Algerian Elderly and Institutional Care

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Abstract:

The issue of care for the elderly has become a global concern with many conferences being held to address it, and Algeria is not far away in terms of considerable efforts devoted to providing care through legislative and social channels that work in the service of protecting them and integrating them. It is to appraise the distribution of institutional care establishment within Algeria and their collaborative participation in providing residents with integrated services. The study used a descriptive-analytical method to review the national statistics and the relevant legislation. The findings highlight a well-organized framework that the state has apparently established, from announcing a National Day for the Elderly to setting up dedicated facilities to care for them. Lastly, this study finds that institutionalisation should still remain a complementary service to the family role and highlights the importance o f continually assessing services to meet their needs changes over time.

Keywords: elderly, institutional care, care institutions, Protection of the elderly.

Introduction:

The global demographic mood has shifted dramatically with an ever-increasing older people population. As such, this has made caring for the elderly a global priority that goes beyond national borders. It fuels international debates and the development of specialized fields like gerontolgy. In recognition of these international changes, Algeria has shown its determination to protect senior citizens by adopting a robust set of legal and social protection. This commitment is even more literally captured in the declaration of April 27 as National Day for the Elderly — a symbolic yet also functional recognition of their predicament and place in our world.

Although Algerians favour family-centred care, changing social and economic dynamics are moving towards the institutionalisation of care. This has led the state to establish a range of different arrangements (including nursing homes that do expressly support people without

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family, such as those who, for instance, are homeless) but more generally its social assistance measure specifically caters for those living in situations of vulnerability. On the other hand, moving to an institutional house usually creates major psychiatric, social and health challenges to the residents.

This article aims to draw a real picture of institutional care through dissecting the legislative and social schemes that exist on paper in Algeria. This work aims to study the effectiveness of current care institutions through the demographic changes and the wide range of issues that elderly populations can face, from isolation to being at risk for poverty. In the end, its scope is to clarify how these services could be improved ensuring integrated, dignified life of the residents.

1-Research Methodology:

A scientific method is a basic step that determines how it will lead to evidence, and must or should suit the type of phenomenon being studied. This research is descriptive-analytical instead of a random observation based on chance. This approach enables the identification of comprehensive vital statistics and qualitative information for elderly care in Algeria. This method allows for a close reading of the relevant legal frameworks and demographic trends, while simultaneously preventing findings from being misrepresented as arising in a social reality of the Algerian.

2 - Definition and concepts

At the beginning, it is worth noting the definition of

2-1- The elderly

Defining the elderly is a multifaceted task that varies according to demographic, social, and psychological perspectives. Each of these dimensions provides a distinct understanding of the aging process and its implications

It is defined from several aspects, for example:

2-2 Demographic Perspective (Statistical)

From a demographic standpoint, an elderly person is generally defined as any individual aged sixty (60) years or older. This age threshold is often marked by significant transitions in lifestyle and patterns directly related to the aging factor (Al-Khouli, 1992). Furthermore, elderly individuals frequently experience functional decline in vital organs, which may lead to physical weakness and an increasing need for external assistance and care **(Ibrahim, 1997).**

2-3-Social perspective

We can apply the term elderly to every person who loses flexibility and social effectiveness and enters a stage of adaptation with those around him, whether from his family members or the society in which he lives, as he enters a state of abandoning his usual social roles and relationships and the extent of his connection with the rest of the members of the system to which he belongs.

2-4- Psychological perspective

Psychologists also have a special concept of the elderly, as they apply it to every person who suffers from psychological incompatibility with the loss of the ability to exploit his physical, mental and psychological capabilities to confront daily problems and adapt to them.

Among the terms that we find with the same meaning as the word "elderly" we mention old age, sheikh, elder of the third age.

2-5- Legislative Perspective in Algeria:
The Algerian legislator also relied on the age factor in defining the elderly, considering anyone who has reached the age of sixty-five or more to be elderly, even if he or she does not show any biological or psychological signs or changes, regardless of gender, male or female. From the previous definitions.

We conclude that the elderly is anyone who has reached the age of sixty or more, who experiences several physiological, social and psychological changes characterized by a decrease and atrophy of functions and roles, as well as a lack of balance and harmony, which affects the elderly's behavior, relationships and reactions

3. Concepts of Care and Assistance:

Understanding the framework of support for the elderly requires a clear definition of the various forms of care and assistance provided by the state and social institutions.

3-1-care:
The concept of care refers to a comprehensive range of services and activities encompassing health, education, and psychological support. These services target specific social groups who are unable to meet their basic needs independently, with the ultimate goal of achieving self-sufficiency and improving their quality of life. Thus, care constitutes a set of structured programs designed to meet individual needs, providing assistance in personal hygiene, nutrition, and psychological well-being

3-2- Social assistance:

Social assistance is a balanced system of services and programs designed to provide support to various social categories, thereby enhancing their personal and social relationships. Provided by both governmental and private organizations, it aims to foster social stability. According to the United Nations, social assistance is an organized system of services intended to develop individual capacities and enable citizens to achieve a decent standard of living and health in line with their society's needs.

3-3- Social assistance for the elderly:
In the context of social protection, this term refers to services specifically tailored to improve the standard of living for seniors, promoting their independence and autonomy. This support involves family members, neighbors, and professionals within care facilities, covering psychological, mental, and recreational aspects of life.

3-4- Residential care:
This is a form of social care provided in specialized establishments such as retirement or nursing homes. These establishments offer comprehensive care and provide a safe environment where residents can live in peace. They offer a range of services including daily assistance, specialized medical care, and psychological support through programs that promote social interaction and continuous contact between residents, in addition to variety of leisure activities tailored to the tastes and physical abilities of each resident. **(12-10, 2010)**

4- Theories explaining the problems and needs of the elderly:

The elderly have received significant attention from researchers across various fields, leading to the development of several theories that explain their challenges and the essential needs that must be addressed.

4-1- Withdrawal theory (disengagement):

Proposed by Cumming and Henry in 1921, this theory suggests that withdrawal is an inevitable necessity in old age. As an individual's physical and psychological functions decline, their ability to interact with the social system decreases, forcing them to disengage from others. However, this perspective does not apply to all elderly people uniformly. Many individuals maintain active social and psychological lives well into old age, preserving established relationships and forming new ones despite their advanced years. **(Hoda, 1987)**

4-2- Activity theory:

Founders such as Friedman, Havighurst, and Miller argue that continued activity and contribution are essential for achieving moral balance, social harmony, and self-satisfaction. Engaging in work or social activities allows the elderly to build new relationships following retirement, providing both a sense of purpose and a potential financial resource. **(Wafa Saleh Al-Safti/ Hind Muhammad Al-Mazal, 2017)** However, this theory may only align with a small percentage of retirees, as many others face difficult circumstances characterized by marginalization and isolation. **(Abdul Latif Muhammad Khalifa, 1997)**

4-3- crisis theory

Initially proposed by Justin in 1962, this theory posits that work is a fundamental factor for both financial security and social interaction. Consequently, the loss of a professional role necessarily leads to a crisis, undermining the individual's psychological balance and sense of value. **(Nabil Mohamed Lafhal, 2004)** Furthermore, Parsons, Shook, and Bagirgis confirm that the professional role is the most critical factor for integrating an individual into society. For many, the shock of retirement is violent, especially when they feel deprived of work while still possessing the capacity and need for its financial resources. **(Kamal Ibrahim Morsi, 2006)**

4-4-Erikson's theory:

Erikson focused on various aspects of personality development to understand behavior during old age. He emphasized the interplay between genetic factors and social or environmental influences Erikson views old age as a developmental stage marked by inherent conflicts and pressures that require successful adaptation. At this crossroad, the elderly individual may either conform naturally to these changes, maintaining psychological balance, or struggle with resistance, leading to internal and social conflict. **(2-2, 2026)**

5- Problems suffered by the elderly:

The aging process is often accompanied by a variety of challenges that vary in intensity from one individual to another, depending on their health status and social environment. These problems can be categorized into four primary dimensions:

5-1- Psychological problems:

The experience of aging is deeply individual, as every elderly person lives in a psychological state independent of others. However, individuals are universally shaped by emotional factors from previous life stages—including upbringing, education, lifestyle, and lifelong health conditions. Upon reaching old age, their well-being depends heavily on their current circumstances, self-reconciliation, and acceptance of life changes. In many cases, seniors may exhibit rigid attachment to their generation's values, leading to increased feelings of isolation and loneliness as they lose their familiar social tools and relationships. **(Hicham sabaa, 2019)**

5-2- Social problems:

A social problem represents a situation requiring correction or a deviation from established social norms. For the elderly, this stage often involves long periods of solitude without companions or friends, leading to profound psychological loneliness. **(Bahaa el-Din Khalil Turkey, 2015)** This loneliness often triggers a cycle of dissatisfaction with shrinking social networks. Consequently, many seniors experience a lack of social compatibility and emotional disturbances, which gradually leads to further withdrawal from society. **(Wafa Saleh Al-Safti/ Hind Muhammad Al-Mazal, 2017)**

5-3- Economic problems:

Retirement often marks the loss of a professional role and a stable income, intensifying feelings of economic insecurity. The elderly find themselves facing increasing financial burdens, such as providing for the daily needs of family members—including minors or unemployed adults—despite their limited resources. This inability to meet financial demands often results in constant anxiety and a sense of helplessness, worsening their overall psychological pressure.

5-4- Health problems:

Old age does not inherently mean disability; rather, the physical decline observed in seniors is often the result of cumulative factors, including lifelong diet, lifestyle, and general health standards. Common health challenges include nervous system disorders, mental illnesses, cardiovascular diseases, and the gradual loss of senses such as hearing and sight. Physiological changes also occur in internal organs; for instance, the heart may lose weight compared to youth, whereas the thyroid gland might increase in size, while others, like the adrenal gland, remain unchanged. **(Yahia Morsi Eid Badr, 2006)**

5-5- Religious problems:

As individuals age, many seek a closer connection with the Divine, showing increased dedication to worship and reading the Qur'an as they contemplate the end of life. However, poor health, limited mobility, or the lack of accessible religious facilities (such as mosques far from home) can hinder these practices. This inability to perform religious duties can lead to psychological distress and a sense of deprivation, while also reducing opportunities for social interaction with peers.

5-6- Leisure time issues:

Leisure time is scientifically defined as the period during which an individual is liberated from professional obligations or mandatory social duties, granting them the freedom to engage in activities of their own choosing. In the context of aging, leisure time emerges as a significant challenge that manifests differently across genders. Empirical observations suggest that elderly men often experience more acute difficulties in managing leisure time compared to women. This disparity is attributed to the fact that women frequently maintain their domestic roles—such as cooking, housekeeping, or caregiving for grandchildren—which provides a sense of continuity and daily purpose.

In contrast, men, particularly following retirement, face a abrupt disruption of the professional routines that defined their identity for decades. In many Arab societies, a lack of institutional and personal preparation for this transition exacerbates the situation. This void often leads to a reduction in social utility and the disappearance of long-held roles, which subsequently reinforces feelings of monotony, anxiety, and social alienation. Consequently, without structured programs or adapted social services, leisure time transforms from an opportunity for relaxation into a source of psychological and social distress (Abdullatif, 2007).

6- The evolution of the number of elderly people in Algeria:

Examining the elderly from a demographic perspective is a fundamental step in understanding the evolution of their size, age structure, and gender distribution within society. Like many nations globally, Algeria is experiencing a steady trend of "population aging". This demographic transition is reflected in the systematic growth of the elderly population over recent decades, as detailed in the following statistical breakdown

6-1 -Demographic Development (1966–2018):

The following table illustrates the progressive increase in the number of elderly individuals and their corresponding percentage relative to the total population.

Table No. (01): Shows the development of the number of elderly people and their percentage compared to the total population during the period extending from (1966-2018)

Year	Total population	Total elderly population (60+)	Percentage of elderly people in total population
1966	12.042.347	798.292	06.63
1977	16.063.821	932.052	05.80
1987	22.881.508	1.313.398	05.74
1998	29.398.235	1.935.325	06.58
2008	34.591.000	2.557.000	07.39
2010	35.978.000	2.785.000	07.70
2012	37.495.000	3.048.000	08.13
2014	39.114.000	3.334.000	08.52
2016	40.836.000	3.640.000	08.91

Source: National Statistics Office, Summary of Statistics 1966-2018, pp. 35-36-40-48.

As indicated in **Table (01)**, the elderly population in Algeria has witnessed a substantial and continuous increase since 1966. The number of seniors rose from 798,292 in the first post-independence census to approximately 3,975,000 by 2018, representing 9.30% of the total population. This upward trajectory is the result of several interconnected factors, most notably the significant improvement in health, social, and economic conditions following independence.

The life expectancy in Algeria has risen to approximately 78 years, driven by advancements in medical care and living standards. These improvements have effectively reduced mortality rates—reaching 4.55% in 2017—particularly among infants. Furthermore, while birth rates remained high for decades, they began to stabilize after the 1980s, shifting from 30.94% in 1990 to 25.40% by 2017. It is also essential to acknowledge the profound impact of the **Liberation Revolution** on Algeria's demographic structure. The hardships endured during the struggle for independence and the loss of many citizens across different age groups created a unique demographic landscape that the country continues to navigate in its post-colonial era.

6- 2- Distribution of the Elderly Population by Age and Gender (2020)

The year 2020 marked a continued increase in the elderly population compared to 2018, reaching a total of 4,285,185 individuals. This demographic segment exhibits specific characteristics regarding age distribution and gender representation, as detailed in the table below:

Table No. (02): The Elderly Population (60+) in Algeria by Age Group and Gender (2020)

Age	Female	Male	Total
]60-64]	689999	681662	1371661
]65-69]	541362	538170	1079532
]70-75]	369567	344929	714496
]75-79]	265475	231597	497072
Plus de 80 ans	343792	278632	622424
Total	2210195	2074990	4285185

Office National Des Statistiques, Op.cit, PP121-131

According to **Table (02)**, two primary trends are observed in the Algerian demographic structure. First, there is an inverse relationship between age and population size; the number of elderly individuals decreases as they progress into older age groups. The largest concentration is found in the [60-64] category, which accounts for over 1.3 million people. Second, a significant gender disparity is evident, as the number of elderly women consistently exceeds that of men across all age brackets.

In response to these demographic realities, the Algerian state has established various programs and mechanisms designed to protect and support this vulnerable group. These initiatives are anchored in legislative frameworks that guarantee the rights of the elderly, providing them with essential assistance and privileges to ensure their well-being within both the family environment and specialized residential care institutions. According to the **Directorate of Social Action and Solidarity (DAS) of Constantine**, these mechanisms aim to foster social integration and provide a dignified life for seniors.

7 - Programs and Mechanisms for the Protection and Care of the Elderly:

In alignment with its constitutional and social commitments, Algeria has implemented a multifaceted strategy to address the needs of its aging population. These programs are designed to provide comprehensive support through various social and institutional channels.

7-1- Assistance to the elderly at home and providing assistance to the branches who are responsible for their assets in accordance:

with Executive Decree No. 16-294 dated 09 Safar 1433 corresponding to 09 November 2016, which determines the measures for assistance and care for the elderly at home, and based on Law No. 10-12 dated 23 Muharram 1432 corresponding to 29 December 2010 relating to the protection of the elderly, arrangements and measures for assistance for the elderly have been established with the aim of providing them with special care and assistance at home and psychological and social support within the framework of appropriate accompaniment according to the physical and psychological condition of the deprived elderly in a dependent situation to keep them in their family environment and/or in their homes. The State has also established another procedure that provides material and in-kind assistance to the branches who

are responsible for their assets and who do not have sufficient material and financial capabilities to ease the burden on them.

7-2- Elderly Card:

According to the decision dated 18 Muharram 1438 corresponding to 20 October 2016 which determines the technical characteristics of the Elderly Card, and pursuant to Executive Decree No. 13-139, the Elderly Card is granted to all persons aged 65 years and over according to the conditions set by the relevant ministry, and enables them to benefit from the privileges mentioned in Law No. 10-12 dated 23 Muharram 1432 corresponding to 29 December 2010 relating to the protection of the elderly, as its holder is entitled to free treatment at the level of public health institutions and to enjoy priority in public institutions and in the first seats when holding cultural, sports and recreational events or celebrations, as well as in the first seats of public transportation. **(Executive Decree No. 13-139, 2013)**

7-3- Establishing institutions for the elderly:

The Algerian state has established institutions for the care of the elderly and providing services and assistance to them, concerned with receiving those who are deprived and/or without family ties, and even people with sufficient income whose monthly income is equal to or exceeds the amount of the guaranteed national minimum wage and who are in a difficult situation or without family ties. There are types of institutions that receive the elderly and provide them with care and assistance, each one differing in its objectives and purpose, as we find:

7-4- Day care institutions:

receive the elderly who are left alone all day, from 8 am to 7 pm, and their families come to pick them up at the end of the day. These centers are located in nursing homes. However, this measure has not been widely welcomed by Algerian families, although it provides important services for the care of the elderly during their stay in the institution. It also helps the family members of the elderly and relieves them of the burden of caring for them and thinking about how they will spend their day alone at home.

7 -5- Nursing home:

According to Article 2 02 of Executive Decree 12-113, these institutions are specialized for the elderly and their care, according to clear arrangements and conditions that allow them to be received, after a file is drawn up at the level of the services in charge of the social activity directorates in each state or at the request of the services in charge of social activity in the state. These institutions constitute a space for living and resting for the elderly in a fragile social situation and who are tired of suffering and illness, as they guarantee them protection and accompaniment, the necessary social and psychological care, and living in a place suitable for decent living conditions from shelter, food, clothing and even treatment, while ensuring family reintegration - whether with their families or host families - and integration within the institution's environment, in addition to paying attention to the recreational aspect of residents by outlining programs and activities such as some cultural, religious, sports and recreational activities. **(Official Gazette of the People's Democratic Republic, 2012)** The residence of the elderly in these homes is not limited in time, as it is until the death of the resident or his integration into his family environment or even his integration with host families. **(Directorate General for Family, Women's Issues and Social Cohesion).**

7-6- Dar Al Rahma:

These homes are established in accordance with Executive Decree No. 02-178, which includes the creation of Dar Al Rahma institutions and determines their basic law, as well as the Executive Decree relating to the transformation of the two homes for the elderly into Dar Al Rahma institutions. (Official Gazette of the People's Democratic Republic, 2012)Dar Al Rahma are public institutions of an administrative nature that enjoy legal personality, and according to Article 7 07 and following of Executive Decree 02-178 mentioned above, they are managed by a Board of Directors and are provided with a Medical Psychological Council that decides on the period of stay of the persons benefiting from its services, as it is temporary from three (03) months to six (06) months at most. **(Executive Decree No. 16-288).**

7-7- Social security:

is one of the legal systems and mandatory means adopted by the state to achieve social security for its citizens in the face of social risks by obtaining cash or in-kind benefits. The elderly benefit from the social security pension for retirement after having contributed in a previous period - during their work period - part of their income to the Social Security Fund. The services of this fund aim to achieve economic security by granting cash benefits in the event of disability or death and ensuring income when the individual stops working and retires.

8- Elderly Care in Algeria:

When a person reaches old age, he finds himself facing new challenges and changes that he cannot overcome on his own. Given its importance and the many needs and problems that he faces, he must be cared for and provided with all necessary types of care, and surrounded with special care from all sides. When talking about elderly care in general, we inevitably mean all the services and facilities that will be provided to them, which must be comprehensive and touch all aspects of life, such as: **(Wafa Saleh Al-Safti/ Hind Muhammad Al-Mazal, 2017)**

8-1- Social care:

is considered by Dr. Rashid Zarouati as a weapon to protect individuals and groups, and is provided in the form of material and moral services. Dr. Medhat Abu Al-Nasr defines it as "a group of programs, efforts and services provided by governmental, civil and international institutions, with the aim of helping individuals and groups." Therefore, social care is services and assistance according to planned programs, with the aim of meeting the needs of individuals and groups in society, and is provided through the family, society, governmental and private institutions, and every individual who can provide assistance to others with the aim of improving conditions and achieving the greatest degree of social harmony and balance. **(Rachid Zerouati, 2000).**

8-2- Economic care:

The elderly are directly and greatly affected by their economic situation, especially since their income decreases after they retire from work. There is no doubt that there is a correlation between advancing age and the inability of the elderly to provide income, in balance with their daily needs and life requirements that they cannot ignore, so they find themselves unable to meet them. This leads them to feel anxious and their health condition worsens as a result of thinking about how to cover all the expenses incurred by them**, (Medhat Abu al-Nasr, 2004)** especially if they are the breadwinners of their parents and children, especially if they are not socially insured. Despite the state providing aid and assistance to the vulnerable classes in

society and allocating special programs and assistance for the elderly, they remain insufficient so that the elderly today can live at a decent standard away from all kinds of poverty and need.

8-3- Health care:

Health care expresses the efforts, services and programs provided to individuals, and contributes to raising their health level. It is one of the important forms of care for the elderly, providing preventive services and guidance instructions in addition to developing the healthy behavior of individuals**. (Mohamed Sayed Fahmy, 2002)** It is done through comprehensive periodic examination and detection of any defect or disease in order to diagnose it and provide appropriate treatment, whether with medication, surgery, physical therapy or rehabilitation for some organs to restore their normal movement. In the case of insurance, the matter is less severe, as the state has created the retirement fund, the recovery card, which has an insurance rate of 100% in the case of chronic diseases, while for non-chronic diseases, the insurance rate is 80% of the medicine expenses. **(Lamia Hosni Abdullah, 2019)** In addition, treatment is free for all the elderly without discrimination in state hospitals and public neighborhood health institutions, as well as the creation of a needy card and a special card for those with chronic diseases, from which its holder receives a grant to help him with expenses.

8-4- Recreational care:

is one of the most important problems that the elderly suffer from and that affects their lives. We find the problem of free time, especially after retirement or the death of one of the spouses, or the loss of old friends and the difficulty of making new friends, which reduces their social role and makes them more vulnerable to loneliness and anxiety, so their day becomes longer and nothing occupies them and fills their time except boredom and tedium. Therefore, the family must pay attention first and foremost, then society and all authorities concerned with elderly care and the importance of meeting their recreational needs as much as possible by developing programs and activities that suit their health condition on the one hand and even their financial capabilities on the other hand, helping them entertain themselves and reintegrate them into social life and make them more harmonious with the rest of the members of the social system. We must not forget the role of the mosque in alleviating the loneliness and isolation of the elderly, as it is a place to perform worship and devotion, and it is also considered an outlet and a place where the elderly meet their peers and friends, and make new friendships and acquaintances. **(Lamia Hosni Abdullah, 2019)**

8-5- Institutional care:

As we mentioned earlier, the emergence of elderly care institutions is an inevitability dictated by the social and even economic changes in society, as we notice a decrease in the effectiveness of the role of the family and the spread of nuclear families, so everyone became busy with himself and his personal interests, where material values overshadowed moral values, so these institutions became an alternative to the family and relatives as they provide various forms of care that the elderly need. **(Faisal Al-Gharaibah, Faker Al-Gharaibah, 2009)** The Algerian legislator considers these institutions to be public state institutions that enjoy moral status, and their primary goal is to provide services to the elderly in order to integrate them into social life. One of the most important conditions for establishing these institutions is that the lifestyle in them is closer to the lifestyle within the family and that they provide activities and programs that serve the comfort of their residents. In addition to this, they care about various types of comprehensive and integrated care necessary for the elderly in terms of housing, psychological comfort, personal and health care. **(Abdelrahman, Lujain Mohammed Al-Amin, 2015)**

9- The objectives of establishing these institutions:

- are to receive people aged 65 and sometimes younger, with or without family ties, who are unable to care for themselves; **(Abdullah Al-Hajjaji, 2011)**
- to provide a safe and decent place for their residents; to provide all forms of care that the elderly need;
- to help the elderly adapt to their reality and overcome the difficulties and problems they face;
- to provide recreational activities and outline recreational programs that alleviate emptiness and its negative effects on the elderly person's life within the institution in a manner that is consistent with their health condition and personal inclinations.

10- The conditions and characteristics of these institutions:

and what is meant by them are the characteristics that must be present in these institutions in order to be able to achieve their goals in the best possible way:

10-1- In terms of external design:

The smaller the size of the institution, the better in terms of the quality of services and the ease of providing them to residents. As for the rooms, they are supposed to be either individual or for a small number of people to avoid overcrowding. It is also required to provide green spaces and seating areas for residents in an external courtyard or a suitable and comfortable garden. As for the building itself, it must be located close to populated areas and not isolated, easy to access and far from urban noise. As for the furnishings in the institution, it is preferable that they be similar to those used in homes to some extent in order to suggest a family atmosphere and family life as much as possible. **(Mohamed Ahmed Bayoumi, 2008).**

10-2- In terms of services provided:

Since the main goal of these institutions is to provide care and support to the elderly residents, everything that contributes to their comfort and medical, social and psychological care must be provided by specialists qualified to work with this group. They must also have the advantage of loving to give and help all the pressures of this work, and control their reactions in various situations that they may face, especially since the group they deal with is difficult in behavior and character, and dealing with them requires caution and professionalism in work. Residents of these institutions also suffer from routine and emptiness that inevitably leads to boredom and tedium, which requires a daily entertainment program that suits their abilities and desires, such as opening workshops within the institution, organizing trips and outings in addition to some simple sports. It also allows independent residents to go out for some time, while allowing visits to the institution by the residents' families, friends and even strangers. Specialists in these institutions also work to integrate residents into their new environment or reintegrate them into their original families or receiving families ready to take care of them. **(Wafa Saleh Al-Safti/ Hind Muhammad Al-Mazal, 2017).**

10-3- Conditions for placement in the institution:

The placement of the elderly in private nursing homes for the elderly is subject to Law No. 10 T-12 of December 29, 2010, relating to the protection of the elderly, and also to Executive Decree No. 12-113 of March 2012, which determines the conditions for establishing these institutions, the tasks assigned to them, their organization and operation. The conditions for placement in these institutions are stated in Chapter Two, specifically in Articles Seven (07), Eight (08), and Nine (09), respectively, as they receive persons aged 65 years and over, in a difficult situation and deprived and/or without family ties, i.e. they do not have a family or someone to take care of them. It is also required that the person concerned be free from mental

illness or any contagious disease. Enrollment in these institutions is done after examining an application attached to a file by the person concerned or by the relevant authorities.

10-4- Number of institutions and residents:

In 2012, 33 institutions for the care of the elderly were counted in Algeria, distributed across 28 states. For example, the state of Algiers included three institutions (Bab Ezzouar, Dely Ibrahim, Sidi Moussa), while some states included two institutions, such as the state of Souk Ahras (Sedrata, Souk Ahras), and others had only one institution. **(Official Gazette of the People's Democratic Republic, 2012)**

We also noted that there were states that did not have a single institution, such as the state of Biskra, for example. In 2015, there were 37 homes for the elderly distributed across 31 states, of which only 32 were active and had their own budget, with a theoretical capacity of 3,780 beds, and they receive the equivalent of 2,028 residents annually, at a rate of 65.53%. **(Directorate General for Family, Women's Issues and Social Cohesion)**

Table (3) for the development of the number of residents in care institutions by gender (2010-2020)

Years	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Female	979	977	935	897	847	860	840	845	783	719	709
Male	1206	1259	1195	1161	1139	1133	1040	1094	977	892	885
Total	2185	2130	2130	2028	1986	1993	1880	1939	1760	1611	1594

Source: Algeria's report on the fourth review of the Madrid Plan of Action, Protection of the elderly in Algeria: Realities and prospects 2021.

From the data in the table above, it becomes clear to us that the number of residents in elderly care institutions has been declining over the years recorded, as their number was 2185 residents in 2010 to reach 1594 in 2020. This is due to the effectiveness of the awareness programs carried out by the state through its various bodies, and the awareness of individuals of the importance of caring for the elderly, especially after the issuance of Law 10-12, without forgetting the assistance provided by the state to the elderly and their needy families who support them, in addition to the arrangements for reintegration and reception with alternative or original families, as well as the effectiveness of social and family mediation operations carried out by the bodies responsible for this, whether at the level of the social activity directorates of each state and even within the care institutions themselves.

11 - Challenges of working with residents in elderly care institutions:

Working with residents in nursing homes is not easy or simple, given the specific characteristics of this group, which requires a deep understanding of the various changes and factors that affect them, including social, psychological and biological factors, in order to develop an appropriate framework for comprehensive and integrated care for residents in these institutions.

Among the most important and challenging issues facing staff are:

- The chronic diseases suffered by residents, the syndrome of taking medication on time and adhering to medication regimens, possible drug interactions, and sometimes undesirable effects. On the other hand, some elderly people are reluctant to take their medication or even throw it away.
- Mood swings and unstable mental states in some residents, feelings of loneliness and isolation, inability to accept reality, and uncooperativeness with the institution's specialists.
- Difficulty communicating with some residents who have hearing and speech problems

- The psychological burden and pressures faced by workers in these institutions and the obstacles they face in implementing care programmes, such as difficulty in coordinating and communicating with team members.
- The lack of sufficient staff and qualified specialists in the field of elderly care in general, such as doctors and nurses, in some institutions.

Working with the elderly in general, and residents of elderly care institutions in particular, remains a daunting task that requires concerted efforts across several disciplines, as well as specific skills and mechanisms to achieve the fundamental objectives of these institutions, improve the quality of life of their residents, and help them find balance and integrate into their new environment **(al-Nasr, 2004)**

Conclusion:

The demographic transition in Algeria, characterized by a significant increase in the elderly population, represents one of the most critical social shifts in the post-independence era. This study has demonstrated that while the state has established a robust legislative framework—most notably **Law No. 10-12 (2010)**—the challenges facing the elderly remain multifaceted, encompassing health, economic, and psychological dimensions.

The findings indicate that aging in Algeria is increasingly "feminized," with women outliving men across all age groups, which necessitates gender-sensitive social policies. Furthermore, the transition from extended to nuclear family structures has elevated the role of institutional care, making it a sociological necessity rather than a mere alternative. Ultimately, achieving a dignified life for the elderly requires a holistic approach that integrates legal protection, family support, and specialized social services to ensure their full integration into the social fabric.

10. Recommendations

Based on the analysis and the demographic realities observed in this study, the following recommendations are proposed to enhance the quality of life for the elderly in Algeria:

- **Policy Integration**: Strengthening the coordination between the Directorate of Social Action and Solidarity (DAS) and health institutions to provide integrated mobile medical units for seniors in rural areas.
- **Economic Security**: Reviewing the minimum pension levels and expanding the reach of social grants to ensure that all elderly individuals, particularly those without prior social insurance, can meet their basic daily needs.
- **Psychosocial Support**: Establishing community-based "Senior Centers" that offer recreational, cultural, and psychological programs to mitigate the effects of loneliness and social isolation.
- **Family Incentives**: Developing support programs for families who care for their elderly members at home, including financial stipends or specialized training, to preserve the traditional family-based care model.
- **Architectural Adaptation**: Implementing stricter standards for the design of public spaces and transport to be "elder-friendly," facilitating their mobility and social interaction.
- **Digital Inclusion**: Launching simplified digital literacy programs to help the elderly navigate essential services like the "Chifa Card" system and online social platforms.

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