disagree	Strongly disagree			
	can do simple arithmetic operations.	%	5.6	63.8	25.0	5.6	-	3.64	0.68	3
		F	1	24	8	3	-			
1	Restaurant staff members with Down syndrome have the required professional skills.	F	1	24	8	3	-	3.64	0.68	3
		%	2.8	66.7	22.2	8.3	-			

2	Restaurant staff members with Down syndrome handle available techniques adequately.	F	3	16	12	4	1	3.44	0.91	4
		%	8.3	44.5	33.3	11.1	2.8			
<b>Overall mean</b>								3.65	.046	

Table (6) illustrates that the arithmetic means of craftsmanship and work skills' problems facing restaurant staff members with Down syndrome in Saudi Arabia ranged (3.44-3.81). While item (restaurant staff members with Down syndrome need extra time to achieve the required tasks) was ranked first, item (restaurant staff members with Down syndrome handle available techniques adequately) was ranked last. The overall mean was (3.65) and indicated the agreement of vocational rehabilitation specialists on these problems, suggesting the need to overcome them. The standard deviation of the items was moderate to high and ranged (0.67-0.91), denoting different opinions on the items.

The participants agreed on three craftsmanship and work skills' problems facing restaurant staff members with Down syndrome, namely 2, 1, 4, and 3, in descending order. Item (3) was ranked first with an arithmetic mean of (3.81). The authors argue that restaurant staff members with Down syndrome lack speed skills and need extra time to fulfill their tasks. Item (4) was ranked second with an arithmetic mean of (3.69). The authors argue that people with Down syndrome can do simple arithmetic operations. Item (1) was ranked third with an arithmetic mean of (3.64). The authors argue that people with Down syndrome can be trained in doing work tasks, and restaurant staff members with Down syndrome have the required professional skills. Finally, Item (2) was ranked fourth with an arithmetic mean of (3.44). The authors argue that people with Down syndrome can be trained in work techniques, and restaurant staff members with Down syndrome handle the available techniques adequately.

The results of the domain agree with the findings of Baran and Cavkaytar (2007) that there are often no negative attitudes towards the ability of people with Down syndrome to work, but they should develop some work skills. They differ from the results of Alajamy and Albattal (2018) that reported that the lack of vocational training opportunities, inability of people with intellectual skills to use techniques, and lack of the required work skills are the most significant challenges to the employment of people with Down syndrome.

1. To answer the fourth question, frequencies, arithmetic means, and standard deviations of participants' responses to the most significant employers' problems facing restaurant staff members with Down syndrome in Saudi Arabia, as shown in table (7).

**Table (7): Responses of the participants to the most significant employers' problems facing restaurant staff members with Down syndrome in Saudi Arabia**

No	Item	Freq. %	Agreement					Mean	Standard deviation	Rank
			Strongly agree	Agree	Undecided	Disagree	Strongly disagree			
3	Restaurant staff members with Down syndrome respond to verbal guidance within their abilities.	F	7	17	10	1	-	3.86	0.76	1
		%	19.4	50.0	27.8	2.8	-			
4	Restaurant staff members with Down syndrome respond to workmates' requests.	F	14	5	16	-	1	3.86	1.05	2
		%	38.9	13.9	44.4	-	2.8			
2	Restaurant staff members with Down syndrome encounter difficulties in communication with people of different cultures.	F	6	15	13	1	1	3.67	0.89	3
		%	16.7	41.6	36.1	2.8	2.8			
1	Restaurant staff members with Down syndrome need repeat orders to respond.	F	3	11	14	5	3	3.17	1.06	4
		%	8.3	30.6	38.9	13.9	8.3			
<b>Overall mean</b>							3.64	0.61		

Table (7) shows that the arithmetic means of employer' problems facing restaurant staff members with Down syndrome in Saudi Arabia ranged (3.17-3.86). While item (the employer (restaurant) defines the required tasks of staff members with Down syndrome clearly) was ranked first, item (the employer (restaurant) provides equipped work

environment to staff members with Down syndrome) was ranked last. The overall mean was (3.64) and indicated the agreement of vocational rehabilitation specialists on these problems, suggesting the need to overcome them. The standard deviation of the items was moderate to high and ranged (0.76-1.06), denoting different opinions on the items.

The participants agreed on three employers' problems facing restaurant staff members with Down syndrome, namely 2, 4, and 3, in descending order. Item (3) was ranked first with an arithmetic mean of (3.86). The authors argue that restaurants consider the mental characteristics of people with Down syndrome and define the required tasks of staff members with Down syndrome clearly. Item (4) was ranked second with an arithmetic mean of (3.86). The authors argue that restaurants consider the characteristics of people with Down syndrome regarding getting used to the work routine and difficult adjustment with new tasks; therefore, they do not introduce new tasks frequently. Item (2) was ranked third with an arithmetic mean of (3.67). The authors argue that restaurants dedicate low wages to staff members with Down syndrome to reduce costs, which increases their problems. This result matches the findings of Kumin and Schoenbrodt (2016) that only a few people with Down syndrome work full-time, but part-time and volunteering are the norm.

The participants were undecided on one problem, no. (1) with an arithmetic mean of (3.17). The authors argue that some employers (restaurants) lack equipped work environments, reducing the opportunity of providing equipped work environment to staff members with Down syndrome and increasing their problems. The results of the domain agree with the results of Ahmed (2018) that the participants give high agreement opinions on the effectiveness of vocational rehabilitation programs in the vocational and social domain but moderate in the post-employment follow-up. Ahmed (2018) recommended regular communication between vocational rehabilitation centers and the supervisors of staff members with disability to identify and resolve their problems and raise supervisors' awareness about the characteristics of people with intellectual disability to reduce problems and improve the work environment to suit them.

1. To answer the fifth question, frequencies, arithmetic means, and standard deviations of participants' responses to the most significant environment and community problems facing restaurant staff members with Down syndrome in Saudi Arabia, as shown in table (8).

**Table (8): Responses of the participants to the most significant environment and community problems facing restaurant staff members with Down syndrome in Saudi Arabia**

No	Item	Freq.	Agreement					Mean	Standard deviation	Rank
			%	Strongly agree	Agree	Undecided	Disagree			
5	Some community members are unaware of the restaurant work of people with Down syndrome.	F	10	18	6	2	-	4.00	0.83	1
		%	27.7	50.0	16.7	5.6	-			
3	Restaurant staff members with Down syndrome are empathized by community members.	F	8	16	10	2	-	3.83	0.85	2
		%	22.2	44.4	27.8	5.6	-			
1	Most community members accept the restaurant work of people with Down syndrome.	F	7	17	10	2	-	3.81	0.82	3
		%	8.3	38.9	47.2	2.8	2.8			
2	Restaurant staff members with Down syndrome need repeat orders to respond.	F	4	15	9	8	-	3.42	0.97	4
		%	11.1	41.7	25.0	22.2	-			
4	Restaurant staff members with Down syndrome speak clearly with customers.	F	4	5	16	7	4	2.94	1.12	5
		%	11.1	13.9	44.4	19.5	11.1			
<b>Overall mean</b>							3.60	1.055		

Table (8) illustrates that the arithmetic means of community and environment problems facing restaurant staff members with Down syndrome in Saudi Arabia ranged (2.94-4.00). While item (some community members are unaware of the restaurant work of people with Down syndrome) was ranked first, item (restaurant staff members with Down syndrome are ridiculed by community members) was ranked last. The overall mean was (3.60) and indicated the agreement of vocational rehabilitation specialists on these problems, suggesting the need to overcome them. The standard deviation of the items was moderate to high and ranged (0.82-1.12), denoting different opinions on the items.

The participants agreed on four community and environment problems facing restaurant staff members with Down syndrome, namely 1, 2, 3, and 5, in descending order. Item (5) was ranked first with an arithmetic mean of (4.00). The authors argue that the lack of awareness of

some community members about the restaurant work of people with Down syndrome reduces their positive interaction and increases their problems. Item (3) was ranked second with an arithmetic mean of (3.83). The authors argue that some community members sympathize with restaurant staff members with Down syndrome, causing a feeling of inferiority and increasing their problems.

Item (1) was ranked third with an arithmetic mean of (3.81). The authors argue that community members' acceptance of the restaurant work of people with Down syndrome makes them confident and reduces their problems. Item (2) was ranked fourth with an arithmetic mean of (3.42). The authors argue that the lack of confidence of community members in the professional capabilities of restaurant staff members with Down syndrome reduces the professional and social integration opportunities and increases problems. The participants were undecided on one problem, no. (4), with an arithmetic mean of (2.94). The authors argue that community members respect and do not ridicule restaurant staff members with Down syndrome. The results of the domain agree with the results of Al-Khatib (2013) that negative social attitudes are an obstacle to the vocational rehabilitation of people with intellectual disability, urging the interest in the social awareness to modify the attitudes to the work of people with intellectual disability.

In sum, to determine the most significant problems facing restaurant staff members with Down syndrome, the arithmetic means of the domains were calculated, as shown in table (9).

**Table (9): Responses of the participants to the most significant problems facing restaurant staff members with Down syndrome in Saudi Arabia**

No.	Domain	Arithmetic mean	Standard deviation	Rank
1	Psychological and behavioral problems	3.96	0.39	1
2	Communication skills' problems	3.59	0.35	5
3	Craftsmanship and work skills' problems	3.65	0.46	2
4	Employer's problems	3.64	0.61	3
5	Environment and community problems	3.60	0.55	4

The most significant problems of restaurant work facing adolescents with Down syndrome in Jeddah	3.71	0.31	-
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Table (9) shows that the participants agree on the problems of restaurant work facing adolescents with Down syndrome with an arithmetic mean of (3.71 out of 5) on a five-point Likert scale. The psychological and behavioral problems are ranked first with a mean of (3.96). The authors argue that knowledge of the nature and forms of psychological and behavioral problems of restaurant work of people with Down syndrome can be utilized by the vocational rehabilitation specialist to reduce their suffering and improve work in restaurants, as a key objective of special education to improve the relationship between people with Down syndrome and society. Knowledge of these problems is essential in preparing and designing workshops, training courses, and programs at vocational rehabilitation centers to resolve these problems. Moreover, it helps correct some wrong common attitudes and practices in the work environments, especially at restaurants.

Craftsmanship and work skills' problems are ranked second with a mean of (3.65), employer's problems are ranked third with a mean of (3.64), environment and community problems are ranked fourth with a mean of (3.60), and communication problems are ranked fifth with a mean of (3.59). The authors argue that this finding is illogical and disagree because people with Down syndrome mostly suffer developmental problems, e.g., verbal and nonverbal communication, poor social relationships, and inability to practice activities effectively. This group also finds it difficult to follow instructions and has a routine and attention deficit. However, these aspects are modifiable in the case of receiving care, rehabilitation, and training.

The authors also argue that searching the vocational rehabilitation of restaurant work for people with Down syndrome and vocational rehabilitation centers is relatively modern and encounters several obstacles and requires interest. The high agreement degree on these problems suggests the necessity of establishing vocational rehabilitation centers with suitable standards and specifications to rehabilitate people with Down syndrome appropriately to the labor market. Thus, a proposal should be made to establish a vocational rehabilitation center of restaurant work for people with Down syndrome in Saudi Arabia and develop policies and regulations to overcome such problems.

This result agrees with the findings of Al-Khatib (2013), Hawsawi (2015), and Reco (2009) regarding the problems of the vocational rehabilitation of people with intellectual disabilities that hinders their work in restaurants in Saudi Arabia. It matches Abu Shasheya and Al-Anizat (2019) and Ahmed (2018), indicating dissatisfaction with the level and effectiveness of vocational rehabilitation centers and

programs. It also agrees with Cavkaytar (2012), Diana (2010), and Soliman (2012) that a vocational rehabilitation program for people with intellectual disability should be designed, and a model of activating the role of these centers should be developed.

Finally, the previous results agree with Alajamy and Albattal (2018) and Baran and Cavkaytar (2007) that people with intellectual disability lack some work skills and need to develop their skills of adjustment, handling different situations, discipline, adherence to work rules and regulations. However, their rehabilitation to restaurant works and developing their capabilities and work skills are not impossible. For instance, Cavkaytar et al. (2017) and Cavkaytar (2012) reported the effectiveness of relevant vocational rehabilitation programs. Furthermore, Al-Khatib (2013), Hawsawi (2015), and Abu Shasheya and Al-Anizat (2019) concluded that disability is not a big challenge to employment because of problems and obstacles related to people with disability are the lowest. These findings agree with the study results that communication-related problems are ranked last.

To answer the 6<sup>th</sup> question, the authors developed a proposal. The authors developed a proposal for a vocational rehabilitation center of restaurant work for people with Down syndrome based on the field results. They reviewed the theoretical frameworks of Abdel Naby (2011), Al-Khatib (2010), Alhadidi et al. (2009), Alsaratwey et al. (2013), Alsultani (2017), Alzamat (2014), Awda and Abu-Lil (2004), Feras (2017), Mazahra (2007), and Zain Al-Din (2013). They also reviewed the literature relevant to vocational rehabilitation centers, such as Abu Alsoud (2015), Al-Khatib (2013), Ahmed (2018), Baran and Cavkaytar (2007), Hawsawi (2015), Hammady (2016), and Masoud et al. (2005), and the literature on vocational rehabilitation centers of restaurant work for people with intellectual disability, e.g., Al-Kubaisi (2017), Cavkaytar et al. (2017), especially Down syndrome, including Cavkaytar (2012) and Kumin and Schoenbrodt (2016). Then, they set unified foundations and standards for establishing vocational rehabilitation centers of restaurant work for people with intellectual disability, in general, and Down syndrome, in particular, in Saudi Arabia. They adopted the standards of vocational rehabilitation to develop the vocational skills of trainees with Down syndrome developed by Masoud et al. (2005) and the remarks of Abu Alsoud (2015) on the design and preparation of the training program of restaurant work according to the management and training domains.

Domain One "Management Framework of the Center" covers all management principles of establishing vocational rehabilitation centers, including vision, mission, objective, planning, training team, rehabilitation, admission policy, registration and assessment tools, family participation, employment, and follow-up.

Vision: Achieving excellence and leadership in the vocational rehabilitation of restaurant work and providing work opportunities for adolescents with Down syndrome based on training and equipping them with professional

competencies.

**Mission:** Resolving vocational rehabilitation centers by providing technical and administrative equipment to utilize the capabilities of people with Down syndrome and enable them to get and maintain work at restaurants after adequate training.

**General goal:** Improving vocational rehabilitation outcomes using high-quality organized methods and styles of restaurant work that fit the capabilities of people with Down syndrome and match the labor market.

**Vocational planning:** Vocational rehabilitation succeeds when considering social support and preparation by providing appropriate success opportunities, including proper vocational planning, such as:

- Defining work needs and interviewing the vocational rehabilitation staff of people with intellectual disability and their families.
- Describing restaurant work's skills and prerequisites.
- Studying restaurant work requirements and their appropriateness with the characteristics of people with Down syndrome.
- Providing courses, equipment, and devices for the training and rehabilitation of restaurant work.
- Providing simulation workshops and assessment and diagnosis tools of restaurant work.
- Considering safety and professional health standards in the center's facilities, resolving obstacles, and changing the negative social attitudes to the employment of people with Down syndrome.

**Rehabilitation Team:** Providing the specialized cadres is a standard of assessing the program's efficiency, rehabilitation services, and objectives, as follows:

- Administrative team: Director, assistant, and officials of the administrative, financial, and maintenance tasks
- Technical team: Rehabilitation counselor, psychologist, social worker, vocational evaluation specialist, physical therapist, speech-language pathologist, educator, and employment specialist
- Service team (staff providing various tasks): Drivers, cooks, cleaning officials, and guards

**Enrollment and registration:** The enrollment and registration department is the front desk of the center to receive and make trainees and guardians familiar with the system of the center administratively and technically in case of meeting these prerequisites:

- A person with Down syndrome
- Aged (14-25) years
- Not with severe disability with a (mild-moderate) IQ
- Without severe behavioral disorders that may influence the trainee and others
- Showing familial cooperation and support throughout the training and rehabilitation program as well as interviewing families of the vocational rehabilitation staff of people with intellectual disability to identify the needs of these people with intellectual disability and inform their families

about how to provide them with appropriate psychological and social support.

**Assessment:** It is the first stage of subsequent rehabilitation, in which the vocational assessment specialist uses scales, psychological and professional tests to identify the orientation of the trainee towards working in restaurants or other professions. The vocational rehabilitation center should provide performance, orientation, ethical and emotional, aptitude, abilities, and attitude tests. It highlights the tendencies, skills, and capabilities to determine the suitable programs for the trainee (Soliman, 2012).

**Familial problems:** Raising familial awareness and contribution in the program enhances their awareness and belief in the importance of vocational programs by providing training courses, awareness programs in lectures, and conferences on the importance of joining the programs and their influential role in supporting their children and continuous communication with the center's officials to determine their duties and responsibilities.

**Employment:** After completing the services designed to rehabilitate restaurant staff members with Down syndrome, the trainee receives assistance in finding a suitable job (field of training and rehabilitation). Employment services include providing people with Down syndrome with information on the available work opportunities, labor market needs, wages, contact with the employers, laws, and provisions of equal opportunities, and consultations on preparing the work environment to suit the needs of people with Down syndrome (Al-Khatib, 2010).

**Follow-up:** It helps verify the adjustment and stability of the trainee in the work environment, performance level, nature of the social relationship with colleagues, and overcoming work or family problems. It is done by the psychologist, social worker, and employment specialist supervised by the center's administration because trainees may encounter obstacles, e.g., depression or poor social relationships, that require the intervention of several specialists (Al-Zari, 2011).

**Domain two- The training and rehabilitation framework:** It covers the general objective, minor objectives, target group, content, period, foundations, strategies, and assessment methods.

**Overview of the program:** It is derived from behaviorism, suggesting that most learned (normal and abnormal) behavior relies on the relationship between stimuli and response. The program's behavioral skills are normal and educable, as shown by many studies, such as Al-Dabour and Al-Turki (2014), Al-Khatib (2010), Cavkaytar (2012), Cavkaytar et al. (2017), and Matar and Ahmed (2019), that professional skills can be educated to people with Down syndrome. The program's details are listed below.

The general objective of the program: The program aims to qualify trainees with Down syndrome for the labor market, integrate them into society, and make them active and productive to achieve financial independence. It equips them with the required vocational skills and qualifies them to restaurant work in accordance with their capabilities and characteristics. It enables trainees to master the skills of daily preparation in the dining halls, customer reception, taking



customer orders, preparing serving trolleys and tables, stock transfer, and sending used utensils to the cleaning area.

Minor objectives of the program: The program qualifies the trainee to

- Carry out daily preparations in the dining halls.
- Receive customers.
- Record customer’s requests.
- Prepare restaurant works.
- Prepare serving trolleys.
- Prepare serving tables.
- Transfer stock to the allocated place.
- Send used utensils to the cleaning area

Target group: The program targets educable adolescents with Down syndrome aged (14-25) years with mild-moderate IQ according to Wexler and Stanford-Binet Tests with no problems in the gross and fine motor skills and ready for vocational rehabilitation and work.

Content: The program includes (7) skills of daily preparation in the dining halls, customer reception, taking customer orders, preparation of serving trolleys and tables, stock transfer, and sending used utensils to the cleaning area. The training starts with an orientation session on the nature of the program and introduces each skill, followed by a practice.

Period: The program takes (58) hours distributed to (29) two-hour sessions over two months, as shown in table (10).

**Table (10): Distribution of the training sessions of vocational skills of restaurant work for people with Down syndrome**

Skill	Session No.	Goal	Content	Period (Hour)
Orientation	1	Introduction	1- Introducing restaurant work and tools 2- Triggering students’ motivation by helping them understand the nature of the profession using illustrated fiction	Two
Daily preparation in the dining halls	2	Introduction	Displaying a video clip of daily preparation in the dining halls	Two
	3	Presenting steps	Displaying the steps of daily preparation in the dining halls using modeling	Two
	4	Practice	Training in the skill of daily preparation in the dining halls by task division and illustrating the tasks accurately	Two
	5		Training in the skill of daily preparation in the dining halls without help by providing the opportunity of practice	Two
Customer reception	6	Introduction	Displaying a video clip model of customer reception	Two

	7	Presenting steps	Presenting the steps of customer reception using modeling	Two
	8	Practice	Training in the skill of customer reception by task division and illustrating the tasks accurately	Two
	9		Training in the skill of customer reception without help by providing the opportunity of practice	Two
Taking customer orders	10	Introduction	Showing a video clip of the skill of taking customer orders	Two
	11	Presenting steps	Presenting the steps of taking customer orders using modeling	Two
	12	Practice	Training in the skill of taking customer orders by task division and illustrating the tasks accurately	Two
	13		Training in the skill of taking customer orders without help by providing the opportunity of practice	Two
Helping in food preparation	14	Introduction	Showing a video clip of the skill of helping in food preparation	Two
	15	Presenting steps	Presenting the steps of helping in food preparation using modeling	Two
	16	Practice	Training in the skill of helping in food preparation by task division and illustrating the tasks accurately	Two
	17		Training in the skill of helping in food preparation without help by providing the opportunity of practice	Two
Preparation of serving trolleys and tables	18	Introduction	Showing a video clip of the skill of the preparation of serving trolleys and tables	Two
	19	Presenting steps	Presenting the steps of the preparation of serving trolleys and tables using modeling	Two
	20	Practice	Training in the skill of the preparation of serving trolleys and tables by task division and illustrating the tasks accurately	Two
	21		Training in the skill of the preparation of serving trolleys and tables without help by providing the opportunity of practice	Two
Stock transfer	22	Introduction	Showing a video clip of the skill of stock transfer	Two

	23	Presenting steps	Presenting the steps of stock transfer using modeling	Two
	24	Practice	Training in the skill of stock transfer by task division and illustrating the tasks accurately	Two
	25		Training in the skill of stock transfer without help by providing the opportunity of practice	Two
Sending used utensils to the cleaning area	26	Introduction	Showing a video clip of the skill of sending used utensils to the cleaning area	Two
	27	Presenting steps	Presenting the steps of sending used utensils to the cleaning area using modeling	Two
	28	Practice	Training in the skill of sending used utensils to the cleaning area by task division and illustrating the tasks accurately	Two
	29		Training in the skill of sending used utensils to the cleaning area without help by providing the opportunity of practice	Two

- program by specialists in various fields, especially the vocational field
- Employing technical means to serve the implementation of the vocational program and taking care of the means of communication and contact
- Focusing on the learner's mastery of the skill rather than on the speed of acquisition
- Interest in continuous assessment of the vocational rehabilitation program

**Strategies**

1. Modeling: It is based on observing and modeling the target behavior because the model helps the trainer know how to do a behavior. It is effective in quick change and behavior acquisition.
2. Task analysis: It involves dividing the behavior into responses, i.e., dividing the skill into achievable steps. Then, the responses and steps are organized logically, starting from the first to the last response.
3. Prompting: It helps the trainee finish the skill appropriately when encountering difficulty in doing the skill. It is reduced gradually with the better performance of the trainee. It takes various forms, including gestural, verbal, and physical prompting (Al-Rousan, 2013).
4. Reinforcement: It is one of the most important methods of vocational development for people with intellectual disability. It reinforces the motivation of trainees with Down syndrome to master skills and do their best.

Assessment: It relies on performing tasks because the trainee does the required task. The trainer observes the trainee and makes notes of each skill. In the case of mastering a skill partially, the trainer determines weaknesses, makes notes, and resolves weaknesses in extensive training. If the skill is not mastered, the training is recarried and reassessed using effective strategies.

Finally, the proposal was presented to a group of reviewers of specialized faculty members and staff.

**Recommendations**

The study makes a proposal to establish a vocational rehabilitation center of the restaurant works for people with Down syndrome to be applied and considered by disability care institutions. It also recommends

1. Establishing vocational rehabilitation centers in the different fields for adolescents with Down syndrome based on principles and standards to get appropriate jobs.
2. Setting unified founding standards of vocational rehabilitation centers for people with Down syndrome in Saudi Arabia.
3. Equipping facilities and workplaces to fit the characteristics of people with Down syndrome and occupational safety and health rules.
4. Making a national employment plan for people with Down syndrome in the local market.
5. Broadening the fields of training and vocational

**Foundations of the Program**

**I. Psychological Foundations**

- Considering the individual of the trainees with Down syndrome
- Considering the psychological characteristics and needs of the trainees with Down syndrome
- Promoting self-confidence of trainees with Down syndrome

**II. Social Foundations**

- Providing trainees with appropriate social and professional habits and behaviors
- Developing professionals required by the society and labor market
- Interest in the trainees' social integration and interaction
- Developing communication skills to interact with superiors and workmates

**III. Training Foundations**

- Highlighting the importance of training and providing further training
- Linking acquired skills and knowledge in training to work performance
- Avoiding content duplication due to the multi-level training program
- Considering the characteristics of the trainees and meeting their desires and needs
- Diverse training activities
- Diverse and suitable training methods and styles

*Training considerations of the program:*

- Suitable content to the capabilities of trainees with Down syndrome
- Integrated efforts and cooperation in implementing the

rehabilitation for the disabled, in general, and Down syndrome, in particular, to cope with labor market needs.

6. Updating the curricula of vocational training centers to fit people with Down syndrome, their capabilities, and the labor market.
7. People with Down syndrome should be included with the normal people in the community to enhance social adjustment.
8. Training people with Down syndrome in specific jobs.
9. Developing vocational rehabilitation centers for Down syndrome to fit the expected and changeable tasks on the labor market.
10. Keeping abreast of changes in the work environment and identifying their physical and mental requirements to adapt the vocational rehabilitation skills for people with Down syndrome.
11. Following-up people with Down syndrome after joining the real work environment to ensure stability and vocational adjustment and resolve employment problems.
12. Setting and adequate implementation of training strategies to develop vocational rehabilitation programs of Down syndrome in vocational rehabilitation centers.
13. Conducting future studies on the factors of problems facing adolescents with Down syndrome in restaurant services.
14. Conducting future studies on the drawbacks of vocational rehabilitation centers of restaurant works.
15. Conducting future studies on the proposed programs to develop vocational skills of adolescents with Down syndrome in different fields.

## Conclusion

People with Down syndrome encounter some difficulties in learning and skill acquisition. Although they do not learn at the same pace as others, they can acquire new skills. They need more proper support and training to fulfill their professional duties and participate. Therefore, vocational rehabilitation helps ensure the social and psychological stability and financial independence of the person with a disability instead of being a source of sympathy and compassion. The present study makes a proposal to establish a vocational rehabilitation center of the restaurant works for people with Down syndrome in Saudi Arabia.

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