

Social Welfare Services as a Mechanism to Reduce the Social Exclusion of the Deaf and Mute

**Akram Mohamed Mahmoud Ibrahim
(PhD)**

Assistant Professor at social planning department
Higher Institute of Social work - Cairo

Heba Hakem Kamel (PhD)

Assistant Professor at social planning department
Higher Institute of Social work - Cairo

Abstract

The study aimed at achieving a set of goals. The most important of which is determining the level of social care services provided to deaf and mute people in their care institutions. Several hypotheses have been developed to measure this, and the study is considered a descriptive study using the intentional sample social survey method. A questionnaire was used for the families of the deaf and mute in their care institutions, which numbered 53 individuals, as well as officials of the deaf and mute care institutions in Cairo Governorate, who numbered 48 individuals. The study concluded by verifying the validity of its hypotheses, as it was proven that the level of social care services provided to the deaf and mute in their care institutions is high.

Keywords: Social welfare services - the social exclusion - the deaf and mute

Introduction

Paying attention to the issue of people with special needs has become a necessity imposed by the nature of contemporary global changes, especially in terms of how to benefit from their abilities and emphasize their integration into society, with the state's interest in these groups in light of Egypt's Vision 2030. Disability is more common in low- and middle-income countries, and it is estimated that one billion people, or about 15 percent of the world's population, have some form of disability. There is a close association between disability and poverty, which contributes to increased vulnerability and social exclusion from the community (Rohwerder, 2015, p. 10:15).

The People with Disabilities Act (2008) states that people with disabilities may not be excluded from the public education system based on the kind of disability. In 2010, the government signed and ratified the Convention on the Rights of People with Disabilities, which states that people with disabilities have the right to "access inclusive, quality, and free primary education on an equal basis with others in the communities in which they live" (Farhah, 2018, pp. 46-55).

People with disabilities are more marginalized and excluded from society. The deaf and mute constitute a category of sensory disabilities, and they are among the disabilities that lead to a state of deficiency, so they need special social care that differs in nature from

the rest of the services provided to other members of society, and they suffer from multiple problems.

This is confirmed by Andersson's (2021) study that the social problems suffered by the deaf and mute are multiple, and they lack social skills. They also have experiences of being excluded and harassed because they are different from their peers and are often rejected by others. In addition, Antia and Kreimeyer (2011) confirmed that the deaf and mute suffer from psychological and social pressures due to their inability to communicate with others. A study by Akram, Bashir (2010) also indicated that there is a relationship between the psychological disorders and emotional problems of the deaf and mute such as distrust of others, anxiety, withdrawal, misunderstanding, social immaturity, and aggression.

Therefore, Hiebert (2019) confirmed that the deaf and mute suffer from the risk of social exclusion compared to their peers because they may not have the language skills necessary to participate in social events. Aryal (2022) showed that the social burden of disability falls mostly on the family (specially the parents). Kılınçel and Baki (2021) recommended that parents pay attention to early detection of their children, especially those who suffer from lack of social adaptation.

Deaf and mute people are more vulnerable to discrimination than others, due to limited services, especially preventive health programs and community awareness programs (Baratedi et al., 2022, pp. 46-55). Therefore, they need special care from their parents due to their weak ability to socialize and their lack of interaction with others, which makes them highly dependent on parents (Kamal, 2022, pp.1-10).

Based on the foregoing, facing the problems of the deaf and mute requires providing services to this category, so Mohammed's (2002) study recommended paying attention to rehabilitation services and caring for the deaf and mute and to activate their role and to urge the social and psychological specialists to deal with them.

Mustafa's (2017) study also highlighted that the deaf and mute, among the most handicapped groups, are willing to benefit from the services provided to them, which leads to providing them with care opportunities and reducing the negative effects of disability. Karim (2020) found that they can integrate properly into society if they are provided with good services and full opportunities for self-realization.

Hence, within the framework of the state's continuous efforts, Egypt has taken care of providing social care services for the deaf and mute people, including early detection initiatives, organizing health

convoys, and providing translators to return to interaction and communication with them. The Ministry of Social Solidarity launched several initiatives, including the "New Life" initiative to employ the deaf and mute (Ministry of Social Solidarity, 2019, p. 1).

Study problem:

Considering the foregoing and from the previous theoretical literature and previous studies, we determine the following:

- 1- The current century is witnessing a remarkable interest in caring for the disabled and those with special needs at the global and local levels.
- 2- The problem of disability is one of the obstacles hindering development because of its negative repercussions on society.
- 3- The deaf and mute category suffers from many problems that have resulted in their social exclusion from society.
- 4- Care and rehabilitation of the deaf and mute is mainly related to the social welfare services provided to them.

Accordingly, the study problem has been identified with "Social Welfare Services as a Mechanism for Reducing the Social Exclusion of the Deaf and Mute."

The study Goals:

The current study aims at achieving the following goals:

1. Determining the level of social Welfare services provided to the deaf and mute in their care institutions.
2. Identifying the level of the dimensions of reducing the social exclusion of the deaf and mute.
3. Highlighting the difficulties facing social welfare services in limiting the social exclusion of the deaf and mute.
4. Recommending proposals to activate the contributions of the difficulties facing social Welfare services in reducing the social exclusion of the Deaf and Mute.

The study Hypotheses:

- (1) **The first hypothesis of the study:** "It is expected that the level of social welfare services provided to the deaf and mute in their care institutions will be high."

This hypothesis can be tested through the following dimensions:

1. Early diagnosis services
2. Family counseling services
3. Vocational rehabilitation services
4. Self-rehabilitation services
5. Community rehabilitation services

- (2) **The second hypothesis of the study:** "It is expected that the level of dimensions of social exclusion of the deaf and mute will be moderate."

This hypothesis can be tested through the following dimensions:

1. Social interaction
2. Social sharing
3. Political participation
4. Job opportunities
5. Non-discrimination

- (3) **The third hypothesis of the study:** "There is a positive, direct, and statistically significant relationship between social welfare services and the reduction of social exclusion for the deaf and mute."

Study Concepts:

Social welfare services: A set of services or activities aimed at protecting social cohesion and promoting equal opportunities for all citizens, especially groups at risk and people with disabilities (Ambrosino et al., 2008. pp. 4-9).

Practical definition of social welfare services in the study: A set of early detection and family counseling services provided by deaf and mute care and rehabilitation institutions in order to ensure their self, professional and societal rehabilitation.

Social exclusion: The concept of "social exclusion" was first popularized in 1974 in France by René Lenoir and used to refer to those who suffer from social maladaptation, and it refers to "the inability to participate effectively in the different spheres of society and a feeling of alienation and isolation. Thus, the concept of social exclusion focuses on the relationship between the individual and society" (Evans & Deluca, 2000, pp.1-5).

It is "the experience of a lack of opportunity or the inability to take advantage of available opportunities, and thus prevent full participation in society" (O'Donnell, 2021, pp. 1105-1120). Moreover, Atiya (2013) indicated that among the indicators of social exclusion are the lack of basic needs, the lack of social relations, community participation, and the spread of discrimination (p. 2018).

Practical definition of social exclusion in the study: The existence of discrimination in social and political participation and the lack of job opportunities for the deaf and mute group prevent their interaction in society.

Study Methodology:

This study is a descriptive study, and it relies on the use of a social survey method with a deliberate sampling of (53) parents of deaf and

mute parents in their care institutions in Cairo Governorate, as well as a sampling social survey of (48) officials in deaf and mute care institutions in Cairo Governorate according to the following conditions:

- 1- The approval of the institutions for the application of the study in their premises.
- 2- Parents of the deaf and mute agree to apply the study with them.
- 3- He should have benefited from the services of the institutions for a period of no less than two years.
- 4- There should be a diversity of functional specializations for workers in deaf and mute institutions.

Study Tools: The Data Collection Tools are:

- **A questionnaire form for parents and officials about social welfare services and limiting the social exclusion of the deaf and mute:**
 - The researchers designed a questionnaire form for parents and officials by referring to the theoretical framework guiding the study, previous studies, and questionnaire forms related to the dimensions of the study.
 - The dimensions included in the questionnaire for parents and officials were determined, which were represented in four aspects, then (70) phrases for each dimension were identified and formulated, **and distributed as follows:**

Table Number (1): Distribution of Deaf and Mute parents and officials of the study community

N	Statement	N of Parents	N of Officials
1	The Egyptian Association for the Care and Rehabilitation of the Deaf and Mute	15	20
2	Rainy Foundation for the care and rehabilitation of special groups	10	8
3	Small Pearls Foundation for the Speech and Hearing Rehabilitation of Hearing Impaired Children	22	12
4	National Association for the Deaf	6	8
SUM		53	48

Table Number (2): Distribution of questionnaire form phrases

N	Main Dimensions	Sub dimensions	N of phrases	Phrase N
1	Social Welfare services provided to the Deaf and Mute in their care institutions	- Early diagnosis services	5	1-5
		- Family counseling services	5	6-10
		- Vocational rehabilitation services	5	11-15
		- Self-rehabilitation services	5	16-20
		- Community rehabilitation services	5	21-25
2	Dimensions of reducing the social exclusion of the Deaf and Mute	- Social interaction	5	26-30
		- Social sharing	5	31-35
		- Political participation	5	36-40
		- Job opportunities	5	41-45
		- Non-discrimination	5	46.-50
3	Difficulties facing the contributions of the difficulties facing social Welfare services in reducing the social exclusion of the Deaf and Mute		10	51-60
4	Suggestions to activate the contributions of the difficulties facing social Welfare services in reducing the social exclusion of the deaf and mute		10	61.70

- A questionnaire form for parents and officials relied on a triple gradation, so that the response to each statement was "yes", "to some extent", or "no", and each of these responses was given a weight (a degree): yes (three marks), to some extent (two marks), and no (one degree).
- The researchers relied on logical honesty by reviewing the literature and books, theoretical frameworks, and previous studies and research that dealt with the dimensions of the study. Then this literature, research and studies were analyzed in order to determine the dimensions of social welfare services provided to the deaf and mute in their care institutions and to determine the dimensions of limiting the social exclusion of the deaf and mute.
- The researchers conducted the apparent validity of the tools by presenting them to (5) arbitrators from the Faculty of Social Work, Helwan University and the Higher Institute of Social Work in Cairo, to express their opinion on the validity of the tool in terms of the linguistic integrity of the phrases and their relationship to the dimensions of the study. The tools were accepted by not less than (80%), and accordingly the form was drafted in its final form.
- The researchers also conducted a statistical stability of the tools for a sample of (10) vocabulary from parents, as well as a sample

of (10) vocabulary from officials using the alpha-Cronbach coefficient, and the results came as follows:

Table Number (3): The results of the reliability of the questionnaire forms using the coefficient (Alpha - Cronbach)

N	Statement	N of Parents	N of Officials
1	Social Welfare services provided to the Deaf and Mute in their care institutions	0.95	0.89
2	Dimensions of reducing the social exclusion of the Deaf and Mute	0.93	0.85
3	Difficulties facing the contributions of the difficulties facing social Welfare services in reducing the social exclusion of the Deaf and Mute	0.91	0.83
4	Suggestions to activate the contributions of the difficulties facing social Welfare services in reducing the social exclusion of the deaf and mute	0.86	0.82
The stability of the questionnaire as a whole		0.94	0.88

The previous table shows the following:

The stability coefficients of the dimensions have a high degree of stability, so that their results can be relied upon, and the tool is in its final form.

▪ **Determining the level of social Welfare services provided to the deaf and mute in their care institutions:**

To judge the level of social Welfare services provided to the deaf and mute in their care institutions, so that the beginning and end of the triple scale categories are: Yes (three degrees), to some extent (two degrees), and No (one degree). The data was encoded and entered into the computer, and to determine the length of the cells triple scale (lower and upper bounds), range = largest value – lowest value (3 – 1 = 2) was calculated, divided by the number of scale cells to get the corrected cell length ($2/3 = 0.67$) and then this value was added to the lowest value in the scale or the beginning of the scale, which is the correct one, in order to determine the upper limit of this cell, **and thus the length of the cells became as follows:**

Table Number (4): The levels of the arithmetic averages for the dimensions of the study

Values	The Level
If value for the phrase or dimension ranges from 1 to 1.67	low level
If value for the phrase or dimension ranges from 1.68 to 2.34	Medium level
If value for the phrase or dimension ranges from 2.35 to 3	High level

Statistical Analysis Methods:

The data was collected from 1/2/2022 to 24/2/2022; then the data was processed through a computer using the (SPSS.V. 24.0) program of statistical packages for social sciences, and the following statistical methods were applied: Frequencies, percentages, arithmetic mean, standard deviation, range, (Alpha-Cronbach) coefficient of stability, simple regression analysis, Pearson's correlation coefficient, coefficient of determination, t-test for two independent samples, and one-way analysis of variance.

Results of the field study:

The First Axis: Description of the Study Population:

(1) Parents' description of the study community:

Table Number (5): Parents' description of the study community (N=53)

N	Quantitative variables	Mean	Std. D
1	Age	38	5
2	children's age	12	2
N	Gender	Frequency	Percent
1	Male	17	32.1
2	Female	36	67.9
Total		53	100
N	Educational Qualification	Frequency	Percent
1	Below average qualification	13	24.5
2	Middle Certification	23	43.4
3	bachelors degree	17	32.1
SUM		53	100
N	Career	Frequency	Percent
1	government sector	7	13.2
2	private sector	11	20.8
3	free busineses	20	37.7
4	does not work	15	28.3
SUM		53	100
N	Gender of children	Frequency	Percent
1	Male	32	60.4
2	Female	21	39.6
Total		53	100
N	Children's Educational level	Frequency	Percent
1	Kindergarten	27	50.9
2	primary	18	34
3	preparatory	8	15.1
SUM		53	100

The previous table shows the following:

- The average age of the parents is (38) years, with a standard deviation of approximately (5) years.
- The average age of the deaf and mute child is (12) years, with a standard deviation of approximately two years.
- The largest percentage of parents are females with a percentage of (67.9%), while the percentage of males is (32.1%).
- The largest percentage of parents goes for an average qualification with a percentage of (43.4%), followed by those with a university degree with a percentage of (32.1%), and finally those with a qualification below average with a percentage of (24.5%).
- The largest percentage of parents works in self-employment at (37.7%), followed by non-working at (28.3%), then those who work in the private sector with (20.8%), and finally in the government sector with (13.2%).
- The largest percentage of the deaf and mute is of males with a percentage of (60.4%), while the percentage of females is (39.6%).
- The largest percentage of the deaf and mute is in kindergarten with a percentage of (50.9%), followed by the primary stage with a percentage of (34%), and finally the preparatory stage with a percentage of (15.1%).

(2) Description of the study community officials:

Table Number (6): Description of the study community officials (N=48)

N	Quantitative variables	Mean	Std. D
1	Age	39	4
2	Years of work experience	12	3
N	Gender	Frequency	Percent
1	Male	10	20.8
2	Female	38	79.2
SUM		48	100
N	Educational Qualification	Frequency	Percent
1	Middle Certification	6	12.5
2	bachelors degree	30	62.5
3	Postgraduate	12	25
SUM		48	100
N	Career	Frequency	Percent
1	communication specialist	22	45.8
2	Skills Development Specialist	8	16.7
3	Learning Disabilities Specialist	3	6.3
4	Social worker	4	8.3
5	Psychologist	2	4.2
6	Teacher	6	12.5
7	Administrative	3	6.3
SUM		48	100

The previous table shows the following:

- The average age of officials is (39) years, with a standard deviation of approximately (4) years.
- The average number of years of work experience is (12) years, with a standard deviation of approximately (3) years.
- The largest percentage of officials is of females with a percentage of (79.2%), while males account for (20.8%).
- The largest percentage of officials holds a university degree with a percentage of (62.5%), followed by those with postgraduate studies with a percentage of (25%), and finally those with an intermediate qualification with a percentage of (12.5%).
- The largest percentage of officials whose job is a speech specialist constitutes (45.8%), followed by a skills development specialist with a percentage of (16.7%), then a teacher with a percentage of (12.5%), a social worker with a percentage of (8.3%), a specialist with learning difficulties, and an administrator with a percentage of (6.3%), and finally a psychologist (4.2%).

The Second Axis: Testing the Study Hypotheses:

(1) **Testing the first hypothesis of the study: "It is expected that the level of social welfare services provided to the deaf and mute in their care institutions will be high":**

Table Number (7): The level of social welfare services provided to the deaf and mute in their care institutions as a whole

N	The Dimensions	Parents' (N=53)			Officials (N=48)		
		Mean	Std. D	Arrange	Mean	Std. D	Arrange
1	Early diagnosis services	2.74	0.51	1	2.78	0.35	1
2	Family counseling services	2.38	0.49	3	2.33	0.5	4
3	Vocational rehabilitation services	2.15	0.68	5	2.32	0.55	5
4	Self-rehabilitation services	2.62	0.3	2	2.48	0.39	3
5	Community rehabilitation services	2.19	0.62	4	2.51	0.53	2
	social welfare services as a whole	2.42	0.37	H - Level	2.49	0.31	H - Level

The previous table shows the following:

- The level of social welfare services provided to the deaf and mute in their care institutions as a whole, as determined by the parents, is high, as the arithmetic average reached (2.42), and the indicators are, according to the arrangement of the arithmetic mean, as follows: The first rank is for early diagnosis services with an arithmetic mean (2.74), followed by the second rank for the self-rehabilitation services with an arithmetic average (2.62), then the third place for family counseling services with an mean of (2.38), and finally the fifth place for the vocational rehabilitation services with an average of (2.15).
- The level of social welfare services provided to the deaf and mute in their care institutions as a whole, as determined by the officials, is high as the arithmetic average reached (2.49), and the indicators are, according to the arrangement of the arithmetic mean, as follows: The first rank goes for early diagnosis services with an arithmetic mean (2.78), followed by the second rank for the community rehabilitation services with an arithmetic average (2.51), then the third place for the self-rehabilitation services with an average of (2.48), and finally the fifth place for the vocational rehabilitation services with an average of (2.32).
- This makes us accept the first hypothesis of the study, which is that "the level of social welfare services provided to the deaf and mute in their care institutions is expected to be high."

- The results of this table agree with Mustafa's study (2017) as well as the role of Ministry of Social Solidarity (2019) in providing social care services for the deaf and mute such as early detection initiatives, organizing health convoys, and self- and professional rehabilitation for the deaf and mute.
- (2) Testing the second hypothesis of the study: "It is expected that the level of the dimensions of social exclusion of the deaf and mute will be medium":**

Table Number (8): The level of the dimensions of reducing the social exclusion of the deaf and mute as a whole

N	The Dimensions	Parents' (N=53)			Officials (N=48)		
		Mean	Std. D	Arrange	Mean	Std. D	Arrange
1	Social interaction	2.28	0.63	1	2.55	0.44	1
2	Social sharing	1.69	0.85	3	2.25	0.75	2
3	Political participation	1.65	0.8	4	1.96	0.66	5
4	Job opportunities	1.58	0.55	5	2.05	0.57	4
5	Non-discrimination	1.7	0.71	2	2.15	0.61	3
Reducing social exclusion as a whole		1.78	0.67	H - Level	2.19	0.52	H - Level

The previous table shows the following:

- The level of the dimensions of limiting the social exclusion of the deaf and mute as a whole as determined by the parents is average, where the arithmetic mean is (1.78), and the indicators are, according to the order of the arithmetic mean, as follows: The first rank is for social interaction with an arithmetic mean (2.28), the second for non-discrimination with an arithmetic mean (1.7) , then the third for social participation with an arithmetic average (1.69), and finally the fifth rank for job opportunities with an arithmetic average (1.58).
- The level of the dimensions of limiting the social exclusion of the deaf and mute as a whole, as determined by the officials, is average where the arithmetic mean is (2.19), and the indicators are, according to the arrangement of the arithmetic mean, as follows: The first rank is for social interaction with an arithmetic mean (2.55), the second rank for social participation with an arithmetic mean (2.25), the third rank for non-discrimination with an arithmetic mean (2.15), and finally the fourth for political participation with an arithmetic mean (1.96).

- This makes us accept the second hypothesis of the study, which is that "the level of the dimensions of social exclusion of the deaf and mute is expected to be medium".
 - The results of this table agree with the results of Anita's (2011) study stating that there is a relationship between social performance and the degree of hearing for deaf and mute people, and that severe hearing impairment negatively affects the degree of social performance and social participation.
- (3) **Test the third hypothesis of the study: " There is a positive, influential, statistically significant relationship between social welfare services and the reduction in social exclusion of the Deaf and Mute":**

Table Number (9): Simple regression analysis of the relationship between social welfare services and the reduction of deaf-mute social exclusion

Independent variable	research community	N	Beta	T-Test	F-Test	R	R ²
social welfare services as a whole	Parents'	53	1.589	12.260**	150.303**	0.864**	0.747
	Officials	48	1.045	5.352**	28.642**	0.619**	0.384

** Significant at (0.01)

* significant at (0.05)

The previous table shows the following:

- The value of the coefficient correlation between the independent variable "social welfare services provided to the deaf and mute in their care institutions" and the dependent variable "dimensions of reducing social exclusion for the deaf and mute" indicates a strong direct correlation between the two variables. The result of the F. test indicates the significance of the regression model, and the value of the coefficient of determination is (0.747), meaning that the social welfare services provided to the deaf and mute in their care institutions contribute to reducing the social exclusion of the deaf and mute by (74.7%) as determined by their parents.
- The value of the correlation coefficient between the independent variable "social welfare services provided to the deaf and mute in their care institutions" and the dependent variable "dimensions of reducing social exclusion for the deaf and mute" indicates a strong direct correlation between the two variables. The result of the F. test indicates the significance of the regression model, and the value of the coefficient of determination is (0.384), meaning that the social welfare services provided to the deaf and mute in their

care institutions contribute to reducing the social exclusion of the deaf and mute by (38.4%) as determined by the officials.

- This makes us accept the third hypothesis of the study which states that "there is a direct, influencing, and statistically significant relationship between social welfare services and the reduction of social exclusion for the deaf and mute".
- This is consistent with Muhammad's (2002) study which confirmed that to confront the problems of the deaf and mute, this requires attention to providing social care services for this group to reduce their exclusion from society.

The third axis: the difficulties facing Social Welfare Services in reducing the social exclusion of the deaf and mute:

Table Number (10): Difficulties facing social welfare services in reducing the social exclusion of the deaf and mute

N	The Phrases	Parents' (N=53)			Officials (N=48)		
		Mean	Std. D	Arrange	Mean	Std. D	Arrange
1	Lack of training courses for Deaf and Mute workers	2.68	0.58	8	2.4	0.74	6
2	Weak societal recognition of the rights of the Deaf and Mute	2.91	0.35	3	2.5	0.62	2
3	Reduced ability of service providers to communicate with deaf and mute people	2.72	0.45	6	2.33	0.63	8
4	Poor identification of the needs and problems of the Deaf and Mute by society	2.7	0.46	7	2.44	0.54	5
5	Lack of sufficient numbers of social workers working in the field of deaf and mute people	2.25	0.65	10	2.21	0.74	9
6	Not allowing deaf people to participate in community activities	2.26	0.86	9	2.08	0.82	10
7	Lack of financial means in social rehabilitation institutions	2.74	0.59	5	2.52	0.62	1
8	The media's lack of interest in the deaf-mute category	2.89	0.42	4	2.48	0.62	3
9	Few of providing job opportunities suitable for the capabilities and abilities of the Deaf and Mute	2.92	0.33	2	2.46	0.62	4
10	Poor efficiency of the level of services provided to the Deaf and Mute	2.92	0.27	1	2.38	0.64	7
All Variable		2.7	0.24	H - Level	2.38	0.36	H - Level

The previous table shows the following:

- The level of difficulties facing social care services in reducing the social exclusion of the deaf and mute as determined by the parents is high, where the arithmetic mean is (2.7), and the indicators for this are, according to the arrangement of the arithmetic mean, as follows: The first rank is for the weakness of the efficiency of the level of services provided to the deaf and mute with an arithmetic average (2.92) with a standard deviation (0.27), followed by the second rank for the lack of suitable job opportunities for the capabilities and abilities of the deaf and mute with an average(2.92), and with a standard deviation (0.33).
- The level of difficulties facing social care services in limiting the social exclusion of the deaf and mute as determined by the officials is high, as the arithmetic mean reached (2.38), and the indicators for this are, according to the arrangement of the arithmetic mean, as follows: The first order is for the lack of material capabilities in social rehabilitation institutions with an arithmetic average (2.52), followed by The second rank for the weakness of the societal recognition of the rights of the deaf and mute with an arithmetic average (2.5).
- Therefore, Muhammad's (2002) study recommended paying attention to rehabilitation services for the deaf and mute and activating the role of social workers to deal with them.

The fourth axis: Suggestions for activating the contributions of the difficulties facing Social Welfare Services in reducing the social exclusion of the deaf and mute:

Table Number (11): Suggestions for activating the contributions of the difficulties facing Social Welfare Services in reducing the social exclusion of the deaf and mute:

N	The Phrases	Parents' (N=53)			Officials (N=48)		
		Mean	Std. D	Arrange	Mean	Std. D	Arrange
1	Benefit from all government and civil expertise to care for the Deaf and Mute	2.98	0.14	2	2.65	0.6	1
2	Expanding the areas of vocational training and rehabilitation for the Deaf and Mute	3	0	1	2.6	0.71	3
3	Organizing health programs for periodic medical examination of the deaf and mute	2.98	0.14	2	2.63	0.67	2
4	Coordination between media agencies to serve the rights of the Deaf and Mute	2.87	0.34	4	2.58	0.65	4

N	The Phrases	Parents' (N=53)			Officials (N=48)		
		Mean	Std. D	Arrange	Mean	Std. D	Arrange
5	Providing social workers to deal with the social problems of the Deaf and Mute	2.74	0.45	6	2.52	0.62	8
6	Providing material and moral incentives for outstanding Deaf and Mute students	2.81	0.39	5	2.5	0.62	9
7	Implementation of the rights of the disabled, Deaf and Mute laws in all institutions	2.89	0.32	3	2.48	0.58	10
8	Spreading awareness of the types of disabilities, ways to detect them, and ways to prevent them	2.81	0.39	5	2.56	0.54	5
9	Develop educational curricula that are provided for the Deaf and Mute to match their abilities	2.7	0.46	7	2.54	0.65	6
10	Providing job opportunities suitable for the capabilities and abilities of the Deaf and Mute	2.74	0.45	6	2.52	0.58	7
All Variable		2.85	0.23	H - Level	2.56	0.5	H - Level

The previous table shows the following:

- The level of proposals to activate the contributions of the difficulties facing social welfare services in reducing the social exclusion of the deaf and mute as determined by the parents is high, as the arithmetic mean reached (2.85), and the indicators for this are, according to the arrangement of the arithmetic mean, as follows: The first order is for expanding the areas of training and vocational rehabilitation for the deaf and mute with an arithmetic average (3), followed by the second order for benefitting from all governmental and civil expertise to care for the deaf and mute and to organize health programs for medical examination of the deaf and mute periodically with an arithmetic average of (2.98).
- The level of proposals to activate the contributions of the difficulties facing social welfare services in reducing the social exclusion of the deaf and mute as determined by the officials is high, as the arithmetic average reached (2.56), and the indicators for these are, according to the arrangement of the arithmetic mean,, as follows: The first order is for benefitting from all government and eligibility experiences for the care of the deaf and

mute with an arithmetic average (2.65), followed by the second rank for organizing health programs for medical examination of the deaf and mute on a periodic basis with an arithmetic average (2.63), then the third rank for expanding the areas of training and vocational rehabilitation for the deaf and mute with an arithmetic average (2.6).

Discussion:

The current study aimed at achieving a set of goals and identified a set of hypotheses that measure the achievement of these goals. The hypotheses were verified through a field study on an appropriate sample of deaf and mute parents in their care institutions, as well as a sample of officials in deaf and mute care institutions in Cairo Governorate.

Therefore, we find the first objective to determine the level of social care services provided to the deaf and mute in their care institutions agrees with the first hypothesis of the study. It is expected that the level of social care services provided to the deaf and mute in their care institutions is high, and the hypothesis proves its validity as the arithmetic average of the level of social care services reached a high level (See Table no. 7) as it has become clear that deaf and mute care institutions provide appropriate services in early diagnosis, self-rehabilitation and family counseling. These results are consistent with Mustafa's (2017) and Aryal's (2022) studies.

The second objective the level of dimensions of social exclusion of deaf and mute has been determined and tested through the second hypothesis. It is expected that the level of dimensions of limiting their social exclusion will be average. The validity of the hypothesis has been proven through the field study and statistical transactions (See Table no. 8) where the arithmetic mean of the level of social exclusion reduction dimensions was average, whether from parents or officials. In addition, the dimensions of social exclusion of the deaf and mute are determined in terms of social interaction, social participation, and non-discrimination. The study agrees with Antia's (2011) and Andersson's (2021).

The third hypothesis of the study was determined: "There is a direct, statistically significant impact relationship between social care services and the reduction of social exclusion for the deaf and mute." Taking care of them contributes to reducing their social exclusion. This goes along with Muhammad's (2002) study.

The third objective of the study was determined to identify the difficulties facing social care services in limiting the social exclusion of the deaf and mute (See Table no. 10), and this objective was tested statistically through the opinions of parents and officials. The difficulties are represented in the low efficiency of the level of services provided to the deaf and mute and the lack of suitable job opportunities for their capabilities, which is reflected in their exclusion from society. This is in agreement with Mustafa's (2017) study.

These results are consistent with the theoretical orientation of the study, where it is clear to us that the social care services provided to the deaf and mute in their care institutions contribute to reducing their social exclusion.

Recommendations:

The current study recommends the following:

- 1- Inviting private sector institutions to increase their financial contributions to support projects and programs related to deaf and mute people;
- 2- Developing health preventive programs to reduce childhood diseases and work on early detection of disabilities;
- 3- Developing mechanisms for exchanging expertise and experiences between associations and institutions working in the field of disability, especially the deaf and mute; and
- 4- Increasing social initiatives on the rights of the deaf and mute in society.

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