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Child Well-being and Family Empowerment Policies: An Analysis of Education and Social Service Practices in Türkiye

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ABSTRACT

This study aims to examine the activities of public institutions in Türkiye targeting socially vulnerable groups and to develop results-oriented policy recommendations accordingly. Qualitative document analysis and descriptive analysis were used as the primary research methods. To understand the direct impacts of public policies on social welfare, the strategic plans and implementation results of the relevant institutions were meticulously scrutinized. The research dataset consists of a total of 38 official institutional documents-comprising annual activity reports, performance programs, budget reports/presentations, financial expectations reports, and strategic plans-from the Ministry of Family and Social Services, Ministry of National Education, Ministry of Health, Ministry of Justice, Ministry of Interior, Ministry of Youth and Sports, the Presidency of Migration Management, and the Presidency of Religious Affairs. Data obtained from these official documents were coded and categorized through the theoretical lenses of the Social Organization Model and the Results Management framework. The research concluded that while public institutions carry out numerous activities for vulnerable groups, duplicative efforts and a lack of inter-institutional coordination create structural bottlenecks. Consequently, to foster sustainable social resilience, this study recommends establishing data-driven national monitoring tools, such as a National Child Well-being Index, and deploying an integrated inter-institutional early warning system.

Anahtar Kelimeler:

Family empowerment, Family resilience, Child well-being, Social resilience, Vulnerable groups

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Çocuk Refahı ve Aileyi Güçlendirme Politikaları: Türkiye'de Eğitim ve Sosyal Hizmet Uygulamalarının Analizi

ÖZ

Bu çalışma, Türkiye'de sosyal açıdan savunmasız gruplara yönelik kamu kurum ve kuruluşlarının faaliyetlerini inceleyerek sonuç odaklı politika önerileri geliştirmeyi amaçlamaktadır. Araştırmada nitel yöntemlerden doküman analizi ve betimsel analiz kullanılmıştır. Kamu politikalarının toplumsal refah üzerindeki etkilerini anlamak adına, ilgili kurumların stratejik planları ve uygulama sonuçları üzerinde analizler yapılmıştır. Araştırmanın veri seti; Aile ve Sosyal Hizmetler, Millî Eğitim, Sağlık, Adalet, İçişleri, Gençlik ve Spor Bakanlıkları ile Göç İdaresi Başkanlığı ve Diyanet İşleri Başkanlığı'na ait toplam 38 resmi kurumsal dokümandan (faaliyet raporları, performans programları, bütçe raporları/sunuşları, mali durum raporları ve stratejik planlar) oluşmaktadır. Elde edilen veriler, Sosyal Örgütlenme Modeli ve Sonuç Yönetimi yaklaşımları çerçevesinde kuramsal bir analize tabi tutularak kodlanmış ve tematikleştirilmiştir. Araştırma sonucunda, kamu kurumlarının savunmasız gruplara yönelik çok sayıda faaliyet yürüttüğü ancak aynı grupları hedefleyen mükerrer çalışmaların ve kurumlar arası koordinasyon eksikliğinin yapısal kısıtlılıklar oluşturduğu görülmüştür. Bu bağlamda, sosyal yılmazlığı artırmak adına veri tabanlı ulusal endekslerin kurulması ve çok paydaşlı entegre bir erken uyarı sisteminin hayata geçirilmesi önerilmektedir.

Keywords:

Ailenin güçlendirilmesi, Aile dayanıklılığı, Çocuk refahı, Sosyal yılmazlık, Kırılgan gruplar

Introduction

One of the most fundamental research areas in social policy is inequality among individuals and groups within society. While inequality in the relevant literature was analyzed primarily through class-based analyses before 1980, analyses focusing on poverty and population groups emerged in the 1990s. Poverty should be addressed not only as income insufficiency but also as a multidimensional problem characterized by inability to access opportunities and social exclusion (Gülođlu & Güven epni, 2022, p. 81). By the 2000s, the prevailing discourse in social policy focused on population groups described as vulnerable, disadvantaged, or at risk. Such discourses in the public sphere in Türkiye were first seen in the Seventh Five-Year Development Plan covering the years 1996-2000, and their use has continued widely (DPT [State Planning Organization], 1995). Concurrently, the paradigm of 'Social Resilience' serves as a core analytical pillar in modern social policy. Rather than a static state of recovery, social resilience denotes the dynamic capacity of families and systemic institutional networks to absorb socio-economic shocks, adapt to systemic stressors, and actively transform institutional infrastructures to prevent long-term marginalization. Implementing targeted programming under this resilience framework is essential to mitigate chronic vulnerabilities before they crystallize into permanent social exclusion.

In this context, understanding the concept of "community" is critical for interventions targeting vulnerable groups. The Community should be treated not only as a geographical place but also as a target and a force for prevention. As a "place," community includes boundaries, resources, and deficits; as a "target," it is the area where norms, networks, vulnerabilities, and strengths are identified. As a "force," community denotes the mobilization of members to effect change (Mancini, 2010, p. 5). To establish a rigorous analytical foundation for policy evaluation, this study is anchored in two complementary theoretical paradigms: Mancini's Social Organization Model and the core tenets of Results Management framework. While the former contextualizes how informal and formal community networks interact to generate social capital and operational capacity, the latter shifts the policy focus from a descriptive, activity-oriented structure to objective, output-driven assessments (Mancini & Bowen, 2009, p. 53).

Conclusively, while the existing literature extensively conceptualizes the theoretical dimensions of social vulnerability and delineates specific marginalized groups, there remains a significant research gap regarding how these discrete taxonomies manifest operationally within inter-institutional public policy frameworks, particularly in the context of Türkiye. Most

contemporary studies focus on isolated welfare programs or single-institution implementations without adopting a holistic, multi-sectoral evaluation. This study addresses this empirical and theoretical vacuum by systematically reviewing and critically analyzing the strategic plans, activity reports, and performance data of multiple core public entities simultaneously. By synthesizing these diverse institutional actions through the integrated lenses of the Social Organization Model and Results Management framework, this research moves beyond descriptive summary. It provides a diagnostic overview of structural duplications and coordination deficits, thereby offering an evidence-based roadmap designed to enhance the operational efficiency and sustainable delivery of national child well-being and family empowerment policies.

1. Theoretical Framework and Conceptual Taxonomies

One of the concepts that have come to the fore within the ethical and political debates of recent years is vulnerability. Evaluating the concept within law, and specifically within human rights law, is a relatively new endeavor. This study aims to examine the relationship between the concept of vulnerability and the legal domain, with a specific focus on international human rights law framework. In doing so, and based on current debates surrounding vulnerability theory, the discussion focuses primarily on universal-ontological and group-based approaches. Following a general overview that considers the operational differences arising from the distinction between these two theoretical paradigms (universal-ontological vs. group-based), the correspondence of vulnerability in human rights law literature will be addressed. Finally, the role of the concept in trials will be illustrated with examples from the European Court of Human Rights, and its effectiveness will be evaluated (Celik, 2020, p. 57). Ultimately, this analysis aims to construct a comprehensive conceptual and legal framework that offers tangible pathways for minimizing secondary victimization and enhancing the operational efficiency of public social service delivery.

Vulnerability refers to the pre-existing characteristics of a system (individual or family) that determines its potential for harm or reduced ability to recover following crises or hazard events. In this context, social vulnerability is associated with economic, social, cultural, and/or political conditions that limit the available resources and response capacity at any stage of the disaster cycle — which systematically encompasses the four operational phases of mitigation, preparedness, response, and recovery (Mancini, 2010, p. 10-11). Disasters disproportionately

affect vulnerable groups, including women, children, older adults, and people with disabilities, thereby deepening existing inequalities (Ari Kovancı, 2024, p. 15).

In addition, the "child well-being" approach is gaining importance in discussions of vulnerability and child poverty. This approach combines objective living conditions (material status, education, health, and other indicators) with children's subjective experiences (happiness, perception of deprivation, and other indicators). Well-being is related to the creation of conditions that increase children's current and future capabilities, and these processes occur at home, at school, and in the neighborhood (Müderrisoğlu et al., 2013, p. 20).

Children, pregnant women, older adults, malnourished people, and individuals who are ill or immunocompromised are particularly vulnerable when a disaster occurs and bear a relatively high share of the disease burden associated with emergencies. Vulnerable groups include people considered to be particularly susceptible to coercion or undue influence in a research setting. A vulnerable group comprises individuals who cannot understand what it means to participate in research or who do not understand what constitutes informed consent. The term 'vulnerable groups' is often used interchangeably with, or as a synonym for, 'at-risk groups' (Barker, 2003).

Vulnerability within a research context generally arises when individuals face structural or cognitive impediments to providing fully autonomous, free, and informed consent. Groups of people who experience structural disadvantages within social, economic, or political domains are conceptually defined as vulnerable populations due to their heightened susceptibility to cumulative risks (Aday, 2001). Examples of vulnerable populations include children, individuals with schizophrenia, pregnant women, and people experiencing homelessness. A population is conceptually defined as vulnerable due to its exposure to a disproportionate accumulation of overlapping physical, psychological, and social risk factors, which significantly diminishes their adaptive capacity (Evans, 2004).

Socially vulnerable groups typically include individuals who are more likely to experience difficulties responding to disasters (or moments of social risk): people living in poverty, minorities (e.g., racial, gender, and class minorities), people with disabilities, older adults, those with lower levels of education, immigrants, seasonal workers, recent residents, tourists, renters, and those living alone or isolated from family or friend circles, for example, the homeless. Among disadvantaged groups, people with disabilities and older adults are at

highest risk of poverty, which can lead to social exclusion (Gülođlu & Güven epni, 2022, p. 94).

Disadvantaged groups in society are groups of people who experience a higher risk of poverty, social exclusion, discrimination, and violence compared with the general population; these groups include, but are not limited to, ethnic minorities, immigrants, people with disabilities, isolated older adults, and children (European Commission, 2021; Zastrow, 2017). In psychology, vulnerable communities are those more susceptible to social, psychological, legal, economic, and physical harms, and include groups such as children, people who use drugs, runaways, incarcerated individuals, patients, victims of violence, and people with mental illness (American Psychological Association [APA], 2019; Galea et al., 2005).

According to the United Nations (2015), children, pregnant women, older adults, malnourished individuals, and individuals who are ill or immunocompromised are particularly vulnerable during disasters. Poverty—and its common consequences such as malnutrition, homelessness, poor housing, and destitution—is a major contributor to vulnerability. People living in poverty and socially disadvantaged groups are the most exposed to, and directly affected by, disasters (Blaikie et al., 1994; Norris et al., 2008). Yet the most fragile people—those most vulnerable—are often not adequately considered in prevention strategies or operational guidelines (World Health Organization [WHO], 2002). Although international policy frameworks have evolved substantially over the past two decades to promote inclusivity, recent global crises, including the COVID-19 pandemic and catastrophic seismic events, reveal that a substantial gap still persists in translating these high-level mandates into concrete, field-level operational practices (Kelman, 2020; UNDRR, 2023).

The difficulties these groups experience before, during, and after disasters increase the importance of psychosocial support services (Arıca et al., 2023, p. 178).

The European Commission undertakes initiatives to strengthen the resilience and preparedness of vulnerable groups (people with disabilities; immigrants, asylum seekers, and refugees; children) and to develop policy recommendations and practical solutions, including prevention, vulnerability reduction, preparedness, emergency relief, and recovery (European Commission, 2020). Republic of Türkiye Ministry of Health defines a vulnerable adult as a person 18 years of age or older who needs or may need community care services due to mental or other disability, age, or illness, and who is or may be unable to care for themselves (Republic of Türkiye Ministry of Health, 2015). In social work, the at-risk population is broadly defined

as including, but not limited to, the poor, the frail, the disabled, the economically disadvantaged, the homeless, racial and ethnic minorities, people with low literacy, victims of abuse or persecution, and people with social risk factors (Barker, 2003).

Vulnerability is defined as a state characterized by needing help to perform basic functions (dependency), having a condition that prevents communication with others, and being unable to protect oneself from attacks, mistreatment, or other forms of abuse (Nirgiz, 2025, p. 143). It is also described as fragility, susceptibility to damage or trauma, defenselessness, and openness to attack and criticism. A vulnerable person refers to an individual who constitutes the weaker party in a relationship, is more susceptible to abuse or misuse, and cannot protect themselves or their rights, rendering them easily traumatized.

In the literature and official documents, vulnerable groups are classified according to various factors, such as age, gender, health status, and socio-economic status (Elmas, 2018, p. 947; Mderrisođlu et al., 2013, p. 7; Salem, 2014, p. 71). These groups and the primary causes of their vulnerability are summarized in Table 1.

Table 1

Classification of Vulnerable Groups and Vulnerability Factors

Fundamental Cause/Dynamic of Vulnerability	Covered Risk Groups	Justification for Vulnerability and Risk Factors
Age and Developmental Period	-Children aged 18 and under -Older adults (especially those needing care) -Street-connected children	-Ignoring decision-making capacity and autonomy. -Limitations in the capacity to comprehend the situation and distinguish. -Openness to abuse due to dependence on caregivers.
Health Status and Physical Capacity	-Physically or mentally disabled -Those with learning difficulties -Those with mental illness (e.g., dementia) -Terminally ill patients	-Needing help for basic functions (dependency). -Inability to protect oneself from attack or maltreatment. -Presence of conditions preventing communication.
Gender and Social Roles	-Pregnant women -Transgender individuals -Those in unhealthy sexual relationships	-Gender-based division of labor and care burden. -Being more open to physical, psychological, and economic abuse. -Poverty being felt more deeply by women.
Socio-Economic and Legal Status	-The homeless and those living alone -Asylum seekers, refugees, and immigrants -Detainees and convicts	-Restriction of freedom (prison, etc.). -Isolation from social support networks. -Limitations in access to health and legal resources. -Difficulty in understanding informed consent processes.

	-Individuals with limited education	
Specific Disadvantaged Child Profiles (Ministry of Development)	-Children deprived of parental care	-Being under economic exploitation. -Assuming adult responsibilities at an early age.
	-Child laborers (including seasonal agriculture) -Child brides / Child mothers -Children driven to crime or in prison	-Being in a cycle of neglect and abuse.

Note. Table is compiled by the author based on Elmas (2018); Nirgiz (2025); Salem (2014) and Müderrisoğlu et al. (2013).

The fundamental and oldest moral principle regarding the protection of the weak by the strong imposes duties on each person to watch over the weak, to enable them to exercise their rights, and to prevent them from being harmed. The State establishes a protective framework through legislation to enable individuals who are vulnerable to harm to exercise their rights and to protect them from physical, psychological, economic, and social abuse. Legal regulations deterring abusive behavior that may cause harm to these people must be enforced such as inspections of children's and care homes older adults (Andrejew, 1968).

Nevertheless, relying solely on these structural interventions presents significant limitations. To minimize the harm these people may suffer, society must be organized, special training must be provided, individual responsibility must be developed to the same extent as institutional responsibility, and ethical sensitivity must be heightened (Mancini, 2010, p. 5). Non-governmental organizations (NGOs) for vulnerable groups can be established. These NGOs can provide special training courses for them, provide shelter and food aid, and offer financial support. For example, associations established to meet the basic needs, such as shelter, health, and education, of children and young people who have to live and work on the streets, include the Foundation for Children of Hope. These associations work to repair the selves of individuals traumatized by the adverse conditions of street life and to reconstruct their social identities (Elmas, 2018, p. 950; Yavaşca, 2021, p. 9).

Protective health services for vulnerable groups are addressed at three levels: primary, secondary, and tertiary, depending on the stage at which the problem emerges (Nirgiz, 2025, p. 144). The scope of these protection levels and the corresponding application examples is presented in Table 2.

Table 2*Classification of protective health services for vulnerable groups*

Protection Level	Scope and Purpose	Example Applications
Primary Protection	-Basic services aim to prevent risk factors before problems arise.	- Providing shelter for asylum seekers and the homeless - Food aid to the poor - Health education and vaccination campaigns - Measures to protect older adults from accidents
Secondary Protection	-Early diagnosis, screening, and detection of at-risk groups.	-Tuberculosis screening in prisons - Pre-pregnancy TORCH test - Screening for infectious diseases for substance abusers - Screening of risk groups for STDs
Tertiary Protection	Reducing the effects of the existing problem, rehabilitation, and preventing complications.	• Providing special education for those with learning difficulties • Rehabilitation of those who quit substance use • Prevention of complications of chronic diseases • Physical-social rehabilitation in older adults

Note. Table is compiled by the author based on Elmas (2018), Nurgiz (2025); Mancini (2010) and Yavaşca (2021).

Empowering vulnerable groups and increasing family resilience can be better understood through the "Social Organization" framework. Community capacity is associated with increased shared responsibility and collective competence. In this model, "shared responsibility" refers to the feelings of concern for the general well-being of the community and its individual members; "collective competence" is the ability to take collective action and confront situations (Mancini, 2010, p. 27-28).

This framework emphasizes the importance of social structure and networks. Networks are the primary ways through which community life is enacted. Relationships with friends, neighbors, and colleagues constitute "informal networks", whereas those associated with agencies and organizations (such as public institutions) constitute "formal networks". Strengthening families occurs not only through the efforts of public institutions (formal networks) but also at the points where these formal networks intersect with informal networks (formation of social capital). In this context, the family is a central structure where basic psychological needs such as survival, love, power, freedom, and fun are met (Koç, 2015, p. 67). However, modernization and secularization lead to significant transformations in the structure and functions of the family, prompting new discussions about the future of the family as an institution (Yalçın, 2025, p. 58-59). Beyond these interpersonal support networks, the family's

socioeconomic status acts as the most critical structural determinant influencing child well-being. Concurrently, the strongest finding in the child development literature is the correlation between family socioeconomic status and children's health and development. Children from low-income families have a higher risk of adverse outcomes, such as school failure and health disorders (Bradley & Corwyn, 2002).

Urban vulnerabilities can be defined as the accumulation of potential harm to social, physical, and economic systems formed by historical processes. Urban vulnerabilities can be associated with the structure of society (class, gender, age, language, race, ethnicity, literacy, civil society, rights, political culture) and historical and structural factors (economic model, income distribution, demographic structure, environmental values, level of technological development) (Bolin & Stanford, 1998; Smith & Petley, 2009). Factors that increase urban vulnerability include urban population growth, industrial density, unplanned urbanization, inadequate institutional capacity, lack of information and resources, and limited preparedness (Orhan, 2016, p. 241). Combined with disasters, these factors deepen the impacts to which cities will be exposed, turning natural hazards into development problems. To ensure the sustainable development of cities, urban vulnerabilities must be reduced, and social, economic, and physical systems must be strengthened. In other words, achieving urban resilience depends on risk-reduction policies and on steps taken to eliminate urban vulnerabilities (Orhan & Keskinok, 2019, p. 27).

Groups with high potential exposure to urban hazards are classified in the literature based on their characteristics. In this context, vulnerable groups are differentiated according to their location choices in the urban area, individuals' physical conditions, and levels of participation in social life (Orhan & Keskinok, 2019, p. 27-28). These sources of vulnerability, the relevant groups, and the precautionary policies to be implemented are detailed in Table 3.

Table 3*Classification of Vulnerable Groups in Urban Areas and Planning Principles*

Source of Vulnerability	Relevant Groups	Basic Problem Areas	Precautionary Policies and Tools
Spatial Location Choice	-Squatter (Gecekondu) areas -Deep valleys and unfavorable slopes -Those living on old mines -Stream beds and flood plains -Those living near hazardous industries	-Housing security -Poverty -Disaster risk	-Urban transformation -Urban rehabilitation -On-site renewal
Physical Conditions	-Older adults and children -The disabled -Those with special medical needs -Those with mental illness	-Access to health services -Physical accessibility -Need for special care	-Universal design principles -Accessibility standards -Land use -Community participation
Social Distance	-The homeless -Immigrants and asylum seekers -Tourists	-Communication (language barrier) -Housing -Access to information	-Multi-lingual information -Sectoral decisions -Local backup capacity -Informative announcements

Note. Table is compiled by the author based on Bolin & Stanford (1998), Smith & Petley (2009), and Orhan & Keskinok (2019).

Family-oriented services and social assistance play a critical role in combating child poverty and inequalities in Türkiye. Although some positive progress has been made in formulating national child policies in Türkiye, comprehensive and inclusive policies targeting children are not yet fully in place. The Ministry of Family and Social Services (MoFSS) aims not to limit its child protection mission to children in need of institutional care but to target the entire child population, adopting an explicit vision of increasing 'protective and preventive' services. Two fundamental elements of this new policy transformation are the Family Social Support Program (ASDEP- Aile Sosyal Destek Programı) and the Social Service Centers (SHM). ASDEP aims to identify social service needs in society, to identify individuals and families in need, and to strengthen families through early intervention. Furthermore, the

primary social assistance program targeting child poverty in Türkiye is the Conditional Cash Transfer (CCT) program. Conditional cash transfers are provided to families (specifically to mothers) belonging to the poorest 6% of the population, on the condition that children continue to attend school and receive health checks. This program has become a powerful social policy tool ensuring children's enrollment in school and regular health checks.

2. Method

In this study, the document review (document analysis) method was selected for data collection, and descriptive analysis was employed for data analysis (Baş, 2017; Güçlü, 2019). Document review involves the analysis of written materials that provide information about the phenomena under investigation (Yıldırım & Şimşek, 2018). Using this method, official documents that reflect the policies, strategies, and activities of the determined institutions toward vulnerable groups were systematically examined.

The "Results Management" approach was also considered in this analysis. In this approach, program activities are considered useful only insofar as they ultimately produce concrete results, such as changes in knowledge, attitudes, and behavior.

The data sources of the research consist of official documents belonging to public institutions and organizations that carry out studies directly targeting vulnerable groups.

Within the scope of the research, strategic plans, annual activity reports, and budget presentations of the relevant institutions covering the years 2020-2025 were meticulously analyzed.

To ensure methodological transparency and replicability, the qualitative dataset of this study was rigorously bounded by a specific institutional, functional, and temporal scope. The research sample systematically encompasses primary official documents published by eight core public entities between the years 2020 and 2025. This multi-institutional dataset includes the Ministry of Family and Social Services (MoFSS), Ministry of National Education (MoNE), Ministry of Health (MoH), Ministry of Justice (MoJ), Ministry of Interior (MoI), and Ministry of Youth and Sports (MoYS), alongside the Presidency of Migration Management (PMM) and the Presidency of Religious Affairs (PRA). For each of these designated institutions, five distinct categories of official text were meticulously scanned and cross-analyzed: Annual Activity Reports, Performance Programs, Budget Reports and Presentations, Strategic Plans, and Institutional Financial Situation and Expectations Reports. Mapping these specific

document streams across the uniform 2020–2025 timeline allowed the study to capture a longitudinal and comprehensive overview of Türkiye's public social policy delivery.

The qualitative coding process and subsequent thematic classifications were not merely descriptive; instead, the gathered institutional data were critically evaluated against the structural metrics of the Social Organization Model and the efficiency benchmarks of Results Management. This matrix allowed the researchers to systematically deduce operational policy recommendations directly from diagnosed institutional anomalies.

In the study, documents from institutions such as the Ministries of Family and Social Services; National Education; Health; Youth and Sports; Interior; and Justice, as well as the Presidency of Religious Affairs and Migration Management, were scanned. Relevant documents from public institutions and organizations working with vulnerable groups were accessed through the institutions' official web pages, strategy development presidencies, and public databases. Documents were scanned for the keywords "vulnerable groups," "risk groups," "disadvantaged segments," "family," "child," "woman," and "disabled," and relevant sections were classified.

In the study, answers to the following questions were sought through the documents:

- What are the (completed, ongoing, and planned) studies directly targeting vulnerable groups?
- What is the main axis of studies in this direction?
- How are the difficulties, problems, and disruptions encountered while carrying out these studies expressed in the reports?
- What are the facilitating factors-defined operational catalysts such as inter-institutional data-sharing networks, legislative support, and international project funds-during the execution of these studies?
- What are the institutional suggestions in the context of studies on vulnerable groups?

The obtained documents were systematically coded by researchers. Expert opinion was sought to increase validity and reliability. An inductive analysis was performed based on concepts derived from the data, and themes were identified. The primary objective of content analysis is to identify the concepts and relationships necessary to elucidate the gathered data. While descriptive analysis provides a summary and interpretation of the data, content analysis

applies a more profound processing method, thereby revealing themes and concepts that might otherwise remain undetected by a descriptive approach (Güçlü, 2019).

3. Results and Discussion

In this section, data obtained from the examined corporate reports and official documents are presented under the headings of activities performed, main axis, difficulties encountered, facilitating factors, and suggestions. Additionally, themes emerging from the analysis are listed. In light of the data obtained from the strategic plans, activity reports, and budget presentations of the examined public institutions, the basic activities carried out by the institutions, the main focus of the studies, and the structural problems encountered are summarized for comparison in Table 4. Detailed analyses by institution are presented below.

Table 4

Activities of Public Institutions for Vulnerable Groups and Identified Problems

Institution	Basic Activities Carried Out	Main Axis of Studies	Basic Problems Encountered
Ministry of Family and Social Services	- Family Support Centers (ADEM-Aile Destek Merkezi) - Child Houses (Home-type care) - Parent education	- Social inclusion -Protection of family integrity	- Lack of standards in personnel formation - Lack of privacy perception of service recipients
Ministry of National Education	- Guidance and Research Centers (RAM-Rehberlik Araştırma Merkezi) and inclusive education - Training courses for professionals on neglect and abuse	- School dropout and absenteeism - Peer bullying	- Adaptation processes to new curriculum and qualification frameworks
Ministry of Health	-Child Monitoring Centers (ÇİM-Çocuk İzlem Merkezleri) -Health literacy training	- Protective health services - Fight against addiction	-Insufficiency of child psychologists and forensic medicine experts -Need for expert witness
Ministry of Justice	-Judicial Interview Rooms (AGO- Adli Görüşme Odaları) -"Justice for Children" project	-Best interest of the child -Prevention of secondary victimization	-Length of interview durations -Necessity of taking the child's statement repeatedly
Interior & Migration Management	-Gendarmerie child/women units -Social cohesion studies	-Security and public order -Social cohesion	-Integration of foreigners into society

Note. Table is prepared by the author based on research data.

Based on the comprehensive inductive analysis of the total dataset—comprising 38 institutional documents distributed across eight core public ministries and presidencies—the findings demonstrate that extensive training programs on parental responsibilities have been organized and Family Support Centers have been established. It is emphasized that there has been a transition from the collective, crowded-dormitory concept to a home-based concept (Child Houses), in which children are cared for in small groups under the supervision of expert care personnel. A protocol has been signed with the state institution responsible for religious affairs to provide values education to children; centers for monitoring victimized children exist; and home visits to families are carried out. Emphasis on the equal use of rights, gender equality studies, social vulnerability, social exclusion, and social inclusion constitutes the main axis of the activities. According to the documents, difficulties exist in ensuring a standard of professional training for employees who provide services directly to vulnerable groups. Although legislation and theory are robust, problems persist in practice. The need to achieve standards in training for care personnel, the lack of training in the home care sector, and issues regarding the privacy of the population served (notably lack of private space and training to support autonomy) are among the problems reflected in the reports. The aim is to reduce disparities in service quality between regions and cities.

It is suggested that field research on family policies be increased, service models for families be redesigned, data-driven policies be supported, social participation be strengthened, strategic goals be translated into action plans, and social inclusion policies be implemented without causing discrimination. Furthermore, the necessity of increasing science-based training for care personnel and of adopting a multi-stakeholder, holistic approach is emphasized.

The MoNE Regulation on Special Education Services and the directives for home education services for individuals requiring special education are in place. The nationwide prevalence of Guidance and Research Centers (RAM), the implementation of the developmental guidance model, and the organization of training courses for professionals on neglect and abuse are explicitly documented within the strategic policy frameworks (Ministry of National Education [MoNE], 2024). Furthermore, empirical findings on gender equality,

school adaptation, and peer bullying are derived directly from institutional monitoring outputs (MoNE, 2025).

Women's participation in the workforce, school dropout, grade repetition, absenteeism, reasons for failure, gender equality in education, school adaptation programs, peer bullying, violence-prevention action plans, and parent education constitute the primary focus of the studies. Adaptation processes associated with the scope of the new curriculum (the European and Türkiye Qualifications Frameworks, 21st-century skills, and related elements) are among the challenges encountered.

Activities such as health literacy studies, joint publications with the Ministry of Family and Social Policies, school health projects, family medicine regulation studies, student health screenings, nutrition and diabetes training, and personal health counseling are highlighted in the documents. Additionally, Child Monitoring Centers (ÇİM) are being expanded in hospitals. Because of the absence of child psychologists or forensic medicine specialists in every province, the expert witness mechanism is activated, and the Ministry of Health provides training on the subject. In complex health problems such as substance addiction, the family is treated as a system that is both affected and part of the solution.

Activities such as increasing the number of youth centers, employing permanent coaches, and operating Türkiye Olympic Preparation Centers are being carried out. The necessity of clearly defining privacy boundaries and the importance of observation during sports activities (e.g., close-contact exercise) are emphasized. Guidance activities on the importance of the family in family and religious guidance bureaus, in family-school projects, in seminars on the importance of women and children, and through international good-practice examples are being conducted. Experts in the field carry out the activities. Specialized units for women and children exist within the Gendarmerie, and procedures for training the Gendarmerie on this subject and for referring abuse cases to the police and other relevant units are in place. Studies of social cohesion within the scope of the Law on Foreigners and International Protection (2013), and of institutional structuring and legislation related to the integration of immigrants into society, are being carried out.

Studies are being conducted on initiatives such as the work of the Department of Victim Rights, the "Justice for Children" project, the establishment of Judicial Interview Rooms (AGO) (waiting room, interview room), and the presence of experts (psychologist, pedagogue, social worker) in forensic interviews. The protection of the family under criminal law is an important

dimension that needs to be addressed in the context of moral values and codes of conduct. The definition of privacy and the determination of its boundaries, particularly for sensitive groups, constitute the primary focus.

Among the problems encountered are the importance of assigning field experts and expert witnesses in judicial processes; the necessity of taking the child's statement in the presence of experts; and technical problems in recording processes pursuant to Article 52 of the Criminal Procedure Code (CMK-Ceza Muhakemesi Kanunu). Although cautionary decisions issued under Law No. 6284 are vital for women who are victims of violence and for family members, problems such as differences in interpretation between courts may arise during implementation. The traumatic effects on the child of recalling the event in the presence of parents and the limited capacity of judicial interview rooms (e.g., prolonged interview durations) are identified in the report. Furthermore, difficulties arising from the judge's desire to hear the child again on the grounds of "revealing the material truth" are reported. It is emphasized that environments in which abused children can express themselves comfortably should be created, and that the statement-taking process should be conducted only by the prosecutor and in the presence of an expert.

Themes emerging from the analysis of the examined documents were classified under five main categories: Family and Community Support, Health and Well-being, Institutional Capacity and Expertise, Rights and Legal Framework, and Education and Awareness. The strategic policy domains illustrating these main themes and the specific activities associated with them are presented in Table 5.

Table 5*Mind Map of Themes and Activities Emerging from the Document Analysis*

Strategic Policy Domains (Main Themes)	Specific Activities and Focus Areas
Family and Community Support	<ul style="list-style-type: none"> - Family Support Centers (ADEM) - Social Service Centers (SHM) - Social Solidarity Centers (SODAM) -Child Houses (home-type care transition) -Family Social Support Program (ASDEP) -Social cohesion and inclusion studies
Health and Well-being	<ul style="list-style-type: none"> -Expansion of Child Monitoring Centers (ÇİM) -Provision of protective health services -Health literacy training and school health projects -Fight against substance addiction
Education and Awareness	<ul style="list-style-type: none"> -Guidance and Research Centers (RAM) operations -Parent education and values education protocols -Inclusive education and prevention of peer bullying -Programs addressing school dropout and absenteeism
Rights and Legal Framework	<ul style="list-style-type: none"> -Judicial Interview Rooms (AGO) and "Justice for Children" Project --Expansion of Child Monitoring Centers (ÇİM) -Specialized child/women units in law enforcement -Implementation of protective laws (e.g., Law No. 6284) -Prevention of secondary victimization in legal processes
Institutional Capacity and Expertise	<ul style="list-style-type: none"> -Standardization of care personnel and professional training -Ensuring expert presence (psychologists, forensic experts) in trials -Enhancing inter-institutional coordination -Transitioning to data-driven, results-oriented management

Note. Table is developed by the author.

The comprehensive inductive synthesis of institutional documents reveals that public welfare initiatives targeting vulnerable groups in Türkiye possess a structural foundation capable of fostering 'Social Organization' and operationalizing 'Community Capacity' by establishing institutional avenues for shared civic responsibility. Nevertheless, critical structural deficiencies and execution bottlenecks persist. Discussing the findings across four main pillars provides a more holistic roadmap for empowering families.

Activities included in corporate reports, such as "The Ministry's aim is to strengthen family unity" and "Parent education," coincide with efforts to increase shared responsibility and collective competence, defined as "Community Capacity". However, the "lack of standards" and "problems in implementation" as stated in the documents indicate that this capacity has not yet reached the desired level. The extent to which families' basic psychological needs are met may vary according to demographic characteristics, affecting community capacity (Koç, 2015).

Furthermore, the well-being of children is not solely about child poverty; regardless of material conditions, children can be truly well only when they are approached with love and care and are physically and mentally healthy. This requires responsibility from all segments of society.

In the examined strategic plans and reports, attention was drawn to the lack of coordination among institutions (Health, Education, Justice, etc.) and to duplicative work. Social change is most effective in the area of third-order effects, where dissimilar networks (e.g., a state institution and a neighborhood organization) collaborate. The suggestion of a "multi-stakeholder perspective" emerging from the documents confirms that social capital needs to be strengthened by increasing the intersections between formal and informal networks. In particular, the structuring of the Family Social Support Program (ASDEP) and Social Service Centers (SHM- Sosyal Hizmet Merkezi) within the Ministry of Family and Social Services offers a significant opportunity for the localization and coordination of services. In addition, the effects of laws regulating labor relations in preventing domestic violence should be evaluated as part of inter-institutional cooperation (Öktem Songu & Şahin Emir, 2020, p. 1158). Furthermore, eliminating differences in interpretation regarding the implementation of Law No. 6284 is critical for the effective protection of the family (İbicioğlu & Durutürk, 2022, p. 777).

Performance indicators in reports and the assertion that "You cannot get anywhere by merely improving the indicators of your own unit" correspond precisely to the principle of Results Management. Program activities (e.g., seminars and courses) are valuable only if, ultimately, they create a concrete improvement in the lives of families. This theoretical framework supports the need to transition from the "activity-oriented" structure emphasized in the findings to a "result-oriented" structure. For example, expanding preschool education should be seen not just as an enrollment-rate target but as a results-oriented tool supporting children's cognitive and emotional development. Assessment of responses to emergencies, such as floods, should also be incorporated into disaster risk reduction strategies as part of a results-oriented management approach (Freeman & Tobin, 2011, p. 16-19).

In documents examined in the study, the need for support for sustainability and dissemination was emphasized. Sustainability is the continuity of benefits provided to families and society rather than the continuation of the program itself. To move beyond the "project-based" approaches identified in the findings, achievements need to be made permanent. Targeting all children living in disadvantaged regions and conducting mapping studies for these regions are critical for the sustainability of interventions.

Physical access problems mentioned in the findings should be addressed with spatial planning principles. Disaster avoidance and access to urban services for individuals with special needs and vulnerable groups are not just physical arrangements but requirements for social inclusion. In urban transformation and rehabilitation projects, the needs of groups who are vulnerable due to their spatial location (e.g., slum areas) should be prioritized. Planning psychosocial support services for vulnerable groups in disaster management processes plays a critical role in increasing community resilience (Arıca et al., 2023, p. 181-182).

Rather than offering intuitive solutions, the actionable policy recommendations formulated in Table 6 are systematically deduced from the cross-evaluation of empirical findings against the study's core theoretical infrastructure (Social Organization Model and Results Management framework). Each strategic recommendation directly addresses a diagnosed structural vulnerability by translating conceptual capacities into operational public policy tools.

Table 6

Policy Recommendations for Vulnerable Groups and Targeted Outputs

Policy Area	Concrete Recommendation	Targeted Output / Theoretical Context
Data and Monitoring	Establishing a National Child Well-being Index.	Evidence-based policy making and "Results Management."
Early Warning	Establishing an inter-institutional integrated "Early Warning System" for the detection of families and children at risk.	Pre-crisis intervention and protective approach (Primary Protection).
Spatial Planning	Updating accessibility and disaster safety standards for vulnerable groups (older adults, disabled) in zoning legislation.	Increasing urban resilience and reducing physical vulnerability.
Service Model	Disseminating community-based service models such as ASDEP and SHM.	Increasing "Community Capacity" and the principle of locality.
Personnel Quality	A standard, accredited certification program for care personnel and experts.	Standardization and professionalization in service quality.

Note. Table is developed by the author.

Consequently, efforts to empower families in Türkiye must evolve from a reactive structure that intervenes only in times of crisis to a proactive 'Social Resilience' model. As operationalized through the systemic indicators proposed in this study—such as the National Child Well-being Index and integrated inter-institutional early warning metrics—this resilience model moves beyond abstract conceptualization. By translating institutional performance data into measurable, trackable, and empirical benchmarks, the proposed framework establishes a quantifiable governance structure that integrates formal and informal networks, enforces result-oriented spatial planning, and secures long-term preventive social sustainability.

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Çatışma Beyanı	<i>Makalenin yazarları, bu çalışma ile ilgili herhangi bir kurum, kuruluş, kişi ile mali çıkar çatışması olmadığını ve yazarlar arasında çıkar çatışması bulunmadığını beyan eder.</i>
Destek ve Teşekkür	<i>Çalışmada herhangi bir kurum ya da kuruluştan destek alınmamıştır.</i>
