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The impact of individualized and collective care for persons with disabilities on enhancing effective communication in society: A field study on a sample of parents in Algiers City

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Abstract---This study aims to investigate the impact of individualized and collective care patterns for persons with disabilities on enhancing effective social communication within society. The field study was conducted in Algiers, the capital city of Algeria, with a sample of 280 participants, including persons with disabilities, community members, parents, caregivers, and specialists. The research adopted a mixed-methods approach using a sequential explanatory design. Quantitative data were collected primarily through a questionnaire comprising 45 items distributed across four axes, based on a five-point Likert scale. Qualitative data were gathered via semi-structured interviews with a subsample of 20 participants. Quantitative data were analyzed using SPSS software, employing descriptive statistics, t-tests, analysis of variance (ANOVA), correlation coefficients, and multiple regression analysis. Qualitative data were analyzed thematically. The results revealed statistically significant differences in the availability and effectiveness of care patterns, favoring collective care over individualized care. Furthermore, a strong positive correlation was found between the level of care—particularly collective care—and the level of effective social communication. Multiple regression analysis confirmed that collective care serves as a primary explanatory variable in improving indicators of social interaction, acceptance of others, and community participation, whereas the impact of individualized care remained relatively limited. The study concludes that promoting collective care represents a fundamental pathway to achieving effective social inclusion for persons with disabilities within society.

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1. Introduction

Caring for persons with disabilities constitutes a prominent social and humanitarian issue in contemporary societies. It is no longer viewed merely as a medical or rehabilitative matter but as a social challenge closely linked to human rights, social integration, and active participation in various aspects of public life. Effective social communication holds central importance as one of the primary indicators of the degree of social inclusion and the quality of interactions between persons with disabilities and other community members (Al-Hadidi & Ali, 2016, p. 88).

Care for persons with disabilities manifests through two main complementary patterns. The first is individualized support, which focuses on addressing the specific needs of each individual according to their unique psychological, educational, or rehabilitative characteristics, thereby ensuring the appropriate development of their communication and social abilities. The second pattern is collective or community-based support, which involves broader interventions, including associative programs, awareness campaigns, policies for school and vocational inclusion, and governmental initiatives aimed at transforming negative social representations, reducing environmental and cultural barriers that hinder the participation of persons with disabilities in community life (Al-Hassan, 2015, p. 112).

Despite notable advancements in the Algerian legislative framework—particularly through Law No. 02-09 dated May 8, 2002, concerning the protection and promotion of persons with disabilities, followed by subsequent amendments and updates culminating in Law No. 25-01 of 2025, which strengthened social care mechanisms and direct assistance—the actual impact of these policies and different care patterns on effective social communication remains limited (Loukhal, 2025, p. 580). Effective communication extends beyond linguistic abilities or individual communication skills to encompass the quality of social interactions, the reduction of social stigma, the promotion of reciprocal engagement, and the achievement of mutual satisfaction in social relationships (Zizah, 2022, p. 1324).

The capital city of Algiers holds particular significance as a densely populated urban area hosting a substantial proportion of persons with disabilities, estimated at approximately 71,000 individuals according to data from the Ministry of National Solidarity. The province offers diverse forms of individualized care, such as specialized rehabilitation centers and individual psychological support, alongside collective care programs involving active associations, community inclusion initiatives, and awareness campaigns. However, the direct impact of these efforts on narrowing the communication gap between persons with disabilities and other societal segments has not yet been the subject of in-depth field research, representing a genuine research gap especially amid the global shift toward the social model of disability, which attributes social exclusion primarily to societal barriers rather than individual deficits (Kebbar, 2013, p. 85).

Accordingly, this field study aims to explore the impact of both individualized and collective care for persons with disabilities on enhancing effective social communication within society, with the province of Algiers serving as the spatial framework. The study seeks to address the following general research question:

To what extent do care patterns (individualized or collective) contribute to improving the quality of social communication and community integration for persons with disabilities?

This is supported by the following sub-questions:

- Are there statistically significant differences in the level of availability and effectiveness of care forms for persons with disabilities in Algiers?
- Is there a relationship between the level of care and the level of effective social communication from the perspectives of persons with disabilities and community members?
- Are there significant differences in the impact of individualized care compared to collective care on indicators of effective communication?

Hypotheses

- Care patterns for persons with disabilities—particularly collective care—make a statistically significant contribution to improving the level of effective social communication and community integration, compared to individualized care, from the perspectives of persons with disabilities and community members.
- There is a statistically significant difference in the level of availability and effectiveness of care forms, with collective care being more available and effective than individualized care for persons with disabilities in Algiers.
- There is a statistically significant positive correlation between the level of care (especially collective care) and the level of effective social communication from the perspectives of persons with disabilities and community members.
- There are statistically significant differences in the impact of collective care compared to individualized care on indicators of effective communication.

Objectives of the Study

- To examine the impact of individualized and collective care for persons with disabilities on enhancing effective social communication within society through a field study in the province of Algiers.
- To identify the most prominent forms and levels of individualized and collective care currently available for persons with disabilities in the selected field context.
- To measure the level of effective social communication from the perspectives of persons with disabilities and typically developing community members.
- To analyze differences in impact between individualized and collective care on indicators of effective communication, such as frequency and quality of social interactions, mutual satisfaction levels, and reduction of communication barriers and social stigma.
- To identify mediating or moderating factors influencing the effectiveness of care patterns, including type of disability, age, educational level, and family support.

Significance of the Study

This study derives its importance from both its theoretical and applied dimensions, as it addresses a core aspect of issues related to persons with disabilities: the impact of care patterns on effective social communication within society. By promoting effective social communication across society as a whole through the adoption of the social model of disability and focusing on social and communication barriers as the primary obstacles to integration rather than confining explanations of disability to individual deficiencies the study offers a methodological comparison between individualized care (centered on meeting personal needs) and collective care (based on community programs and awareness-raising). Furthermore, it contributes to enhancing the effectiveness of social, educational, and vocational inclusion programs, thereby reducing manifestations of social isolation, improving the quality of life for persons with disabilities and their families, strengthening social cohesion, and aligning with the Sustainable Development Goals and efforts to reduce inequalities.

2. Strategies for Caring for Persons with Disabilities and Dimensions of Social Integration

2.1. The Concept of Comprehensive Care

Comprehensive care for persons with disabilities refers to an integrated system of services (psychological, educational, and health-related) aimed at improving the individual's quality of life and empowerment while ensuring respect for their dignity and human rights. This care is divided into two complementary pathways:

- **Individualized care**: This focuses on the specificity of each case (type and severity of disability) through tailored rehabilitation programs, therapeutic interventions, and personalized psychological support (Abu al-Nasr, 2016, p. 34).
- **Collective (community-based) care**: This targets the surrounding environment to make it more inclusive, through legislation, awareness-raising, and policies for school and vocational integration, thereby shifting the responsibility for integration from the individual to society as a whole (Al-Qaryouti et al., 2001, p. 110).

2.2. Communication and Integration as Strategic Objectives

- Effective social communication constitutes a cornerstone of the rehabilitation process; it extends beyond the mere exchange of words to the ability to build deep human interactions grounded in mutual respect. This form of communication is directly influenced by the quality of individualized support and the preparation of the social environment (Badawi, 1986, p. 45).
- Social integration represents the ultimate outcome of these efforts. It does not stop at the mere physical presence of the individual but extends to achieving "active participation," a sense of belonging, and equal opportunities across all domains of life (educational, professional, and cultural) (Al-Khatib, 2010, pp. 77–79).

The integration of specialized individualized care with comprehensive societal reform is the only viable path to dismantling symbolic and material barriers, transforming persons with disabilities from passive recipients of assistance into active partners in society.

2.3. The Social Model of Disability as the Theoretical Foundation of the Study

This study adopts the social model of disability as its guiding theoretical framework. This model posits that disability is not solely an individual characteristic but rather the result of interactions between the individual and their social environment. According to this perspective, social, communication, and institutional barriers are the primary factors contributing to the exclusion of persons with disabilities, rather than the physical or sensory impairment itself. Consequently, enhancing effective social communication requires a dual approach that combines individualized care—which develops the individual's capabilities—with collective care—which reshapes social attitudes and institutional structures. This integration forms the theoretical foundation from which the study analyzes the impact of different care patterns on social communication.

3. Previous Studies

Previous studies on persons with disabilities have varied in their approaches, encompassing legislative, technical, and field-based perspectives. For instance, Toufik's study (2025) focused on the legislative shift in Algeria toward a "rights and empowerment" approach using a descriptive-analytical method. Meanwhile, studies by Zizah (2022) and Al-Sayyid (2017) examined technical dimensions: the former (using a descriptive method) highlighted the role of social media platforms in breaking the isolation of deaf and mute individuals, while the latter (employing a quasi-experimental method) demonstrated the effectiveness of technologies in developing speech skills and reducing social withdrawal. On the field-based side, studies by Qarsh and Qaboush (2018) and Houiti and Kebbar (2013), conducted through descriptive field methods, diagnosed the reality of psychological and educational care and the role of

civil society, concluding that there are disparities in service quality and an urgent need for institutional coordination and financial resource provision to overcome barriers to comprehensive integration.

The benefit derived from these studies lies in providing a solid knowledge and methodological base for the current research. They contribute to grounding the theoretical framework by linking legal texts with field realities, offer methodological references for selecting appropriate tools (such as questionnaires for practitioners or communication skills scales), and guide the choice of the most suitable method (descriptive or experimental) for studying variables related to communication and integration. Moreover, these studies aid in interpreting expected results and comparing them with local and international realities, particularly regarding the capacity of technology and associations to bridge gaps in formal care institutions. This lends the present study greater analytical depth and the ability to propose practical solutions based on genuine gaps identified in prior findings.

4. Methodology of the Study

4.1. Research Design:

The study employs a mixed-methods research approach using a sequential explanatory design. Quantitative data are collected in the first phase, followed by a qualitative phase aimed at interpreting and deepening the understanding of the statistical results. This design is particularly suitable for investigating a complex phenomenon such as the impact of care on social communication, as it allows for the integration of quantitative measurement with in-depth qualitative analysis.

4.2. Population and Sample: The study population consists of:

- Persons with disabilities (motor, visual, hearing, and mild to moderate intellectual disabilities),
- Their family members,
- Typically developing community members from various age and social groups,
- Care providers and specialists (psychologists, educators, and association members).

A sample of 280 participants was selected and distributed as follows:

- 100 persons with disabilities (aged 18 years and above),
- 100 typically developing community members,
- 80 family members, care providers, and specialists.

The study utilized non-probability sampling through purposive sampling and snowball sampling techniques to access hard-to-reach groups, while ensuring diversity in gender, age, type of disability, and educational level.

4.3. Data Collection Instruments

a. **Questionnaire:** The questionnaire serves as the primary tool for collecting quantitative data. It comprises 45 items distributed across four main axes, based on a five-point Likert scale. Face validity was verified by presenting it to five experts, and Cronbach's alpha reliability coefficient reached 0.87, indicating a high level of instrument reliability.

b. **Semi-Structured Interviews:** Twenty semi-structured interviews were conducted with a purposively selected subsample representing diversity. These interviews explored personal experiences related to care patterns and their impact on social communication. Qualitative data were analyzed using thematic analysis.

c. **Field Observations** Non-participant field observations were employed, where feasible, during associative activities and care centers to support the findings from the questionnaire and interviews.

4.4. Data Analysis Methods

- ***Quantitative data***: Analyzed using SPSS software, relying on descriptive statistics, correlation coefficients, t-tests, analysis of variance (ANOVA), and multiple regression.
- ***Qualitative data***: Analyzed according to thematic analysis to extract main patterns and meanings.
- ***Integration of results***: Quantitative and qualitative findings were linked to provide a comprehensive and integrated interpretation.

4.5. Limitations of the Study

The study is spatially limited to the province of Algiers, does not include very severe disabilities or children under 18 years of age, and relies on self-reporting, which may introduce some forms of social desirability bias.

4.6. Scope of the Study

- ***Human scope:*** The study population includes persons with disabilities (motor, sensory, mild intellectual) registered or benefiting from services provided by associations, social institutions, and educational entities, along with some of their family members and professionals working in the field of care. The quantitative sample size was 280 individuals, selected purposively/randomly (as deemed appropriate) to ensure representation of disability types and care patterns (individual/collective). The qualitative subsample consisted of 20 individuals (beneficiaries, parents, and specialists) to achieve diversity in experiences and expertise.
- ***Spatial scope***: The study was conducted in the province of Algiers, considered a densely populated urban area characterized by multiple actors (associations, institutions, inclusive schools) and diverse services for persons with disabilities, making it a suitable model for examining the impact of care patterns on communication and social integration.
- ***Temporal scope***: Field implementation occurred from August 2025 to December 2025, a sufficient period for collecting and analyzing quantitative and qualitative data, allowing for relatively stable and non-contextual results.

5. Presentation of Results

5.1. Demographic Characteristics of the Study Sample

Table 1 Distribution of Sample Participants by Category

Category	***Frequency***	***Percentage (%)***
Persons with disabilities	100	35.7
Typically developing community members	100	35.7
Families + Care providers	80	28.6
Total	**280**	**100**

As shown in Table 1, the sample distribution is relatively balanced, allowing for meaningful comparisons of perspectives on the effectiveness of care patterns and their impact on social communication. This balance enhances the credibility and generalizability of the findings within the study context.

Table 2 Distribution of Persons with Disabilities by Type of Disability

Type of Disability	***Frequency***	***Percentage (%)***
Motor	38	38
Visual	22	22
Hearing	19	19
Mild to moderate intellectual	21	21
Total	**100**	**100**

This distribution reflects diversity in disability types, enabling an examination of the impact of care on social communication across varied contexts and preventing the results from being confined to a single disability category.

5.2. Presentation and Analysis of Quantitative Results

- **Axis 1: Level of Availability and Effectiveness of Care Patterns**

Table 3 Means and Standard Deviations for Individualized and Collective Care Levels

Care Pattern	***Mean***	***Standard Deviation***	***Level of Assessment***
Individualized care	3.12	0.74	Moderate
Collective care	3.89	0.61	High

The results indicate that collective care received a higher mean score than individualized care, suggesting greater availability and effectiveness in Algiers, particularly through associations, specialized centers, and inclusive group activities.

To test the first hypothesis—that there is a statistically significant difference in the level of availability and effectiveness of care patterns, with collective care being more effective and available than individualized care for persons with disabilities in Algiers—a t-test for independent samples was conducted.

Table 4 Independent Samples t-Test for Differences Between Individualized and Collective Care

Care Pattern	***Mean***	***t***	***p (Sig.)***
Individualized	3.12	8.46	.000
Collective	3.89		

The value of Sig. = .000 indicates statistically significant differences at the .05 level, favoring collective care. Thus, the first hypothesis is supported.

- **Axis 2: Level of Effective Social Communication**

Table 5 Overall Means for Indicators of Effective Social Communication

Dimension	***Mean***	***Level of Assessment***
Social interaction	3.78	High
Ability to express	3.65	High
Acceptance of others	3.81	High
Community participation	3.54	Moderate
Overall Mean	**3.69**	**High**

The findings reveal a relatively high level of effective social communication, particularly in social interaction and acceptance of others, while community participation remained at a moderate level, pointing to persistent social and organizational barriers.

- **Axis 3: Relationship Between Care and Social Communication**

To test the second hypothesis—that there is a statistically significant positive correlation between the level of care (especially collective) and effective social communication from the perspectives of persons with disabilities and community members—Pearson's correlation coefficient was computed.

Table 6 Pearson's Correlation Coefficients

Variables	***r***	***p (Sig.)***
Overall care × Social communication	0.63	.000
Individualized care × Communication	0.41	.002
Collective care × Communication	0.71	.000

The results demonstrate a strong positive correlation between collective care and social communication, stronger than that for individualized care, underscoring the vital role of group activities in developing communication skills and fostering integration.

- **Axis 4: Comparison of the Impact of Individualized and Collective Care**

To test the third hypothesis—that there are statistically significant differences in the impact of collective care compared to individualized care on indicators of effective communication—one-way ANOVA was performed.

Table 7 Analysis of Variance (ANOVA) Results

Source of Variation	***F***	***p (Sig.)***
Care pattern	19.82	.000

The results indicate statistically significant differences between care patterns, with collective care exerting a greater impact on social communication indicators, particularly in enhancing interaction, relationship building, and reducing social isolation.

For the overall hypothesis—that care patterns for persons with disabilities, particularly collective care, make a statistically significant contribution to improving effective social communication and community integration compared to individualized care, from the perspectives of persons with disabilities and community members—multiple linear regression analysis was employed, as it is most appropriate for assessing the explanatory impact of care patterns (independent variables) on effective social communication (dependent variable).

Table 8 Multiple Linear Regression Results for the Impact of Care Patterns on Social Communication

Independent Variable	***β (Beta)***	***t***	***p (Sig.)***
Individualized care	0.28	4.12	.001
Collective care	0.52	7.89	.000

$R = 0.74$, $R^2 = 0.55$, $F = 56.34$, $p = .000$

The multiple correlation coefficient ($R = 0.74$) indicates a strong relationship between care patterns and effective social communication. The coefficient of determination ($R^2 = 0.55$) shows that 55% of the variance in social communication levels is explained by care patterns, a relatively high explanatory level in social studies. The overall model F-value (56.34) at $p = .000$ confirms statistical significance. Collective care exhibited a higher standardized beta coefficient ($\beta = 0.52$) than individualized care ($\beta = 0.28$), indicating a stronger and more effective impact on enhancing social communication. Accordingly, the overall hypothesis is accepted and supported.

5.3. Presentation and Analysis of Qualitative Results (Interview Findings)

- ***First: General Overview of the Interviews***

  To complement the quantitative phase, 20 semi-structured interviews were conducted with a purposively selected subsample, including persons with disabilities, parents, specialists, and care providers from associations and specialized centers. These interviews explored participants lived experiences regarding individualized and collective care patterns and their effects on social communication and community integration. Data were analyzed using thematic analysis, yielding three main themes.

- ***Second: Main Themes Extracted from the Interviews***
- **Theme 1: Collective Care as a Safe Space for Communication** Most interviewees viewed collective care as a secure social environment that provides persons with disabilities greater opportunities for interaction and communication without fear or social stigma. Participants noted that group activities in associations and centers improve expression abilities, develop social interaction skills, boost self-confidence, and foster a sense of acceptance.
- **Theme 2: Limitations of Individualized Care in Breaking Social Isolation** Interview results indicated that while individualized care is essential for therapeutic or educational aspects, its social impact remains limited, especially when delivered in isolated settings such as family environments or one-on-one sessions. Some respondents reported that this pattern offers insufficient opportunities for social engagement, potentially perpetuating isolation or weakening communication with others.
- **Theme 3: The Role of Associations as Mediators Between the Individual and Society** Participants highlighted the pivotal mediating role of associations and care institutions in bridging persons with disabilities and the broader society. Associations were seen as transitional spaces that facilitate gradual integration into social activities, raise community awareness about disability issues, and build communication bridges among various social actors.

The interview findings converge on the centrality of collective care and associative spaces in promoting effective social communication, contrasted with the limited social impact of individualized care in the absence of interactive dimensions.

6. Discussion of Results

6.1. First Hypothesis: There is a statistically significant difference in the level of availability and effectiveness of care patterns, with collective care being more effective and available than individualized care for persons with disabilities in Algiers.

The study results confirmed statistically significant differences favoring collective care in terms of availability and effectiveness. This finding reflects a field reality characterized by a concentration of inclusive services and programs within associations, centers, and collective institutions, in contrast to individualized care, which is often limited to the family sphere or personal initiatives. This outcome can be interpreted in light of recent transformations in the field of care for persons with disabilities in Algeria, particularly following the promulgation of Law No. 25-01. As demonstrated by Toufik's analytical study (2025), this legislation marks a shift from a charity-based logic to a rights- and empowerment-based approach, which inherently requires organized, collective frameworks capable of delivering integrated and sustainable services.

The result also aligns with findings from Qarsh and Qaboush (2018), who highlighted clear disparities in care quality across institutions and the limited effectiveness of unstructured individual initiatives. This reinforces the notion that collective organization remains more capable of providing comprehensive and consistent services. Accordingly, the superiority of collective care is not merely attributable to

service density but stems from its institutional and participatory nature, which enables the integration of psychological, educational, and social dimensions.

6.2. Discussion of the Second Hypothesis: There is a statistically significant positive correlation between the level of care (particularly collective care) and the level of effective social communication from the perspectives of persons with disabilities and community members.

The results demonstrated a strong positive correlation between the level of care—especially collective care—and effective social communication, indicating that improvements in care patterns extend beyond mere caregiving to encompass the quality of social interactions and relationship building. This finding is clearly consistent with Zizah's study (2022), which confirmed that opening alternative communication channels—such as social media platforms—effectively contributes to breaking social isolation and enhancing interaction skills among deaf and mute individuals. This suggests that communication does not occur in a vacuum but requires structured social mediators, whether digital or institutional.

The results also converge with Al-Sayyid's work (2017), which highlighted the positive role of modern technologies in developing speech skills. The study emphasized that supportive interactive environments increase motivation for communication among persons with disabilities and reduce social withdrawal—effects that parallel the role played by collective care in the present research. Thus, the findings affirm that care, when it transcends the service dimension, becomes an effective tool for reintegrating individuals into the fabric of social relationships.

6.3. Discussion of the Third Hypothesis: There are statistically significant differences in the impact of collective care compared to individualized care on indicators of effective communication.
Analysis of variance results revealed clear differences in the impact of care patterns on social communication indicators, with collective care exerting a stronger influence on social interaction, acceptance of others, and community participation. This can be attributed to the fact that collective care provides authentic communication spaces that allow for role exchange and shared experiences, unlike individualized care, which in many cases remains oriented toward therapy or direct support without creating ongoing opportunities for social interaction.

These findings are supported by Houiti and Kebbar (2013), who underscored the pivotal role of civil society associations in addressing social gaps that formal institutions or individual initiatives often fail to cover, despite organizational and financial challenges. The result further reveals that individualized care, while important, remains insufficient for achieving effective social integration unless embedded within broader collective programs.

6.4. Discussion of the Overall Hypothesis: Care patterns particularly collective care—make a statistically significant contribution to improving the level of effective social communication and community integration for persons with disabilities.

Multiple regression analysis confirmed the validity of the overall hypothesis, demonstrating that collective care exerts a strong explanatory effect on improving social communication. This reflects the multifaceted nature of the integration process, which can only be realized through interactions among the individual, institutions, and society.

This outcome aligns with the legal framework presented by Toufik (2025), which emphasized that genuine integration is not achieved solely through legislation but through adapting the social environment and providing inclusive settings that enable interaction and participation.

The results showed that collective care contributes more substantially to enhancing direct social interaction, developing expression and communication skills, building self-confidence, fostering

acceptance of others, and cultivating a sense of community belonging. This is explained by the provision of inclusive social spaces (associations, workshops, joint activities) that facilitate continuous contact between persons with disabilities and community members, thereby helping to break the social isolation often reinforced by individualized, home-based, or isolated interventions.
In contrast, although individualized care showed statistical significance, its impact remained relatively limited, reflecting its shortcomings in providing authentic communication environments—particularly when not supported by accompanying social integration programs.

These quantitative findings are corroborated by the qualitative data from interviews, where most participants identified group activities as a turning point in improving their communication with others, compared to periods limited to individualized care. The integration of quantitative and qualitative results in this study further illustrates that collective care functions not only as a service but as a social mechanism for reconstructing the communicative identity of persons with disabilities.

7. Conclusion

The results of this study demonstrate that the pattern of care for persons with disabilities is a decisive factor in enhancing effective social communication and achieving community integration. Collective care, compared to individualized care, exhibited higher levels of availability and effectiveness and showed a strong positive association with indicators of social interaction, acceptance of others, and community participation.

The findings confirm that care is not limited to a pastoral practice but constitutes an effective social mechanism for rebuilding relationships between persons with disabilities and their environment—especially when implemented within organized collective frameworks that provide safe spaces for communication and interaction. Conversely, the impact of individualized care on social communication remains limited in the absence of accompanying collective integration programs, despite its importance in therapeutic and educational domains.

The study also highlighted the mediating role of associations and collective institutions in connecting individuals to society, thereby supporting the transition from a charity-based approach to one grounded in empowerment and rights. The study concludes that the success of social integration policies depends on adopting a holistic approach that positions collective care as a central axis, while integrating individualized care within a supportive, complementary system. This contributes to building a more inclusive and socially just society.

Recommendations

- Activate field implementation mechanisms for Law No. 25-01.
- Provide material and organizational support to active associations working in the field of disability.
- Strengthen inclusive group programs within schools and centers.
- Integrate families into collective care programs instead of isolating them in individualized care.
- Enhance intersectoral coordination (education, health, social affairs).
- Investigate the impact of collective care on other age groups.
- Expand research to include severe disabilities using appropriate tools.

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