The effectiveness of vocational rehabilitation in supporting the social inclusion of children with hearing impairments- A field study of several cases

فاعلية التأهيل المهني في دعم الإدماج الاجتماعي للأطفال ذوي الإعاقة السمعية- دراسة ميدانية لعدد من الحالات

Aziza Djerrar *

Laboratory of Contemporary Algerian Society

Mohamed Lamine Debaghine Setif 2 University

aziza.djerrar@univ-msila.dz

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- Abstract: Hearing impairment is one of the major challenges facing children in society, as it directly impacts their ability to interact with their social environment and participate actively in daily activities. This study aims to explore the effectiveness of vocational rehabilitation programs in supporting the social inclusion of children with hearing impairments through a field study involving several individual cases. Two cases of children with varying degrees of hearing impairment, aged between 14 and 17, who have received specialized vocational rehabilitation programs, were selected. The study utilized a qualitative approach, employing data collection tools such as semi-structured interviews with the children and their families, direct observations during vocational and social activities, and analysis of documents related to medical assessment records and progress reports. The focus was on analyzing the impact of vocational training on improving social communication skills, independence, and social interaction for the children, as well as the barriers that may limit the effectiveness of the programs.

The results showed that vocational rehabilitation significantly contributed to improving the opportunities for social inclusion of children with hearing impairments by enhancing their communication skills and increasing their participation in social activities within the community. It was also found that family and community support played a fundamental role in strengthening rehabilitation outcomes. However, some obstacles remained, particularly those related to limited social awareness and, at times, the lack of appropriate adaptive resources for training programs. The study concluded that vocational rehabilitation programs for children with hearing impairments need to be improved by adapting activities and resources to meet their specific needs, in addition to enhancing cooperation between educational institutions, rehabilitation centers, and the children's families in order to achieve comprehensive and effective social inclusion.

- Keywords: rehabilitation, vocational, inclusion, hearing-impaired persons.

*-Corresponding author

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- **الملخص:** تعد الإعاقة السمعية من التحديات الكبرى التي تواجه الأطفال في المجتمع، حيث تؤثر بشكل مباشر على قدرتهم في التفاعل مع المحيط الاجتماعي والمشاركة الفاعلة في الأنشطة اليومية. إذ تهدف هذه الدراسة إلى استكشاف فاعلية برامج التأهيل المهني في دعم الإدماج الاجتماعي للأطفال ذوي الإعاقة السمعية، من خلال دراسة ميدانية شملت عددا من الحالات الفردية. إذ تم اختيار حالتين من الأطفال ذوي إعاقات سمعية متفاوتة، تتراوح أعمارهم بين 14 و17 سنة، تلقوا برامج تأهيل مهني متخصصة، حيث اعتمدت الدراسة على المنهج النوعي باستخدام أدوات جمع البيانات مثل المقابلات نصف الموجهة مع الأطفال وأسرهم، الملاحظات المباشرة أثناء الأنشطة المهنية والاجتماعية، وتحليل الوثائق المتعلقة بسجلات التقييم الطبي وتقارير التقدم المهني. وتم التركيز على تحليل أثر التدريب المهني على تحسين مهارات التواصل الاجتماعي، الاستقلالية والتفاعل الاجتماعي للأطفال، بالإضافة إلى العوائق التي قد تحد من فاعلية البرامج.

وقد أظهرت النتائج أن التأهيل المهني ساهم بشكل ملحوظ في تحسين فرص الإدماج الاجتماعي للأطفال ذوي الإعاقة السمعية، من خلال تعزيز مهارات التواصل وزيادة مشاركتهم في الأنشطة الاجتماعية داخل المجتمع. كما تبين أن الدعم الأسري والمجتمعي كان له دور أساسي في تعزيز نتائج التأهيل، ومع ذلك كانت هناك بعض العوائق المرتبطة بقلة الوعي المجتمعي وأحيانا محدودية وسائل التكييف الخاصة بالبرامج التدريبية. وخلصت الدراسة إلى ضرورة تحسين برامج التأهيل المهني للأطفال ذوي الإعاقة السمعية عبر تكييف الأنشطة والموارد بشكل يتناسب مع احتياجاتهم الخاصة، بالإضافة إلى تعزيز التعاون بين المؤسسات التعليمية، مراكز التأهيل، وأسر الأطفال لتحقيق إدماج اجتماعي شامل وفعال.

- **الكلمات المفتاحية:** التأهيل، المهني، الإدماج، المعاقين سمعيا.

- Introduction:

Modern societies aim to achieve comprehensive development, which requires the participation of all individuals in various social and economic fields without discrimination or exclusion. Social inclusion is considered one of the most prominent indicators of a society's ability to provide a fair environment that ensures equality and equal opportunities, as well as reflecting the respect for individuals' rights and its concern for social justice. In this context, vocational rehabilitation plays a pivotal role as it enables individuals to acquire the necessary skills for integration into the labor market and active participation in social life, thereby contributing to reducing exclusion and discrimination.

With the growing attention to the rights of persons with disabilities, the need has emerged to develop specialized vocational rehabilitation programs that meet their diverse needs. Hearing-impaired individuals are among the groups facing particular challenges in communication, accessing information, and integrating into professional

and social environments, which makes vocational rehabilitation efforts particularly important for them.

Given this specificity, vocational rehabilitation for individuals with hearing impairments is not limited to developing their professional skills, but also contributes to enhancing their independence, building self-confidence, and enabling them to actively participate in society. This article explores the role of vocational rehabilitation in achieving social inclusion for the hearing impaired by analyzing its importance, reviewing the main challenges it faces, and exploring ways to improve it to better serve this group.

2-Research Problem:

In light of the rapid structural transformations occurring in contemporary societies, which result in the reshaping of labor market demands and increased competitiveness, the manifestations of social fragility and exclusion are deepening among large groups of individuals, particularly those with various disabilities that limit their opportunities for professional and social integration. Hearing-impaired individuals are among the most marginalized of these groups due to the nature of their disability, which affects their ability to communicate verbally and, consequently, their chances of obtaining appropriate vocational training or stable employment. In this context, vocational rehabilitation emerges as a central tool on which public policy relies to improve the employability of this group, enhance their independence, and facilitate their social integration by equipping them with technical, cognitive, and communication skills that align with the challenges of the labor market.

Despite the growing importance of vocational rehabilitation programs, questions remain regarding their actual effectiveness for the hearing impaired, especially since social inclusion for this group is not only determined by obtaining vocational training but requires an integrated system that includes curriculum adaptation, the presence of qualified trainers in sign language communication, the availability of conducive training environments, and inclusive employment policies that

consider the specific needs of hearing impairments. Based on this, the research problem of this study revolves around the following questions:

2-1- **Research Questions** :

- What is the role of vocational rehabilitation in achieving social inclusion for children with hearing impairments?
  - How has vocational rehabilitation impacted their social communication skills? What obstacles did children face during vocational rehabilitation?
  - Has vocational rehabilitation been a key factor in improving their social stability?
  - How can vocational programs for children with hearing impairments be improved to achieve better outcomes in social inclusion?

2-2- **Research Hypothèses** :

- There is a positive impact of vocational rehabilitation on improving the social inclusion of children with hearing impairments.
  - Vocational training enhances social communication skills in children with hearing impairments.
  - Vocational rehabilitation contributes to narrowing the social gap for children and enhances their participation in group activities.
  - There is a relationship between family support and professional support in enhancing the success of vocational rehabilitation.

3- Objectives and Importance of the Study:

3-1- Study Objectives: This study aims to:

- Clarify the relationship between vocational rehabilitation and social inclusion for hearing-impaired individuals.
- Explore the social and organizational barriers that limit the effectiveness of vocational rehabilitation.
- Assess the role of public policies and institutions in supporting or hindering the inclusion of hearing-impaired individuals in the labor market.

3-2- Study Importance :

• **Social Importance**: The study highlights the role of vocational rehabilitation in reducing the social exclusion of hearing-impaired individuals and empowering them to actively participate in society.

• **Professional Importance**: It sheds light on the impact of rehabilitation in improving job opportunities and developing vocational skills for hearing-impaired individuals, enhancing their economic independence.

• **Scientific Importance**: The study contributes new knowledge to the sociological literature on hearing impairment by analyzing the relationship between vocational rehabilitation and social inclusion.

4- Defining the Concepts of the Study: The sociological field regarding the concept of disability leads to a set of overlapping definitions, creating confusion regarding the theoretical and empirical uses of the term "disability." This has led the researcher to attempt to delineate the conceptual dimensions used in the sociological context, among which we find the following:

4-1-Rehabilitation: Rehabilitation has multiple definitions, which may vary in phrasing and form but are consistent in essence and content. The following are some definitions that aim to bring us closer to the concept of rehabilitation:

The World Health Organization defines rehabilitation as "the benefit from a range of organized services in medical, social, educational, and vocational evaluation fields, aiming to train an individual to reach the highest possible level of functional ability" (Salama, Abomagli, 2007, p. 154).

Rehabilitation of the disabled is defined as the efforts exerted according to rules, with many individuals who suffer from physical, sensory, or social impairments, such as physically disabled people like amputees, individuals with chronic diseases, those with physical deformities, sensory impairments like the blind or deaf-mute, mentally disabled individuals, those suffering from mental and psychological disorders, and

people addicted to alcohol and drugs, as well as socially disabled individuals like juvenile delinquents, the homeless, and criminals (Al-Malihi, 1997, p. 290).

This definition indicates that rehabilitation is a set of organized efforts aimed at assisting the disabled, with classifications of those benefiting from rehabilitation based on the fact that all types of disability require this process. This definition focuses on the beneficiaries of rehabilitation, while it does not address the content of rehabilitation itself.

It is also defined as "a dynamic, harmonious, and integrated process aimed at maximizing the capabilities of the disabled to acquire appropriate professional skills that enable them to live independently and at a socially acceptable level of adjustment" (Al-Waghamt, 2000, p. 69).

4-2- Vocational Rehabilitation: This refers to that stage of the rehabilitation process, which is continuous and coordinated, including the provision of professional services such as career guidance, vocational training, and voluntary employment with the purpose of enabling the disabled to secure and maintain suitable employment and advance in it (Abd al-Fattah, 2011, p. 287).

Vocational rehabilitation is considered the re-employment of the disabled professionally. It is a continuous long-term process to prepare the disabled for a specific career or job (administrative or manual work) to attain a professional level that allows them to practice the profession as a skilled worker or technician. This is usually in line with the remaining abilities of the disabled after the injury. Vocational rehabilitation is defined as a set of systematic, continuous methods based on the International Declaration No. 55/99 and professional content, including guidance, selection, and empowerment (Al-Namas, 2000, p. 285).

4-3- Hearing-Impaired Individuals: A hearing-impaired person is defined as "someone who cannot use their sense of hearing at all in their daily life." Dr. Abdul Fattah Osman defines it as "a child who was deprived of hearing from birth or lost

hearing ability before learning to speak or lost it soon after learning to speak to the extent that the effects of learning were quickly lost" (Sayed Fahmy, 1999, p. 188).

4-4- Social Inclusion: Social inclusion is the process through which an individual adapts to the social environment they live in by adhering to its rules and systems. This involves learning and internalizing all forms of behavior, ways of thinking, and absorbing the culture of their society so that it becomes part of their personality (Masoudan, 2006, p. 43).

5-Philosophy of Vocational Rehabilitation for the Hearing-Impaired: The philosophy of vocational rehabilitation for the hearing-impaired is based on two main aspects: one rehabilitative aspect aimed at teaching the hearing-impaired individual a language for communication with others and training them in listening and speaking, and the other cognitive rehabilitation aimed at providing the child with a suitable level of knowledge. Due to the increasing attention given to the issues of the hearing-impaired in modern times, many seminars and conferences have been held on their behalf, and many studies have been conducted to modify and improve their quality of life. Legislation has been issued to guarantee their rights, including the right to education and employment. The emergence of democratic principles and philosophies characteristic of this era has had a significant impact on increasing care for them, which can be summarized as follows:

- The emergence of modern methods in the field of education and assistive technologies that help teachers in their responsibilities for teaching the hearing-impaired.
- The democracy of education and the principle of equal opportunities, where modern education and political and social philosophies in contemporary societies advocate for the right of all individuals to benefit from educational services that help them grow and reach the fullest potential of their capabilities (Abd al-Ghafar, 2002, p. 28).

6-Approaches in the Vocational Rehabilitation of Hearing-Impaired Individuals:

6-1- Group Therapy Approach: This approach aims to help the case (the disabled individual) to change mentally, emotionally, behaviorally, and spiritually in an effective way. It utilizes the interaction and mutual influence among group members, which reflects on their behavior and worldview. One of the key features of this therapeutic approach is that real feedback comes from different group members, and members of the group provide substantial encouragement and support for each other, enabling them to acquire new dimensions within this collective space. Furthermore, this approach, when applied, offers real opportunities for practicing and improving social skills, and the therapist gains valuable information about the real social behavior of individuals. It is worth noting that some of the most effective group therapy processes from an Islamic perspective are considered the best forms of treatment. These can be summarized as follows:

- **Bonding and Cohesion**: This involves selecting and understanding reality, which encompasses material life, humanity, society, the universe, death, and what follows death.
- **Redirecting Feelings Toward the Group**: This trains the individual to make the world a place to see and feel instead of focusing inwardly on themselves.
- **Role Models and Group Pressure**: To improve their behavior towards the better.
- **Rationalizing Emotional Problems**: This helps in releasing suppressed emotional charges while focusing on instilling Islamic values and perceptions.

As for the stages of change in group therapy from an Islamic perspective, they are:

- **Stage of Insight Formation**: The therapist attempts to help the individual see their flaws and strengths, and assists group members in doing so through interactions, group activities, discussions, and providing role models and behavioral models.

• **Decision to Change**: After the individual clearly sees their potential and goals, they begin to make decisions to change their thinking patterns and behavior towards the right direction.

• **Application Stage**: This involves supporting the individual, the therapist, and the rest of the team members in implementing the changes (Al-Mahdi, 1990, p. 331).

6-2- Logotherapy Approach: This method was developed by Viktor Frankl, who believes that many individuals' problems stem from their inability to find meaning or purpose in their lives, which he referred to as the "existential vacuum." The goal of this therapy is to address existential frustrations and help individuals search for meaning in their lives. Frankl believes that the more the individual stops blaming their past and becomes capable of taking responsibility for their destiny, the closer they come to achieving their freedom and true self. Individuals must accept suffering as part of life. This direction is realized through **paradoxical intention**, which involves confronting the situations they fear to confirm that their fears and anxieties are unfounded, and through **reframing**, which shifts the individual's focus from within themselves to external goals. When they succeed in engaging with the world around them, their anxiety diminishes (Al-Nouhi, 1983, p. 148).

6-3- Behavioral Modification Theory: This is defined as the planned and organized application of learning principles based on experimentation, aimed at modifying maladaptive behaviors, particularly to reduce undesirable behavioral patterns and increase desirable ones. The rehabilitation process applies the behavioral modification approach in the context of disability for several reasons. One of the main goals of the behavioral approach is to enhance the ability of hearing-impaired individuals to perform their social roles and eliminate any obstacles that might hinder their rehabilitation and care. This approach employs various therapeutic techniques, with their use varying based on the nature of the individuals and specific institutions. Behavioral modification is grounded in social and environmental principles and aims to make specific changes that not only affect the hearing-impaired but also extend to

their physical and social environment, particularly those around them (Al-Mahdi, 1990, pp. 82-83).

7-The Goal of Vocational Rehabilitation for Hearing-Impaired Individuals: The goal of vocational rehabilitation is to ensure the satisfactory re-employment in an appropriate job. This is the peak that the rehabilitation process seeks to reach, and its stages vary according to the individual's characteristics (Hamza, 1981, p. 5).

The primary objectives of vocational rehabilitation for hearing-impaired individuals include the following:

- Identifying the individual's professional interests, aptitudes, and abilities.
- Utilizing the individual's abilities and potential to train them in a suitable profession.
- Ensuring a stable income for the individual, enabling them to meet their life needs.
- Restoring the individual's self-confidence, enhancing their sense of self-worth, and fostering a feeling of productivity.
- Directing and utilizing the disabled individual's potential and workforce as a resource for productive economic development in society.
- Modifying the attitudes of others towards the disabled, recognizing their abilities, accepting them, and providing opportunities for them to realize their potential and integrate into society (Masoud et al., 2005, p. 223).

8-Steps in the Rehabilitation Process:

8-1- Career Guidance: This phase aims to assist the disabled individual in making an informed decision about the nature of the profession they should pursue. Career guidance involves applying a comprehensive view of the individual through team collaboration. The doctor, in cooperation with vocational rehabilitation specialists, psychologists, and social workers, evaluates the individual's physical capabilities, psychological and mental readiness, personal inclinations, and experiences. They then compare these qualities with the performance requirements of various professions, thereby selecting the most suitable career path and guiding the individual toward it (Al-Waghamt, 2000, p. 75).

8-2- Vocational Training: Vocational training is an organized process that aims to introduce specific changes to an individual's behavior in terms of their professional and psychological capabilities to enhance efficiency in terms of time, effort, and cost. It includes defined tools and objectives according to a well-structured plan, not a random approach. Vocational training is a humanistic process, not a mechanical one. It is linked to other educational processes, and vocational institutes that focus on vocational rehabilitation do not only offer short-term training courses. They aim to prepare and qualify individuals at a suitable professional level to help them select careers in the external job market (Fahmy, 1989, pp. 34-35).

8-3- Employment: The duration of vocational rehabilitation varies from one individual to another. In some cases, successful medical treatment may be enough to return the disabled person to their comfortable or previous job. However, for individuals with severe disabilities, the rehabilitation process may take several years before the individual is able to work. Employment represents the successful achievement of vocational goals and rehabilitation efforts throughout the process.

8-4- Follow-up: After the individual has been employed, the vocational rehabilitation counselor or employment specialist must follow up on the individual's adjustment to the work environment. They must ensure that the individual successfully integrates into the profession they were trained for or chose, and monitor their performance for a specified period to assess the success of the employment (Kamel, 2002, p. 230).

9-Conditions for Social Inclusion of Hearing-Impaired Individuals: The principle of social inclusion should not be based on justifying the nature or severity of the disability, but rather on assessing the individual's capabilities and the availability of essential support services in specialized schools. To achieve this process, the following steps are necessary:

- The first steps towards achieving social inclusion require continuous adjustment and follow-up in training specialized staff working in vocational training centers, ensuring that the deaf child meets all basic needs at schools and training centers.

- Social inclusion should be viewed as a systematic approach within the educational process and should not be seen merely as placing hearing-impaired students with special needs in separate schools or special education programs for success in special education.
- There must be coordinated efforts from specialists in various fields such as education, psychology, sociology, healthcare, and law, along with continuous work with the families of hearing-impaired individuals.
- In the education of the deaf, emphasis should be placed on both theoretical and practical aspects, with the creation of a structured and organized plan with the deaf individual to teach them basic health rules, such as hygiene and order, along with ongoing follow-up and evaluation.
- Focus should be placed on vocational training for the hearing-impaired in training centers, and creating workshops within special schools to provide them with professional training so they do not become a burden on society.
- Awareness should be raised through social work tools, focusing on health centers where expectant mothers receive advice and medical follow-up, emphasizing the need for early education for deaf children.
- Ensuring competence in health centers by providing qualified specialists in the healthcare field and ongoing health monitoring for the deaf within the family to prevent the escalation of their disability.
- State activities must be based on social systems and monitor the objectives of specialized schools and training centers for this group, as social systems, considering the unique and independent characteristics of each community (Sayed Fahmy, 1999, p. 188).
- Educational models should be diversified, and the hearing-impaired should be attended to in various living conditions, whether rural areas or sparsely populated regions.

• Parents should be involved in all stages of early development, and they should be educated on the importance of providing necessary support to the deaf child, ensuring the family environment helps in personality development. Furthermore, specialists qualified to work with hearing-impaired students should be trained, including social workers. Each deaf child should have a family to take care of them, and if they lack a family, a responsible guardian should be assigned.

• Vocational training should be aligned with the basic characteristics that bridge the gap between hearing-impaired and regular students, promoting awareness of the needs of deaf students and encouraging positive attitudes towards them, considering their disability, whether in school or training centers.

• Vocational training for specialists should be made mandatory, especially in developing countries, prioritizing the training of specialists focused on educational and pedagogical aspects at all educational levels — primary, secondary, and tertiary — for deaf students.

• The state must provide the necessary resources aligned with its economic situation, which should be utilized to serve the deaf population.

• Legal frameworks should be established and organized to protect the rights of hearing-impaired individuals, not just in education, but also in enhancing their rights in health and employment.

• Precautionary measures should be taken by the collaboration of all official entities, including the Ministry of Education, Ministry of Higher Education and Scientific Research, Ministry of Labor, and Social Protection (Dakhil, p. 112).

10-Social Inclusion Strategy: Social inclusion strategies are fundamentally ethical and social concepts, and it is essential to integrate the disabled individual with others to avoid feelings of deficiency and deprivation. The disabled person is a social actor who can play a positive and effective role in society if given the opportunity to showcase their abilities and necessary skills in creative processes across various fields. Social

inclusion is considered a crucial necessity for activating the disabled person's role in society, thus contributing to the development process.

The social inclusion strategy is based on three key assumptions: it automatically provides interaction experiences between individuals with special needs and their non-disabled peers, leading to increased social acceptance of this group by ordinary individuals. It also provides enough opportunities to model behaviors exhibited by non-disabled individuals. Therefore, this inclusion strategy is considered the optimal approach to dealing with this social group. Global initiatives from the United Nations, the International Organization for Education, Science and Culture, the World Bank, and non-governmental organizations have all significantly promoted the concept that every person, including disabled individuals, has rights. Social inclusion strategies are viewed as a fundamental solution for treatment and prevention. The deaf require care through the perspective of inclusion and rehabilitation so they can earn respect and social appreciation and live within the broader social system (Labeeb, 1981, p. 376).

11-The Roles of the Social Worker in the Vocational Rehabilitation of Hearing-Impaired Individuals: A professional social worker is someone trained scientifically and practically to practice the social work profession through specialized training. Professional preparation has become essential as the scientific base of social work has expanded, which addresses problems more effectively. It has become impossible for volunteers or goodwill individuals to perform this work, making it necessary for there to be a specially trained professional social worker who can follow the continuous social laws and regulations that govern social work (Al-Sayed, 1995, pp. 200-207).

The social worker uses the knowledge, skills, and work methods gained during their professional training, as well as a set of rules, principles, values, and ethics of the profession when dealing with cases. Therefore, they must exercise their role based on a clear understanding and full knowledge of the objectives and principles of social work, striving to achieve the desired goals of assistance while utilizing their abilities,

experiences, and skills to the best of their ability. The principles that guide their work with the disabled can be summarized as follows:

- The social worker must recognize that this group has specific needs, problems, potential, and abilities.
- They should provide social services and different programs according to the degree of disability and the individual's abilities.
- Continuous communication with the families of cases is essential to ensure their active involvement in the rehabilitation process at the center.
- The social worker must play an active role in providing necessary services during the different stages of rehabilitation.
- They should design various programs for these individuals, utilizing all available resources in the environment (Abd Al-Mohi, 1999, p. 214).

It is important to note that the social worker works alongside several professionals from different specialties in a coordinated effort aimed at providing the best programs suited to the hearing-impaired individuals. Based on this, the social worker's roles and responsibilities in the field of disability, particularly with the deaf, can be summarized in the following tasks:

11-1- The Social Worker's Role with Hearing-Impaired Individuals: The social worker's duties with hearing-impaired individuals include:

- Receiving new cases of the hearing-impaired at the institution.
- Studying those cases and conducting necessary social research.
- Creating a file for each member within the institution, documenting their growth stages, issues at each stage, and their key social and psychological characteristics.
- Observing and discussing the case to understand the nature of their problems, their potential, and the social worker's expectations for the case's future (Al-Malihi, 1997, p. 289).
- Exploiting the deaf individual's potential to develop and modify their behavior (Sayed Fahmy, 1999, pp. 34-35).

- Assisting in modifying the environment surrounding the deaf person and addressing the attitudes of those around them, identifying cases that require follow-up (Sayed Fahmy, 1999, p. 214).

- Working on integrating the new case into the working group, monitoring their progress, and helping them benefit from this integration.

- Following up with the cases during training and assisting them until they secure suitable employment (Al-Hawari, 1998, pp. 87-89).

- Participating in field research on the issues and needs of this group, proposing scientific and practical solutions to address and reduce these issues.

- Participating in educating various community groups about the causes of deafness, how to prevent it, and how to deal with it.

In terms of therapeutic roles, the social worker provides direct services as part of the therapeutic team plan, which includes psychologists, psychiatrists, etc. The social worker helps facilitate these services to achieve the treatment goals. Offering opportunities for the disabled to engage in activities within small groups in a constructive and appropriate manner is crucial for their rehabilitation. This approach is considered a therapeutic method to overcome their issues (Iqbal, 1991, p. 237).

11-2- The Social Worker's Role with Groups of Hearing-Impaired Individuals:
Some of the main duties of the social worker with groups of the deaf include:

- Gaining the trust of the hearing-impaired individuals through interaction.

- Identifying their real needs and prioritizing them based on their importance.

- Conducting proper scientific planning for the services provided in specialized institutions.

- Acting as a communication link between team members.

- Clarifying the importance of services provided to the group of deaf individuals within the institution and their impact on their psychological, social, therapeutic, and rehabilitation stability.

- Directing the deaf individuals to service sources for assistance when necessary.

- Monitoring and evaluating the services to improve or discontinue them (Kamel, 2002, pp. 232-233).

11-3- The Social Worker's Role as an Organizer in Institutions for the Hearing-Impaired: The social worker also acts as an organizer within rehabilitation institutions. Their work plan may include all or some of the following programs:

- Programs aimed at understanding the social attitudes of the surrounding environment that hinder treatment and rehabilitation plans.
- Programs aimed at helping the deaf overcome these negative social attitudes.
- Programs aimed at educating the deaf to increase their awareness.
- Programs to identify the needs of the deaf, both within and outside the rehabilitation institution.
- Programs focused on achieving social adaptation of the deaf individuals within the rehabilitation institution.
- Programs that help establish links with governmental and non-governmental agencies in the environment to benefit from their services.
- Evaluative programs for service plans, so the results of this evaluation can be used in future planning for the rehabilitation institution (Kamel, 2002, pp. 232-233).

12-Case Study of Two Children:

12-1- General Introduction to the First Child's Case: The child in question comes from a divorced family and currently lives with his father after the mother's separation. Both parents have an average educational level and face significant financial difficulties, with no access to social security support. The child has been diagnosed with a hereditary hearing impairment (deafness) that was detected after birth, which has affected his language development. The child suffers from a noticeable delay in speech and expression and requires constant support in communication. Additionally, he exhibits tendencies towards isolation and compliance, struggles with group interactions, and suffers from attention deficits and poor comprehension, negatively impacting his academic performance.

• **Analysis of the Core Dimensions of the Case**:

o **Family and Social Dimension**: The child was raised in a fragmented family environment due to the parents' divorce, which may directly impact his emotional and psychological stability. The absence of the mother in the household and poor family communication contribute to weak emotional bonds, diminishing the child's sense of familial belonging.

o **Psychological and Behavioral Dimension**: The child's behavior is characterized by calmness, but he lacks initiative and tends to comply with others. He struggles to form stable social relationships and prefers isolation and solitary play. There are noticeable difficulties with focus and attention, and he exhibits chaotic behavior in class, which complicates his educational integration.

o **Language and Cognitive Dimension**: The child face significant challenges in speech and communication due to his hearing impairment, despite being in a special class. He has noticeable language delays, a short memory, and limited comprehension abilities, which adversely affect his academic performance, which is subpar.

o **Health Dimension**: The child does not suffer from chronic illnesses or severe health conditions, but he experiences sleep disturbances and recurring night fears. No surgeries related to his disability have been recorded, and he is not currently on any medication.

• **Strengths and Weaknesses**:

Weaknesses	Strengths
Noticeable language and behavioral delay	No chronic physical illnesses
Weak social communication skills	Receptive to guidance in class
Lack of independence in self-care	Interested in learning through physical activities
Attention deficits and poor concentration	Can participate in group activities with guidance

• **Proposed Rehabilitation Strategy**:

o **Hearing and Language Rehabilitation**:

▪ Organize regular speech therapy sessions using visual aids and models.

- Implement a dual rehabilitation program based on spoken language and sign language.
- Utilize educational technology apps that assist in auditory training.

- **Psychological and Social Rehabilitation**:
  - Enroll the child in individual psychological support sessions to boost his self-confidence.
  - Encourage participation in group activities such as guided play, drawing workshops, and drama sessions.
  - Organize regular family counseling sessions to train the father on effective communication techniques and emotional support.
- **Educational Rehabilitation**:
  - Adapt educational activities based on the child's capabilities (visual and sensory learning).
  - Develop an individualized education program (IEP) to strengthen core skills.
  - Conduct periodic evaluations of the child's progress in language and behavior.
- **Multidisciplinary Coordination** :
  - Collaborate among the psychologist, speech therapist, teacher, and social worker.
  - Involve the family as a key partner in the rehabilitation and follow-up plan.

• **Suggested Recommandations** :

- Ensure the child remains in a specialized educational center with regular psychological and behavioral follow-ups.
- Actively involve the father in family counseling sessions to enhance his educational role.
- Integrate the child into group play activities aimed at developing social interaction.
- Allocate weekly sessions within the curriculum to improve oral language through theater or storytelling.

- Organize regular meetings between the rehabilitation team and the family to assess the suitability of the rehabilitation plan and track the child's progress.

12-2-General Introduction to the Second Child's Case:

• **General Case Description**: The child in question comes from a divorced family and currently lives under the custody of the mother. He is the first-born among his siblings. The child has an acquired hearing impairment (acquired deafness), which was discovered after he turned five years old. His hearing loss is estimated at 85 decibels, classifying it as severe to profound hearing loss. Additionally, the child suffers from a range of associated developmental disorders, such as weakness in motor skills, sleep disturbances, and attention deficits accompanied by hyperactivity.

Despite the diagnosis, the parents initially showed little acceptance of the disability and did not provide adequate support for the child. The child has refused to use a hearing aid. There is a noticeable delay in his language development, as he did not produce intelligible sentences, and his first words were unclear in meaning.

• **Analysis of the Different Dimensions**:

- **Family and Social Dimension**: The child suffers from instability in his social and family environment due to the parents' divorce, leading to fragile stability while living with his mother in uncomfortable psychological and social conditions. Documentation indicates harsh treatment and noticeable educational neglect, which negatively affects the child's behavior and social interactions. It has also been observed that there is a family history of disabilities on the father's side, suggesting the possibility of a genetic factor as an indirect cause of the hearing impairment.
- **Medical and Health Dimension**: Although the child was born under normal conditions in a hospital, the mother took medications during pregnancy, and several health issues were recorded later, including recurrent ear and tonsil infections, as well as balance disorders. Despite this, there has been no regular medical follow-up or effective therapeutic interventions. The child also does not benefit from a hearing aid or a specialized speech therapy program.

- **Language Dimension**: The child experiences significant language delay, having not yet reached the sentence stage. His words remain unclear or meaningless. There is no focused effort to develop his expressive abilities, which intensifies his isolation and limits his ability to interact with his environment.
- **Emotional and Behavioral Dimension**: Despite the mother describing a "good" relationship with the child, the child specialist observed a clear lack of motivation and social engagement. The child suffers from sleep disturbances and excessive activity, displaying withdrawn behavior and struggling to accept orders or interact with adults.

• **Strengths and Weaknesses**:

Weaknesses	Strengths
Refusal to use hearing aids	Relatively good emotional relationship with the family
Severe language delay	No congenital or severe chronic illnesses
Poor family understanding of the disability	Partial awareness of movement and interaction
Motor disorders and attention deficit	Partial ability to interact

• **Proposed Rehabilitation Strategy**:

- **Hearing and Language Rehabilitation**: Hearing and language rehabilitation are fundamental pillars in the intervention plan for deaf children, especially in the case of the child in this study, who suffers from acquired deafness and refuses to use a hearing aid. Therefore, there is a need to organize continuous sessions to gradually motivate the child to accept the use of a hearing aid by creating a supportive and safe environment for its use, employing carefully planned motivational strategies. It is also recommended to integrate the child into an intensive speech and language rehabilitation program, implemented individually and daily under the supervision of a speech therapist, focusing on gradually developing auditory-verbal skills, enhancing language comprehension, and improving auditory responses. In addition, alternative communication methods should be utilized, such as videos, pictures, and illustrated stories, along with body language and gestures, to support meaning-making, enhance

understanding, and create a communicative bridge between the child and their environment.

- **Psychological and Behavioral Rehabilitation**: The psychological and behavioral aspect is pivotal in the rehabilitation of deaf children, especially when there are signs of attention and behavioral disorders, as is the case for the child in this study. Given the child's rejection of the disability and the refusal to use compensatory devices, it is recommended that the child undergo regular psychological support sessions with an educational psychologist to help him accept his condition, build self-confidence, and positively deal with his emotions and environment. It is also essential to train the mother on behavioral modification techniques using positive reinforcement, organized ignoring, and verbal support, focusing on building a positive communication relationship between the mother and child, which fosters a sense of safety and family belonging. Given the child's hyperactivity and attention deficit, it is crucial to assess the presence of attention deficit hyperactivity disorder (ADHD) by a specialized team and provide appropriate therapeutic or educational interventions as needed, including behavior management sessions, lifestyle modification, or medical referral if necessary.
- **Family Rehabilitation**: Family rehabilitation is a critical component in any comprehensive rehabilitation plan for a deaf child, considering the crucial role the family—especially the mother—plays in supporting the child's language and psychological development. In this context, it is recommended to organize regular guidance sessions for the mother to equip her with skills to deal with a child with hearing loss, including understanding the nature of the disability, effective communication methods, and overcoming denial or feelings of helplessness. The mother should be actively involved in the home-based rehabilitation program, through daily activities such as word repetition, singing simple songs, and using daily routines as linguistic learning tools. These activities help reinforce vocabulary and expand the child's expressive abilities in familiar contexts. It is equally essential to create a stimulating and encouraging home environment that allows the child to express

himself freely and take initiative without fear or pressure, as this environment plays a significant role in deepening the child's self-confidence and stimulating emotional, social, and linguistic growth.

- **Gradual Educational Integration**: Educational integration is one of the strategies designed to enable children with special needs, including deaf children, to interact with the school and community environment in a gradual and safe manner. Based on the case of the child in this study, it is recommended to initially integrate the child into a special class that provides appropriate educational and rehabilitative support, with a gradual transition towards regular education classes through partial integration, depending on the development of his language and behavioral abilities. Furthermore, the child's motor and social skills should be enhanced through directed activities such as art expression, educational music, and group play, as these play an effective role in developing social interaction, stimulating communication, and boosting self-confidence within a safe and supportive educational environment.

• **Suggested Recommandations** :

- Conduct a comprehensive developmental assessment to determine whether the developmental delay is independent of or a result of the hearing impairment.
- Activate the use of compensatory devices and include them in the daily rehabilitation program.
- Enhance medical and psychological follow-ups in coordination with a specialized center.
- Support the child socially through a stimulating and safe communicative environment.
- Establish a coordination network among various stakeholders: family, specialists, teachers, and the child's educational and social environment, to ensure a comprehensive and sustainable rehabilitation plan.

13- Conclusion

In light of the previous analysis, it is evident that vocational rehabilitation plays a fundamental role in the social inclusion system for hearing-impaired individuals. It is not merely a process of acquiring the necessary professional skills to integrate into the labor market, but rather a comprehensive path that focuses on the individual's personal development, enhancing their independence, and building their communication and social abilities. The vocational rehabilitation directed at this group is not just a technical procedure or job training, but an educational-social practice that arises from a deep understanding of the unique challenges posed by hearing impairment, which requires multifaceted methodological solutions for cognitive and communicative difficulties.

Providing tailored training programs that consider individual differences, along with the use of alternative and effective communication tools, such as sign language and audiovisual technologies, significantly contributes to expanding learning opportunities. It opens up avenues for hearing-impaired individuals to acquire the competencies necessary to enhance their presence in the labor market. Moreover, creating inclusive training environments, where efforts from training institutions, economic sectors, and specialized associations converge, is a fundamental condition for the success of inclusion. This approach allows individuals to gain practical experience, build professional and social relationships, and actively participate in public life.

From a social perspective, vocational rehabilitation contributes to reshaping societal perceptions of disability by highlighting the productive capabilities of individuals and breaking the stereotypes that exclude them from economic life. As hearing-impaired individuals achieve economic independence, their opportunities for inclusion increase, expanding their participation in decision-making processes, and making them active contributors to local and national development.

Thus, investing in vocational rehabilitation for hearing-impaired individuals should be viewed as a long-term strategic choice that requires clear public policies, sustained institutional coordination, and a supportive legislative environment to

guarantee their professional and social rights. When society and its institutions commit to creating the appropriate conditions for this group, it leads to the establishment of a more inclusive and just society that values human diversity and grants all its members the right to participate and contribute to development without discrimination.

In conclusion, vocational rehabilitation is not just a stage of social support; it is the cornerstone of a comprehensive societal project aimed at achieving social justice and empowering hearing-impaired individuals for full inclusion, recognizing them as capable contributors to creativity and participation across various fields of life.

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