

The reality of social and educational support for people with special needs in the Algerian family - a field study of a sample of people with special needs

واقع التكفل الاجتماعي والتربوي لذوي الاحتياجات الخاصة في الأسرة الجزائرية
دراسة ميدانية لعينة من ذوي الاحتياجات الخاصة .

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Abstract:

This study examines the social and educational care of individuals with special needs within the Algerian family as a key sociological issue. It aims to analyze the structural and interactional mechanisms that govern familial practices of care and support. Relying on a field study conducted among a sample of individuals with special needs, the research adopts a descriptive-analytical and statistical approach, using a structured questionnaire to assess the variables and indicators derived from the study's hypotheses. The results highlight the principal social, educational, and familial determinants that shape patterns of care for individuals with special needs within the Algerian family context.

Keywords: social and educational care; individuals with special needs; disability.

ملخص:

تهدف هذه الدراسة والمتمثلة في واقع التكفل الاجتماعي والتربوي لفئة ذوي الاحتياجات الخاصة داخل الأسرة الجزائرية، إذ نسعى من خلالها الكشف عن الآليات والميكانيزمات المتحركة في هذه الظاهرة من خلال إجراء دراسة ميدانية على عينة من ذوي الاحتياجات الخاصة، مستخدمين في ذلك كل من المنهج الوصفي (وصف وتحليل الظاهرة)، بالإضافة إلى المنهج الإحصائي مستعنيين في ذلك بتقنية الاستمارة (مجموعة من الأسئلة تتعلق بمتغيرات ومؤشرات الفرضيات). وصولاً إلى النتائج والتي تكشف لنا كما سبق وأشرنا عن أهم المتغيرات الأساسية المتحركة في هذه الظاهرة.

كلمات مفتاحية: التكفل التربوي والاجتماعي، ذوي الاحتياجات الخاصة، الإعاقة.

Introduction

Human beings are inherently social, forming collective structures shaped by ideological, cultural, and social contexts. Individual identity and behavior are constructed through interaction within social groups, making collective life a fundamental condition of human existence.

The family constitutes the primary social institution and the central agent of socialization, where individuals acquire norms, values, and patterns of interaction, as well as care and emotional support. This role is particularly critical when the individual is a person with special needs, whose condition requires specialized forms of care adapted to the nature and severity of the disability.

Nevertheless, the complexity of disability exceeds the capacities of the family alone. Effective care and social inclusion therefore require an integrated, multi-institutional approach involving educational, social, and health institutions. This is achieved through adapted programs that address the psychological, cognitive, and physiological characteristics of persons with special needs, alongside the promotion of inclusive social attitudes that reject discrimination and support active participation in social life.

From this perspective, the present study seeks to examine the reality of care provided to persons with special needs in Algerian society, in light of prevailing social and cultural structures and the nature of the institutional and familial resources involved. Accordingly, the study is guided by the following research questions:

- What is the reality of educational and social care for persons with special needs?
- Is there a relationship between the socio-cultural environment and the degree of care provided to persons with special needs?
- To what extent do the family's material and cognitive resources affect the educational and social integration of persons with special needs?

Hypotheses :

1. The degree of care provided to persons with special needs is related to the nature of the socio-cultural environment.
2. The family's material and cognitive resources affect the degree of educational and social integration of persons with special needs.

1. Definition of Concepts

1.1 Persons with Special Needs:

The term "persons with special needs" is a concept specific to a certain group of individuals in society and is defined as follows:

Dhuw means "owners" or "possessors" (singular: *dhu*, meaning "owner" or "possessor"), and *needs* is the plural of *need*, which is that which a human being lacks and seeks. The word *special* is the opposite of *general*, meaning that which is particular to someone as opposed to others. The verb *to specialize* means "to be in need of something" (Ghania & Salha, 2021, p. 139).

According to Abdel-Muttalib Al-Quraity, this group consists of "those who deviate from the normal or average level in one or more characteristics or aspects of personality, to a degree that necessitates their need. Persons with special needs are individuals who require specialized services distinct from those provided to

their typically developing peers, with the aim of enabling them to achieve the highest possible level of development and social adjustment (Jalal Abdullah Hussein, 2017, p. 95). They are characterized by physical, sensory, or cognitive differences resulting from hereditary or environmental factors, which may limit their ability to interact effectively with their social and physical environment.

1.2 Social and Educational Integration:

Social and educational integration represent two fundamental factors in building a society that relies on interaction and educational complementarity. They can be defined as follows:

1.2.1 Social Integration:

Social integration is a socially constructed concept developed within specific societal contexts to enable individuals and groups to transition from relations of conflict and exclusion to forms of coexistence and collective participation. It also denotes the capacity to access political, legal, and institutional systems necessary for the effective realization of social rights. In this sense, social integration stands in opposition to social exclusion, which **Max Weber** conceptualized as a form of social closure, whereby dominant groups seek to monopolize resources and social positions at the expense of others. (Ben Tami & Reda, 2019, p. 105).

1.2.2 Educational Integration:

Inclusive education is the integration of students with special needs into regular classrooms alongside their peers, supported by collaborative teaching and adapted assessment practices that ensure equitable participation. (Shash & Suheir, 2016, p. 71).

1.3 Care:

A set of procedural, organizational, and psychological methods and approaches used to provide assistance to individuals suffering from various disorders; in other words, it is support and help (Allawi, 2018, p. 240).

1.4 Disability:

A chronic condition that affects an individual's physical or psychological abilities, rendering them unable to compete efficiently with their peers (Al-Sayyid, 1995, p. 135). This issue becomes more problematic in the absence of dedicated facilities for this group, especially when considering the modest level of care, rehabilitation programs, and services provided to persons with disabilities in general, and the impact this has on their self-image (Boukaria & Meraab, Maher, 2022, p. 265).

1.5 .Socio-Cultural Environment:

The socio-cultural environment refers to trends and developments in changes in attitudes, behavior, and values in society. It is closely related to population, lifestyle, culture, tastes, customs, and traditions. These factors are created by society and are often passed down from generation to generation. (Nessrdine, n.d.).

2. Study Methods and Techniques

2.1 Study Methodology:

2.1.1 Descriptive Method:

This approach enabled a clear analysis of the reality of educational and social care for persons with special needs in Algerian educational institutions, by identifying the key determinants influencing integration and clarifying the relationships among the study variables.

2.2 . Research Techniques:

2.2.1. Observation:

In this study, the observation technique was employed to examine patterns of interaction with persons with special needs within familial and social contexts, in light of prevailing socio-cultural backgrounds. This approach also enabled a comparison between the needs of this group and the resources available to them.

3.2.2. Questionnaire:

A psychometrically validated questionnaire, aligned with the study's hypotheses and contextual conditions, was used to ensure the reliability and validity of the collected data.

- Face validity was verified by distributing preliminary questionnaires to some members of the sample (a small pilot sample of 6 individuals).
- Content validity was achieved by distributing the questionnaires to the study sample consisting of 47 respondents.

The questionnaire was distributed in two phases:

- Exploratory study (face validity test with 6 respondents) from 02-12-2024 to 05-12-2024 (4 days).
- Field study (content validity test with 47 respondents) from 14-12-2024 to 26-12-2024 (13 days).

3. Study Sample:

- A purposive sample is defined as "a type of non-random sample in which the researcher collects data from individuals they encounter intentionally, giving an idea about the group from which the data was taken."
- Purposive sampling is used when the research population is not clearly defined, and thus no precise framework exists for random selection. In such cases, the researcher selects a group of units that fit the purpose of the study (Zerouani, 2002, p. 198).
- We selected a sample consisting of 47 Algerian families that have a member with special needs, focusing on certain characteristics (the study's key variables) related to the research hypotheses.
- The study was conducted within the geographical scope of Aïn Defla Province.

3. Presentation and Analysis of Hypothesis Data:

3.1. First Hypothesis:

Table 1: Degree of acceptance of persons with special needs by the family and social environment and its relationship with the degree of care.

Extent of acceptance Level Of care	Lack of acceptance		Partial. acceptance		Full acceptance		Total	
	R	%	R	%	R	%	R	%
Weak	23	79.31	04	28.57	00	00	27	57.45
Modearate	06	20.69	09	64.29	01	25	16	34.04
High	00	00	01	07.14	03	75	04	08.51
Total	29	100	14	100	04	100	47	100

Source: Prepared by the author.

The results reveal a general tendency toward a low level of care for persons with special needs, reported by 57.45% of the total sample. This deficiency is closely associated with family and social environments characterized by limited acceptance of this group (79.31%), despite a relatively high rate of declared full acceptance (75%).

Dominant social norms, which structure social interaction and relationships, tend to privilege physical and mental normality, particularly within prevailing socio-economic contexts that emphasize physical capability and functional autonomy. Such norms contribute to the marginalization of individuals who do not conform to these standards.

Accordingly, persons with special needs require specialized educational approaches adapted to the nature of their disability. This view is consistent with the perspective of **Édouard Claparède**, who conceptualized education as a progressive adaptation of the mind to actions and behaviors corresponding to specific needs.

(Édouard, 2003, p. 183)

Persons with special needs are often perceived as lacking socially valued physical and cognitive capacities, a perception that increases their vulnerability to harassment and abuse and necessitates specialized forms of interaction within family and social contexts. However, such adaptive practices are frequently absent, and interactions—particularly with individuals with visible disabilities—are often characterized by caution or avoidance. Consequently, the level of social and educational care available to this group remains limited or insufficient.

Table 2: Effect of the Degree of Disability and its Relationship with the Degree of Acceptance of Persons with Special Needs by the Family and Social Environment.

Degree of the impact of disability Degree of acceptance	Affect.		Sometimes affect.		Does not affect.		Total.	
	R	%	R	%	R	%	R	%
Lack of acceptance	24	88.89	05	33.33	00	00	29	61.70
Partial acceptance	03	11.11	09	60	02	40	14	29.79
Full acceptance	00	00	01	06.67	03	60	04	08.51
Total.	27	100	15	100	05	100	47	100

Source: Prepared by the author.

The results reveal a dominant trend of non-acceptance of persons with special needs within family and social environments (61.70%), with disability identified as the primary factor in this attitude (88.89%). The lack of specialized care practices and supportive resources further reinforces perceptions of persons with special needs as a burden, thereby hindering their social acceptance.

Acceptance of persons with special needs is largely determined by the type and severity of disability, with severe and visible—particularly intellectual—disabilities most strongly associated with stigmatization and social exclusion. These dynamics operate within both social and familial contexts, where exclusionary perceptions often lead to restricted interaction, spatial confinement, and limited social participation.

This pattern reflects dominant perceptions that persons with special needs—particularly those with intellectual disabilities—either constitute a potential threat to others or are themselves incapable of recognizing and managing risk. As a result, they are often avoided, denied social acceptance, and excluded from networks of solidarity and protection. Families may further reinforce this isolation as a strategy to avoid stigma, negative labeling, or social discrediting. This dynamic corresponds to Howard Becker's labeling theory, wherein disability is socially constructed as deviance, shaping exclusionary responses. Conversely, individuals with mild or non-visible disabilities tend to experience relatively higher levels of acceptance, indicating that social integration is contingent upon the type and severity of disability.

Table 3: Effect of the Availability of a Space for Venting and its Relationship with the Social Integration of Persons with Special Needs

Degree of emotional release. Social integration	Available		Sometimes Available.		Not Available		Total	
	R	%	R	%	R	%	R	%
Full	04	80	02	18.18	00	00	06	12.77
Moderate	01	20	06	54.55	09	29.03	16	34.04
Weak	00	00	03	27.27	22	70.97	25	53.19
Total	05	100	11	100	31	100	47	100

Source: Prepared by the author

The findings indicate a prevailing trend toward low levels of social integration among persons with disabilities, reported by 53.19% of the total sample. This outcome is most pronounced in contexts lacking recreational opportunities, accounting for 70.97% of the reported cases.

The lack of specialized recreational spaces in Algerian society—particularly in semi-urban and remote areas—disproportionately affects persons with disabilities, for whom such spaces are essential for social integration and psychological well-being. Existing facilities, when available, are largely confined to urban centers or private settings, thereby limiting accessibility and reinforcing social exclusion.

Therefore, in the absence of opportunities for recreation for persons with disabilities, social integration remains constrained, limited, and weak leading to frustration. This can be linked to John Dollard's Frustration Theory and the resulting psychological and social effects within their family and social environment.

Table 4: The socio-cultural environment and its relation to the integration of persons with disabilities.

Impact of the environmen Social Integration	Affect		Sometimes Affect		Does not Impact		Total	
	R	%	R	%	R	%	R	%
Weak	22	78.57	04	30.77	01	16.67	27	57.45
Moderate	06	21.43	08	61.54	02	33.33	16	34.04
High	00	00	01	07.69	03	50	04	08.51
Total	28	100	13	100	06	100	47	100

Source: Prepared by the author

The results indicate a prevailing trend of low social integration among persons with disabilities, accounting for 57.45% of the total sample, with 78.57% of cases attributed to the influence of the socio-cultural environment.

Social and cultural contexts often impose unjustified barriers on persons with disabilities, lacking scientific or religious grounding, thereby reinforcing norms that reject difference. As a result, persons with disabilities experience exclusion, isolation, and marginalization that restrict social interaction and participation. These dynamics stem from entrenched societal attitudes toward disability, shaped in part by the type and severity of impairment.

The socio-cultural environment, as a social system aligned with the needs of individuals, requires adaptation to changes an adaptation that involves a cognitive adjustment to circumstances shaping their established habits (Timasheff, 2003, p. 143).

In this context, the socio-cultural framework contributes to the reproduction of bias, stigma, isolation, and bullying, while restricting peer relationships and limiting communication, particularly given the need for adaptive forms of interaction appropriate to the type and severity of disability. Disability, therefore, cannot be understood solely as a bodily condition, but as a socially produced phenomenon resulting from insufficient recognition, understanding, and support. This process deprives persons with disabilities of confidence, security, and social value, while reinforcing deficit-based perceptions. Consequently, prevailing societal attitudes—often characterized by pity rather than inclusion—directly shape the level and quality of support afforded to persons with disabilities.

3 2.Second Hypothesis:

Table 5: The effect of the family's standard of living on the possibility of enrolling persons with disabilities in specialized centers.

Standrd of living Possibility of enrollment	Low		Medium.		High.		Total.	
	R	%	R	%	R	%	R	%
High.	00	00	01	07.69	05	71.43	06	12.77
Medium	05	18.52	09	69.23	02	28.57	16	34.04
Low	22	81.48	03	23.08	00	00	25	53.19
Total.	27	100	13	100	07	100	47	100

Source: Prepared by the author

The results indicate a prevailing trend toward a low likelihood of enrolling persons with disabilities in specialized centers, reported by 53.19% of the total sample. This tendency is particularly pronounced among families with low living standards, accounting for 81.48% of cases.

The family's standard of living significantly influences its capacity to meet the complex needs of persons with disabilities, whose care requires sustained, specialized support adapted to the nature and severity of impairment. Such care depends on coordinated efforts between the family and specialized institutions, a view consistent with Julian Rotter's Social Learning Theory, which emphasizes the role of parents and educators in personality development and skill acquisition. (Morsi, 1999, p. 19).

Access to specialized care for persons with disabilities is strongly conditioned by family income, as private institutions require substantial financial resources, while public centers remain under-resourced and concentrated in urban areas, limiting accessibility for low-income families.

From this, we can conclude that the family's standard of living plays a significant role in the enrollment of children with disabilities in private and specialized centers.

Table 06: Shows the experience in dealing with persons with special needs and its relationship to the period of disability detection.

Disability detection periode Experience in dealing	Early detection		Late detection		Total.	
	R	%	R	%	R	%
High	05	55.56	00	00	05	10.64
Medium	03	33.33	11	28.95	14	29.79
Weak	01	11.11	27	71.05	28	59.57
Total	09	100	38	100	47	100

Source: Prepared by the author.

The analysis reveals a general trend toward limited experience in dealing with persons with special needs, affecting 59.57% of the total sample, with late detection accounting for 71.05% of cases. Delayed or incidental diagnosis often places families in a state of shock, impeding timely parental engagement and structured intervention.

Delayed recognition of disability often leads to initial denial and unstructured care giving practices, as families seek definitive cures before accepting the chronic nature of the condition. In contrast, early detection facilitates adaptive behaviors, experiential learning, and more regulated care aligned with the type and severity of disability.

Table 07: Represents family participation in training courses on ways of dealing with persons with special needs and its relation to the degree of care provided.

Disability detection periode Experience in dealing	Early detection		Late detection		Total.	
	R	%	R	%	R	%
High	05	55.56	00	00	05	10.64
Medium	03	33.33	11	28.95	14	29.79
Weak	01	11.11	27	71.05	28	59.57
Total	09	100	38	100	47	100

Source: Prepared by the author.

The results indicate a prevailing trend toward a low level of care for persons with special needs, reported by 57.45% of the total sample, with 92% of these cases concentrated among families who had not participated in training programs on how to interact with this group. Scholarly and field-based research on persons with special needs remains relatively recent, reflecting their historical marginalization and the persistence of deficit-based representations that have framed disability in predominantly negative terms.

Contemporary studies have increasingly emphasized the importance of engaging with persons with special needs through inclusive practices that promote social integration and normalized interaction, free from excessive sensitivity or pity-based attitudes. In Algeria, however, initiatives in this field remain limited and relatively recent, with progress constrained by resource shortages. As a result, training programs and awareness activities on interacting with persons with special needs are scarce, geographically concentrated in major urban centers, and often accessible only to socially and educationally privileged groups. Moreover,

such initiatives frequently rely on highly specialized scientific discourse, which limits their accessibility to the broader public and reduces their overall impact.

There is a notable absence of an active role for specialized social and sports clubs that could provide persons with special needs and their families with opportunities for recreational, educational, and cultural participation, as well as vocational training and rehabilitation. The activities of existing associations are often limited to symbolic or occasional material assistance, such as support during holidays or the beginning of the school year. Consequently, the majority of families of persons with special needs lack adequate training and preparation—particularly psychological guidance—on effective caregiving and interaction practices.

Table 08: Represents the educational level of parents and its relation to the school enrollment of persons with special needs.

Parents educational level. School nrollment	Low.		Medium.		High.		Total.	
	R	%	R	%	R	%	R	%
Regular	00	00	02	11.76	04	57.14	06	12.77
Intermittent	05	21.74	08	47.06	02	28.57	15	31.91
None existant	18	78.26	07	41.18	01	14.29	26	55.32
Total	23	100	17	100	07	100	47	100

Source: Prepared by the author.

The data reveal that 55.32% of persons with special needs are not enrolled in formal education, a situation predominantly associated with low parental educational attainment (78.26%). Although education is generally regarded by families as a primary means of social mobility and improved life chances, persons with special needs encounter structural and attitudinal barriers that limit their access to schooling. These obstacles are reinforced by societal representations that portray disability as a form of dependency and social burden. Consequently, educational inclusion remains more likely among families with higher educational capital, who actively seek specialized schooling or provide alternative educational arrangements.

Parental responses to a child's developmental delay vary according to cultural capital and family cohesion (Khalifa & Waleed; Issa, 2015). However, these responses are further conditioned by the family's standard of living and their experiential capacity to interact with persons with special needs, including communication practices adapted to disability. Even when school enrollment occurs, it is often unstable and subject to interruption due to health or financial constraints. Consequently, parental educational level emerges as a significant determinant of the educational trajectories of children with special needs..

Table 09: Shows the impact of material and cognitive resources on the integration of persons with special needs..

Material and cognitive resources. Degree of integrarion	Available		Sometimes		Not Available		Total	
	R	%	R	%	R	%	R	%
Full.	04	80	02	15.38	00	00	06	12.77
Medium.	01	20	08	61.54	07	24.14	16	34.04
Low	00	00	03	23.08	22	75.86	25	53.19
Total.	05	100	13	100	29	100	47	100

Source: Prepared by the author.

The results indicate a low level of social and educational integration of persons with special needs, reported by 53.19% of the total sample, with 75.86% of these cases associated with the absence of material and cognitive resources. The data demonstrate a strong relationship between the availability of family-level material and cognitive resources and the degree of educational and social integration achieved. Given the complexity of disability, effective care requires sustained material investment to provide adaptive tools and technologies, alongside adequate cognitive resources—such as knowledge, skills, and informed practices—tailored to the specific needs of each case, rather than reliance on standardized or uniform approaches.

These resources facilitate access to educational and training programs through which families and caregivers acquire contemporary approaches to supporting persons with special needs, aimed at skill enhancement, capacity development, and the promotion of educational and social integration within both family and community contexts. This process constitutes a form of re-adaptation and social reintegration and represents a key mechanism in countering marginalization, as emphasized by **Serge Ebersold (1991, p. 38)**. Accordingly, material and cognitive resources play a decisive role in shaping the educational and social integration of persons with special needs.

Conclusion

Persons with special needs continue to represent a significant challenge for Algerian families, particularly in terms of providing adequate psychological and physical support, while educational support remains insufficient in most cases. Accordingly, this group requires sustained and structured attention and care, grounded in the following considerations:

- Reformulating the concepts and terminology commonly used in the social milieu, especially regarding terms such as disabled, Mongolia, etc.
- Emphasizing the need to address cases early immediately, as the time factor plays a significant role in determining the course of care and treatment, if possible.
- Providing psychological and social support to the families of this group to encourage them to accept their presence within their families.
- Conducting awareness campaigns and training courses for families of people with special needs on how to deal with and care for them.
- Develop comprehensive and detailed plans for care based on modern mechanisms that are compatible with technological developments. This means not only providing pathways on roads and in public places, but also in the field of digitization and digital communications.
- Adopting a genuine policy for educational and pedagogical care for this group, in terms of educational structures and programs, especially with recent initiatives that require encouragement and generalization. These initiatives were adopted by the Algerian state through the establishment of structures to train specialists in this field, such as the Higher School for the Deaf and Mute.



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