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INDEPENDENT LIVING FOR ARAB PEOPLE WITH SPECIAL NEEDS: THE SUPPORT SYSTEMS (EDUCATIONAL, SOCIAL, AND HEALTHCARE) FOR YOUNG ADULTS WITH SPECIAL NEEDS IN THE ARAB SECTOR IN ISRAEL

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Abstract:
This research examines the effectiveness and sufficiency of the educational, social, and healthcare support systems for young adults with special needs in the Arab sector in Israel. This inquiry arises from the observation of service disparities and the need for culturally relevant support structures to aid or inhibit independent living. The research provides both theoretical and practical implications for a marginalized and vulnerable group. Using qualitative methods, data were collected from the semi-structured interviews and focus groups with a total of 40 participants, representing young adults with special needs and their families. In the findings, considerable structural deficits were identified: first, the educational support system is piecemeal and lacks long-term planning; second, social supports disconnect during the transition into adulthood, undermining social construction; and third, healthcare services remain inaccessible linguistically and geographically in the Arab sector. The study concludes that while there are legislative provisions for inclusion, these provisions remain inconsistent and disjointed. The recommendations for policy reform are based on the tenets of person-centered and culturally sensitive service delivery. The research contributes to the literature on disability and social policy, and provides a policy reform road map to institutional improvements and individuals' empowerment (service users) in the Arab sector.

Keywords: independent living, Arab sector, special needs, support systems, educational support, social services, healthcare accessibility, person-centered care, disability policy, transition to adulthood

1. Introduction

This study explores the effectiveness and adequacy of educational, social, and healthcare support systems for young adult individuals with special needs in the Arab sector in Israel, focusing on their support systems as they transition to independent living. The

main aim is to examine how well these support systems work, either in support of, or in conflict with their transitioning towards independent living, in response to their evolving needs, enhance quality of life, and ensure their rights to live as autonomous individuals. There are five sets of specific objectives that guided the research inquiry: identifying educational provision; exploring the social supports related to the transition process; evaluating healthcare support; interpreting the lived experience of oppression of young adult individuals with special needs in the Arab sector; and identifying gaps in support systems. A qualitative approach using semi-structured interviews and focus groups allowed for in-depth experiences to be captured from young adult individuals with special needs and their families, thus ensuring their unique perspectives are captured in an effort to analyze how support systems function (Renjith *et al.*, 2021; DeJonckheere & Vaughn, 2019).

The key concepts described in this research project include independent living, support systems, person-centered care, and systemic inequity. Independent living, as described in Article 19 of the UN Convention on the Rights of Persons with Disabilities, stipulates that all individuals have the right to choose their residence and access community-based support, services and, where culturally appropriate. Service systems and support systems are interconnected educational, health, and social services that are meant to address a variety of disability-related needs. Person-centered care and support is demonstrated to improve individuals' autonomy and social integration when they are involved in creating personalized service plans. The perspectives of young adults aged 18+, members of the Arab sector in Israel, are central to this research, where differences in access and cultural adaptations of support systems are well documented (Naon *et al.*, 2019; Amin *et al.*, 2023). This study seeks to thematically analyze details regarding the implications of gaps between policy and practice, as well as the systemic difficulties to navigate the systems that marginalized populations must grapple with in their daily lives (Kiger & Varpio, 2020).

The results of this study illustrate substantial inequities and ineffective structural practices around marginalized service delivery: there are fragmented educational supports that are culturally misaligned, social supports without continuity during adult transitions, and health services that are inequitable and under-resourced without linguistic accessibility. The highlighted challenges emerge from previous research on service delivery systems in Israel (Olenik-Shemesh *et al.*, 2020; McCausland *et al.*, 2022). The study participants highlighted integrated service hubs, Arabic-speaking professionals, and coproducing policy in their professional lives. Therefore, making recommendations for localized, culturally competent, purpose-driven services with a user-centered approach is essential. The recommendations add to the international dialogue of rights-based disability services and further affirm the need for inclusive and person-centered delivery used in marginalized communities. The recommendations provided by this study can assist policymakers and practitioners to put daily lives in line

with the national legislation, ultimately changing the structures that provide disjointed service systems into pathways for real independence.

2. Literature Review

2.1 People with Special Needs in Israel

There is a lack of a comprehensive and current national database in Israel that specifies the number of people with disabilities. Available data are fragmented and outdated, with different institutions holding partial records: the National Insurance Institute tracks those receiving disability allowances, the Ministry of Health monitors mental disabilities eligible for specific services, and the Ministry of Welfare and Social Security records those registered for support services. The Central Bureau of Statistics' annual Social Survey covers only certain disabilities. By 2019, people with disabilities accounted for 17% of the population in Israel (Barlev *et al.*, 2020).

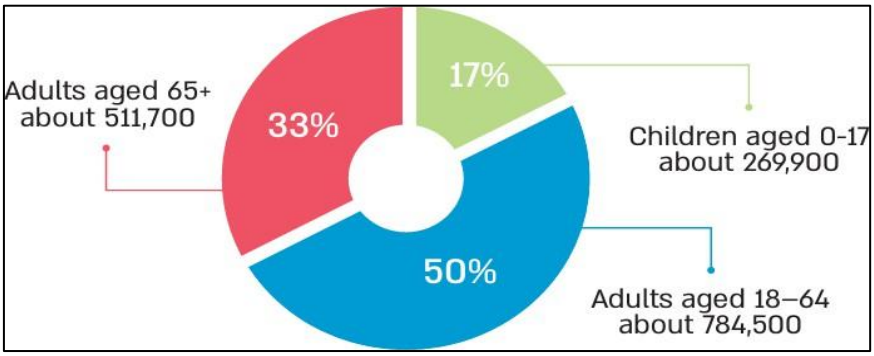

Figure 1: People with disabilities in Israel, by age groups, 2019 (in percentages) Source: (Barlev *et al.*, 2021)

The figure above represents the distribution of people with disabilities in Israel by age groups in 2019. 50% of the total population with disabilities are adults aged 18-64. The approximate number of individuals in this category is 784,500. 33% of the population with disabilities are adults aged 65 and older, with an estimated number of about 511,700 individuals. Finally, 17% of the total population with disabilities are children aged 0-17, approximately 269,900 individuals.

According to Barlev and his colleagues (2021), the most common types of disability in Israel are physical disability, mental health disability, cognitive disability, visual impairment, hearing impairment, learning disabilities / diagnosed ADHD and chronic diseases.

2.2 People with Disabilities in the Arab Sector in Israel

According to Amin and his colleagues (2023), about 33% of the Arab population in Israel over the age of 20 are people with disabilities. Compared to the Jewish sector, the Arab sector has a higher prevalence of several chronic diseases and higher incidences of

disability and functional impairments. Moreover, Arabs with special needs and learning disabilities in Israel encounter a variety of challenges. Till recently, the diagnosis and treatment of learning disabilities in the Arab education system have been complicated, especially due to the lack of valid and well-adapted diagnostic tools in Arabic and a limited number of Arabic-speaking professionals (Olenik-Shemesh *et al.*, 2020).

Moreover, the rate of intellectual developmental disability in the Arab population in Israel is about twice as high as the corresponding rate in the Jewish population (5.5 per 1,000 people compared to 2.8 per 1,000 people, respectively) (The Central Bureau of Statistics, 2020). Furthermore, the rate of autism in the Jewish population in Israel is almost four times higher than the corresponding rate in the Arab population (2.3 per 1,000 people compared to 0.6 per 1,000 people, respectively (The Central Bureau of Statistics, 2020).

2.3 Support Systems for People with Special Needs in Israel

Individuals with special needs require constant medical treatment, educational support and social care. These individuals have a wide range of special health and education, social and rehabilitation needs since their disabilities interfere with their daily functioning, their ability to learn and acquire knowledge, as well as their social and psychological functioning and their relationships with their families (Babik & Gardner, 2020). In Israel, Individuals with special needs receive several services from the Ministry of Education, the Ministry of Health, the Ministry of Labor, Social affairs among other agencies (Barlev *et al.*, 2021). Additionally, those suffering from severe disability are eligible for the Disabled Child Benefit offered by the National Insurance Institute, as stated by the National Insurance Regulations Law of 1998 (Naon *et al.*, 2000). Nonetheless, even with the availability of these services, there is no systemic data or framework in terms of the number of children with disability in the country, their distribution rate, the degree of their disability or even the gaps between their needs and the services they are currently receiving (Bani & Lach, 2023).

2.3.1 Educational Support Systems for People with Special Needs in Israel

In Israel, the education level of people with disabilities is lower than that of people without disabilities. According to Barlev and his colleagues (2021), 46% of working-age people with disabilities lack a matriculation certificate, compared to 25% of working-age people without disabilities lack a matriculation certificate. 20% of working-age people with disabilities are academically educated, compared to 36% of working-age people without disabilities are academically educated.

The development of the special education system in Israel can be divided into three key historical periods: the Ottoman period (1516-1918), the British Mandate period (1918-1948), and the period following the establishment of the State of Israel in 1948 (Ari-Am & Gumpel, 2014). The first special educational institute, intended for visually impaired students, was established in Jerusalem in 1902 by philanthropist Nachum

Natanzon and Abraham Lontsz, who was himself visually impaired. Subsequent developments included the founding of schools for children with mental disorders in 1929 and for those with auditory and visual impairments in 1932. The establishment of the State of Israel led to the enactment of the National Education Law, which mandated that all children, including those with special needs, attend school. This resulted in the creation of various segregated learning settings, especially built for different disabilities, such as intellectual disability, sensory impairments, and physical disabilities, including cerebral palsy (Ai-Yagon & Margalit, 2001).

Significant progress was marked by the enactment of the Israeli National Special Education (NSE) Law of Children with Special Needs in 1988, which had a significant impact on the education and treatment of learners with special needs (Shaked, 2020). The 1998 Equal Rights for People with Disabilities Law further ensured that individuals with disabilities were granted dignity, freedom, and equal participation in society. Despite these advancements, a public committee report in 2000 highlighted issues of discrimination and inequality in budget allocation, particularly for students transitioning from special education settings to regular education frameworks (Bar & Kanj-Sirhan, 2019). In response to these concerns, the Special Education Law was revised in 2002 to include more inclusive language and practices, such as establishing statutory forums in schools to assess eligibility for inclusionary support. These reforms aimed to enhance academic and social integration for students with special needs, emphasizing the benefits of inclusion in regular classrooms (Gumpel & Sharoni, 2007).

2.3.2 Health Support Systems for People with Special Needs in Israel

In Israel, health support systems for people with special needs are comprehensive and integrated into the national healthcare framework (David *et al.*, 2022). The Ministry of Health oversees the provision of medical services, rehabilitation, and special therapies for individuals with disabilities. This includes specialized clinics, rehabilitation centers, and community-based services designed to meet diverse needs. The National Insurance Institute provides financial support and benefits, such as disability allowances and subsidies for medical equipment. In their study, Naon and his colleagues (2019) found out that about 80% of children with special needs in Israel receive at least one medical service. About 40% of them receive the care of a specialist and other special medical treatment plans, such as dialysis and chemotherapy. A third of them receive at least one Para-medical service, while half of them receive educational services, and a fifth of them receive social services (Naon *et al.*, 2019). A relationship between the child's age and the services they received was also realized. For instance, younger children tend to receive a higher rate of services compared to older children. One of the reasons behind this difference is the common belief that such services are more effective among young children compared to older children. Children who have already joined the education system are likely to receive these services via special education frameworks. However, a

minority of them receive the service through the regular education system (Naon *et al.*, 2019).

The study also confirmed that the level of services available for Jewish and Arab sectors in the country differs greatly. The number of children receiving these services in the Jewish towns is about twice or even three times the number of children receiving similar services in Arab settlements (Naon *et al.*, 2019).

2.3.3 Social Support Systems for people with special needs in Israel

In recent decades, there has been an increasing recognition that social inclusion of special needs individuals requires the development and provision of community-based responses. Significant changes have occurred in policies regulating social services for people with disabilities worldwide (Koller *et al.*, 2017). These changes have been driven by the advocacy of people with disabilities for equal rights and social integration across all areas of life. This recognition is reflected in the International Convention on the Rights of Persons with Disabilities, formulated by the United Nations in 2006 (Mason & Munn-Rivard, 2020). The convention sets standards for equality for people with disabilities, active and independent participation in society, accessibility, and decision-making regarding their lives in all aspects. Article 19 of the convention addresses independent living and inclusion in the community. It states, among other things, that "*access to a range of in-home, residential, and other community support services, including personal assistance necessary to support living and inclusion in the community*," should be provided (Wynne Bannister & Venkatapuram, 2020).

In Israel, the Convention was approved in 2012. However, prior to that, in 1998, the Equal Rights for People with Disabilities Law was enacted. This law defined the right of people with disabilities to participate equally and actively in all areas of social life, ensuring that they receive appropriate answers to their needs, realize their full potential, and live with maximum independence, privacy, and dignity (Rimmerman *et al.*, 2011). In 2011, Israel announced a policy shift towards community-based living and the creation of community-based services. The Welfare Services for People with Disabilities Law of 2022 stipulates that the State of Israel is obligated to provide welfare services, to promote the possibility of choosing independent and autonomous living for all eligible individuals, at all levels of support, and their integration into the community (Idelman *et al.*, 2023).

The Disabilities Administration at the Ministry of Welfare and Social Affairs has been working in recent years to develop and improve social services that encourage the full participation of people with disabilities in the community and support their autonomy and personal independence. To continue developing services, the Disabilities Administration authorized the Myers-Joint-Brookdale Institute to conduct an international review of community social services and services that promote personal autonomy (Idelman *et al.*, 2023).

According to the research by Idelman *et al.* (2022), the primary goal of social services for people with disabilities is to support their independent living within the community by promoting their autonomy and integrating them into all areas of life in their familiar environment. Additionally, personal assistance and support services also include the development of a personal plan, care coordination, and personal guidance. This aligns with the "person-centered service" approach. The "person-centred service" approach focuses on providing services that meet an individual's unique needs and desires. It involves the person in creating their personal plan and making decisions, allowing for flexibility in how they receive support (Hamovitch *et al.*, 2018). This approach promotes achieving goals in various service areas, which can be included in different personal plans to address multiple objectives. Studies have shown that person-centered services are effective in improving the quality of social services and increasing the independence and participation of individuals with disabilities in society. However, there is a need for ongoing improvements to enhance the quality and range of services, ensuring that people with disabilities have the ability to choose and control the services they receive (McCausland *et al.*, 2022).

3. Material and Methods

The present study applied a qualitative research methodology to examine the effectiveness and adequacy of educational, social, and health support systems for young adults with special needs in the Arab sector in Israel. Qualitative methodology was selected as it allows for rich exploration of personal contexts, individuals' experiences and challenges, and families' attitudes as individuals and families pursue available systems of support (Renjith *et al.*, 2021). Qualitative inquiry is uniquely positioned to capture a marginalized population's subjective realities and understand the importance they assign to their services and support (Mishra & Alok, 2022). Considering the study's emphasis on how support systems can maintain independence and quality of life, qualitative inquiry gives researchers the ability to gain rich, nuanced life stories that quantitative research may not capture effectively. The present study employs qualitative methodology, consistent with how Morgan and Nica (2020) present qualitative interviews as the best method for measuring and analyzing human experience, since health and social systems interact with complex human scenarios.

For this study, the primary data were collected through semi-structured interviews, which were complemented by focus group discussions. Semi-structured interviews (DeJonckheere & Vaughn, 2019) are good because they allow for participant freedom when expressing their thoughts, but keep the conversation aligned with study objectives. Individually, four focus groups were conducted with participants focused on sharing similar experiences to allow a start to overcome barriers collectively, aside from individual opportunities, creating room for participants to reconsider their responses. Together, semi-structured interviews and focus group participant observations added

depth and breadth to the data sets created. Castleberry & Nolen (2018) supported using a multi-method approach and do recognize interviews and group focus or discussions in an effort to measure personal and social aspects of the phenomenon. The reporting attitude data collected would be thematically analyzed, based on Kiger and Varpio (2020), a qualitative technique for encoding ideas and recurring themes in verbal or written textual data.

The population for the study included young adults with special needs in the Arab sector in Israel and their immediate family members. This population was appropriate for this study because we have already recognized disparities in both accessibility to support services and quality of services between the Arab and Jewish communities in Israel (Amin *et al.*, 2023; Naon *et al.*, 2019). The study sample comprised 40 individuals, including 10 young adults with special needs, 10 family members with young adults with special needs, and 20 additional participants who participated in 4 focus group sessions (5 participants each, both young adults and family members). A purposive accretion sample was also used to ensure all individuals had an opportunity to present their perspectives across the target group, so the research team could identify both claimed needs and initiatives for successes that are serving the needs of society's most vulnerable. Purposive sampling is frequently used for qualitative research to select individuals with unique knowledge or experiences relevant to the research questions (Palinkas *et al.*, 2015).

The sampling strategy used to ensure that participants were representative and relevant for the study was a purposive sampling approach (specifically, criterion-based sampling). This sampling strategy was selected because it permitted the inclusion of individuals who had identified characteristics, using defined criteria: a young adult with special needs in the Arab sector, or the primary caregiver of a young adult with special needs. This recruitment approach is widely accepted in social research and provides a mechanism for recruiting participants who may provide valid and rich information on phenomena (Etikan *et al.*, 2016). Ethical considerations were taken into account, and informed consent was obtained from all participants (along with parental consent, where appropriate). This careful methodological design ensured that the study remained both ethically sound and methodologically rigorous, providing rich, actionable insights into the current state and challenges of support systems for young Arab adults with special needs in Israel.

4. Results

The findings of this study provide important perspectives on the lived experience of young adults with special needs within the Arab sector in Israel, with regard to the adequacy and accessibility of the educational, social, and health-related service systems that facilitate their transition to living as autonomous, independent individuals. Based on the interviews and focus groups, five categories of themes presented themselves, and

together they reveal the structural, cultural, and systemic limitations of the services for the young adults in the Arab sector, their families, and service providers.

- **Theme 1:** Educational Support Systems for Young Adults with Special Needs in the Arab Sector in Israel

Participants indicated that educational support was inconsistent or even inadequate to allow young people with special needs to acquire independence. One mother (participant) said, *"My son was in one special education class, but there were no discussions or planning regarding his future."* Another participant said: "*There were no Arabic-speaking people there to help us discover what his learning challenges were; we felt very lost"*. These experiences highlight the systemic issues, outlined by Olenik-Shemesh *et al.* (2020), such as a lack of available, reliable Arabic diagnostic tools and their trained professionals in the Arab education systems. A study conducted by Barlev *et al.* (2021) found that nearly half of working-age people with disabilities in Israel do not have a matriculation certificate, and so these educational gaps are carried into adulthood. These studies and experiences suggest that relevant, culturally responsive, and adapted educational interventions are lacking in the Arab sector.

- **Theme 2:** Accessibility and Effectiveness of Social Support Systems During Transition to Adulthood

Multiple families voiced frustration over the lack of social programs providing autonomy and community integration. One father spoke to the need: *"He stays at home all day, because there is no center, no group activities, nothing for him, since he turned 18"*. A young adult said, "*I want to work or meet people, but there is no place for people like me here"*. These quotes parallel previous research done by Idelman *et al.* (2022), which highlighted, in their findings in Ontario, the critical role community-based services and personal-centered plans play in living autonomously. However, the implementation of these services, origins and frameworks remains largely absent in the Arab sector. Furthermore, Hamovitch and *et al.* (2018) highlighted the importance of personal support in allowing the individual to define and pursue their life objectives. However, many participants felt that personal support was lacking. The separation of policy and practice is especially formidable for marginalized identities, emphasizing the need for investment in social services in local environments.

- **Theme 3:** Perceptions of Healthcare Services and Their Role in Supporting Independent Living

Participants consistently reported inequities in accessing healthcare. A parent recounted, "*We had to travel for hours to find a doctor who would take him seriously*." A young adult said, "*Even at the clinic, they speak Hebrew only. I can't explain myself, so I just stay quiet*." These statements align with Naon *et al.* (2019), who found that service access in Arab towns is significantly lower than in Jewish communities, with the number of children receiving

healthcare services in Jewish towns two to three times higher. Furthermore, the lack of Arabic-speaking healthcare providers creates a communication barrier that hinders accurate treatment and psychological support (Amin *et al.*, 2023). This highlights the need to enhance culturally sensitive health services and invest in infrastructure in Arab communities to promote equitable healthcare outcomes.

- **Theme 4:** Lived Experiences and Perceptions of Young Adults with Special Needs and Their Families

Participants described inequities in healthcare access. A parent said, *"You know, we had to drive for hours to get to a doctor who would take him seriously."* A young adult said, *"Even at the clinic, it's Hebrew only. I can't even explain myself, so I just stay quiet."* These statements are similar to results published by Naon *et al.* (2019), who identified significantly lower service access for children in Arab towns compared to Jewish towns, with the number of children receiving healthcare services being two to three times higher in Jewish towns. There is an absence of Arabic-speaking providers who can facilitate communication and may also constrain the possibility of comprehensive treatment options and, likewise, inhibit psychological support (Amin *et al.* 2023). The result calls for improved culturally-appropriate health services, investment in infrastructure in Arab communities, and producing equitable healthcare outcomes.

- **Theme 5:** Gaps, Challenges, and Recommendations for Improving Support Systems

Respondents stressed systemic gaps and were positive about the way forward. One young adult said, *"Why don't they ask us what we need? They are making all the plans by themselves."* A parent mirrored their sentiment, adding, "*We just need one place to go, not ten offices that say it is 'not our responsibility'."* This shows a lack of systems coordination, which McCausland *et al.* (2022) recognized as a critical gap in the delivery of inclusive services. Bani and Lach (2023) also recognized a lack of total national data that could help develop any tangible strategies for this population. The respondents called for integration of service, service centers, more funding for Arab communities, and more involvement of people with disabilities in decision-making. These calls align with international best practices for rights-based, person-centered care models.

5. Discussion

This study offers a deep understanding of how educational, social, and healthcare support systems promote or inhibit the independent living of young adults with special needs in the Arab sector in Israel. The study emphasized qualitative inquiry to capture the lived experiences and perspectives of individuals and families navigating their journey through the education, social, and healthcare systems, which can be fragmented

and complex. Thematic analysis surfaced five key themes that illustrate some structural barriers and institutional inequities in this population's ability to achieve independence. One essential finding of the study highlighted the inadequacy and inconsistency of educational support systems. The participants in this study noted that long-term planning was nonexistent, support was not individualized, and educational tools were not culturally appropriate or accessible. These findings echoed those of Olenik-Shemesh *et al.* (2020), who noted the lack of Arabic-language diagnostic tools provided in the education system and a lack of Arabic-speaking education professionals, which are key barriers in the Arab education system. In addition, Barlev *et al.* (2021) found that almost 50% of those with disabilities of working age in Israel do not hold a matriculation certificate, reflecting the longer-term implications of inadequate educational support. Therefore, this study reinforced the issues raised in earlier studies, suggesting that for many individuals in the Arab sector, educational issues begin early and remain throughout life, limiting opportunities for higher education and employment, which are critical for independent living.

The findings highlight severe deficiencies in social support for individuals transitioning to the adult world. The participants expressed a lack of formalized programs supporting life skills, job skills, and social inclusion. These results are consistent with the findings of Idelman *et al.* (2022) in that they reinforce how personal plans and person-centered processes for autonomy and community inclusion are important, but implementation appears limited in the Arab sector overall. The findings demonstrated that there remains a gap in services with the passage of the Welfare Services for People with Disabilities Law of 2022, and most supports are superficial and uneven. This concurs with Hamovitch *et al.* (2018)'s previous assertion that personalized supports are paramount to explore the potential of modern policies surrounding disability supports, and that these are impossible to chart in historically inequitable and underdeveloped communities.

The findings also found inequities in healthcare service sectors, including access, language, and cultural appropriateness. Participants expressed difficulty accessing specialized healthcare, barriers in language with clinicians, and a lack of understanding of how to address their needs. All of these are produced inequities noted by Naon *et al.* (2019), which showed that children residing in Jewish towns were two to three times more likely to have access to healthcare services than their counterparts residing in Arab towns. Furthermore, as Amin *et al.* (2023) reported on the rates of disability and chronic illness, the demand for healthcare for the Arab population is extreme. The findings indicate that without capital developments in relevant regions for culturally appropriate healthcare infrastructure, including Arabic-speaking providers, and clinics dispersed throughout the localities in the Arab sector, only marginal evolution of young adults with special needs in any capacity will ensue, most likely as they are still contending to receive any services, or would have adverse health outcomes that will prohibit them from living independently.

This research also examines how individuals and their families view service systems designed for them. Many families described feelings of abandonment and felt burned out because of the absence of a coordinated service provision. These experiences are similar to the findings presented by Babik and Gardner (2020), stressing the emotional and logistical load imposed on caregivers who traverse uncoordinated service systems. Likewise, Rimmerman *et al.* (2011), talked about the need to support individuals with disabilities with respect to dignity and autonomy.

This principle may not be applied consistently in the Arab community. The voices of the respondents in this study demonstrate that despite legislation advocating for inclusion and autonomy, these ideals do not transfer to practical support, especially when these ideals are in marginalized communities. In the absence of coordinated and culturally responsive service provision, the aspirations of inclusive policy frameworks are, for many, unfulfilled in practice.

Finally, the research reflects a clear systemic failure and provides a participant-requested direction for system improvement. Respondents described a need for centralized service provisions, inter-agency communication, and representation of people with disabilities in formulating policy. Their findings resonate with the emphasis placed on empowering individuals to lead their care through inclusive service delivery systems of McCausland *et al.* (2022). Bani and Lach (2023) found that if data are not coordinated, individuals may not be able to organize the services provided to them because of the lack of authority regarding the services they receive.

This research provides an extension of those findings by demonstrating the real-life implications of the service system being broken. The voices of those most affected have shown they can be improved and have expressed desires for greater levels of participation and inclusivity in policy development. Participants asked for not just more resources, but to actively or passively support and empower their voices in developing systems that govern their lives.

5. Conclusion

The study shows a complicated web of support systems for young adults in the Arab sector with special needs, which, when understood together, illustrate what participants described as poor systems with discrepancies and inefficiencies in educational, health and social services systems. Participants described the services as disconnected, not culturally or linguistically suited to their needs, and joining in services was limited. The elements of difficulties focused on the lack of a support structure in education, demonstrating no consistent support structure in education, along with no individually planned goals and a lack of any resources, such as Arabic speakers and providing data for diagnosis, along with a lack of referral services. Health and social services systems also reflect these inconsistencies as being disconnected and highlight the disconnect that even results in geographical distance, cultural distance and language distance. These

findings are consistent with Barlev *et al.* (2021), who documented the national systems view of inequities, the challenges with service systems and how identified populations are marginalized by cultural, language, and institutional barriers. In addition, Olenik-Shemesh *et al.* (2020) and Naon *et al.* (2019) reported the same systematic issues regarding inequities in the provision of services for certain populations.

The synthesis of the themes emphasizes a number of important considerations. Firstly, there is a need for culturally responsive and linguistically appropriate services, particularly in education and health. Secondly, the separate work of various agencies and lack of unified service frameworks leads to significant inefficiencies and emotional burden on families, as articulated by McCausland *et al.* (2022) and Babik and Gardner (2020), Thirdly, although legislation exists such as the Equal Rights for People with Disabilities Law (Rimmerman *et al.*, 2011) as well as the Welfare Services for People with Disabilities Law (Idelman *et al.*, 2023), applicable execution of that legislation remains very limited in practice. Participants emphasized a need for holistic support systems based in communities that allow for employment, as well as social participation and life planning. Their expressions demonstrated a need for systemic shifts away from a top-down approach to policy that actively includes people with disabilities in developing and evaluating systems designed to serve them.

There are important unanswered questions: How are present policies to be put into legitimate practice in underserved communities? What systemic changes must this task demand in order to attain equitable distribution of options and resources?

Answering such questions will require longitudinal and comparative studies, the creation of comprehensive data systems, as endorsed by Bani and Lach (2023), and participatory practices that elevate the voices of those people with disabilities. Future research must also contribute to analyses of evolving digital technologies and research on innovative service delivery that may overcome the barriers of geography and language. Ultimately, if Israel is to maintain its legal and ethical responsibilities for inclusion and equity of its citizens, its service systems must move away from fragmented and reactive models to proactive, individualized systems based on justice and accessibility. If not, independence as an ideal for the young adults with special needs in the Arab sector will remain out of reach and not a reality.

Conflict of Interest Statement

The authors declare no conflicts of interest.

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