

# **Evaluation of the social worker actual role as a general practitioner with the teamwork of mentally handicapped care institutions**

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**Abstract:**

In light of the global and local interest in the care of persons with disabilities, many contemporary trends have emerged to provide integrated care for them, where the civilized progress of any society is measured by what it provides to its members of tranquility, health, knowledge and equal opportunities that work on self-affirmation among members of society and make them feel proud and belonging and provide the necessary requirements for participation and production The mentally handicapped is considered one of the groups most in need of many services, especially since the mentally handicapped have many and varied problems, so we find that they have educational, economic, social and behavioral problems, and the social worker plays an active role in providing services to people with special needs, The study: Evaluation of the social worker actual role as a general practitioner with the teamwork of mentally handicapped care institutions, identifying the obstacles facing the social worker as a general practitioner with the team working of mentally handicapped, identifying the proposals that can contribute to raising the level of performance of social worker role with the mentally handicapped, the study used the social survey method for a sample of social workers working with then number of mentally handicapped care institutions, and the researcher has reached in the end to develop a proposed vision to increase the effectiveness of the social worker actual role as a general practitioner with the mentally handicapped from the perspective of general practice, and the study answered all its questions.

**Keywords:** Evaluation, social worker, actual role, mentally handicapped.

**ملخص البحث:**

في ضوء الاهتمام العالمي والمحلي برعاية الاشخاص ذوي الإعاقة ظهرت العديد من الاتجاهات المعاصرة لتقديم الرعاية المتكاملة لهم، حيث يقاس التقدم الحضاري لأي مجتمع بما يوفره لأفراده من الطمأنينة والصحة والمعرفة ومن فرص متكافئة تعمل على تأكيد الذات لدى أعضاء المجتمع وتشعرهم بالاعتزاز والانتماء وتوفير المتطلبات الضرورية للمشاركة والإنتاج، ويعتبر فشة المعاقين ذهنياً من أكثر الفئات في حاجه إلي العديد من العديد من الخدمات ، وخاصة أن المعاقين ذهنياً تتعدد وتتووع المشكلات التي تواجههم فنجد

أن لديهم مشكلات تعليمية واقتصادية واجتماعية وسلوكية، ويلعب الأخصائي الإجتماعي دورا فاعلا في تقديم الخدمات لذوي الإحتياجات الخاصة ، لذلك إستهدفت تلك الدراسة: تقييم الدور الفعلي للأخصائي الإجتماعي كممارس عام مع فريق العمل بمؤسسات رعاية المعاقين ذهنيا، تحديد المعوقات التي تواجه الأخصائي الإجتماعي كممارس عام مع فريق العمل مع المعاقين ذهنياً، تحديد المقترحات التي يمكن أن تساهم في رفع مستوى أداء دور الأخصائي الإجتماعي مع المعاقين ذهنياً، وقد إستخدمت الدراسة منهج المسح الإجتماعي لعينة من الأخصائين الإجتماعيين العاملين بعدد من مؤسسات رعاية المعاقين ذهنيا، وقد توصلت الباحثة في النهاية لوضع تصور مقترح لزيادة فعالية دور الأخصائي الإجتماعي كممارس عام مع المعاقين ذهنياً من منظور الممارسة العامة، وقد أجابت الدراسة علي كافة تساؤلاتها.

**الكلمات المفتاحية:** التقييم، الأخصائي الإجتماعي، الدور الفعلي، المعاقين ذهنيا.

### Introduction:

Human development represents a practical and realistic value for all developed and developing countries alike. These countries made human development among the priorities of development and the human element in the center of their attention, as it is not only a means or a maker of development, but rather the goal and center of development. (Abu Al-Nasr, 2004, p. 15).

The civilized progress of any society is measured by what it provides to its members of tranquility, health, knowledge, and equal opportunities that work to affirm the self-affirmation of the members of society and make them feel proud and belonging and provide the necessary requirements for participation and production. From its physiological structure, this disability may also affect his social status. Hence, the disabled have a right over the state, just like ordinary citizens. They also have the dignity of ordinary people and scientific thinking about their problems, that is, looking at their problems with a scientific view that helps to understand and treat the problem. (Al-Sanhoury, 2000: p. 64), and this was confirmed by the results of a study (Abdel-Gawad et al., 1999), which showed that people with special needs include several categories such as all kinds of physical disability, visual disability, hearing disability, verbal disability, intellectual disability, and pathological disability.

Hence, if the phenomenon of intellectual disability is old, but it can be said that the stage of attention to them began at the beginning of the nineteenth century, and intellectual disability is one of the phenomena that affect a not a simple segment of society, as most

sources and estimates agree that the mentally handicapped represent a proportion of 2-3% of the members of society, and the impact of mental disability is not limited to the disabled individual, but extends to the family in particular and society in general. (Abu Al-Maati, 2009: p. 161)

The problem of intellectual disability has also received great attention from societies, as it is a problem related to the mental competence of individuals on whom society depends in building and developing it. Social, educational, psychological, rehabilitative and professional, and this problem is a unique model in training, and then it requires cooperation between the different agencies in these areas to solve the problem. (Metwally, 2015: p. 7)

Hence, we find that the mentally handicapped have many and varied problems, so we find that they have educational, economic, social and behavioral problems. (Abu Al-Maati, 2009: p.p: 168-169). Gillbera believes that there are problems associated with intellectual disability represented in cognitive disorders such as hallucinations and emotional disorders such as depression and behavioral problems such as aggression and self-harm. He also sees that about 38% - 65% of the mentally handicapped have problems behaviorism. (Gillbera, 2002, p. 120)

This confirmed the results of the study (Andro. 2009) & Yoshinura, as well as the study of (White & et.al, 2006), which found that the mentally handicapped suffer from various behavior disorder problems, which makes them need professional intervention with them. The mentally handicapped suffer from social incompatibility, which in turn affects them and their compatibility and acceptance within the community. Social interaction skills of mentally handicapped children.

Mentally handicapped children also suffer from clear shortcomings in the social aspect, represented by a severe deficiency and a significant deficiency in their social skills, which results in many problems and negative behaviors that prevent these children from the possibility of their acceptable coexistence with others, and the bulk of children with simple mental disabilities can live Without great difficulties in society, with little guidance and assistance from the rest of the family, neighbors, friends or the environment, through social work institutions and other institutions concerned with the care of these children. (Khalifa, 2009: p. 3). In terms of vocational training, it can be said that social work is one of the most important professions that can work with the disabled to care for, rehabilitate them, and take advantage of their available capabilities in order to support their

positive behavior and increase their social harmony. (Fahmy, Ramadan, 2006: p. 105), and this is what Christopher Manvel demands when he points out the necessity of activating the role of social work through its practitioners to provide the required care for the disabled. Have the child. (Abdel-Rahman, 2009: p. 6).

**Theoretical direction of the study: The main direction of this research is the role theory:**

Role theory works to achieve knowledge of the social conditions occupied by the social worker, and the social roles associated with him, determine the expectations that society and its members perceive from him in performing these roles, determine the actual reality in his performance of these roles, and determine the difference between what the social worker actually performs in his performance and the image The ideal expected of him by society and others. (Al-Qousi, 1990: p. 165), role theory is also used in the practice of social work; When the social worker fails to perform one of the roles entrusted to him, and his inability to achieve a balance between the roles that he must perform by virtue of his occupation of different social positions, and this may happen as a result of his inability to find a way in which he organizes his many roles in an organized and coherent format, or His failure to perform the roles imposed and expected of him by society and his participants in his various roles, or the multiplicity of roles and their abundance beyond his capabilities, or the difference in expectations for the same role he occupies. (Abdel Ghaffar, et al., 1999: p. 64)

Role theory contains a set of basic concepts such as the concept of role, role learning, role expectations, role description, role ambiguity, role totality, role conflict, and role evaluation. (Al-Siddiqi, Abd al-Salam, 2012: p. 191)

- **Concepts of role theory:** The basic concepts of role theory can be elaborated as follows: (Zidan, 2004: p.p.: 271-280)

1. **Social role:** It is a pattern of actions or behaviors practiced by the social worker in a particular situation, such as his systematic and objective observation of the behavior of the mentally disabled to identify the behavioral problems he faces and to develop an appropriate treatment plan for them.

2. **The practicing role** (role performances): the actual behaviors practiced by the social worker with the mentally disabled while performing this role with them, whether he is performing his duties or responsibilities related to this role or enjoying his rights during

interaction with the mentally disabled, their families and the work team for this role.

3. **The expected role:** The social worker knows the set of responsibilities expected of him by the mentally disabled family, the work team, the institution and the community, and the level at which he should perform these responsibilities.

4. **Clarity or ambiguity of the role:** that the social worker knows the information necessary to perform his role with the mentally disabled and related to the objectives, policies and procedures of work within the limits of his powers and responsibilities, as well as his awareness of his role and requirements, and knowledge of the tasks that he is supposed to perform; Which makes him able to integrate into the work and thus not make mistakes that can occur due to the ambiguity of that role.

5. **Integration or conflict of roles:** The social worker reconciles his role with the role of the work team and the family of the mentally disabled; The greater the integration between his role and the role of the work team and the mentally disabled family, the greater the integration between the roles of each other and the less conflict between them, and the conflict sometimes occurs as a result of a lack of personal capabilities necessary for the specialist to perform his role with the mentally disabled.

6. **Personal components of the role:** the social worker requires a set of qualities, abilities and skills to exercise the role, the greater the social worker's share of al shakhsal components necessary to perform the role he plays; The higher the level of his performance for this role, and the ingredients include a set of feelings related to the role, the more satisfied the social worker is and accepting this role, the higher the level of performance of the responsibilities of this role.

7. **Role group:** that the social worker plays a group of roles at a certain time with the mentally disabled person; the social worker occupies a number of social situations, so we find him playing an integrative role with the work team, and his role with the mentally disabled is divided into more than one role. To introduce her to how to deal with the mentally handicapped and thus we find a set of roles of his own.

8. **Role conflict:** The success of the social worker in performing each of the roles he plays with the mentally disabled requires a set of skills; Such as his ability to identify the problem, define goals and develop a treatment plan, compatibility between these roles on the one hand, and reconciling his performance for each role and his expectations in this role on the other hand, and if he fails to do so, a so-called conflict of

roles occurs, and it means the failure of the specialist to reconcile those roles. The roles and the level of his performance for each role and the expectations of those around him from the work team and the mentally disabled family regarding this role.

9. **Role evaluation:** Here, the social worker continuously evaluates his performance in each role he plays objectively and impartially to develop himself and his performance, as well as develop the role he plays with the mentally disabled.

10. **Role penalties:** They are the penalties imposed by the institution on the social worker because of his failure to perform the responsibilities of a specific role played by the mentally disabled, and the occurrence of a large discrepancy between what the specialist practices and what is expected of him in performing his role.

**- The use of role theory in this research:**

The social worker shows his problem when he fails to perform one of the roles entrusted to him, and his inability to achieve a balance between the roles that he must perform by virtue of his occupation of different social positions and this may happen because of the following: (Abdel Ghaffar, et.al, 1999: p. 64)

1. The inability of the specialist to find a way to organize his many roles in an organized and coherent format.
2. The specialist's failure to perform the roles imposed and expected of him by the community and its participants in its various roles.
3. The multiplicity of roles and their abundance beyond their capabilities.
4. Different expectations for the same role he occupies.

Intervention through role theory can be addressed in the following steps: (Abu El-Ela, et.al, 1995: p. 50)

A- Teaching the specialist the performance that his role should be in accordance with what others expect of him, especially if he is ignorant of the nature of this role.

B - The specialist's failure in performing his role is due to the lack of skill in the inability to perform this role, so we can provide him with the opportunity to help him acquire this skill.

C- Helping the specialist to find balance and integration between his roles and that comes by clarifying to the specialist the important aspects of each role so that neglecting any of them may lead to conflicts and problems.

D - The appropriate distribution of roles within the system so that the specialist can accept to play some of these roles.

E- Working to reconcile the expectations of others regarding a specific role that the specialist performs and another that he expects from others.

F- To take advantage of the sources of assistance in the community to help the specialist perform his role.

Therefore, the professional preparation of the social worker has a significant impact on his effective performance of his role and consequently on the formation of his positivity for social work. Despite the increased interest in the performance of the social worker, there is stagnation and ineffectiveness of the social work profession and this can be attributed to shortcomings in its education and therefore requires preparing the social worker to be able to perform his roles efficiently, this is only done through good professional preparation. (Al-Ghazzawi, 1999: p. 70)

There are some obstacles that limit the role of social workers in the field of the disabled, such as lack of vocational preparation, professional skills, confusion of roles, and occupational stress, and this was confirmed by the study (Atta, 2012) and (Al-Desouki, 2013), that the social worker working in centers must have Persons with disabilities Good professional preparation and ethical standards so that they can fulfill their roles.

The lack of the necessary professional preparation from a practical and scientific point of view and the lack of training courses that enable social workers to play their role in the field of persons with disabilities affect their professional performance, and social workers must be trained to practice the professional skills needed by the practice process and which help them in carrying out their roles and raising the level of their performance. This was confirmed by a study (Refaat, 2013).

The social worker must have the necessary professional preparation that helps him in professional practice when dealing with the mentally handicapped and their families.

From the previous presentation, the researcher can identify the problem of the study and determine the nature of the actual role played by the social worker as a general practitioner in institutions for the care of the mentally disabled, and stand on the shortcomings and weaknesses in the role of the social worker as a general practitioner, so the researcher is interested in Evaluation his role and making proposals that help to increase activation The role of the social worker, and shows the importance of the social worker actual role as a general practitioner in dealing with the mentally handicapped due to his good professional

preparation to work in this field, and accordingly the study problem was determined in the following: Assessing the actual role of the social worker as a general practitioner with the teamwork of mentally handicapped care institutions.

**The importance of this study:**

A- Increasing the percentage of disability where; it represents a large segment of society, amounting to 12.7%, and this was confirmed by the report of the Mobilization and Statistics Authority in 2019.

B- This study contributes to crystallizing a clear vision of the social worker actual role as a general practitioner with the mentally handicapped.

C- This study, with its data, may enrich the theoretical and applied framework of social work and practice in general and its specialists in particular.

**Objectives of the study:**

1. Evaluation of the social worker actual role as a general practitioner with the teamwork of mentally handicapped care institutions.
2. Determining the obstacles facing the social worker as a general practitioner with the teamwork of mentally handicapped care institutions.
3. Determining the proposals that can contribute to raising the level of performance of the social worker actual role with the mentally handicapped care institutions.
4. Building a proposed vision to increase the effectiveness of the social worker actual role as a general practitioner with the mentally handicapped from the perspective of general practice.

**Study Questions:**

1. What is the actual role of the social worker as a general practitioner with the teamwork of mentally handicapped care institutions?
2. What are the obstacles facing the social worker as a general practitioner with the teamwork of mentally handicapped care institutions?
3. What are the special suggestions that lead to raising the level of performance of the social worker actual role with the mentally handicapped?

**The theoretical part of the study:**

**1. Concept Evaluation:**

Evaluation is seen as a process that applies scientific research procedures to collect reliable and reliable data about the manner and extent to which activities lead to specific results and effects. (Abdel Ghaffar., 2003: p. 296)

Evaluation is defined as determining the actual value of the value that has been made and measuring how close or far it is from achieving the intended goal or objectives. Evaluation is a basic process that every person needs in his public and private life. Each of us holds himself accountable from time to time to avoid the mistakes he committed or to correct his behavior and trends. (Abdul Mohsen, 1991: p. 73)

The evaluation was defined as a set of scientific methods whose practice includes a number of necessary skills necessary to be able to determine the extent of the demand for a humanitarian service and the scale of pre-planned practices for the actual practices of these services in order to assess their effectiveness in meeting the needs expressed by people (Owais, 2000: p. 376)

Evaluation is defined in the Social Work Dictionary: It is a measurement or Evaluation of the extent to which the intervention, project or program has achieved its objectives and goals. What exactly are the reasons for the success or failure of the intervention, program or project? (Sukari, 2000: p. 186)

It is known as the main driver of social work research, and it aims to show the extent of social workers' sense of their responsibilities towards their work, services and programs. (Sane, 2005: p. 89)

Evaluation in intervention programs in the field of social work means: the systematic scientific activity that compares the expected results as defined by the action plan and the actual results that have been reached after the implementation of the plan. (Al-Nouhi, 2007: p. 203)

Evaluation is also defined as an ongoing process through which practitioners and the client deal with the presentation of intervention activities, and assess the impact on the client's problem. The practitioner and client must test their behavior in order to understand the impact on the objectives of the intervention. (Ambrosino, R., 2008: p.125)

Evaluation in the framework of this study means the following:

1. Evaluation The process of collecting and analyzing data in an organized manner in order to determine the extent to which the objectives have been achieved.
2. A process or set of methods by which the role of the social worker with the mentally handicapped is determined.
3. Determining the actual role played by the social worker with the mentally handicapped compared to the described role, and the real role becomes clear.

4. Determining the obstacles that limit the role of the social worker with the mentally handicapped.
5. Determining the proposals that help to develop and develop the role of the social worker with the mentally handicapped.

## **2. The Role Concept:**

The role is the dynamic aspect of a particular social position and its associated duties and rights. Thus, the role is the social identification of rights and duties entrusted to each individual who occupies a certain position in society. (Al-Nouhi, 2001: p. 64)

Some also see the role as a set of organized behavioral patterns for a particular person, occupying a certain social situation in his relationship with another person. (Al-Ghareeb, p. 67:2001)

The role, as defined by the Webster dictionary, is a social behavior pattern expected by the individual, and the role is usually determined by the individual's position in a particular society. (Webster, 2001: p.33)

In the dictionary of social sciences, it is defined as the specific cultural pattern of an individual's behavior that constitutes his status, and it is the social standard that characterizes a particular social position. (Al-Sukari, 2005: p. 177)

Social work scholars view the role as a pattern of actions or behaviors practiced by a particular person in a particular situation. (Zidan, 2002: p. 227)

## **The role in this study is intended to:**

It is the set of behaviors, actions and duties practiced by the social worker as a general practitioner actually that are expected by clients when dealing with them, and the extent to which the social worker as a general practitioner performs the duties and responsibilities of the role.

## **3. Intellectual disability:**

### **A. The concept of intellectual disability:**

Intellectual disability is a marked decrease in the level of general mental abilities (intelligence score less than 70) and a deficit in adaptive behavior (the inability to perform independently or assume the expected responsibility of those of the same age). (Seraj Al-Din, 2009: p. 19)

American Association of Mental Retardation (AAMR, 2002)

It states that: "Intellectual disability is a disability characterized by significant limitations in both functional intelligence capabilities and adaptive behavior as expressed in intelligent, social, and adaptive skills

in practice. This disability arises before the age of (18) years." (Hussain, 2008: p. 17)

#### **Medical Definitions:**

It is the incomplete maturation of the brain, its cells and centers, either due to disease or a genetic disorder during pregnancy due to the mother's abuse of certain medications, addiction, exposure to radiation, tumors and other very dangerous diseases such as AIDS and cancer, or factors during or after childbirth. (Meligy, 2003: p. 8)

#### **Psychometric :**

The psychometric definition depends on the percentage of intelligence (I.Q.). The trait of intelligence is moderately distributed among individuals or samples representing the large population; So that most of the individuals are of average intelligence, a minority of low intelligence, and another minority of high intelligence, and individuals with an IQ of less than (75) were considered mentally handicapped. (Abdel Ghaffar, 1996: p. 19)

#### **World Health Organization (W.H.O), 1999)**

In the tenth international classification, intellectual disability is defined as a state of halting or incomplete mental development, and is characterized in particular by an imbalance in skills, which appears during the developmental cycle, and affects the general level of intelligence, that is, cognitive, linguistic, motor, and social abilities, and retardation may occur with or without Another psychological or physical disorder, but mentally handicapped individuals may develop all kinds of mental disorders, and the mentally handicapped may develop all kinds of psychological disorders, and the prevalence rate of other disorders among the mentally handicapped is at least three to four times that of the general population, and Dysfunctional adaptive behavior. (WHO, 1999: 238)

#### **B. Causes of intellectual disability:**

Many researchers have been interested in studying the causes that lead to intellectual disability, and although many of these reasons have been identified, there are still factors or causes that have not been reached so far, and the World Health Organization explains that the cause of intellectual disability in many individuals and families is not It is still unknown, and there is one explanation for this ambiguity, which is that intellectual disability includes many different problems, which have multiple causes. Relative marriage, early marriage, illiteracy, low level of education, women leaving for work, poverty and high rates of

childbearing are all considered causes of disability that are easy to prevent. (Ramadan, 2008: p. 36)

**A- Genetic factors:** Penrose indicated that a child might inherit intellectual disability from his parents and grandparents through dominant genes that lead to a dominant intellectual disability that appears in all generations in a ratio of 3:1 according to Mendel's law of inheritance. The child may inherit mental retardation from his parents or His grandparents are inherited through recessive genes that lead to recessive mental retardation. These characteristics are inherited from the great-grandfather and are more likely to appear in inbreeding than in non-relative marriage and cause about 20% to 40% of cases of severe and moderate mental retardation. (Fouad, 2012: p. 116)

**b- Environmental factors:**

1. **Causes during pregnancy:** such as maternal malnutrition during pregnancy, exposure of the mother to X-rays, rhesus factor (RH), iodine deficiency, folic acid deficiency, high blood pressure, vitamin A deficiency, epilepsy, infection The mother has AIDS, syphilis or rubella, hypothyroidism in the fetus (cretinism), the mother's abuse of alcohol, drugs and smoking during pregnancy, the mother's taking medicines and drugs without consulting a doctor, and the mother's exposure to toxoplasmosis, a parasitic disease that comes through cats and dogs, and the lack of oxygen The fetus, therefore, has to breathe through its mouth, which inhales the fluid surrounding it in the placenta. (Ali, 2002: p. 114)

2. **Reasons during childbirth:** including caesarean section, dry delivery, premature birth, obstructed labour, cessation of oxygen delivery to the fetus's brain during delivery, head injury during childbirth, damage to part of the brain, bleeding before and during childbirth, and the umbilical cord wrapped around the neck. (Abu Al-Maati, 2009: p. 166)

3. **Causes after birth:** Having a child after birth before puberty with a diet that affects brain cells (meningitis), or with a type of cerebral palsy or measles, arsenic and carbon monoxide poisoning, lead poisoning, or inhalation of fumes during early childhood as a result of pollution Air, water or food, falling or hitting the skull severely in early childhood in a way that results in damage to some brain tissue or infection with some tumors, severe malnutrition of the child, especially if the child's food is delayed due to a severe lack of protein or iodine, especially in the first year of his life The poor environment, which lacks mental activities that stimulate the child's intelligence in the early stages of his development, is responsible for a very high percentage of cases of

simple mental disabilities, especially if complete food and health services are not available. (Labib, 2002: p. p. 33-34)

### Classification of intellectual disability:

Classifications of mental disability vary greatly due to the great difference in the levels of the mentally handicapped, including the level of mental abilities, psychological abilities, and social abilities, and they differ according to the classification based on which they were classified.

1. **Medical classification:** It is based on one of the following criteria and we will review it with some brief:

A- Classification by source of disability: Gould (1952) divides cases of intellectual disability into:

- Primary intellectual disability: It occurs because of heredity and is based on glandular deficiency.
- Intellectual disability due to the occurrence of errors in the genes: it is the increase, deficiency or splitting of some chromosomes.
- Intellectual disability due to environmental factors: during pregnancy or during the birth itself.

B- **Classification according to the degree of injury:** Kanner suggested the following classification: (Saad, 2013: p. 116)

- **Absolute:** It is the lowest level of division, such as the category of idiots and idiots.
- **Relative:** It includes individuals with moderate disabilities, who are the Moron category.
- **Appearance:** It arises from major cultural factors and there are no separate boundaries between these categories.

Lefort (2006) states that the American Society for Intellectual Disabilities has identified four categories according to the severity of the disability, as follows: (Al shakhs, 2007: p. 72)

- **Mild Mental Retardation:** It refers to individuals who learn slowly in school and who can achieve academic skills up to about level 6 and whose professional and social abilities allow them to work and live independently with little support and follow-up.
- **Moderate Mental Retardation:** It refers to individuals whose academic skill level falls to the second grade at most, who are amenable to training in life skills and social adaptation, and who need full supervision in their work.
- **Severe Mental Retardation:** It refers to individuals who have limited communicative abilities and understand only basic information in relation to the alphabet, and they have degrees of physical disability such as movement difficulty or speech and speech disorders, and their

educational programs depend on providing them with life and communication skills, and they need full supervision and follow-up in their work.

**4- Profound Mental Retardation:** It refers to individuals who need the full care and complete supervision of others, and appear to have a major deficiency in the skills of physical coordination and aspects of sensorimotor development, and most of the time they need complete care in the accommodation institution.

**The role of social work in dealing with the mentally handicapped:**

The mentally handicapped faces many problems in society. There is no doubt that the profession of social work can play an important role in reducing the severity of these problems. We can divide the role played by social work into: (Abu Al-Maati, 2009: p.

1. **The preventive role:** This role aims to initiate the discovery of the causes of the problem and work to provide the possibilities that prevent the occurrence of the problem or reduce it and the social worker can achieve this prevention in general through the following tasks:

A - Spreading the philosophy of psychiatry among clients and limiting marriages between mentally disabled people so that the problem of mental disability does not spread in society and reassurance that a marriage is far from pathological dissolution in the sense of ensuring that the spouses are free of any hereditary disease.

B- Paying attention to advising the mother and guiding her to the rules of proper nutrition during pregnancy, especially since severe malnutrition affects the safety of the fetus, in addition to working to provide the mother's mental health during pregnancy because this is one of the most important factors affecting the safety of the fetus.

C - Spreading health cultural awareness among citizens about the good treatment of these groups and the initiative to quickly refer them to specialists at an early stage, because there are some cases of intellectual disability that can make some improvements after this early discovery.

2. **Therapeutic role:** The therapeutic role played by the social work varies according to the nature of the problems faced by the mentally disabled through three levels as follows: (Abu Al-Maati, 2009: p.p.: 179-180)

- **The first level:** individual services for the mentally handicapped.
- **The second level:** collective services for the mentally handicapped.
- **The third level:** community services for the mentally disabled.

3. **The developmental role:** It is represented in the social worker performing the following tasks: (Al-Sanhoury, 2000: p. 286)

A- Supervising the conduct of evaluative research for services and aspects of social care that are provided to groups of mentally handicapped through the institutions designed for their care, and the appropriateness and adequacy of these services in order to work on developing them as much as possible.

B- Calling for increased interest in establishing more schools for intellectual education and depository institutions, directing public opinion to pay attention to the problem of intellectual disability and urging officials to monitor the material and human capabilities that help to overcome this problem and reduce it whenever possible. (Abu Al-Maati, 2009: p. 182)

C- Conducting various research aimed at reaching recommendations that can be used in the field of mental disability and inviting all concerned institutions working in the field of care for the mentally disabled, as well as the Specific Federation of Associations of the Disabled, to carry out their responsibilities towards these groups, and follow up on the implementation of decisions and recommendations and the results of research conducted in This field, as well as follow up the implementation of laws issued in this regard.

The importance of Evaluation the role of the social worker with the mentally handicapped:

The process of Evaluation the role of the social worker with the mentally disabled has many comprehensive benefits, the most important of which are the following: (Michal Preston, 1987: p.p: 142-143)

1. Evaluation the role of the social worker improves the quality of the services he provides by directing plans and activities towards the desired goals set with the mentally handicapped.
2. It helps to develop and improve effective methods of assistance by identifying the factors and reasons that contribute to achieving this by highlighting the social worker results in their accurate and public form in addition to the resources available for use with the mentally handicapped.
3. The social worker helps determine the long-term goals that have been achieved with the mentally handicapped.
4. The social worker helps to identify the basic skills necessary for effective work with the mentally handicapped.

Another point of view sees the importance of Evaluation the social worker with the mentally handicapped in the following points: (Fahmy, 1999: p. 259)

1. Evaluation is a means to achieve continuous professional and career growth for the social worker, and it is an educational process through which they can develop their knowledge, modify their attitudes, develop and develop their methods of work with the mentally handicapped, and acquire more practical experiences and technical skills.
2. It is also considered as an objective criticism and corrective method for the defects and shortcomings of the social worker and to benefit from all of this in future plans in working with the mentally disabled.
3. Evaluation is a scientific and practical way to identify the effectiveness and efficiency of the device for the social worker.

#### **Methodology:**

##### **-Type of study:**

This study belongs to the evaluation studies that focus on estimating the importance and revealing the truth about what the specialist can make of professional effort and measuring it and determining the value of the social worker's performance of his role with the mentally handicapped and his efficiency in achieving this in order to determine the social worker actual role as a general practitioner by revealing the truth of his role with the mentally handicapped.

##### **-Type of method:**

The method used in this study is a sample social survey method for social workers who work in the field of intellectual disability in the institutions under study.

##### **-Fields of study:**

##### **-Spatial field:**

This study was applied in institutions for the mentally handicapped in Cairo Governorate, where they numbered (11) institutions in their branches, and (4) of those institutions were selected due to the availability of the sample and the approval of the officials to implement the study in them. Social are:

- Erada Foundation for the Mentally Handicapped.
- Ekalem Foundation for Intellectual Disability.
- Ishraqa Center for People with Special Needs.
- Social Rehabilitation Association for the Disabled.

##### **-Justifications for choosing the spatial domain:**

- Availability of the study sample of social workers.
- The experience of those institutions in dealing with the mentally handicapped.
- The desire of officials in those institutions to develop the roles of social workers in them.

**-The human sample:**

The study was applied to a number of (50) social workers in those institutions with its various branches who were present at the time of conducting the study and accepted the application of the study with them, and they are as follows: **Table: (1)**

Name of the institution	Number of social worker
Erada Foundation for the Mentally Disabled.	13
Etkalem Foundation for Intellectual Disability.	16
Ishraqa Center for People with Special Needs.	10
Social Rehabilitation Association for the Disabled.	11

- **Time-domain:** The period of conducting the study was set in the time from 10/10/2021 to 12/12/2021.

**- Study Tools:**

A questionnaire sheet applied to the social worker (prepared by the researcher). This sheet contains:

- **First:** The primary data of the social worker: related to gender, age, qualification, years of experience, and the work he has done in the field.

- **Second:** The role of the social worker with the mentally handicapped and within the institution.

- **Third:** Obstacles that limit the social worker from performing his role with the mentally handicapped.

- **Fourth:** Proposals to raise the level of performance of the social worker actual role with the mentally handicapped.

**C- Validity of the paragraphs (apparent honesty):**

The tool was presented to (10) faculty members at the Faculty of Social Work, Helwan University, to express their opinion on the validity of the tool in terms of the linguistic integrity of the phrases on the one hand and its relationship to the study variables on the other hand, and it was relied on an agreement rate of no less than (83%) Some of the phrases were deleted and some were reformulated, and accordingly the forms were drafted in their final form.

**- Content Validity:**

To verify this type of honesty, the researcher did the following: Reviewing the literature, books, theoretical frameworks, and previous studies and research that dealt with the study variables.

- Analyzing this literature, research and studies in order to reach the different dimensions and expressions related to the dimensions that are related to the problem of the study.

**-Reliability of the tool:**

The Reliability of the tool was calculated using the reliability coefficient (Cronbach's alpha) for the estimated Reliability values of the forms, by applying it to a sample of (10) items of social workers, using a re-test system. The results came as shown in the following table:

**Table (2)** shows the results of Reliability using the coefficient (Alpha - Cronbach) of the social workers' form (n = 10)

Dimension	coefficient (alpha - Cronbach)
The Reliability of the social workers questionnaire as a whole	0.86

The previous table shows that there is a high degree of Reliability in all dimensions of the form, so that the researcher can rely on the results reached by the tool, which indicates that the form has an appropriate degree of Reliability. Correlation between individual phrase scores and pairwise phrase scores for a sample of (10) social workers.

**Table (3)** shows the reliability results using the Spearman-Brown split-half equation for the social workers' questionnaire (n = 10)

Dimension	coefficient Brown Spearman
The Reliability of the social workers questionnaire as a whole	0.93

The previous table shows that there is a high degree of Reliability in all dimensions of the form so that the researcher can rely on the results reached by the tool, which indicates that the form has an appropriate degree of Reliability.

#### -Statistical analysis methods:

The data was processed through the computer using the program (SPSS .V. 23.0) and the statistical packages for the social sciences, and the following statistical methods were applied:

#### 1. Frequencies and percentages.

2. **Arithmetic mean:** It was calculated for the triple scale by:

Arithmetic mean = k (yes) x 3 + k (somewhat) x 2 + k (no) x 1 n

**Table (4)** How to judge the level of the role of social workers in dealing with the mentally handicapped:

If the mean value of the expression or dimension ranges between 1 - 1.67.	low level
If the mean value of the expression or dimension ranged between more than 1.67 - 2.35.	middle level
If the mean value of the expression or dimension ranges between more than 2.35 - 3.	high level

3. **Standard deviation:** It is useful in knowing the extent of dispersion or non-dispersion of the respondents' responses, and helps in arranging the phrases with the arithmetic mean, since in the case of the phrases

being equal in the arithmetic mean, the phrase whose standard deviation is less takes the higher order.

4. Reliability coefficient (Alpha. Cronbach): for the estimated reliability values of the study tools.

◦- Spearman's correlation coefficient.

#### Study Results:

**Table (5)** shows the gender of social workers (n = 50)

N	- Gender:	Frequencies	Percentage %
1	a- male.	17	34%
2	B- female.	33	66%
<b>Total:</b>		<b>50</b>	<b>100%</b>

**The results of the above table show that:**

The largest percentage of social workers is female (66%), while (34%) of them are male, and this confirms that most social workers are female, and this leads us to the fact that the ratio of females to males in society in general is higher than males.

**Table (6)** shows the age of social workers (n = 50)

N	- Age:	Frequencies	Percentage %
1	Less than 25 years old	22	44%
2	from 25 -	8	16%
3	from 30 -	8	16%
4	from 35 -	11	22%
5	From 40 years and over	1	2%
<b>Total:</b>		<b>50</b>	<b>100%</b>

**The results of the above table show that:**

Most social workers range in age (less than 25 years), and they ranked first with a percentage of (44%), then from (35 years to less than 40 years) came in the second rank with a percentage of (22%), followed by (25 years to less than 30 years) and (30 years for less than 35 years) and came in the third rank with a percentage of (16%), then in the end (40 years and over) it came in the fourth and last rank with a percentage of (2%).

**Table (7)** shows the academic qualification of social workers working in institutions for the care of the mentally handicapped (n = 50)

N	Qualification	Frequencies	Percentage %
1	Bachelor Social work.	29	58%
2	Higher Diploma in Social Work.	9	18%
3	MAS in Social Work.	12	24%
<b>Total:</b>		<b>50</b>	<b>100%</b>

**The results of the above table show that:**

Most of the specialists hold a Bachelor's degree in social work and came in the first rank with a percentage of (58%), then those with a master's degree in social work came in the second rank with a percentage of (24%), followed by those with a higher diploma in social work and it came in the third and last rank with a percentage of (18%)

Among others, she mentioned specialists with a general educational diploma, a special education diploma, a professional diploma in communication, a diploma in learning difficulties, and a master's degree in mental disorders. There are also those who have the desire to take some diplomas and those who are already in school years. Table (8) shows years of experience in the field of intellectually disabled people (n = 50)

N	Years of Experience	Frequencies	Percentage %
1	Less than 3 years old.	25	50%
2	From 3-.	7	14%
3	From 5-.	10	20%
4	From 8 -.	6	12%
5	From 11 years and over.	2	4%
<b>Total:</b>		<b>50</b>	<b>100%</b>

**The results of the above table show that:**

Most of the specialists have experience in the field of the mentally handicapped (less than 3 years), and it came in the first rank with a percentage (50%), then (5 years -) it came in the second rank with (20%), followed by (3 years -) and it came in It ranked third with a percentage of (14%), then (from 8 years -) and came in the fourth rank with a percentage of (12%), then at the end of (11 years -) it came in the fifth and last rank with a percentage of (4%). This shows the necessity of paying attention to training programs while working with the mentally handicapped to raise the skills of social workers.

**Table (9)** shows the work done by the social worker in the field of the mentally handicapped (n = 50)

N	phrases	Frequencies	Percentage %	Rank
1	Planning and preparing programs for the care of mentally handicapped children.	13	26%	4
2	Implementation of projects for the care of the mentally handicapped.	17	34%	2
3	Organizing and managing work in institutions for mentally handicapped children.	13	26%	4D
4	Working with the mentally handicapped within their institutions.	18	36%	1
5	Working with families of the mentally handicapped.	16	32%	3

**The results of the above table show that:**

Most of the specialists who work with the mentally disabled within their institutions came in the first rank with a percentage of (36%), then the implementation of projects for the care of the mentally disabled came in the second rank with a percentage of (34%), followed by work with families of the mentally disabled and came in the third rank with a percentage of (32 %), then in the end planning and preparing programs for the care of children with mental disabilities, organizing and managing work in institutions for caring for children with mental disabilities, and it ranked fourth, fourth and last with a percentage of (26%).

**The role of the social worker with the mentally handicapped and within the institution:**

**Table (10)** shows the tasks performed by the social worker within the (n = 50)

N	Tasks	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Study the child's case before joining the institution.	32	12	6	126	2.52	0.707	4
2	Follow-up of the child during his time and presence in the institution.	48	2	-	148	2.96	0.198	1
3	Develop treatment plans for cases and follow up their implementation.	46	2	2	144	2.88	0.435	2

N	Tasks	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
4	Transferring some cases to other institutions in the community.	25	5	20	105	2.1	0.953	5
5	Complete the records for each case.	44	4	2	142	2.84	0.468	3
<b>Total</b>						<b>2.66</b>	<b>0.552</b>	<b>high</b>

**The results of the above table show that:**

The level of tasks exercised by the social worker within the institution from the point of view of specialists (high), as the arithmetic mean = 2.66 and standard deviation (0.319), The most important of this is the following: Follow-up of the child during his period and presence in the institution in the first rank with an arithmetic mean of (2.96), the development of treatment plans for cases and follow-up of their implementation in the second rank with an arithmetic mean of (2.88), and completing the records for each case in the third rank with an arithmetic mean of (2.84) Studying the case of the child before joining the institution in the fourth rank with an arithmetic mean (2.54), transferring some cases to other institutions in the community in the fifth and last rank with an arithmetic mean of (2.10).

**Table (11)** shows the social worker's estimate of the mentally disabled case (n = 50)

N	Assesment	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	I am keen to explore and gather information for its importance in the Evaluation process.	50	-	-	150	3	0	1
2	I am careful to interpret and analyze the information obtained for its importance in the Evaluation process.	49	1	-	149	2.98	0.141	2
3	I am keen to evaluate the professional conclusions to assess the condition of the mentally disabled in the extent to which they benefit from the institution's services.	50	-	-	150	3	0	1D
<b>Total</b>						<b>2.99</b>	<b>0.47</b>	<b>high</b>

**The results of the above table show that:**

The level of the social worker's Evaluation of the mentally disabled from the specialists' point of view is (high), as the arithmetic mean = 2.99 and a standard deviation (0.047).

The most important of this is the following: I am keen to explore and collect information for its importance in the Evaluation process, I am keen to estimate the professional conclusions to estimate the condition of the mentally disabled in the extent to which the institution's services are used in the first and first rank, repeated with an arithmetic mean (3), I am keen to interpret and analyze the information obtained It is ranked second and last for its importance in the estimation process, with an arithmetic mean of (2.98).

**Table (12)** shows the social worker's planning for the mentally disabled case (n = 50)

N	Planing	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	I set the goals of professional intervention with the mentally disabled in the light of the information I obtained and which is consistent with the objectives of the institution	48	-	2	146	2.92	0.396	1
2	I am keen to develop a professional intervention strategy with the mentally handicapped in light of the resources available in the institution	42	4	4	138	2.76	0.591	3
3	I am keen to choose the skills through which the process of professional intervention with the mentally disabled will be carried out	45	3	2	143	2.86	0.452	2
<b>Total</b>						<b>2.85</b>	<b>0.479</b>	<b>high</b>

**The results of the above table show that:**

The level of the social worker's planning for the mentally disabled case from the specialists' point of view (high), as the arithmetic mean = 2.85 and standard deviation (0.479).

The most important of this is the following: I set the goals of professional intervention with the mentally disabled in the light of the information I obtained and which is consistent with the objectives of the institution in the first rank with an arithmetic mean (2.92), I am keen to choose the skills through which the process of professional intervention with the mentally disabled will be ranked in the rank The second with an arithmetic mean of (2.86), I am keen to develop a strategy of professional intervention with the mentally disabled in light of the resources available in the institution, in the third and last rank with an arithmetic mean of (2.76).

**Table (13)** shows the problems facing the mentally handicapped from the point of view of specialists (n = 50)

N	proplems	Frequencies	Percentage %	Rank
1	Psychological and behavioral problems.	50	100%	1
2	Social problems.	50	100%	1D
3	Economic problems.	23	46%	3
4	health problems	28	56%	2

**The results of the above table show that:**

The largest percentage of social workers believe that the problems facing the mentally handicapped are psychological, behavioral and social problems and came in the first rank with a percentage of (100%), and this was confirmed by a study (Bahaa El-Din, 2001), where the study concluded that the mentally handicapped suffer from non-consensual behavior patterns. Such as emotional disturbances and aggression.

While health problems came in second rank (56%), where immune deficiency and weakness related to imbalances in hormone secretions lead to weakness in public health and rapid infection with viruses and bacteria on an ongoing basis, then in the third and final rank were economic problems (46%).

Other problems facing the mentally handicapped, mentioned by the social worker, were cognitive problems, family, academic and skill problems, and problems in the lack of community awareness of how to treat the mentally handicapped.

**Table (14)** shows the skills required for the actual role of the social worker (n = 50)

N	skills	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Formation of a professional relationship.	46	1	3	143	2.86	0.495	2
2	Evaluation of the needs of the mentally handicapped.	49	-	1	148	2.96	0.283	1
3	Dealing with the responses of the mentally handicapped.	49	-	1	148	2.96	0.283	1D
4	Choose the right professional tools for the situation.	49	-	1	148	2.96	0.283	1D
5	Ability to work within a team.	39	3	8	131	2.62	0.753	3
<b>Total</b>						<b>2.87</b>	<b>0.419</b>	<b>high</b>

**The results of the above table show that:**

The level of skills required by the actual role of the social worker from the point of view of specialists (high), as the arithmetic mean = 2.87 and standard deviation (0.419).

The most important of these are the following: Estimating the needs of the mentally handicapped, choosing the appropriate professional tools for the situation in the first and first rank repeated with an arithmetic mean of (2.96), and the results of the current study agree with the study (mohammed, 1999), where the study concluded that the level of mentally handicapped children improves by taking into account The specialist to satisfy the most important social and psychological needs of them, and this requires skill from the specialist, dealing with the responses of the mentally disabled, forming the professional relationship in the second rank with an arithmetic mean of (2.86), the ability to work in a team in the third and last rank with an arithmetic mean of (2.62).

**Table (15)** shows the goals that the social worker seeks to achieve with the mentally handicapped (n = 50)

N	goals	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Care for the mentally handicapped as a vulnerable group.	49	1	-	149	2.98	0.141	1
2	Investing in the capabilities of the mentally handicapped and working on their development.	49	1	-	149	2.98	0.141	1D
3	Helping the mentally handicapped achieve social and	47	1	2	145	2.9	0.416	3

N	goals	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
	family harmony.							
4	Helping the disabled family in identifying the best methods of dealing with the mentally disabled.	48	-	2	146	2.92	0.396	2
<b>Total</b>						<b>2.95</b>	<b>0.274</b>	<b>high</b>

**The results of the above table show that:**

The level of goals that the social worker seeks to achieve with the mentally disabled from the specialists' point of view (high), as the arithmetic mean = 2.95 and standard deviation (0.274).

The most important of these are the following: Caring for the mentally disabled as they are a vulnerable group, investing the abilities of the mentally disabled and working to develop them in the first and first rank repeated with an arithmetic mean of (2.98), helping the disabled family in identifying the best methods of dealing with the mentally disabled in the second rank with an arithmetic mean ( 2.92), helping the mentally handicapped achieve social and family harmony in the third and last rank with an arithmetic mean of (2.90).

The specialists also see that among the goals is to teach the mentally disabled child independence and social adaptation with their ordinary peers, and work to have social integration for him and change the perception of people and society about him.

**Table (16)** shows the type of Evaluation that the social worker would like to take place with the mentally handicapped (n = 50)

N	Type of Evaluation	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Continuous evaluation of the social worker actual role	44	2	4	140	2.8	0.571	3
2	Continuous evaluation of institutions that provide services to this category	39	6	5	134	2.68	0.653	4
3	Continuous evaluation of services provided to the mentally handicapped	45	4	1	144	2.88	0.385	1
4	Continuous Evaluation of the mentally handicapped	44	3	3	141	2.82	0.523	2
<b>Total</b>						<b>2.79</b>	<b>0.553</b>	<b>high</b>

**The results of the above table show that:**

The level of evaluation that the specialist would like to do with the mentally disabled from the point of view of social workers is (high), as the arithmetic mean = 2.79 and standard deviation (0.553).

The most important of that are the following: the continuous evaluation of the services provided to the mentally disabled in the first rank with an arithmetic mean of (2.88), the continuous evaluation of the mentally disabled in the second rank with an arithmetic mean (2.82), the continuous evaluation of the role played by the social worker in the third rank with an arithmetic mean of (2.80) The continuous evaluation of the institutions that provide services to this category ranked fourth and last with an arithmetic mean of (2.68), and the specialists also want to evaluate the tools that are used to deal with the mentally handicapped.

**Table (17)** shows the life skills that must be acquired for the mentally handicapped (n = 50)

N	Life skills	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Self-reliance skills.	50	-	-	150	3	0	1
2	Verbal and nonverbal communication skills.	50	-	-	150	3	0	1D
3	Social communication skills.	50	-	-	150	3	0	1D
4	Protection and security skills.	45	4	1	144	2.88	0.385	2
<b>Total</b>						<b>2.97</b>	<b>0.096</b>	<b>high</b>

**The results of the above table show that:**

The level of life skills that must be acquired for the mentally disabled from the point of view of social workers (high), as the arithmetic mean = 2.97 and standard deviation (0.096).

The most important of these are the following: self-reliance skills, verbal and non-verbal communication skills, social communication skills in the first and first rank repeated with an arithmetic mean (3), and protection and safety skills in the second and last rank with an arithmetic mean of (2.88).

There are also some other skills that must be acquired for the mentally disabled, which are academic skills, pre-reading and writing skills, vocational rehabilitation skills, visual performance skills, interaction skills with peers in a group, and small and gross motor skills.

Looking at the previous table, we find that the life skills that the specialist will gain for the mentally disabled differ from one case to another, and therefore they need an Evaluation process on the part of the specialist.

**Table (18)** shows the preventive role played by the social worker with the mentally handicapped (n = 50)

N	protective role	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Work to provide awareness and health care programs	22	18	10	112	2.24	0.771	2
2	Introducing families to the factors that may lead to intellectual disability and how to avoid them	48	1	1	147	2.94	0.314	1
3	Study and analysis of preventive services in society	7	26	17	90	1.8	0.67	3
<b>Total</b>						<b>2.33</b>	<b>0.585</b>	<b>medium</b>

**The results of the above table show that:**

The level of the preventive role played by the social worker with the mentally handicapped from the specialists' point of view (mean), where the arithmetic mean = 2.33 and standard deviation (0.585).

The most important of this are the following: Introducing families to the factors that may lead to mental disability and how to avoid them in the first rank with an arithmetic mean of (2.94), working to provide awareness and health care programs in the second rank with an arithmetic mean of (2.24), studying and analyzing preventive services in the community in The third and last rank, with an arithmetic mean of (1.80).

**Table (19)** shows the role of the social worker in caring for the mentally handicapped (n = 50)

N	Mentally handicapped care	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Providing them with the daily skills needed for life work	49	-	1	148	2.96	0.283	2
2	Refining their behavior and training in proper social behavior	49	1	-	149	2.98	0.141	1
3	Developing the social and verbal communication skill of the mentally handicapped	49	-	1	148	2.96	0.283	2D
4	Helping families of the mentally handicapped	49	1	-	149	2.98	0.141	1D

N	Mentally handicapped care	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
	by giving them instructions to deal with their children							
<b>Total:</b>						<b>2.97</b>	<b>0.212</b>	<b>high</b>

**The results of the above table show that:**

The level of social worker care homes for the mentally disabled from the specialists' point of view (high), where the arithmetic mean = 2.97 and standard deviation (0.212).

The most important of these are the following: Refining their behavior and training on proper social behavior, helping the families of the mentally handicapped by giving them instructions to deal with their children in the first and first rank repeated with an arithmetic mean of (2.98), providing them with the daily skills necessary for life work, developing the skill of social and verbal communication among the disabled Mentally in the second and second rank is repeated with an arithmetic mean (2.96).

**Table (20)** shows the role of the social worker in developing the remaining abilities of the mentally disabled (n = 50)

N	Residual capacity development	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Provide the child with different healthy and nutritional habits.	37	5	8	129	2.58	0.758	3
2	Gradually train the child to practice simple industries that do not require skill or intelligence.	8	22	20	88	1.76	0.716	4
3	Helping the child assume responsibility by participating in the preparation of some activities.	44	4	2	142	2.84	0.468	1
4	Training the child on the cognitive aspect (implicit groups - attention and remembering ... etc.).	41	4	5	135	2.7	0.647	2
<b>Total</b>						<b>2.47</b>	<b>0.647</b>	<b>high</b>

**The results of the above table show that:**

The level of the social worker actual role in developing the remaining abilities of the mentally disabled from the specialists' point of view (high), as the arithmetic mean = 2.47 and standard deviation (0.647).

The most important of these are the following: helping the child to assume responsibility by participating in the preparation of some activities in the first rank with an arithmetic mean of (2.84), training the child on the cognitive side (implicit groups - attention and remembering ... etc.) in the second rank with an arithmetic mean of (2.70) Providing the child with different healthy and nutritional habits in the third rank with an arithmetic mean (2.58), gradually training the child to practice simple industries that do not require skill or intelligence, in the fourth and last rank with an arithmetic mean (1.76).

**Table (21)** shows the obstacles that limit the social worker's role with the mentally handicapped (n = 50)

N	obstcals	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Lack of material and moral incentives for specialists.	46	1	3	143	2.86	0.495	1
2	Lack of a special room for the social worker inside the institution.	38	-	12	126	2.52	0.863	3
3	Lack of resources and lack of capabilities to carry out activities and programs.	44	3	3	141	2.82	0.523	2
4	Lack of training courses for social workers in the institution in the care of the mentally handicapped.	18	8	24	94	1.88	0.918	5
5	Difficulty linking the theoretical side with the practical side sometimes.	12	13	25	87	1.74	0.828	6
6	Lack of cooperation of the work team with the social worker in the institution.	7	10	33	74	1.48	0.735	7
7	The lack of adequate professional preparation for the social worker in this field.	50	-	-	96	1.92	0.9	4
<b>Total</b>						<b>2.17</b>	<b>0.752</b>	<b>medium</b>

**The results of the above table show that:**

The level of obstacles that limit the social worker's role with the mentally handicapped from the specialists' point of view (average), as the arithmetic mean = 2.17 and standard deviation (0.752).

Among the most important of these obstacles are the following: lack of material and moral incentives for specialists in the first rank with an arithmetic mean of (2.86), lack of resources and lack of capabilities to practice activities and programs in the second rank with an arithmetic mean of (2.82), lack of a special room for the social worker within the institution in the third rank With an arithmetic mean (2.52), the lack of adequate professional preparation for the specialist in this field ranked fourth with an arithmetic mean (1.92), the lack of training courses for specialists in the institution in the care of the mentally disabled in the fifth rank with an arithmetic mean (1.88), the difficulty of linking the theoretical side with the practical side sometimes in The sixth rank with an arithmetic mean of (1.74), the lack of cooperation of the work team with the specialist in the institution, in the seventh and last rank, with an arithmetic mean of (1.48).

**Table (22)** shows the proposals for raising the level of performance of the social worker actual role with the mentally disabled (n = 50)

N	suggestions	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
1	Paying attention to field training during the school stage and working in the field of the mentally handicapped	49	1	-	149	2.98	0.141	2
2	Attention to developing curricula for students of social work colleges and institutes in the field of caring for the mentally handicapped	50	-	-	150	3	0	1
3	Get pre- and on-the-job trainings	49	1	-	149	2.98	0.141	2D
4	Provide adequate financial support for the programs and activities that I receive	50	-	-	150	3	0	1D
5	Holding seminars to educate the family about the importance of	49	1	-	149	2.98	0.141	2D

N	suggestions	Answers			T-w	M	S.D	R
		Yes	Some Times	No				
	cooperation with the institution and the specialist							
<b>Total</b>						<b>2.98</b>	<b>0.085</b>	<b>high</b>

**The results of the above table show that:**

The level of proposals for raising the level of performance of the social worker actual role with the mentally disabled from the specialists' point of view (high), as the arithmetic mean = 2.98 and standard deviation (0.085).

Among the most important of these proposals are the following: interest in developing curricula for students of social work colleges and institutes in the field of caring for the mentally handicapped, providing adequate financial support for the programs and activities that I receive in the first and first rank repeated with an arithmetic mean (3), paying attention to field training during the school stage and working in the field of The mentally handicapped, receiving training courses before and during work, holding seminars to raise awareness of the family about the importance of cooperation with the institution in the second, second, and last rank with an arithmetic mean of (2.98).

#### **Discussion:**

The results of the study were discussed in light of the study objectives and questions:

It was clear from the results of the study that most of the specialists who work with the mentally handicapped within their institutions came in the first rank with a percentage of (36%), then the implementation of projects for the care of the mentally disabled came in the second rank with a percentage of (34%), followed by working with the families of the mentally handicapped and it came in Third rank with a percentage of (32%), then in the end planning and preparation for programs for the care of children with mental disabilities, organization and management of work in institutions for caring for children with mental disabilities and came in the fourth, fourth and last rank with a percentage of (26%). Social with the mentally handicapped, we find that the ratios associated with the work carried out by the specialist are close, so we find that he does all these work in a balanced manner.

This is consistent with the theoretical framework of the current study, where the role of the specialist is to plan activities and

institutional group recreational programs such as visits, trips, camps, competitions...etc, and to participate in their implementation and practice various activities that are popular with the mentally disabled, through which the senses can be trained and the remaining abilities of the mentally disabled. (Sarhan, 2006: p. 195)

It also helps in developing purposeful programs that help members grow and change, assisting in the implementation and supervision of those programs and helping them to use their remaining capabilities. (Al-Sanhoury et al., 2000: p. 284). Undoubtedly, the family's participation in treating the mentally disabled child benefits their children from a psychological, social, health and educational point of view, and saves the family from an economic point of view, and the effectiveness and success of the programs offered to the child depends on the father's support, and their support for these programs and this is what the specialist does with the family. (Fouad, 2012: p. 241)

It also contributes to defining the training programs offered to the mentally disabled in order to provide him with new skills and master the old skills he has by placing these programs in an image that suits his condition and circumstances so that the disabled person is productive, and in his rehabilitation. (Sarhan, 2006: p. 173)

It was clear from the results of the study that the level of tasks practiced by the social worker within the institution from the point of view of the specialists (high): and the most important of this are the following: Follow-up of the disabled during the period and quality of the institution in the first rank with an arithmetic mean (2.96), the development of treatment plans for cases and follow-up of their implementation in the rank The second with an arithmetic mean (2.88), completing the records for each case in the third rank with an arithmetic mean (2.84), studying the case of the child before joining the institution in the fourth rank with an arithmetic mean (2.54), transferring some cases to other institutions in the community in the fifth and last rank with an average (2.10).

It was clear from the results of the study that the highest tasks practiced by the specialist inside the institution is to follow up on the child during the period of his existence in the institution and this is an indication that the specialist is taking care of these children in a high way and what he plays other roles within the institution such as developing treatment plans and following up their implementation and completing records and studying the case of the child and transferring some cases To other institutions, this is an indication that the specialist is aware of his roles within the institution.

This is consistent with the theoretical framework of the study, where the specialist follows up with the mentally handicapped in their education and professional rehabilitation and in their employment and to ensure that they continue to do so successfully, which confirms the extent of their adaptation in society and achieving their goals in the light of their abilities and capabilities and helping them to overcome the problems that hinder their use of these services. (Sarhan, 2006: p. 173), as well as working to follow up the case and encourage it to continue to progress within the limits of its mental capabilities, even if this progress is merely following healthy, healthy habits in eating, drinking, or otherwise. (Abu Al-Maati, 2009: p. 180), the specialist also assists in setting up targeted programs that help members grow and change, and assists in implementing and supervising those programs, as well as Evaluation those programs. (Al-Sanhoury, et.al, 2000: p. 284), and it studies the social, medical and educational history of the family, the extent of compatibility or difficulty of socially compatibility with the mentally handicapped, his inclinations, traits, school achievement, the extent of his inclination to play or calm, his general development, his ability to speak, and all the data that can be collected about The disabled and his family. (Abu Al-Maati, 2009: p. 179), and the specialist identifies the cases and transfers them to other specialized institutions. (Sarhan, 2006: 194)

The level of the social worker's Evaluation of the mentally disabled case from the specialists' point of view (high): The most important of this is the following: I am keen to explore and collect information for its importance in the Evaluation process, I am keen to estimate the professional conclusions to assess the condition of the mentally disabled in the extent to which the institution's services are used in the first rank The first is repeated with an arithmetic mean (3), I am keen to interpret and analyze the information obtained for its importance in the estimation process, in the second and last rank with an arithmetic mean of (2.98).

In view of the results of the study, we find that the specialist performs the Evaluation process at a high level because of its important role in diagnosing the condition of the mentally disabled and developing the appropriate treatment plan for him based on assessing the case and diagnosing it. Psychological, mental and physical examinations, and in light of the results he reached through the in-depth diagnostic interviews he conducted with the parents, he was able to analyze and interpret them, and then diagnose the situation and identify the programs and services that the mentally disabled person needs in

light of his abilities and capabilities. (Al-Sanhoury, 2000: 281), and it also contributes to diagnosing the case and developing the proposed treatment plan with the treating team, taking into account the individual differences between each case and the other, and it ends with making a file for each case that includes the reports written by each specialist from the team working with the case. (Abu Al-Maati, 2009: p. 179), and the specialist also conducts a comprehensive social research of the mentally disabled case by studying the case a comprehensive and comprehensive study that includes social history, present, past and social environment, so that this research is a basis for participation in developing a plan for preparing, treating and rehabilitating the disabled with a team Work in the institution. (Mahmoud, 2006: p. 194)

The level of the social worker's planning for the mentally disabled case from the specialists' point of view is (high): The most important of this is the following: I set the goals of professional intervention with the mentally disabled in the light of the information I obtained and which is consistent with the objectives of the institution in the first rank with an arithmetic mean (2.92), I am keen to choose the skills through which the process of professional intervention with the mentally disabled will be carried out in the second rank with an arithmetic mean of (2.86), I am keen to develop a strategy of professional intervention with the mentally disabled in the light of the resources available in the institution in the third and last rank with an arithmetic mean of (2.76)

In view of the results of the study, we find that a large percentage of specialists carry out a high level of planning for the mentally disabled case, which are the techniques, skills and strategies that the specialist will use to achieve the set goals, as they work to improve the mentally disabled child's condition as developed based on the Evaluation process carried out by the specialist, and this is what It was confirmed by a study (Humes & et.al, 1995), where the study found that the strategies and techniques used by the specialist lead to a clear improvement of social communication for the mentally handicapped, as well as the process of focus and attention.

The largest percentage of social workers believe that the problems facing the mentally handicapped are psychological, behavioral and social problems and came in the first rank with a percentage of (100%), and this was confirmed by a study (Bahaa El-Din, 2001), where the study concluded that the mentally handicapped suffer from non-consensual behavior patterns. Such as emotional disorders and aggression, while health problems came in second rank

with a rate of (56%), where immunodeficiency and weakness related to imbalance in hormone secretions lead to weakness in public health and rapid infection with viruses and bacteria on an ongoing basis, then in the third and final rank economic problems by (46%). Other problems facing the mentally disabled and mentioned by the social worker were cognitive problems, family, academic and skill problems, and problems in the lack of community awareness of how to treat the mentally disabled, and this was confirmed by a study (Khalifa, 2009), where the study confirmed that the mentally disabled face health and educational problems. Problems with daily living skills, behavioral and psychological problems, and vocational training problems.

Looking at the results of the study, we find that most of the problems facing the mentally handicapped are in the first rank psychological and behavioral problems, and this was confirmed by the study (Helmy, 1995), where the study found the effectiveness of the group counseling program in increasing harmonious and independent behavior and self-assertion, which can play an effective role in training On the methods and strategies of the dimensions and aspects of harmonic behavior in the context of relationships, interactions and involvement in real daily life situations, as well as a study (Ryall Colleen, 1993), where the study found the success of the peer reinforcement method and the development of social interaction skills for the mentally disabled leads to a positive effect in modifying disorders Their behavior, especially withdrawal behavior, and a study (Stewart Gary & Others, 1992), where the study found an improvement in social interaction among mentally handicapped children through the use of playing with peers, as well as in the treatment of their behavioral disorders.

The results of the study also agree with the theoretical framework of the current study, so we find the mentally handicapped have educational problems as they need a specific method of education and the provision of special educational tools and means. Also, the assignment of teaching the disabled is high, and it is one of the most important problems facing the people of this handicapped in addition to the problems of insufficient capabilities necessary to teach Disabled. (Claire Fahim, 2003: 29), and this was confirmed by the study (Al-Hinawi, 2009), where the study found that there are significant differences between the mean scores of the experimental and control groups on the academic skills Evaluation form (part one: reading) in the direction of the children of the experimental group, as well as between The mean scores of the experimental group in the pre and post

measurement on the academic skills Evaluation form (part one: reading) in the direction of the post measurement, and this was confirmed by the study (Barbara Helms, 1996), where the study found that there is a significant negative relationship between the behavioral and emotional problems of these children and that Emotional and behavioral problems are associated with a great deal of inability to academic achievement and low academic level, in addition to economic problems, which are among the biggest problems facing the mentally handicapped, the difficulty of finding jobs that provide them with adequate income and thus become a burden on his family and society. (Al-Sanhoury and et.al, 2000: p. 262), as well as medical problems where the mentally disabled are exposed to various forms of medical problems such as the lack of sufficient centers for distinguished treatment for the mentally disabled as well as specialized centers for physical therapy with the lack of technical equipment for this treatment. (Abdul-Raouf, et al., 2008: p. 161)

The level of skills required by the actual role of the social worker from the point of view of specialists is (high): The most important of this is the following: Estimating the needs of the mentally handicapped, choosing the appropriate professional tools for the situation in the first and first rank repeated with an arithmetic mean (2.96), and the results of the current study agree with the study (Khaled Muhammad, 1999), where the study concluded that the level of mentally disabled children improves by taking into account the specialist to satisfy the most important social and psychological needs for them, and this requires skill from the specialist, dealing with the responses of the mentally disabled, forming the professional relationship in the second rank with an arithmetic mean (2.86), the ability to work Within a team ranked third and last with an arithmetic mean of (2.62).

The specialists also mentioned that there are other skills required by their role, such as the skill in discovering the situation, early intervention, forming a family and social relationship with the families of the mentally handicapped, and awareness of the motor and behavioral skills that the mentally handicapped need in dealing.

The level of goals that the social worker seeks to achieve with the mentally handicapped from the point of view of specialists (high): The most important of this is the following: caring for the mentally disabled as they are a vulnerable group, investing the abilities of the mentally disabled and working to develop them in the first and first rank repeated with an arithmetic mean (2.98) Helping the disabled family in identifying the best methods of dealing with the mentally disabled in

the second rank with an arithmetic mean (2.92), helping the mentally disabled to achieve social and family harmony in the third and last rank with an arithmetic mean of (2.90).

The specialists also see that among the goals is to teach the mentally disabled child independence and social adjustment with their ordinary peers, and work to have social integration for him and change the people and society's view of him. Looking at the results of the study, we find that the goals that the specialist sets and seeks to achieve with the mentally disabled comes through an appreciation process. And the specialist's planning for the mentally disabled case and in light of the information obtained by the specialist as well as in the light of the institution's capabilities, and these results were consistent with the results of the study (Abdel Raouf, 2009), where the study found that the follow-up and continuous observation of the mentally disabled in the classroom creates appropriate opportunities for disabled children even They depend on themselves, and then work must be done on an ongoing basis to develop the abilities and skills of disabled children, and to provide educational advice to parents regarding their children, in cooperation with the psychologist and social specialist, and to rehabilitate disabled children professionally to help them earn.

The level of evaluation that the specialist would like to do with the mentally handicapped from the point of view of social workers (high): The most important of this is the following: Continuous evaluation of the services provided to the mentally handicapped in the first rank with an arithmetic mean (2.88), the continuous evaluation of the mentally disabled in the second rank with an arithmetic mean (2.82), the continuous evaluation of the role played by the social worker in the third rank with an arithmetic mean of (2.80), the continuous evaluation of the institutions that provide services to this category in the fourth and last rank with an arithmetic mean of (2.68), and the specialists also want to evaluate the tools that are dealt with with Mentally handicapped.

Looking at the results of the study, we find that the specialists welcome the idea of evaluation in general and the evaluation of the social worker in particular. They also add suggestions to the evaluation process, such as Evaluation the tools that are dealt with with the mentally disabled, as well as Evaluation the goals, plans and programs that he sets to work with the mentally disabled, which is an indication of the ability to improve, change and flexibility in knowing Professional errors that the specialist may fall into, develop his professional performance and know everything that is new within the

field, and this is consistent with the theoretical framework of the current study, as the evaluation works to improve the quality of services provided by directing plans and activities towards the desired goals and helps to develop and improve effective methods To assist by identifying the factors and reasons that contribute to achieving this by highlighting the results in their accurate and public form as well as the resources available for use and helps to identify the long-term goals achieved and to identify the basic skills necessary for effective work. (Michal, Preston, 1987: p.p:142-143)

The evaluation is also important for the social worker, as it is considered a means to achieve continuous professional and career growth and as an educational process through which the specialist can develop his knowledge, modify his directions, develop and develop his methods of work with the mentally handicapped and gain experience that is more practical and technical skills. The shortcomings and benefiting from all of this in developing future plans with the mentally handicapped. (Fahmy, 1999: p. 259), and the evaluation of the social worker is a means to achieve professional growth with the mentally handicapped and to increase the effectiveness of the social work profession, and it is one of the main ingredients for the success of the specialist in his work with the mentally handicapped. (Abdul Latif, 2001: p. 21)

The level of life skills that must be acquired for the mentally handicapped from the point of view of social workers (high): the most important of which are the following: self-reliance skills, verbal and non-verbal communication skills, social communication skills in the first and first rank repeated with an arithmetic mean (3), and the skills of Protection and security ranked second and last, with an arithmetic mean of (2.88).

There are also some other skills that must be acquired for the mentally disabled, which are academic skills, pre-reading and writing skills, vocational rehabilitation skills, visual performance skills, interaction skills with peers in a group, and small and gross motor skills.

Looking at the results of the study, we find that the life skills that the specialist will gain for the mentally disabled differ from one case to another, and therefore they need an Evaluation process on the part of the specialist, in order for the specialist to process the Evaluation of the mentally disabled person, he needs skill in the Evaluation process, and this is consistent with the theoretical framework For the study, where the mentally disabled child helps him to rely on himself in food,

clothing, etc., as well as the proper method in expressing his needs, and also the need of the mentally disabled is determined according to the stage of physical, psychological and mental development that he is going through, as well as the requirements of the age stage, and therefore the role of the social worker varies with the disabled Young people are in need of special education according to their special conditions of disability, while the elderly are in need of professional rehabilitation for adults. (Sarhan, 2006: 185), and this is consistent with the study (Hussain, 2007), which found that there are statistically significant differences between the members of the experimental group to which the study program was applied and the members of the control group in acquiring the skills of wearing the chosen clothes in favor of the experimental group in self-reliance skills Wearing clothes, and for the specialist to make them practice some of the activities they love, through which the mentally disabled can provide the opportunity for self-expression, form social relationships with other disabled people, provide them with the necessary life experiences, inculcate healthy habits, treat unwanted ones, and form good citizenship qualities (bearing responsibility, ability on leadership and subordination...etc). (Rahan: 2006: p. 195)

The level of the preventive role played by the social worker with the mentally handicapped from the point of view of specialists (average): The most important of these are the following: Introducing families to the factors that may lead to the occurrence of mental disability and how to avoid them in the first rank with an arithmetic mean of (2.94), working to provide Awareness and health care programs ranked second with an arithmetic mean of (2.24), study and analysis of preventive services in the community ranked third and last, with an arithmetic mean of 1.80.

Looking at the results of the study for the preventive role played by the social worker, we find that most of the responses focused on a basic axis, which is to familiarize families with the factors that may lead to the occurrence of intellectual disability and how to avoid them and early detection in the event of a child's disability and how to deal with it. This is with the theoretical part of the study, where the specialist must help the family and provide information that facilitates early detection of disability, provide them with guidance brochures, and provide opportunities for their participation in training courses to qualify them to play their role. (Saad et al., 2006: p.413). The preventive role also aims to initiate the discovery of the causes of the problem and work to provide possibilities that prevent the occurrence

of the problem or reduce it. The social worker can achieve this prevention by spreading the philosophy of psychiatry among clients and limiting marriage between clients. The mentally handicapped so that the problem of mental disability does not spread in society, and the reassurance of a marriage far from pathological dissolution, meaning making sure that the spouses are free from any hereditary mental illness and taking care of the mother's advice and guiding her to the rules of proper nutrition during pregnancy, especially since severe malnutrition affects the safety of the fetus to As well as working to provide the mother's mental health during pregnancy because this is one of the most important factors affecting the safety of the fetus, as well as spreading cultural health awareness among citizens to treat these groups well and to quickly refer them to specialists at an early stage because there are some cases of mental disability that can make some improvements Following this early discovery. (Abu Al-Maati, 2009: p. 176)

The level of social worker care homes for the mentally disabled from the point of view of specialists is (high): the most important of this is the following: Refining their behavior and training on proper social behavior, helping the families of the mentally disabled by giving them instructions to deal with their children in the first and firist rank repeated with an arithmetic mean of (2.98) Providing them with the daily skills necessary for life work, developing the social and verbal communication skill of the mentally disabled in the second and second rank repeated with an arithmetic mean of (2.96).

Looking at the results of the study, we find that the role of the specialist in caring for the mentally handicapped is in equal proportions, as we find that a course in caring for the mentally handicapped comes through his appreciation of the life skills that the mentally handicapped need. Treating the mentally handicapped, their special needs, how to help them, teaching proper habits in food and clothing, and doing business that does not require thinking and remembering, as well as helping them achieve social adjustment. (Sarhan, 2006: 185-186), and this was confirmed by the study (Ali, 2006), where the study found that there are statistically significant differences in the scores of the experimental group members before and after applying the program on the variables of the social skills scale and the variables of the verbal communication skills scale in favor of the post measurement, which means that they have improved Social skills and verbal communication skills after applying the program to them, and the family's participation in raising and rehabilitating its children

with intellectual disabilities takes many forms, but it stands above one rule, which is that the family and those appointed to raise the child with intellectual disabilities cooperate in the interest of the child and that the family constitutes a support force for centers with intellectual disabilities. Intellectual disability through its cooperation with specialists. (Fouad, 2012: p. 241)

The level of the social worker actual role in developing the remaining abilities of the mentally disabled from the point of view of the specialists (high): The most important of this is the following: Helping the child take responsibility by participating in the preparation of some activities in the first rank with an arithmetic mean (2.84), training the child on the side Cognitive (implicit groups - attention and remembering...etc) in the second rank with an arithmetic mean (2.70), the child's acquisition of different healthy and nutritional habits in the third rank with an arithmetic mean (2.58), gradually training the child to practice simple industries that do not require skill or intelligence in Fourth and last rank with an arithmetic mean of (1.76).

Specialists also see that they have a role in developing the independence skills of the child and that there should be communication with the environment surrounding the child and teaching them artistic and manual works, and in view of the results of the study, we find that the specialist plays his role in developing the remaining abilities of the mentally disabled at a high level, as the training courses obtained by the specialist and work for a period with The mentally disabled have raised the level of their professional performance and increased their experience in dealing with the disabled in general and the mentally disabled in particular. Participate in organizing and cleaning his whereabouts, as well as providing health protection for these children by taking care of the meals provided to them and the need to pay attention to working on their cleanliness periodically. (Abu Al-Maati, 2009: p. 180)

The level of obstacles that limit the social worker's role with the mentally handicapped from the specialists' point of view (middle): Among the most important of these obstacles are the following: Lack of material and moral incentives for specialists in the first rank with an arithmetic mean (2.86), lack of resources and lack of capabilities to practice activities and programs In the second rank, with an arithmetic mean of (2.82), and this was confirmed by the study (Al-Desouki, 2013), where the study found that there are obstacles that effectively limit the performance of the social worker's role, namely the lack of material and moral incentives for the specialist, the lack of resources,

the lack of capabilities necessary to practice activities and programs, and the lack of training courses. The lack of a special room for the social worker within the institution in the third rank with an arithmetic mean (2.52), the lack of adequate professional preparation for the specialist in this field in the fourth rank with an arithmetic mean (1.92), and this was confirmed by the study (Shukri, 1995), where the study confirmed the The specialist's need to know how to individual and group treatment and training in the follow-up and development of cases, the lack of training courses for specialists in the institution in the care of the mentally disabled, ranked fifth with an arithmetic mean of (1.88), the results of the current study agreed with the study (Bahaa El-Din, 2005), which confirmed that there are obstacles due to the lack of financial capabilities and training courses that limit the role of the social worker, as well as the study of (Smalt cer Adams, 2010), where the study concluded that specialists Social workers periodically need to be enrolled in training programs.

The opinions of the social workers came to the presence of other obstacles that limit their role with the mentally handicapped, as follows:

1. Lack of solidarity on the part of the institutions of society.
2. The lack of a clear vision for the state to pay attention to this category.
3. Lack of financial support to provide institutions with the necessary financial capabilities.
4. The family's lack of cooperation with the specialist and sometimes giving misleading information.
5. The incompatibility of information within the curricula with the needs of the labor market.
6. Lack of the tools needed by the specialist to work with the mentally handicapped.
7. Lack of specialization in the field and its openness to non-specialists.

The level of proposals to raise the level of performance of the social worker actual role with the mentally disabled from the point of view of specialists (high): Among the most important of these proposals are the following: Interest in developing curricula for students of social work colleges and institutes in the field of caring for the mentally disabled, providing adequate financial support for the programs and activities that I receive it in the first and first rank repeated with an arithmetic mean (3), interest in field training during the school stage and work in the field of the mentally handicapped, obtaining training courses before and during joining work, holding

seminars to educate the family about the importance of cooperation with the institution in the second, second and last rank with an arithmetic mean ( 2.98).

#### - Recommendations:

A proposed vision to increase the effectiveness of the social worker's performance of his professional roles as a member of the work team in achieving quality standards in institutions for the care of the disabled:

#### **This visualization includes the following main points:**

1. The foundations on which the proposed concept is based.
2. The main objectives of the proposed vision.
3. Considerations to be taken into account in achieving the objectives of the proposed vision.
4. Dealing formats used in the proposed scenario.
5. The strategies used in the proposed scenario.
6. The techniques used in the proposed visualization.
7. The skills used in the proposed scenario.
8. The roles of the social worker as a general practitioner in the proposed program.
9. Success factors of the proposed scenario.

Below is an overview of these points in some detail.

#### **The foundations on which the proposed vision is based:**

- The theoretical framework of the study and the knowledge it contains related to the care of the mentally disabled and the actual evaluation of the role, and the role of the social worker as a member of the work team in institutions for the care of the disabled.
- The theoretical framework of social work in general and what it contains from the basis of knowledge, values and skills, and the general practice of social work in particular, including the entrances, theories, models, strategies, techniques and roles.
- Results of previous studies that the researcher referred to.
- The results of the current studies, which included the social worker's performance of his professional roles with each of the disabled family format, the disabled family format, the work team coordination, the institution's coordination and the identification of obstacles that limit the social worker's performance of his professional roles in the disabled care institutions.

#### **The main objectives of the proposed visualization:**

- Increasing the effectiveness of the social worker's performance of his professional roles as a member of the work team in achieving quality standards in institutions for the care of the disabled.

- Overcoming the obstacles to the performance of the social worker in his professional roles as a member of the work team in achieving quality standards in institutions for the care of the disabled.

Considerations to be taken into account in achieving the objectives of the proposed vision:

- Increasing positive cooperation and coordination in roles between the social worker and the rest of the center's workers.

- The need to familiarize and convince the center's employees with quality standards and train them on them.

- Preparing training courses for social workers in the medical field.

- The necessity for social workers to be familiar with all that is new in the medical social work in order to achieve the quality of medical services at a high level of service.

**- Dealing systems used in the proposed:**

Where the social worker in the social work performs roles with various formats represented in the formats (the disabled - the disabled family - the institution - the local community) and can be clarified as follows:

- **Client:** The social worker plays a number of roles to deal with patients' problems, which are:

-**The role of the therapist:** In this role, the social worker helps the disabled person to treat his problems, satisfy his necessary needs, and work to modify his incorrect thoughts and negative feelings towards the disease and help him adapt to the environment.

- **The role of the assistant:** helping the disabled person to remove psychological fears related to his health condition, alleviating the negative feelings that dominate him, helping him to obtain the service he needs, and ensuring that he receives medication regularly.

- **The role of the evaluator:** In this role, the social worker evaluates his work, evaluates the social work granted by the medical institution to patients, and determines the extent to which the disabled benefit from that service.

- **Disabled family:** The social worker exercises a set of roles to deal with the disabled family, which are:

-**The role of mediator:** In this role, the social worker mediates the relationship between the family of the disabled and the center to solve the problems and disputes facing patients, as well as directing patients and their families to the quality of services provided by the institution and informing them of its conditions and how to benefit from them.

-**The role of the therapist:** The social worker assists the disabled's family in treating their problems, satisfying their needs, and working to modify their incorrect ideas about the disabled person's illness.

-**The role of the teacher:** the social worker raises awareness and educates the patients who visit the center and provides them with information, knowledge and ideas, for example: (such as family planning - the importance of breastfeeding), and in cooperation with the health educator, to prepare health awareness seminars for family members and the community.

- **Organization system:** The social worker exercises a set of roles to deal with the institution's system, which are:

- **The role of the planner:** the social worker, by participating in the development of a work plan for the center based on social studies and research, also sets a plan for providing services and activities, identifying the needs and problems of patients and the institution and arranging them according to their degree of importance.

**The role of the advocate:** the social worker assists patients and those in need of assistance and preserves their rights and dignity in order to obtain the services provided by the center and advocate for changes in laws and practices for the benefit of patients in need.

**Community System:** The social worker exercises a set of roles to deal with the community setting, which are:

- **The role of the defender:** means defending for the benefit of the disabled in obtaining services and resources, whether from inside or outside the institution or from any other institution.

- **The role of the organizer:** the social worker always organizes meetings, meetings and seminars with experts and men of society in order for all groups to benefit from them (the disabled - the disabled family - the institution - the community).

**The strategies used in the proposed:**

The social worker uses a set of strategies in this scenario, which are as follows:-

- **Pressure strategy:** This strategy can be used by putting pressure on the institution to respond to the opinions and complaints of the beneficiaries of its services, directing the beneficiaries to choose services that suit their needs, and putting pressure on officials to amend social policies related to medical services in order to develop them in proportion to the needs of the beneficiaries.

- **Coordination strategy:** This strategy includes coordinating work between all departments in the center with the aim of mobilizing all efforts to work towards achieving the goals of the center, each in his

field of specialization, without repetition, conflict or duplication of efforts and services in order to achieve integration in the center's services.

- **Service adaptation strategy:** This strategy includes providing the maximum possible satisfaction of services to customers.

- **Interaction strategy:** The social worker can use this strategy as a means to provide opportunities for exchanging views between the social work department and the center's workers regarding setting work priorities and choosing solutions to confront problems.

- **Persuasion strategy:** through which the social worker works to facilitate the communication process in the center, develop a culture of dialogue between patient groups, and modify society's attitudes towards patients.

- **Quality of life improvement strategy:** It is represented in the social worker's ability to make planned changes to improve the quality of social services for patients and improve their standard of living.

- **Institutional capacity building and development strategy:** It is represented in the social worker's ability to improve the efficiency of the center in providing its services and its relationship with other centers and the surrounding environment, developing the center's employees and amending the center's regulations and the method of providing its services.

- **Techniques used in the proposed:** The social worker uses a set of techniques, which are:

- **Coordination:** This technique is used in coordination with other institutions to exchange experiences and benefit from their services for the benefit of service beneficiaries with techniques (direct contact - information technology).

- **Persuasion:** This technique is used to convince clients of the health services provided and to try to persuade them to take advantage of the services of other institutions to meet their needs, and that is done through a technique (advice and guidance - exchange of opinion - seminars).

- **Joint work:** This technique is used in the participation of the work team in the center to implement some services such as internal and external awareness or participation with each other.

- Community institutions in the prevention of some health damages such as (smoking - unhealthy habits)

**The skills used in the proposed:** The social worker uses a set of basic skills, which are:

1. Skill in presenting proposals that include solutions to meet the needs of patients and their families
2. Skill in collecting information, knowledge and data about patients, their families and their needs
3. Skill in recognizing the needs and problems of professional practice in the medical field
4. Skill in persuading patients of the need to receive treatment
5. Skill in Evaluation and following up on the work team
6. Skill in forming a professional relationship with patients and their families to help achieve the required medical service
7. Skill in strengthening the relationship between the social worker and members of the work team.

**The roles of the social worker as a general practitioner in the proposed:**

The social worker performs a set of professional roles in this program, which are:

- **Therapist:** The social worker searches for all possibilities that contribute to solving patients' problems and discusses them in a cooperative framework with the work team to reach solutions to them.
- **The educator:** the social worker educates patients and their families to avoid them from diseases and also works to provide patients with information and new ideas about the disease.
- **Defender:** The social worker advocates for the disabled in obtaining services, whether from inside or outside the institution or from any other institution.
- **Planner:** The social worker participates in planning activities and services to help patients and participate in making decisions for the benefit of patients.
- **The assistant:** the social worker assists clients who suffer from certain problems, whether they are patients or employees of the center, as well as helping patients to understand their rights.
- **The provide care:** The social worker continuously provides care to his clients, whether it is financial, residential or physical.
- **Mediator:** the social worker intervenes in conflicts between the parties to help them settle disputes and reach compromise solutions or reach mutually satisfactory agreements.
- **Al-Mojadded:** The social worker develops the form, style and quality of the provided social services in line with the basic and societal changes.

- A **member of the work team**: The social worker does not work alone, but must participate with all the specialties working in the center in order to achieve integrated social service

#### ٩- **Success factors of the proposed concept**

- Develop team work skills.
- The commitment of the social worker to the professional and ethical values and the professional foundations associated with the profession of social work when dealing with patients.
- Understand the nature of the problems that patients suffer from
- Flexibility in achieving the organization's regulations and laws
- Inviting social workers to attend conferences and scientific symposia that discuss the problems and needs of patients and their families.
- Increasing the material incentives for social workers working in institutions for the care of the disable
- Seeing the latest in professional methods and scientific models of the general practice of social work to develop professional performance within medical institutions.

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