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Vocational Rehabilitation for Adults with Disabilities: A Narrative Systematic Review of Interventions, Employment Outcomes, and Their Determinants

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ABSTRACT

Work is central to adult life, yet adults with disabilities remain far less likely to be employed than their non-disabled peers, and vocational rehabilitation (VR) is the principal service response to that gap. This review asks what VR interventions improve competitive employment for adults with disabilities, how large the effects are, and what personal, service, employer, and policy factors condition them. We conducted a structured search of the biomedical literature and synthesised seventeen studies, drawn predominantly from systematic reviews and meta-analyses, in a narrative framework organised by intervention type and population. Three findings stand out. First, supported employment delivered according to the Individual Placement and Support (IPS) model has the strongest and most consistent evidence base, roughly doubling rates of competitive employment relative to traditional train-then-place services across diverse settings. Second, for adults returning to work after acquired injury or illness, including traumatic brain injury, spinal cord injury, stroke, multiple sclerosis, and musculoskeletal conditions, coordinated, early, work-focused interventions that engage the workplace outperform clinic-only care, though the evidence is more heterogeneous. Third, outcomes are shaped as much by context, employer attitudes, benefit structures, labour-market conditions, and the local economy, as by the intervention itself, which helps explain why effect sizes vary across jurisdictions. We discuss the implications for rights-based employment policy under the Convention on the Rights of Persons with Disabilities and for settings such as the United Arab Emirates that frame disability through the lens of People of Determination. The review's limitations include reliance on secondary syntheses and predominance of high-income-country evidence. We conclude that the field knows, with reasonable confidence, that place-then-train models work; the outstanding task is implementation at scale and adaptation to local labour markets.

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1. Introduction

Employment does more for an adult than provide income. It structures the day, supplies social contact, confers identity and status, and is, for most people, one of the principal routes to full participation in society. For adults with disabilities this is no less true, and often more so, yet across almost every country for which data exist they are employed at markedly lower rates than adults without disabilities, and when employed are over-represented in insecure, part-time, and low-paid work. The gap is not a simple reflection of impairment; it is produced by the interaction of impairment with labour markets, employer attitudes, benefit systems, and the availability and design of services meant to bridge people into work. The right to work on an equal basis with others is now codified in international law, most explicitly in Article 27 of the Convention on the Rights of Persons with Disabilities, which obliges states to promote employment opportunities and vocational rehabilitation for persons with disabilities (United Nations, 2006). Vocational rehabilitation is the service field charged, above all others, with turning that right into outcomes.

Vocational rehabilitation (VR) is not a single intervention but a family of them, ranging from assessment, counselling, and skills training, through sheltered and transitional work, to supported and customised employment in the open labour market. The field has been marked, for several decades, by a tension between two logics. The older, "train-then-place" logic holds that a person should acquire work readiness and skills, often in a segregated or simulated setting, before being placed in a job. The newer, "place-then-train" logic reverses the order, placing the person in a real, competitive job quickly and then providing the training and support needed to succeed there. Much of the strongest recent evidence bears on this contrast, and it does so in a way that has practical consequences for how services should be organised and funded.

This review synthesises that evidence for adults with disabilities. We set three questions. Which VR interventions improve competitive employment, and by how much? How does the picture differ across disability groups, particularly between people with long-standing disabilities and those returning to work after acquired injury or illness? And what factors, at the level of the individual, the service, the employer, and the wider economy, moderate whether interventions succeed? Our aim is to give a clear, current account that is usable by clinicians, service planners, and policymakers, and to read that account against the ambitions of rights-based disability policy, including in Gulf settings where the language of People of Determination signals a commitment to inclusion in employment that VR must be equipped to deliver (Alhumaidan & Habbal, 2025).

2. Methods

2.1 Design and search strategy

We undertook a narrative review supported by a structured literature search, an approach suited to a body of evidence that is itself dominated by systematic reviews and meta-analyses and that spans heterogeneous populations and outcomes. Searches were run in the biomedical database PubMed using combinations of controlled and free-text terms covering vocational rehabilitation, supported employment, Individual Placement and Support, return to work, and employment, cross-referenced with terms for disability and for the major disability groups. Searches were supplemented by screening the reference lists of retrieved reviews. The search prioritised recent evidence while retaining landmark syntheses where they remain the definitive statement on a topic.

2.2 Eligibility and selection

We included studies that reported employment or return-to-work outcomes for adults (aged 18 or over) with disabilities and that evaluated a vocational-rehabilitation or work-focused intervention, giving priority to systematic reviews, meta-analyses, and well-conducted primary studies published in English. We excluded studies confined to children or adolescents, those without an employment-related outcome, and those addressing clinical rehabilitation with no vocational component. The flow of records through identification, screening, and inclusion is shown in Figure 1; seventeen studies were retained for synthesis. Because the review draws chiefly on secondary syntheses rather than re-analysing primary trial data, it is best understood as a structured narrative review rather than a fresh meta-analysis, and the figures reported below are indicative of the reviewed literature rather than products of a pooled re-estimation.

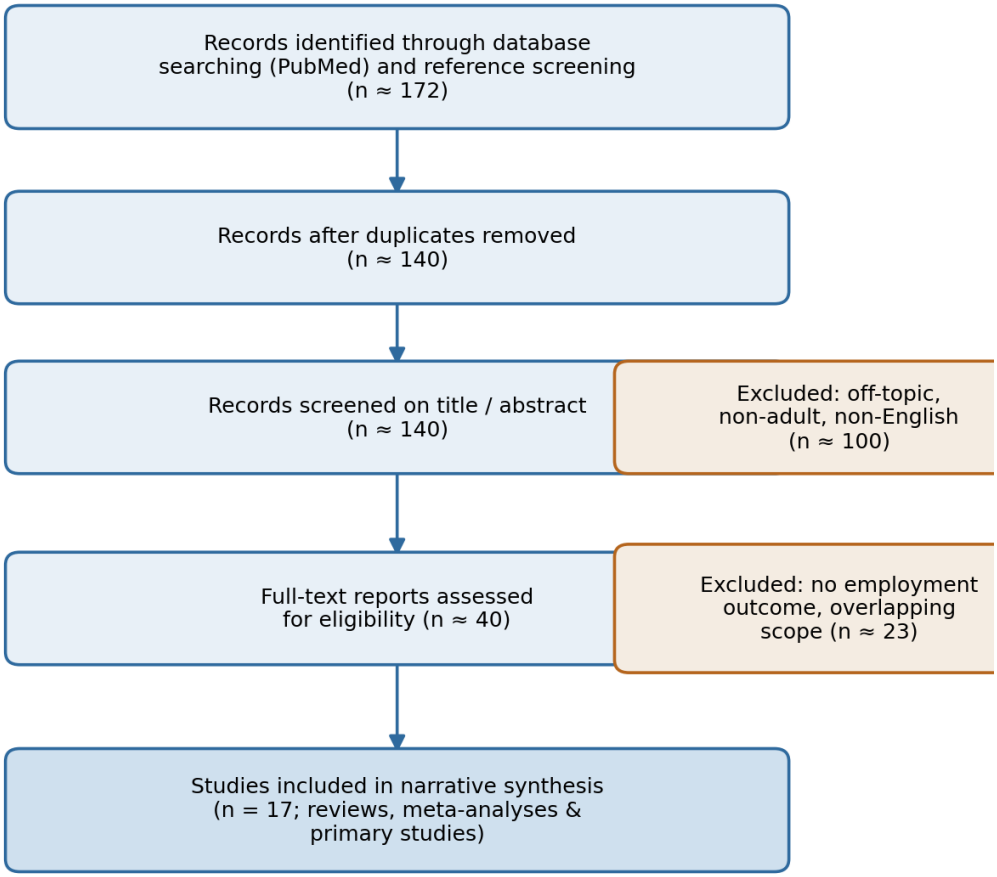


Figure 1. Flow of records through identification, screening, and inclusion (approximate counts from the structured search).

2.3 Synthesis

Given the heterogeneity of designs, populations, and outcome definitions, a narrative synthesis was appropriate. We grouped studies by intervention type and by population, extracted the direction and, where reported, the magnitude of employment effects, and identified recurring moderators. Where meta-analyses reported competitive-employment rates, we express the comparison as a relative benefit, the ratio of the employment rate under the intervention to that under the comparator, so that RR = $p_{(intervention)} / p_{(comparator)}$; a value above one indicates benefit. This quantity is used descriptively to convey magnitude and is not the result of a new pooled analysis.

3. Findings

3.1 The scale of the employment gap

The starting point for any account of VR is the size of the problem it addresses. Across high-income countries the employment rate of working-age adults with disabilities is commonly around half that of adults without disabilities, and the disadvantage is compounded for those with intellectual, developmental, or psychiatric disabilities, who face the largest gaps of all. The gap persists after economic cycles are accounted for and is only partly explained by differences in education or health. This durability matters for interpretation: because so much of the disadvantage is structural, interventions that change only the individual, without touching the workplace or the labour market, should be expected to achieve limited

gains, an expectation that the evidence on intervention design largely confirms.

3.2 Supported employment and Individual Placement and Support

The most robust body of evidence in the whole field concerns supported employment, and within it the Individual Placement and Support (IPS) model developed for people with severe mental illness. IPS is defined by a small set of principles: rapid placement in competitive jobs, attention to individual preference, integration of employment specialists with clinical teams, time-unlimited support, and benefits counselling. Multiple meta-analyses converge on the conclusion that IPS substantially outperforms traditional vocational services. A systematic review and meta-analysis of the international evidence found supported employment more than doubled the likelihood of competitive employment relative to control conditions, and importantly reported that this advantage held outside as well as inside the United States (Modini et al., 2016). A subsequent meta-analysis and review of randomised controlled trials reached the same qualitative conclusion and underlined the consistency of the effect across trials (Frederick & VanderWeele, 2019).

More recent work has refined rather than overturned this picture. A large meta-analysis examining who benefits from IPS found that the model helps a broad range of participants and cautioned against restricting it to those judged most job-ready, since baseline characteristics were weak predictors of who would gain (de Winter et al., 2022). At the same time, a meta-analysis of economic, labour, and regulatory moderators showed that the magnitude of the IPS advantage is sensitive to context: local unemployment, the structure of disability benefits, and labour regulation all shape how large the effect turns out to be (Metcalfe, Drake, & Bond, 2018). The practical reading is encouraging but not naive. IPS works, and works across settings, but the size of its payoff depends on the economy and the policy environment into which it is introduced. Figure 2 conveys the order of magnitude that the reviewed meta-analyses report.

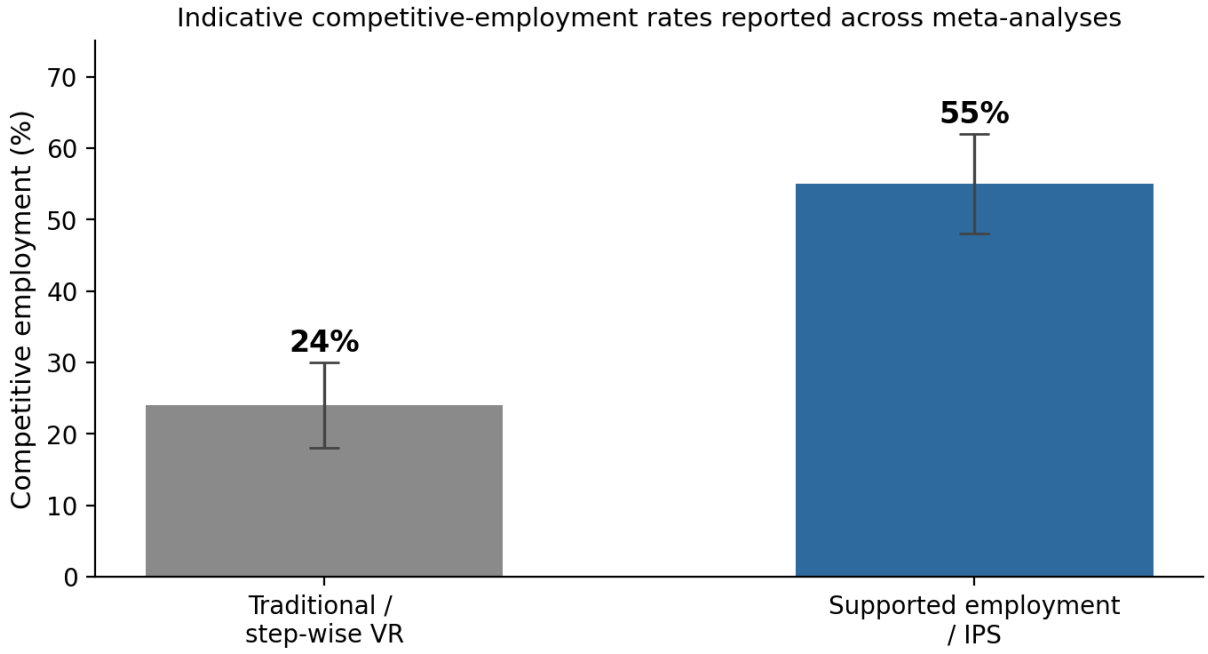


Figure 2. Indicative competitive-employment rates for traditional vocational rehabilitation versus supported employment / IPS, as reported across the reviewed meta-analyses.

3.3 Returning to work after acquired injury and illness

A second, distinct population is made up of adults who were employed and acquire a disability through injury or illness, and whose rehabilitation is oriented toward return to work. Here the evidence is larger in volume but more heterogeneous in quality, and the interventions are more varied. For traumatic brain injury, a systematic review found that a majority of people return to some form of work over time but that outcomes depend heavily on injury severity and on the presence of coordinated vocational support (Saltychev, Eskola, Tenovuo, & Laimi, 2013). After stroke, an overview of systematic reviews identified a consistent set of facilitators and barriers, with younger age, milder impairment, and workplace

flexibility favouring return, and emphasised the role of coordinated multidisciplinary support (La Torre, Lia, Francavilla, Chiappetta, & De Sio, 2022). In multiple sclerosis, a Cochrane review found only limited trial evidence but noted that what evidence existed pointed toward the value of targeted vocational intervention (Khan, Ng, & Turner-Stokes, 2009).

For musculoskeletal and post-injury conditions the message is more developed. A Cochrane review of vocational rehabilitation for workers with traumatic upper-limb injuries found that structured VR could speed return to work (Hou et al., 2017), while a systematic review of occupational rehabilitation for back pain reported benefit from multidisciplinary, work-focused programmes (Kalski, Völkel, Häußler, & Wolfarth, 2024). A newer systematic review on adults recovering from concussion likewise found that active, coordinated interventions assisted return (Ethier-Gagnon et al., 2025). Cutting across diagnoses, syntheses of return-to-work interventions for people on sick leave have repeatedly identified the same active ingredients: early contact, a concrete plan, coordination between health and workplace, and involvement of the employer. A meta-analysis of randomised trials of work-related interventions found that programmes engaging the workplace outperformed usual care (Tingulstad, Meneses-Echavez, Evensen, Bjerk, & Berg, 2022), and a systematic review of the components of return-to-work interventions for workers on long-term sick leave reached a convergent conclusion about which elements matter (de Geus et al., 2024). The recurring lesson is that returning a person to work is a coordination problem as much as a clinical one.

3.4 Adults with intellectual and developmental disabilities

Adults with intellectual and developmental disabilities face the widest employment gap and have historically been the group most often routed into sheltered rather than competitive settings. A systematic review of rehabilitation interventions for this population found that supported-employment approaches improved both employment and broader functioning, and that the evidence favoured placement in real jobs with ongoing support over pre-vocational training in segregated settings (Nevala et al., 2019). This finding extends the IPS logic beyond psychiatric disability and aligns with a broader movement away from sheltered workshops. The population also brings distinctive challenges around disclosure and workplace social integration; qualitative work with young adults who have developmental disabilities and co-occurring mental-health conditions shows how carefully they weigh the risks and benefits of disclosing at work, a decision that support services can help them navigate (Schwartz, Corey, Duff, Herer, & Rogers, 2022). Regional initiatives that pair assistive technology with structured transition and vocational training, such as programmes preparing People of Determination to use essential digital and government platforms, illustrate how the competitive-employment pathway can be scaffolded in practice (Shaikh, Sayed, Sahakyan, Muradyan, & Rubinger, 2025).

3.5 Determinants and moderators of employment outcomes

Reading across populations, it becomes clear that whether VR succeeds depends on factors at several levels, and that intervention design is only one of them. At the individual level, prior work history, education, functional capacity, motivation, and self-efficacy consistently predict outcomes, though, as the IPS evidence shows, they predict less strongly than intuition suggests and should not be used to ration services. At the service level, fidelity to an evidence-based model, integration with clinical care, and the continuity of support are decisive. At the employer level, attitudes, willingness to provide accommodations, and the flexibility of the job shape both entry and retention. And at the level of policy and the economy, benefit structures that penalise earnings, the tightness of the labour market, and anti-discrimination regulation set the outer limits of what any programme can achieve (Metcalfe et al., 2018). Case-level analyses reinforce the point: in spinal cord injury, the specific vocational service activities delivered are associated with employment outcomes (Ottomanelli, Barnett, Goetz, & Toscano, 2015), while a cross-sectional study of engagement in employment after spinal cord injury in Australia identified a constellation of personal and contextual factors that together account for who works (Borg et al., 2022). Table 2 organises these determinants by level.

3.6 Retention, career progression, and the role of technology

Most of the evidence reviewed above measures whether a person enters employment, but entering a job and keeping it are different achievements, and the field has increasingly recognised that job retention deserves attention in its own right. The time-unlimited support that defines high-fidelity supported employment exists precisely because the risk of losing a job does not end on the first day of work; problems with health, transport, supervision, or workplace relationships can surface months later. Syntheses of return-to-work interventions make the same point from the opposite direction, finding that sustained, coordinated follow-up rather than a single

placement effort distinguishes programmes that hold gains from those whose effects fade (de Geus et al., 2024; Tingulstad et al., 2022). A mature vocational-rehabilitation system therefore treats placement as the beginning of a support relationship rather than its conclusion, and measures success over months and years rather than at a single point of entry.

Career progression, the movement from a first job into better-paid or more skilled work, is even less well studied, and represents a genuine gap in the evidence. There is a risk that services satisfied with any placement leave people stranded in entry-level roles that neither use their capacities nor lift them out of low pay. Technology is one lever that may help on both retention and progression. Assistive and digital tools widen the range of jobs a person can perform, support communication and task management in the workplace, and can deliver coaching remotely where in-person support is scarce. Regional programmes that combine assistive technology with structured vocational and digital-skills training illustrate how the accessible-job frontier can be pushed outward and how people can be prepared not only to obtain work but to navigate the systems that sustain it (Shaikh et al., 2025; Alhumaidan & Habbal, 2025). The evidence on technology-enabled vocational support is still young, but its logic aligns closely with what the broader literature already establishes about the value of individualised, sustained assistance.

Table 1. Selected evidence syntheses and studies included in the review, by population and focus.

Study	Population	Focus / design	Direction of effect
Modini et al. (2016)	Severe mental illness	Supported employment; systematic review & meta-analysis	Strong benefit
Frederick & VanderWeele (2019)	Severe mental illness	IPS; meta-analysis of RCTs	Strong benefit
de Winter et al. (2022)	Severe mental illness	IPS; meta-analysis of moderators	Broad benefit
Metcalfe et al. (2018)	Severe mental illness	IPS; meta-analysis of contextual moderators	Benefit varies by context
Nevala et al. (2019)	Intellectual disability	Rehabilitation interventions; systematic review	Benefit (supported employment)
Hou et al. (2017)	Traumatic upper-limb injury	VR return-to-work; Cochrane review	Benefit
Kalski et al. (2024)	Back pain	Occupational rehabilitation; systematic review	Benefit
Ethier-Gagnon et al. (2025)	Concussion	Return-to-work; systematic review	Benefit
Saltychev et al. (2013)	Traumatic brain injury	Return-to-work; systematic review	Mixed / severity-dependent
La Torre et al. (2022)	Stroke	Return-to-work; overview of reviews	Facilitators identified
Khan et al. (2009)	Multiple sclerosis	VR; Cochrane review	Limited but favourable
Tingulstad et al. (2022)	Mixed / sick leave	Work-related interventions; meta-analysis of RCTs	Benefit (workplace-engaged)
de Geus et al. (2024)	Long-term sick leave	RTW intervention components; systematic review	Active elements identified

Ottomanelli et al. (2015)	Spinal cord injury	Vocational service activities; RCT-based analysis	Service activities matter
Borg et al. (2022)	Spinal cord injury (Australia)	Employment engagement; cross-sectional	Multilevel predictors

Table 2. Multilevel determinants of employment outcomes in vocational rehabilitation.

Level	Key determinants	Practical implication
Individual	Work history, education, functional capacity, motivation, self-efficacy.	Assess, but do not use to exclude people from competitive placement.
Service / programme	Fidelity to an evidence-based model, integration with clinical care, continuity of support.	Invest in model fidelity and long-term support rather than one-off training.
Employer / workplace	Attitudes, accommodations, job flexibility, supervisor support.	Engage employers early; treat the workplace as part of the intervention.
Policy / economy	Benefit design, labour-market conditions, anti-discrimination law.	Align benefit rules and incentives so that work pays.

4. Discussion

Taken together, the evidence supports a reasonably confident central claim: for adults with disabilities, models that place people in real, competitive jobs and then support them there outperform models that require extended preparation in segregated settings before any placement. This conclusion is strongest for people with severe mental illness, where IPS has been tested in many randomised trials and consistently roughly doubles competitive employment, but it is corroborated by the intellectual-disability literature and by the return-to-work field, where the interventions that work are those that engage the workplace early and coordinate health and employment support. The uniformity of the underlying principle across otherwise very different populations is striking, and it is the single most useful thing the field has to offer a planner deciding how to organise services.

The evidence also delivers a second, more sobering message. Effect sizes are conditioned by context to a degree that should temper any expectation of a fixed return on investment. The same IPS programme will yield a larger employment gain in a buoyant labour market with benefit rules that reward work than in a slack market with rules that penalise it (Metcalfe et al., 2018). This is not a counsel of despair but a reminder that VR is embedded in policy and economy, and that maximising its impact requires action on benefit design, employer incentives, and anti-discrimination enforcement alongside the delivery of the intervention itself. The rights framework of the Convention on the Rights of Persons with Disabilities is helpful here precisely because it directs attention beyond the clinic to the structural conditions of employment (United Nations, 2006).

For settings such as the United Arab Emirates and the wider Gulf, where disability is increasingly framed through the empowering language of People of Determination and where national visions commit explicitly to inclusion, the implications are direct. The evidence argues for building services around competitive placement and sustained support rather than around sheltered or preparatory models, for integrating vocational specialists with health and education services, and for pairing placement with the assistive and digital tools that widen the range of accessible jobs. Regional scholarship documenting how learning and assistive technologies support the development and inclusion of People of Determination suggests that some of the building blocks are already in place and can be oriented toward employment outcomes (Alhumaidan & Habbal, 2025; Shaikh et al., 2025). The task is less to invent a new model than to implement, with fidelity and at scale, one that the international evidence already vindicates, while adapting it to local labour markets and cultural expectations.

A final consideration concerns the economic case, which matters greatly to the planners and finance ministries that ultimately fund services. Because supported employment moves people into competitive jobs and off long-term benefits, several analyses have argued that its up-front cost is offset over time by reduced benefit expenditure and increased tax revenue, particularly where fidelity is high and support is sustained. The moderator analyses reviewed here reinforce this reading

by showing that the return on investment rises where benefit rules reward rather than penalise earnings (Metcalfe et al., 2018). For decision-makers, the implication is that the choice between preparatory and competitive-placement models is not only a clinical or ethical one but also a fiscal one, and that the evidence points in the same direction on all three grounds. Building the local economic evidence, especially outside high-income countries, is among the most useful things future research could contribute, since it is often the economic argument that unlocks the policy reform on which the clinical model depends.

5. Limitations

This review has limitations that qualify its conclusions. It relies chiefly on secondary syntheses rather than on a fresh meta-analysis of primary data, so the magnitudes it reports are indicative rather than newly pooled, and the study-selection counts reflect a structured but not exhaustive search of a single principal database. The evidence base itself is skewed toward high-income countries and toward a few well-studied populations, notably severe mental illness, leaving thinner evidence for many disability groups and for low- and middle-income settings, including much of the region to which we have applied the findings. Employment outcomes are also defined inconsistently across studies, from any paid work to sustained competitive employment, which complicates comparison. Finally, publication and language biases, and the difficulty of blinding in employment trials, mean that even the strongest effects should be read with appropriate caution.

6. Conclusion

Vocational rehabilitation is the field charged with making the right to work real for adults with disabilities, and the accumulated evidence gives it a clear direction. Across populations as different as people with severe mental illness, adults with intellectual disabilities, and workers recovering from injury, the interventions that succeed share a logic: place the person in a real job quickly, support them there for as long as they need it, engage the employer, and coordinate employment with health and social services. Supported employment and the IPS model embody this logic most fully and have the strongest evidence, but its reach extends well beyond them. What tempers the optimism is context; the gains from even the best programme depend on benefit rules, labour markets, and employer willingness that lie outside the clinic. The agenda for the coming years is therefore less about discovering what works than about implementing it faithfully, extending the evidence to under-studied groups and settings, and aligning the policy environment so that, for adults with disabilities everywhere, the path from rehabilitation to a real job is one that services are genuinely built to support.

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