



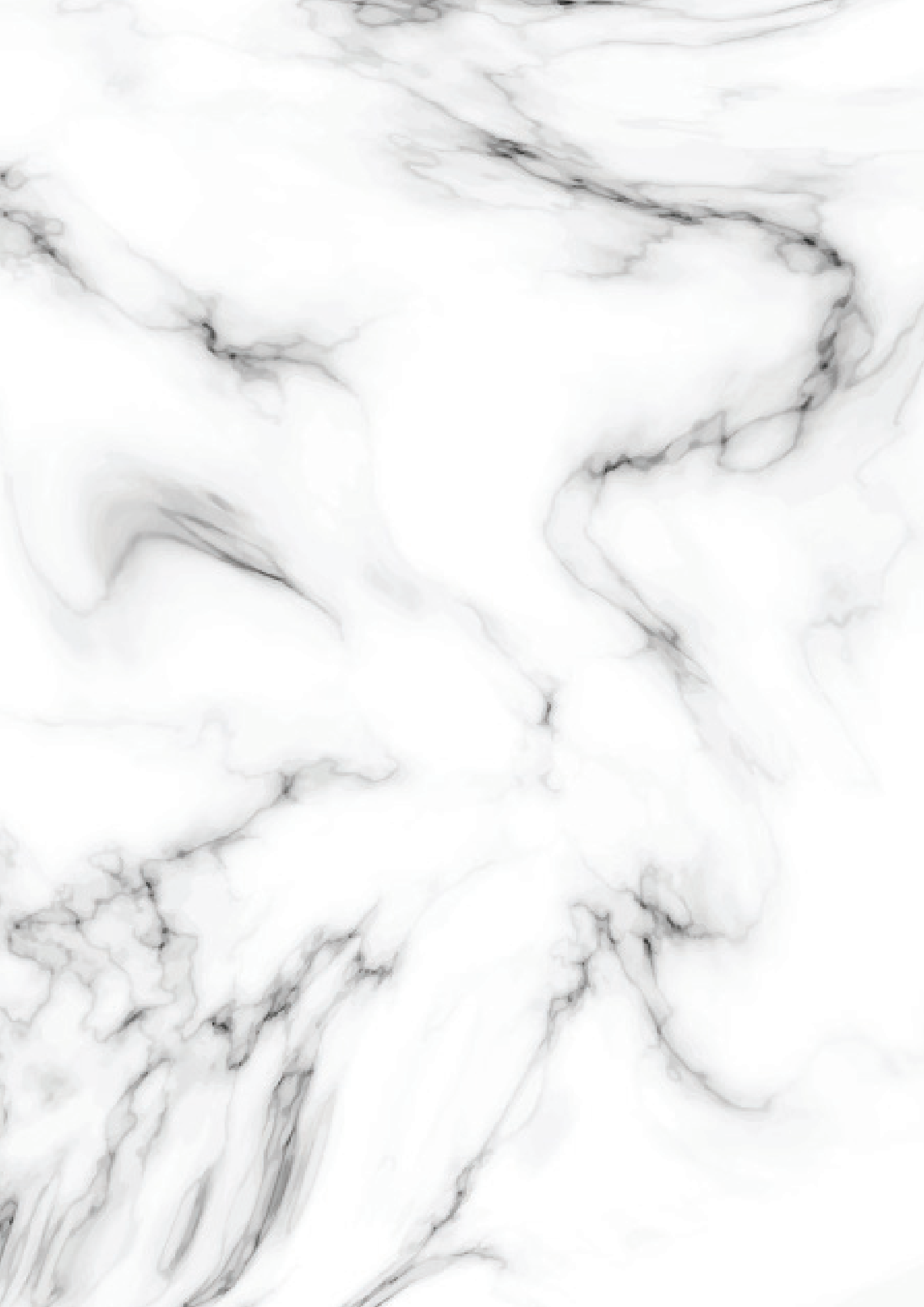
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ABOUT

Turkish Journal of Applied Social Work is an international refereed journal. The journal started its publication life in 2018. The present scientific journal is published in December and June, with two issues per year. The working languages of the journal are English and German. *Turkish Journal of Applied Social Work* is meeting the academic community with the first issue in December, 2018 and the processes

required to be screened in many indexes have already started. Our journal, which is the first academic Social Work Journal in Turkey operating in foreign languages (English and German), is planning to have a new lease on social work and expects the support of the authors.

Any publications which can contribute to the development of the social work academic field and the related areas are welcome to our journal.

AIM

Turkish Journal of Applied Social Work started its publication life in 2018. This journal has embarked on the Open Access Policy with the idea that scientific information produced by academics, professionals, and others can be accessed by anyone, both locally and internationally, without any limitation.

SCOPE

Any publications which can contribute to the development of the social work academic field and the related areas are welcome to our journal. Academic studies which were carried out by academicians from social work field, social workers, social work undergraduate and graduate students, professionals from different professions working in the field of social work, and other academic units with social work on mind are the scope of this journal.

PUBLICATION POLICIES

Turkish Journal of Applied Social Work is an international refereed journal that adopts double-blind peer-review process. Editorial board of our journal follows Editorial Policy of the Council of Scientific Committee.

PUBLICATION PERIOD

Our journal is published twice a year in June and December.

Publications are made from the following areas, which will contribute to the development of social work discipline and contribute to the literature:

Other disciplines assessed in relation to Social Work, Sociology, Medicine, Psychology, Psychological Counseling and Guidance, Human Rights, Social Policy, Philosophy, Law, Economics, Health Management, Nursing, Physiotherapy, Gerontology, Geriatrics, Child Development, Special Education.

EDİTÖRLERDEN

TR

Türk Uygulamalı Sosyal Hizmet Dergisi, Türkiye'de sosyal hizmet alanına özgü, İngilizce ve Almanca dillerinde, Türk akademisyenlerin ve araştırmacıların yanısıra İngiltere, ABD, Avustralya, İsveç, Almanya, Portekiz, Romanya, Polonya, Çekya, Bosna Hersek, Letonya ve Slovenya'dan akademisyenlerin ve araştırmacıların katkılarıyla yayın hayatına devam eden ilk akademik dergi olma özelliği taşır. Dergimiz 2018 yılından itibaren yılda 2 sayı olarak yayınlanmaktadır. Sosyal hizmetin tüm alanlarını içeren dergimizin 2021-6. sayısını siz değerli okurlarımızla buluşturmaktan onur duyuyoruz. Dergimizin bu sayısına katkılarından ötürü Prof. Dr. Zeynep ŞİMŞEK, Prof. Dr. İsmet Galip YOLCUOĞLU, Doç. Dr. Bülent ŞEN, Dr. Öğr. Üyesi Gülcan URHAN, Doç. Dr. İnci KAYIN, Arş. Gör. İsmail NALBANTOĞLU, Dr. Büşra USLU AK, Dr. Öğr. Üyesi Talip YİĞİT, Arş Gör. Murat DİNÇER hocalarımıza, makalelerimizin değerlendirilmesi sürecinde destekleriyle yanımızda olan hakem hocalarımıza, dergimizin yayına hazırlanması sürecinde emeği geçen Editör Kurulu, Yayın Kurulu ve Danışma Kurulumuza ve son olarak özverili çalışmalarından ötürü Arş Gör. Ömer AVCI'ya teşekkürü bir borç biliriz. Sosyal hizmet çalışmalarına ve sosyal hizmete gönül veren tüm akademisyen, araştırmacı ve sosyal hizmet mensubu dostlarımıza bu sayının faydalı olmasını diler, saygılarımızı sunarız.

**PROF. DR. MEHMET ZAFER DANIŞ
DR. ÖĞRETİM ÜYESİ ÖZDEN GÜNEŞ**



FROM EDITOR(S)

EN

Dear readers,

The Turkish Journal of Applied Social Work, is the first academic journal specific to the field of social work in Turkey in Turkish, German and English language continued its publication life with the contributions of academics and researchers from Turkey as well as from the UK, USA, Australia, Sweden, Germany, Portugal, Romania, Poland, Czechia, Bosnia and Herzegovina, Latvia and Slovenia.

The journal has been published twice a year since 2018. We are pleased to present you the 2021-6 edition, which covers all areas of social work.

We thank Prof. Dr. Zeynep ŞİMŞEK, Prof. Dr. İsmet Galip YOLCUOĞLU, Assoc. Prof. Dr. Bülent ŞEN, Assist. Prof. Dr. Gülcan URHAN, Assoc. Prof. Dr. İnci KAYIN, Res. Assist. İsmail NALBANTOĞLU, Dr. Büşra USLU AK, Assist. Prof. Dr. Talip YİĞİT and Researcher Murat DİNÇER for their contributions, our reviewers for their assistance in evaluating our articles, and the editorial board for their efforts in preparing our journal for publication, our Editorial Board and Advisory Board and finally our Res. Assist. Ömer AVCI. We hope this edition will be useful, and we pay our respects to all of our academics, researchers, and social workers who are committed to social work.

**PROF. DR. MEHMET ZAFER DANIŞ
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ANMERKUNG DES HERAUSGEBERS

DE

Liebe Leser,

“Turkish Journal of Applied Social Work” ist eine sozialarbeitspezifische - englisch- und deutschsprachige akademische Zeitschrift, die in Kooperation mit Akademikern aus der Türkei, England, den USA, Österreich, Schweden, Deutschland, sowie Portugal, Rumänien, der Tschechien, Bosnien und Herzegowina, Litauen, und Slowenien erscheint.

Unser Journal erscheint seit 2018 jährlich in 2 Ausgaben. Wir freuen uns, Ihnen die 6. Auflage vorzustellen, welche verschiedenste Bereiche des Sozialwesens umfasst. Desezüglic bedanken wir uns für die wertvollen Beiträge von Prof. Dr. Zeynep ŞİMŞEK, Prof. Dr. İsmet Galip YOLCUOĞLU, Assoc. Dr. Bülent ŞEN, der Lehrbeauftragten Dr. Gülcan URHAN, Assoc. Dr. İnci KAYIN, dem wissenschaftlichen Mitarbeiter İsmail NALBANTOĞLU, der wissenschaftlichen Mitarbeiterin Dr. Büşra USLU AK, dem Lehrbeauftragten Dr. Talip YİĞİT und dem wissenschaftlichen Mitarbeiter Murat DİNÇER. Ausserdem ein herzliches Dankeschön an Mitarbeiter Ömer AVCI für sein grosses Engagement. Wir wünschen, dass diese Ausgabe Akademikern, Forschern und sozial Interessierten welche in der sozialen Arbeit tätig sind oder sich der sozialen Arbeit verschrieben haben einen guten Beitrag bietet.

*Viel Spass und herzliche Grüsse
Die Herausgeber*

**PROF. DR. MEHMET ZAFER DANIŞ
DR. ÖZDEN GÜNEŞ**

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Research Article

Makale Gönderim Tarihi: 21.05.2022

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EVALUATIONS OF YOUTH PROBATIONERS AND PROBATION
SPECIALISTS ON PROBATION PRACTICESGENÇ YÜKÜMLÜLERİN VE DENETİMLİ SERBESTLİK UZMANLARININ
DENETİMLİ SERBESTLİK SİSTEMİNE İLİŞKİN DEĞERLENDİRMELERİ¹Münevver ERYALÇIN
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ABSTRACT

This research aimed to examine the views of juveniles and probation specialists on the probation system and to put forward some suggestions on effective social work practices in the probation system. In this qualitative study the phenomenology design was used. The study group of the research determined using purposive sampling method comprises 30 juvenile justice involved aged between 19-25 and 20 probation specialists. Five sub-themes were identified as: getting consultancy services, meeting psychosocial needs, development of cognitive and behavioral skills, raising awareness about substance use, changing of friend circle. According to data from in-depth interviews, the probation system is considered a system that generally meets some basic psychosocial needs of young people; provides cognitive and behavioral awareness of the effects of substance abuse but cannot fully touch the lives of young people. The education and improvement programs in the probation system should be revised in accordance with the needs of the youth.

Keywords: Probation practices, young probationer, probation specialist, effectiveness, social work

ÖZET

Bu araştırmanın amacı, genç yükümlülerin ve denetimli serbestlik uzmanlarının denetimli serbestlik sistemine ilişkin görüşlerinin incelenmesi ve denetimli serbestlik sisteminde etkili sosyal hizmet uygulamalarına yönelik bazı önerilerin ortaya koyulmasıdır. Nitel çalışma olarak planlanmış bu çalışmada fenomenoloji deseni kullanılmıştır. Amaçlı örnekleme yöntemiyle belirlenen araştırmanın çalışma grubunu 19-25 yaşları arasında çocuk adalet sistemine dahil olan 30 genç yükümlü ve 20 denetimli serbestlik uzmanı oluşturmaktadır. Danışmanlık hizmeti alma, psikososyal ihtiyaçların karşılanması, bilişsel ve davranışsal becerilerin geliştirilmesi, madde kullanımı konusunda farkındalık yaratılması, arkadaş çevresinin değiştirilmesi olarak beş alt tema belirlenmiştir. Derinlemesine görüşmelerden elde edilen verilere göre, denetimli serbestlik sistemi gençlerin bazı temel psikososyal ihtiyaçlarını karşılayan; madde kullanımının etkilerine ilişkin bilişsel ve davranışsal farkındalık sağlayan bir sistem olarak kabul edilmekte ancak gençlerin hayatına tam olarak temas edememektedir. Denetimli serbestlik sistemindeki eğitim ve iyileştirme programlarının gençlerin ihtiyaçlarına uygun biçimde revize edilmesi gerekmektedir.

Anahtar kelimeler: Denetimli serbestlik uygulamaları, genç yükümlüler, denetimli serbestlik uzmanları, etkililik, sosyal hizmet

EVALUATIONS OF YOUTH PROBATIONERS AND PROBATION SPECIALISTS ON PROBATION PRACTICES

INTRODUCTION

The probation system, which aims to ensure social justice, provides an important mechanism in the process of providing social justice, which is one of the main purposes of social work (Canton, 2011). Probation includes many of the social work skills such as case management, planned intervention, group work, risk assessment and management. Social work intervention methods in probation include a process that supports young probationers to gain new ways of thinking and behavior and to enhance their self-determination capacity.

Social workers have the responsibility to provide competent and effective services to their clients in this process. This situation brings with it some questions that need to be answered, such as "How do social workers know that the services they provide are effective, competent and that the clients benefit from it?" (Farley et al., 2009). The effects of probation system for youngsters involved in the juvenile justice system have been a critical concern among social workers, psychologists, policy-makers, and researchers. Most of the justice-involved adolescence are also included in the probation system. Probation system serve as a gateway to formal treatment services for juveniles (Belenko et al., 2017). The probation system refers to social work interventions in which sanctions and measures that take into account the specific risks and needs of juveniles and young offenders; training and improvement programs are carried out by the risks and needs of young people; control and improvement mechanisms are carried out in a coordinated manner to prevent recidivism.

In accordance with their criminogenic risks and needs, young probationers participate in training and improvement programs such as individual interviews, psycho-educational group work and seminars. Group works consists of 10-12 week treatment program that comprises psychoeducation, cognitive-behavioral approaches as well as motivational interview techniques.

Probation practices are based on the Risk, Need and Responsivity model (RNR), which are associated with significant reductions in recidivism. The risk principle states that the intensity of an intervention matches the level of risk; the need principle states that an effective intervention must take criminogenic needs into account; the responsivity principle suggest that interventions that should be sensitive to young people's individual learning style, motivation, abilities and strengths (Dowden and Andrews, 2004; Andrews and Bonta, 2010).

The RNR model guides probation specialists to assess the risk for recidivism, and to match young probationers to evidence-based treatment programs based on assessed criminogenic needs. The RNR model guides justice agencies to engage young people in more or less intensive interventions appropriate to their risk of recidivism (Schwalbe, 2019). In Turkey, probation interventions with young offenders are based on individualized risk needs assessment and supportive intervention programs. "Development of an Effective Risk Evaluation System for Children in Turkish Probation Services Project" co-funded by the European Union, the Republic of Turkey and UNICEF started on 2015. The overall objective of the Project is to increase the efficiency and effectiveness of the juvenile justice system in Turkey through the development of a more effective, preventive and rehabilitative probation system. In the process called reform within the scope of the project, semi-structured individual interviews are conducted with the youth. Within the reform, risks and needs regarding criminal history, family, education and employment status, general health status, social environment and peer relations, substance use, attitudes and behaviors of juveniles are determined and appropriate interventions are determined. There are also effective communication, conscious awareness and anger management practices for young probationers (Department of Probation, 2017). However, there is not a full understanding of whether sanctions and interventions are facilitating in order to keep young people on probation away from recidivism (Mulvey et al., 2004, Mulvey and Schubert, 2012).

EVALUATIONS OF YOUTH PROBATIONERS AND PROBATION SPECIALISTS ON PROBATION PRACTICES

The Views On Probation Practices

Little examined is the direct effect of probation system on justice-involved youths. There is not enough study in the literature on how probation intervention programs can affect young peoples' life. Some studies have shown that the probation system is a support system that allows maintaining ties with the family and social environment and an advantageous model that contributes to the development of positive thoughts and behaviors (Applegate et al., 2019; Ada and Peker, 2012; Çınar, 2015; Ertan and Demez, 2018; Uluğtekin, 2012). In the study of Brinson (2013), probation specialists considered the system to be a second chance for probationers. According to the qualitative studies conducted with probation specialists, they exhibit an approach focusing on both accountability and improvement (Schwalbe and Maschi, 2010). Professionals' positive attitudes towards youth probationers and positive leadership perception increase the sense of professional achievement (Schaefer and Williams, 2018).

However, young people have myriad needs besides the needs met by the probation system. Maschi et al (2008) stated young people who are included in the justice system have a higher rate of unmet psychosocial service needs than other young people. Thus the probation system is criticized for lack of resources to deal with specific problems, focusing on a single area of need, and lack of the resources to address complex issues (Lee and Taxman, 2020). Fine et al (2019), suggests that attention should be paid to the youth's beliefs about and perceptions of probation; the youth themselves should likely be a part of this process. This is an important requirement for the client's right to self determination in social work practices.

With this study, we aim to examine what the effects of the probation system on the rehabilitation of young probationers from the perspective of both young probationers and professionals. Understanding the young probationers and probation specialists' experiences and beliefs about probation is one of the foremost strengths of this paper.

To the authors' knowledge, no study so far has attempted to explore probation specialists' and young probationers' views of probation. This study aims to comprehensively examine and understand the views of young probationers who were once involved in the Turkish justice system as a juvenile and continue to be in this system during young adulthood and of professionals working in the probation system on the probation system. The research results emphasized the opinions and needs of young people, and probation specialists about the probation system. Overall, it aims to evaluate young probationers' and professionals' views on the probation system. Based on the general purpose of the research, the research questions are as follows:

- 1) What are the impacts of the probation system on the young probationer's rehabilitation process?
- 2) What are the opinions of young probationers and probation specialists about the effectiveness of the probation system?
- 3) What are the needs of young probationers?

METHOD

Research Design

The research method is the qualitative method, and the phenomenology pattern forms the basis of the study. There are few qualitative studies examining the views of professionals regarding the probation system and its practices. It should be emphasized that while determining the model of the research, the characteristics of the study group and the discussions about the reliability of the results of the existing quantitative studies are also decisive. Therefore, it is assumed that the studies conducted with these groups using the quantitative method are more superficial due to the some dynamics such as; concerns about inclusion in the judicial system and mandatory volunteering.

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According to Swedish Agency for Health Technology Assessment and Assessment of Social Services (2016), qualitative research can be utilised to examine individuals' perceptions, experiences, and inferences about a particular phenomenon. It is also valuable for disclosing existing barriers to change in a system. For all these reasons, the qualitative method is preferred in this research in order to examine the opinions and feedbacks of professionals on the effectiveness of probation practices with an in-depth understanding. The phenomenology pattern forms the basis of the research. The phenomenology design focuses on phenomena that we are aware of but do not have an in-depth and detailed understanding (Yıldırım and Şimşek, 2013). According to phenomenology, reality is a phenomenon that is not only socially constructed but also personally constructed, and can be understood in the context of the meaning people ascribe to reality (Krysiak and Finn, 2015). The phenomenology design was used because it is an appropriate design to explain how the young probationers and probation specialists perceive probation services and what the system means for them.

Participants

The researcher has carried out the study with youth probationers involved in training and rehabilitation programs in probation offices in Ankara, Istanbul, and Izmir and probation specialists working in these offices. The participants of this research were determined by using purposive sampling method and comprised thirty young people who were dragged into crime under the age of 18 and are currently between the ages of 19-25, and 20 probation specialists serving these youth probationers participated in the study. Accordingly, the sampling criteria were that the participants must be youth probationers, who were pushed to juvenile delinquency and involved in the justice system under the age of 18, be between the ages of 19-25 at the time of data collection, have a Juvenile Probation File (JPF), and be in an ongoing probation process. Among the participating young, 25 were males, and 5 were females, and their mean age was 19.4. Most of the participating youth probationers were involved in the probation system due to substance use. Sixteen of the probation specialists were females, and 4 were men. The mean age of the specialists was 38.

Research Instruments

Structured Interview Form

The structured interview form for the youth probationers included questions about their socio-demographic characteristics. On the other hand, the structured questionnaire for the probation specialists included questions about their socio-demographic characteristics, educational attainments, specialty, their experience in probation, their in-service training, and professional practices they carried out.

Semi-structured Interview Form

The semi-structured interview form prepared by the researcher was used in accordance with qualitative data collection methods in the study. The semi-structured interview form was developed by an expert researcher from the field of juvenile probation by examining the relevant literature. A total of 18 questions were arranged in the semi-structured interview form for the young probationers and 17 questions were arranged for professionals.

The semi-structured interview form prepared for juvenile probationers consisted of questions aimed at; determining the young probationer's experiences in education and improvement activities; changes in the emotions-thoughts-behaviors of young probationers, positive and negative experiences during the probation period; the relationship between the youth and probation specialists.

At the same time, the semi-structured interview form prepared for probation specialists consisted of questions aimed at;

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determining their thoughts on the impact of training and rehabilitation programs on the rehabilitation of youth probationers; their views on probation programs meeting the needs of young probationers; the views of the specialists on the participation of the youth probationers' families and their views on prevent recidivism.

Data Collection and Data Analysis

The necessary permission and approval was provided by the Ministry of Justice's probation department to conduct study. Before data gathering, participants gave verbal and written consent for both voice recording and participation in the study. The participants were informed that their personal and professional information would be kept confidential. Afterwards, in-depth interviews were conducted with the participants with the questions in the data collection tools. Interviews with the youth probationers lasted approximately 1 hour, and they lasted 1.5 hours on average with the probation specialists. When the data acquired from the interviews with the participant youth and professionals were repeated, different themes and findings were not revealed in the new interviews, the data collection process was terminated, considering that data saturation was reached.

The data obtained from the in-depth interviews were transferred to a computer and analyzed with the NVIVO 12 program. The researcher deciphered and conceptualized the data with descriptive analysis and revealed themes that could describe the phenomena.

Data analysis was carried out according to the following steps:

After deciphering data, In the coding process, it was returned to the data set over and over again. The data were conceptualized and themes were described by descriptive analysis.

Themes are divided into subthemes covering different similarities and differences. The quotes to be used in the text have been identified and direct quotations from in depth interviews were shared.

VALIDITY AND RELIABILITY

As a strategy to increase the credibility of the research results, different data sources were used by data triangulation (Yıldırım ve Şimşek, 2013) and theoretical variation (Glesne, 2015). The data triangulation technique was used to investigate the internal validity of the study. In this study, multiple data collection sources (probation specialist and young people in the probation system) and multiple theoretical frameworks were used to collect data. There is no concern about the generalizability of the results obtained due to the use of qualitative design. In this context, there has been a discovery process that examines the views of young individuals and professionals on the probation system. In the process of coding, checking the suitability of the themes, data analysis and interpreting, the support of two professionals working in the field was received.

RESULTS

Major Themes

The data obtained from the interviews with the young people in the probation system were separated into themes and coded. Afterwards, the themes were revealed by examining the relationships between the codes. In the research, a total of 2 major themes have been created. These themes are the impacts of the probation system on the rehabilitation of young probationers and the views of the young probationers and probation specialists' on the probation system. Probation programs make important contributions to the treatment of antisocial behaviors of young people and to improve their psychosocial well-being.

The Impacts Of The Probation System on the Rehabilitation of Young Probationers

The views of both young people and probation specialists on the effects of the probation system on the rehabilitation

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of young probationers were examined. According to their views, five sub-themes concerning the main theme of the impact of probation system on young probationers' rehabilitation were identified as: getting consultancy services, meeting psychosocial needs, development of cognitive and behavioral skills, raising awareness about substance use, change of friend circle.

The profiles of the youth probationers suggested that some of them were mandatory volunteers, closed to contact, resistant to change; some of them were willing to open themselves over time and to change; some of them were the ones who could not be contacted or bonded in any way, had low self-esteem, cognitive capacity, and communication skills, and had introverted and reactive traits. But, on the other hand, the probation specialists stated that most of the youth probationers were the ones who were unheard of, non-respected, unable to establish a sufficient love bond with their family and immediate environment and pushed into loneliness. The probation specialists observed that as young people got used to the guidance and counseling culture, their responsiveness decreased and their skills, such as public speaking and time management, improved. At this point, making efforts according to their needs and providing guidance and space for self-expression, and listening to what they say make it easier for them to feel valued and adapt to the system.

"The young have learned about guidance for the first time in their lives. They meet the guidance culture on an individual level. Someone asks them how they're doing, and they are telling how they are for the first time. They are starting to learn this" (S4, Psychologist).

"We can observe the changes from the very first session through and the last session. I don't just mean clients who have quit the substance. I also mean differences in their perspectives of the system, entering without slamming the door, not being late, gaining time management, asking to speak, expressing themselves, and not struggling to be there" (S5, Social Worker).

According to the young probationers, their psychosocial needs, such as self-expression, appreciation, being listened to without judgment, and being in an accepting and supportive environment, are met in probation system.

"I needed a little more attention in this process. I needed to be understood and supported. When I came here, the teachers listened to and tried to understand me" (P2, 19).

Considering justice-involved youths' high involvement in substance abuse it is important that their experiences in structured drug treatment program (SAMBA) in probation are considered in research. The youth probationers expressed that they gained cognitive awareness of the causes, triggers, and harms of substance use and risky situations during rehabilitation and improvement programs.

"I got a more positive perspective after I was involved in the probation. I used to be more pessimistic. I used to look at everything from opposing sides. Now, I am hopeful" (P4, 19).

"I became more disgusted with the substance. I saw people using it and was disgusted. I understood better how substances polluted my brain and body once I came for supervision" (P8, 19).

"I now think about the harms of substance use. I can control myself and say "No." I can also control my anger" (P6, 19).

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The most apparent reason for substance use among the participating youth is the circle of friends. Smoking and marijuana use is widespread in almost all such processes. Many youth probationers said that they could limit or ultimately end their friendship relationships after being involved in the probation system to avoid the self-harming effects of the social environment that could encourage them to commit crimes again.

"It made me decide not to meet with friends again. Furthermore, it positively affected my thoughts and helped me be decisive in not using the substance again, even if I had a desire" (P7, 18).

"I started using marijuana at the age of 15. I knew many drugs except heroin-cocaine in the circle of friends. I couldn't say no. Now I try to stay away from social circle. The fewer friends, the more comfortable you are" (P10, 19).

The Views On The Effectiveness Of The Probation System

The views of both young people and probation specialists on the effectiveness of the probation system were examined. According to their views, four sub-themes were identified as: therapeutic effect, interventions involving the social environment, getting stuck between responsibility and obligation, parental involvement in probation system. In the interviews, some of the young probationers reported that group work is not productive and they are bored for reasons such as conducting group work as if having a class, their inability to actively participate to group work.

"I think it is the teacher who comes to the class called specialist. He comes and teaches his lesson. The teacher-student relationship does not contribute to me. He take the register and then he starts the lesson" (p12, 22).

Young individuals shuttle between institutions face various obligations that they have to fulfill in the probation system. In this process, in case of refusal or violation of any obligation, there may be a sanction such as closing the file and sending him back to prison. This situation, which creates pressure and anxiety on young individuals, hinders the establishment of a therapeutic relationship. The youth probationers, who continue their education or working during the probation process, were found to have problems obtaining leave from their schools or employers to fulfill their obligations to participate in training and rehabilitation programs. The sanctions of the 'probation' process put an extra burden on them while balancing their lives.

"We were dragged from place to place after probation, so nothing happened. We come and go here for nothing. I can't continue both my probation and my outside life together. My mental health has deteriorated" (P11, 19).

"Of course, there are also negativities. For example, I had to quit the job because of probation conditions. These conditions are also what made me quit my previous job. After taking time off from work twice a month, the employer thought I had lied to him and fired me. For example, the employer does not permit me to attend the probation programs. Instead, S/he forces me to quit the job. So, if I don't follow the probation programs, the more considerable trouble waits for me, the prison" (P9, 21).

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As mentioned above, such obstacles might have made the rehabilitation process more difficult and hinder the young offender's adaptation process. For some young people, probation creates a temporary and superficial change. Both young people and professionals think that the probation system should be able to prevent interactions with risky peer groups that cause access to drugs and to intervene directly in the criminogenic dynamics in the social environment.

"It is important for us to do studies so that we can get rid of drugs. I just think it would be useful that way. If we can still have access to the drugs when we go out, it doesn't matter what is done here" (P4, 19).

"Think of it as the leg of the table, family, friends, socioeconomic status and probation process. Sometimes the family is very good, giving importance to education however, there may be a social environment and a friend circle where crime rate is high. How effectively can you intervene if you cannot change where you live? (S6, Sociologist).

Similarly, a young person states that the treatment process could not be carried out effectively due to substance use and his experience of relapse continues as follows:

"I was treated so I went to the hospital or something, but it was insufficient. So I didn't see much benefit. My urge to use drugs continues. I get better from time to time, I feel good but I can be unstable" (P10, 21).

Considering the views of the specialists on the participation of the youth probationers' families, who are an essential part of professional practice, in the probation system, most of the youth probationers manage the probation process alone, most of the families follow the procedure as outsiders, and the families do not actively engage in the system effectively. Therefore, the specialists need to make home visits to ensure families' participation and access to specific resources, such as staff, infrastructure, and technical equipment.

"Equipment in rural areas needs to be enhanced. Professionals invite the family all the time, but it is impossible to interview if the family does not attend. Staff and equipment numbers and budget need to be improved, and the process regarding home visits should be encouraged" (S9, Social Worker).

It is argued that the probation system alone cannot be sufficient to prevent recidivism and the most effective fight against recidivism can be achieved by changing social environment and protective preventive interventions.

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“Unless you make radical changes in the person's social environment, it is not possible to prevent the recidivism. Because the juveniles come from a criminal subculture” (S10, Social Worker).

“Probation is already the last part of the execution system. So there is the prison process before. You see the same person over and over again. Probation alone is unlikely to be effective in preventing recidivism” (S12, Social Worker).

Most of the probation system-involved young people are the individuals that the society cannot protect; It is stated that these young people constitute a vulnerable group against criminogenic risks as they cannot be protected in the society. It can be said that all responsible intermediary mechanisms for the unprotected youth cannot fully fulfill their functions.

DISCUSSION

The present study tried to explore the views and evaluations of the youth probationers and the professionals on the probation system. Young probationers state that rehabilitation works contribute to the development of positive thoughts and behaviors and that they see probation as a support system. The probation system positively affected them in changing their erroneous cognition and perception, raising awareness, and developing their self-control and problem-solving skills.

In the studies conducted with young individuals in the probation system, young people state that individual interviews help them to take responsibility, adapt to the social process, feel self-confident and increase their level of knowledge about their social rights. (Dızman, 2019; Ertan and Demez, 2018; Çınar, 2015).

Considering the needs of the youth probationers are met in the probation system, most of them stated that they were introduced to the counseling culture offering an accepting and supportive environment. They had the opportunity to be heard, understood, and express themselves without being judged programs. In some studies, probation specialists and young people define their relationship as positive, warm, compassionate, helpful and supportive. (Springer et al., 2009; Schwalbe, 2012; Schwalbe and Maschi, 2010). Probationers prefers to interview probation specialists who were respectful, non-judgmental, trustworthy, reliable, flexible, honest, supportive and encouraging (Appleton, 2010). Building genuine relationships between probation officers and the probationers is crucial. Effective communication between both parties is required in order to facilitate probationers identify their needs (Robinson et al., 2014).

The findings revealed that one of the most critical risk factors in juvenile delinquency was the risky and disadvantaged social environment. In parallel with this finding, the studies in the literature showed low socio-economic level, non-pro-social peer network, substance use, and social environments carrying the risk of delinquency as the leading factors for the young to tend to substance use, substance pushing, robbery, and other related criminal behaviors and maintaining a lifestyle adopting criminal behaviors (Bartollas and Schmallegger, 2017; Dızman, 2019; Uluğtekin, 2012). The process of rehabilitation and desisting from crime has increasingly been seen as intrinsically linked to the offender's social setting and with opportunities to lead a more conformist life (Farrall et al., 2010). Therefore, the youth probationers think that they need to move away from the risky social environment to make a natural and radical change in their lives. When considered based on the ecological system, the situation urges to generate macro-level interventions and actions that can provide structural changes in the social environment, which is one of the most notable dynamics affecting young people psycho-socially.

The findings regarding the effects of the probation system on their rehabilitation process, some of the youth probationers indicated that they achieved positive gains, such as moving away from the inappropriate peer environment, developing a conscious of the harms of substance use, and developing functional cognitive and behavioral skills. According to Drozdova

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(2021), delinquent adolescents tend to choose to form friendships with other delinquent youths, thus stable and homophilous friendships of delinquent adolescents may have deleterious consequences due to modeled and reinforced problem behaviors. In the some studies, it is stated that probation system enables young people to quit risky behaviors and their everyday routines that can be seen as 'criminal' behavior (moving away from criminal friends, thinking before taking action, etc.) and young people tend not to communicate with their criminal peer group after treatment (Uluğtekin, 2012; Farrall et al., 2010).

In some studies, the young considered the probation to be a system providing significant and positive behavior acquisition and raising awareness about the harms of substance use through training and rehabilitation programs (Çınar, 2015; Ada and Peker, 2012; Dizman, 2019). Caudy et al (2014) stated that probation had a suppression effect by reducing both recidivism and substance use behaviors for many, but not all, offenders. In the study of Bilici et al., (2017), no substance use was detected in the urine tests of the participants in the structured treatment program (SAMBA) applied during the treatment process. Thus, it can be stated that the program affects compliance to treatment positively.

On the other hand, some of the participants stated that they had difficulty balancing the obligations offered by the system and their responsibilities in their lives. In some studies, the youth probationers see the probation as a system adversely affecting daily routines and work and school-related processes, which supports the finding in this study (Çınar, 2015; Dizman, 2019).

Some participating probationers thought that the system did not have an effective structure to offer permanent solutions. According to probation specialists, training and rehabilitation programs are more based on information and awareness raising. In a similar study, Uluğtekin (2012) stated that the probation system could not solve some severe problems of the young probationers. The change remained superficial and could not be internalized. Waller and Beall (2003) stated that with the lack of efficient and accessible services, probationers will most likely continue to experience problems in their daily functioning and tend to continue to engage in criminal activity.

In case of violation of the obligations, the closing their case creates pressure and anxiety on the responsible young people, which also hinders the establishment of a therapeutic professional relationship. According to Brinson (2013), making goals compulsory may cause the young to see probation specialists as intrusive and regard the process as meaningless. In this context, it is vital to address the fundamental and unsatisfied needs of the young, mobilize related resources, and structure a motivational interview to maintain the process efficiently. Canton (2011) emphasized that it was essential to engage youth probationers in the planning process and to allow them to express their views on criminal behavior. Fide et al (2019) noted that youths' perceptions of probation may affect their behavior while they are under probationary supervision. Therefore, If youth don't believe that they are given the opportunity to participate to process, they are more likely to perceive the probation process as inefficient.

The probation specialist stated that participation of the youth probationers' families in the probation process was somewhat limited. They thought that the families should be considered protective and involved in the system. In parallel with this finding, parental involvement and support are essential in the process of young probationers' compliance with the probation system, developing pro-social behaviors and reducing the drug use (Vidal and Woolard, 2017; Uluğtekin, 2012; Bluthental et al., 2006; Fagan et al., 2011; Schwalbe, 2019). It is also critical to involve the family in the probation system as a vital mechanism for the change of youth probationers and develop a family-based intervention program (Schwalbe and Maschi, 2010; Coastworth et al., 2002; Henggeler and Sheidow, 2012).

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CONCLUSION AND RECOMMENDATIONS

Young probationers and professionals state that the probation system has important contributions to the socialization process of young people, such as gaining cognitive awareness, supporting self-efficacy, providing social support, and being accepted without judgment.

Considering the aspects of the probation system that need to be developed, it is seen that the individual, social environment and familial risk and protective factors are not adequately considered during the treatment process of young probationers. Both young probationers and professionals emphasized that the rehabilitation programs should be tailored to the individual and social needs. It is seen that the services provided only on an institutional basis and which do not take into account the dynamics of the social environment of the youth are ineffective.

Both participating probationers and specialists voiced that the social environment of the young in the probation system in Turkey was among the leading criminogenic risk factors. Accordingly, the young tend to dropout of the school, develop non-pro-social interactions in the risky social environment, become involved in alcohol and substance use, and develop criminal behavior. In this context, it is invaluable to carry out effective programs, such as family and social environment-based interventions, pro-social peer modeling and school social work interventions so that the probation system can effectively address criminogenic risks in the social environments of the young. Probation services cannot directly interfere with change in the aforementioned social environment and access to social resources. Due to the lack of ecological perspective orientation, they can only respond to these needs at a limited level. Therefore, the probation system is not sufficient to reintegrate juvenile probationers into society and to prevent recidivism. Accordingly, collective efforts of all relevant ministries, local administrations, and non-governmental organizations are deemed necessary in addressing the criminogenic risks and needs of the young.

According to the views of probation specialists, the family is not actively involved in the probation system. In this respect, home visits should be made especially for the participation of families in the high-risk group. Home visits provide an opportunity for probation specialists to have quality contact with the juveniles in their personal environment. In addition, it is essential to support the personnel in terms of quantity and quality and provide the necessary infrastructure and technical equipment.

The psychosocial needs, such as self-expression, appreciation, being understood, being listened to without judgment, receiving acceptance and support, were prominent among the youth probationers. The probation system ensures that the young are introduced to the counseling culture and are engaged in an accepting and supportive environment with the help of several training and rehabilitation programs. The system offers desirable gains to the young in developing positive cognitive and behavioral resources, improving social and vital skills, raising awareness of substance use, and limiting non-pro-social peer relationships. Besides, the system is considered a process whose philosophy cannot be grasped and internalized by the young, who are resistant to change, forcing them to balance their obligations and daily responsibilities. It can also be considered a file to be closed and sent to prison administration in breach of duties. It seems essential to restructure the system to focus on the young's unsatisfied needs and increase their motivation for change.

Ethical Approval

The study's ethical approval was obtained from the Ethics Committee of Ankara University, dated 08/01/2018, and the 23 approval number.

All procedures performed in studies involving human participants were conducted in accordance with the ethical

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standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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EVALUATION OF RESEARCH ON THE EFFECTS OF THE COVID-19 PANDEMIC ON FAMILY, WOMEN AND CHILDREN

COVID-19 PANDEMİSİNİN AİLE, KADIN VE ÇOCUK ÜZERİNDEKİ ETKİLERİYLE İLGİLİ ARAŞTIRMALARIN DEĞERLENDİRİLMESİ

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ABSTRACT

The Covid-19 pandemic, which started to appear at the end of 2019 and spread rapidly and made people sick physically, manifested itself with its negative effects on people's mental health and social life in the process, and became a global problem in terms of the problems it caused in social life. Human-being is a multidimensional entity with his soul, body and social existence. Moreover, everything that happens within each of these dimensions has an impact on the other dimensions. The problems that were experienced during the Covid-19 pandemic related to family, women and children have not yet lost their impact. The precautions taken by governments due to the pandemic have affected social and economic life in many ways. The impact of the pandemic, both on health and on social and economic life, has had very negative consequences on family members who have various roles. These problems in the family are based on the problems experienced in nutrition, employment, housing, education, health and communication during the epidemic process. In many fields of health sciences and social sciences, especially in medicine, various studies on the effects of the pandemic and solutions have been carried out during the pandemic process in the world and in our country. In this article, a selection of studies investigating the effects of the pandemic on family, women and children, both in the world and in our country, has been created, classified and evaluated. The aim of this research is to obtain a bird's-eye view of the studies, each of which approaches the subject from different perspectives, and to evaluate the subject holistically. With this method, it will be possible to predict the long-term effects of the pandemic on the family. Thus, it is aimed to contribute to the search for solutions and to provide a perspective to the scientific world and social policy actors on the social problems that have arisen due to the pandemic.

Keywords: family, Covid-19, children, women, pandemic

ÖZET

2019 yılı sonlarında görülmeye başlayıp hızla yayılan ve insanları bedenlen hasta eden Covid-19 salgını, süreç içerisinde insanların ruh sağlığı ve sosyal yaşantıları üzerindeki olumsuz etkileriyle de kendini göstermiş, sosyal hayatta yol açtığı sorunlar bakımında da küresel bir sorun haline gelmiştir. Zira insan, ruhu, bedeni ve sosyal oluşu ile çok boyutlu bir varlıktır. Üstelik bu boyutların her birinde meydana gelen her şey diğer boyutlar üzerinde etkili olmaktadır. Covid-19 salgını sürecinde yaşanan, aile, kadın ve çocuklarla ilgili sorunlar hala etkisini kaybetmiş değildir. Hükümetlerin pandemi kapsamında aldığı önlemler, sosyal ve ekonomik hayatı birçok yönden etkilemiştir. Pandeminin hem sağlığa etkisi hem de sosyal ve ekonomik hayata etkisi, çeşitli rollere sahip aile bireyleri üzerinde çok olumsuz sonuçlara yol açmıştır. Ailede yaşanan bu sorunlar, salgın sürecinde beslenme, istihdam, barınma, eğitim, sağlık ve iletişim konularında yaşanan problemlere dayanmaktadır. Salgın sürecinde dünyada ve ülkemizde, Tıp başta olmak üzere, Sağlık Bilimleri ve Sosyal Bilimlerin birçok alanında salgının etkileri ve çözüm yolları üzerine çeşitli araştırmalar yapılmıştır. Bu makalede, gerek dünyada gerekse ülkemizde salgının aile, kadın ve çocuklar üzerindeki etkilerini araştıran çalışmalardan bir seçki oluşturularak, sınıflandırılmış ve değerlendirilmiştir. Araştırmanın amacı, her biri konuya farklı boyutlardan yaklaşan çalışmaların kuşbakışı bir görüntüsünü elde etmek ve konuyu bütüncül olarak değerlendirmektir. Bu yöntemle salgının aile üzerindeki uzun vadeli etkilerinin öngörülebilmesi mümkün olacaktır. Böylece çözüm arayışlarına katkıda bulunmak ve salgın nedeniyle ortaya çıkan sosyal problemler konusunda bilim dünyasına ve sosyal politika aktörlerine bir perspektif sunmak hedeflenmektedir.

Anahtar kelimeler: Aile, Covid19, çocuk, kadın, salgın.

EVALUATION OF RESEARCH ON THE EFFECTS OF THE COVID-19 PANDEMIC ON FAMILY, WOMEN AND CHILDREN

INTRODUCTION

The coronavirus disease (COVID-19), which emerged in Wuhan, China in December 2019, is a disease that was identified on January 13, 2020, and turned into a pandemic as a result of research on some patients with respiratory symptoms in late December. The pandemic was initially detected in the seafood and animal market in this region (Ministry of Health, 2020). Later, the virus spread from person to person and throughout other provinces of China and the world. After the virus spread to the world, on March 11, 2020, it was declared as a global pandemic by the World Health Organization (BBC, 2020).

The coronavirus epidemic spread very quickly to other countries due to its ability to be transmitted from person to person (Işık, 2020). As the virus cannot be detected with a single symptom, cases have not been easy to reach and have spread globally (Johansson 2021). The lack of any treatment method in the beginning of the coronavirus pandemic and the rapid increase in deaths worried all countries in terms of public health (Zhou, Chen, 2020).

The first coronavirus case in our country was seen on March 11, 2020, and the first death from coronavirus was seen on March 18, 2020. On March 16, 2020, face-to-face education was suspended in all educational institutions from primary schools to universities. As the number of deaths increased, citizens aged 65 and over and under the age of 20 were prohibited from going out (Alisinoğlu, Karabulut, Türksoy, 2020). Over time, other measures began to be taken, such as closing the border gates, suspending air flights, quarantining those who came from abroad, stopping all kinds of artistic, cultural and sports activities, and declaring a curfew on weekends (Işık, 2020). On April 3, 2020, a partial curfew was declared with the Presidential decree and the use of masks in public areas became mandatory (Karataş, 2020). As of April 29, full closures have started.

In this process, the flow of social life was interrupted in many ways. Some of the employees in the private sector lost their jobs and started to experience financial difficulties. During the pandemic, many problems such as the change in social order, losses in household income, loss of status, social and economic measures, decrease in social communication and uncertainties about the future followed by. The changes that the pandemic, which started as a physical health problem, later created in the psychological, social and economic fields, gradually increased its negative effects on the lives of families and individuals. The aforementioned situations caused individuals to experience feelings such as helplessness, anger, panic, anxiety and social phobia (Altın, 2021).

As in other countries, in addition to the measures announced by the World Health Organization (WHO) to prevent the pandemic, some personal and social precautions were taken in Turkey, including practices announced with the slogans like "Stay at Home" and "Life Fits Home" (Işık, 2020). Staying at home has become an important concept within the measures and decisions taken to keep the pandemic under control (Okumuş, 2020). Thus, as in many countries, during social isolation practices to protect public health and prevent the spread of Covid-19, individuals have started to spend a long time with their families in limited physical spaces (Altın, 2021).

As a result, the house has become a place of refuge for protection from the virus. The institution mostly affected by this process has undoubtedly been the family, which constitutes the basic building block of the society. The family, staying together in the same house, has become an institution where changes occur both within and around it (Okumus, 2020). *"It is natural for two people who have been together for a long time, whether in family relationships or around them, to have friction and arguments."* (Bayer, 2018). While family members spend most of their time together at home during the pandemic, emergence of a crisis environment in unhealthy families could gradually increase. According to the data from the Ministry of Interior, incompatibility has increased in quarantined families and the possibility of this process to cause a crisis in the family has increased (Işık, 2020). Therefore, stay-at-home calls could not create a safe and peaceful space in every family environment.

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On the other hand, family members experienced fear of losing their loved ones in this process, which affected their mental health. Individuals who were exposed to disease had to survive this period on their own, staying away from their loved ones during the quarantine process. During the pandemic, family conflicts, disagreements and uncertainties about parenting roles have caused family members to experience psychological problems. Especially women and children are counted among the mostly affected groups. Women's domestic workload, taking care of family members such as children and the elderly at home, and the unequal distribution of parenting responsibilities increased their role diversity in this period.

During this period, children could not go to educational institutions, could not meet with their friends and teachers face to face, and their socialization opportunities were limited. Since children could not spend time with their peers, they experienced a feeling of loneliness and spent most of their time in the virtual environment. This situation caused them to be isolated from the outside world. At the same time, children were more affected by the crises experienced during the pandemic process since they haven't developed coping mechanisms like an adult individual. This situation has caused psychosocial and behavioral problems in children (Aral, Kadan, Aysu, 2020).

During the onset of the epidemic and in the following period, many problems experienced around the family, women and children, which were briefly mentioned above, have been subject to scientific research and investigations. The aim of this research is to examine the subject issue and discuss the increasing domestic problems, based on the literature on the negative effects of the pandemic process on the family, women and children. In addition to the studies conducted in our country, studies on the effects of the pandemic on the family in Western societies were also evaluated in order to provide an opportunity to make a comparison in the research and to see the global dimension of the effects.

One of the main purposes of the research is to provide a perspective to ensure that the long-term effects can be predicted and necessary precautions are taken, by drawing attention to the effects of the Covid-19 epidemic on family, through its effects on family and other social institutions.

EFFECTS OF THE COVID-19 PANDEMIC ON FAMILY

The family is the first unit that ensures the continuation of the humanity as a result of biological relations and where the socialization process emerges (Sayın, 1990:2). The family is an indispensable structure for the continuity of societies and an institution that has no alternative. In addition, the family has a fundamental role in the integration of social institutions (Erkal, 1998:97). Each individual in the family has a position and appropriate roles (Sayın, 1990:2). Mutual love, respect, solidarity and division of labor within the family are essential. As it is widely known, the family is an important institution with the functions of renewing the population, transferring the national culture, socializing the children, and economic, biological and psychological satisfaction (Erkal, 1998: 97,98).

Although the family has undergone some transformations from the past to the present, it still owns very crucial functions. While some of these functions are now fully or partially undertaken by society or the state (such as education, health, security, economics), some functions have become indispensable for the family with an increasing level of importance (such as maintaining the population, meeting the child's need for love, gaining self-confidence and socializing the individual). Just as society has undergone some changes over time, the family has also undergone major transformations in terms of both its structure and functioning (Sayın, 1990: 2).

"The family consists of various cultural, structural and systemic dimensions. After social traumatic events, families are affected in different aspects in their original structures" (Koçak, Z. & Harmancı, H. 2020). Every family encounters life's difficulties from time to time. The coping mechanisms of healthy and harmonious families are strong and can maintain their balance. Problems experienced in an unhealthy and incompatible family structure may easily upset the balance of the family. It is inevitable to

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experience crises in such environments (Dilber, 2020).

Undoubtedly, the family has been the social area most affected by the Covid-19 epidemic. The family, which is a relatively small social unit, is almost like a laboratory to show the effects of a phenomenon or process on society in terms of many dimensions such as having various functions, being the basis for social communication and interaction of members with each other, and being the first place of socialization. As a matter of fact, problems that occur in the family affect the society, as well as the problems experienced in the society affect the family. Similarly, positive processes and successful relationships in the family also affect social relations in a positive direction.

When the studies on the effects of the pandemic on the family are examined, three main issues stand out: Psychological and communication problems caused by the health problems experienced, incompatibilities due to economic problems and the effects of the pandemic on divorce and domestic violence.

Research on how families have been affected by the pandemic will be presented below. However, it should be noted that, despite all the problems experienced in coping with the effects of the pandemic, many studies have shown that individuals in the family are more advantageous than single individuals. In a study conducted in Spain, it was noted that, during the quarantine process, the psychology of individuals who are married is less affected than singles (Rodríguez-Rey, Garrido-Hernansaiz, Collado, 2020). In a study conducted by Wilson (2020), it has been suggested that family members spending long time together at home during Covid-19 will strengthen relationships between each other. On the other hand, it was more difficult for families with low income and high households to adapt to living conditions compared to the ones with high income levels, and family members were more worn out during the pandemic (cited by Özyürek, Çetinkaya, 2021).

In a study conducted in the United States, the experiences of families with school-age children in the first three months of the 2020 COVID-19 pandemic were examined, and the study generally focused on income level and race/ethnicity. 223 parents of school-aged children participated in this study by completing an online questionnaire. The results revealed that low-, middle-income parents of color experienced more financial problems during the pandemic compared to higher-income, white parents (Chen, Byrne, Vélez, 2021).

The COVID-19 pandemic has left many people unemployed. The economic crisis experienced by societies also affected families. In the United States alone, approximately 30.3 million applications for unemployment insurance were filed between March 21 and April 25, 2020. This shows that the pandemic caused job losses in both high and middle income countries (Ahad, Parry & Willi, 2020). Family members had difficulties in accessing the services provided by the state during this period and trying to meet their basic needs caused them to experience anxiety.

A national survey for parents with children younger than 18 was conducted in the United States in June 2020 to measure changes in health status, insurance status, food security, public subsidies, childcare, and use of healthcare since the start of the pandemic. In the study, 27% of parents reported that their mental health deteriorated and 14% reported that their children had behavioral problems. The proportion of families with moderate to severe food insecurity increased from 6% to 8%, and 24% of parents reported neglecting childcare. 16% of parents reported changes in the insurance system and 11% reported worsening food security (Patrick, et al., 2020). In a study of 448 parents with young children in Ohio, it has been shown that social conditions such as confinement due to COVID-19 can be more devastating for parents than short-term economic changes (Schmeer et al., 2021).

Parents participating in the Statistics Canada's "Parenting During the Pandemic" survey reported that in June 2020, 74% felt extremely anxious about gaining balance between work and home and childcare (Charnok et al., 2021). Although

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the time spent between family members increased during this period, it was observed that they experienced communication breakdown as a result of increasing use of technology to reduce their anxiety. In a study by Drouin, Mcdaniel, Pater and Tosco (2020), it was observed that both parents and children increased their use of technology and social media since the beginning of social isolation.

Factors such as the risk of infecting a family member with the disease, the illness of one of the family members and the news of death received from the environment caused individuals to experience anxiety, panic and fear in this process and psychologically worn them out (Günlü, Asıcı, Çetinkaya, 2021). In this period, healthcare workers started to stay in separate houses or hotels because they were afraid of infecting their families with the disease. On the other hand, individuals who were ill and could not go to a separate house due to economic inadequacy felt guilt and helplessness towards their families. In a study conducted in the United States, the majority of individuals who continue to work outside of their homes reported that they are concerned about the possibility of contracting the coronavirus and also infecting their household members (Carli, 2020).

In a study conducted in Australia, the data of pre-pandemic and post-pandemic parent and child mental health, parental substance use, and couple conflict of 2365 Australian parents with children aged 0-18 years were compared. The findings showed that the COVID-19 pandemic restrictions have had negative implications for Australian families in general. Parents who participated in the study stated that their psychological health worsened and they increased their alcohol and substance use. In addition, compared to pre-pandemic data, it has been shown that parenting irritability, verbal conflict levels between spouses are higher, family relationships are negatively affected and a more tense family environment is formed (Westrupp et al., 2021).

Although the pandemic initially allowed us to spend more time with our families and relieve longing, family problems could be observed with the prolongation of the process. In a study by Barış and Taylan (2020), compared to the pre-pandemic period, the issues that increased mostly in the family environment were discussions about domestic responsibilities, family members criticizing each other, and constant conflicts within the family. In general, an increase in verbal discussions was observed. On the other hand, family problems which decreased through the pandemic are the separate activities within the family and communication breakdowns.

The COVID-19 pandemic has forced families to balance their work and family lives with little public support. Schools and kindergartens were closed, and only parents were responsible for child care and education. While many parents run their paid jobs from home, some parents have had financial difficulties due to losing their jobs. Whatever the case, balancing work and family life has been increasingly difficult during the pandemic. Considering the conditions during the pandemic, the fact that women are forced to do more housework and have no free time has led to discussions that gender inequalities will worsen (Fisher et al., 2020).

There are also remarkable studies that the pandemic deeply affected the relations between spouses and disrupts the functioning of the family institution. For example, in a report by the *Global Times*, it was noted that in March, in China, applications for divorce increased in regions where the quarantine process was over, and the number of women who applied to authorities because they were subjected to violence, only in February, doubled. In Turkey, when the violence rates in March 2019 are compared to the ones in March 2020, cases of domestic violence have increased by 38.2% (<https://sarkac.org/2020/05/covid-19-ve-yakin-iliskilerimiz/>). In a study conducted in the United States, 34% of couples stated that they had conflicts in their relationships due to the pandemic (cited by Ünver, Güloğlu, 2021). In a study conducted in South Korea, it was revealed that marriage and divorce rates decreased at similar rates. In this study, it was thought that the effect of the pandemic on the

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economy may have reduced marriages. In addition, it is predicted that the fertility rate will decrease in the short and medium term due to the decrease in the number of marriages (Kim, Kim, 2021).

Perhaps one of the most dangerous consequences of the pandemic for families is the increase in domestic violence. The pandemic has caused individuals who are prone to violence in the family to experience outbursts of anger, increase their alcohol use, and the emergence of urges to harm others. The increase in violence cases was recorded as 30-36% in France, 40-50% in Brazil, 25% in Argentina, 33% in Singapore, and 10-35% in different states of the United States. In this period, due to the increase in domestic violence cases, there have been different practices in some countries. For example, some hotels in Italy and France have been used as shelters for family members who have been victims. In most of the countries, the number of calls made to help and support lines has increased during the pandemic. In order to build and insight for the cases of domestic violence, an application was created in Spain in which the pharmacy workers reported violence, after women demanded "mask 19" from the workers in pharmacies (Ünal, Gülseren, 2020).

EFFECTS OF THE COVID-19 PANDEMIC ON WOMEN

When it comes to the social problems caused by the pandemic, it is accepted that the most affected groups are women and children. This is largely due to the fact that women and children are the disadvantaged part of society even in non-crisis periods. Looking at the social life from past to present, women have largely been affected by the implementation of various rules of societies in different religions and cultures than men (Zastrow & Kirst-Ashman, 2013; cited by Can, 2020). It is also accepted that the impact of the COVID-19 pandemic on women and men also differs (Augustus, 2021).

When the studies on the negative consequences of the pandemic process on women are examined, it is seen that the studies mostly focus on the negative effects of women's mental state, the increase in violence against women, their exposure to the problems brought about by processes such as pregnancy, child and elderly care, and loss of work.

The UK's Office for National Statistics (ONS) has found that women are more depressed than men through the last wave of the pandemic, seen at the end of 2020. According to the data of the institution, 40 out of every 100 women and 26 out of every 100 men between the ages of 16-29 are in a depressive mood (<https://www.bbc.com/turkce/haberler-dunya-57004559>)

Regarding the studies about other countries, it can be determined that the psychological burden for women has been larger during the pandemic process. *"Recent research in the United States shows that parents of children under the age of 18 experience more stress due to the coronavirus pandemic and response. About 32% of fathers reported worsening mental condition due to contagion compared to 57% of mothers, suggesting that mothers carry a disproportionately large part of the burden"* (Power, 2020).

It has been observed that during the pandemic, pregnant women are more affected by the hospital processes and their mental health may deteriorate significantly due to their anxiety about the disease. In a study conducted in China, it was reported that higher anxiety levels and depression symptoms were observed before and after the COVID-19 pandemic (as cited in Karkin et al., 2021). In a study conducted by López-Morales et al. (2021), with 102 pregnant women and 102 non-pregnant women, it was revealed that anxiety levels of all women increased, but depression, anxiety and negative effects increased more significantly in pregnant women.

Another crucial issue that affects women regarding the problems experienced during the pandemic is that the health workers are mostly women. Thus, the possibility of transmitting the disease to family members caused women to experience more fear and panic than men. *"Although men are at higher risk of dying from the disease, research on Chinese healthcare workers has revealed that the psychological effects of working with COVID-19 patients for women and men are equal, controlling for variables such as occupation, marital status, etc. In a study conducted on Italian healthcare workers, although it did not include any control that could account for gender differences, it was determined that women had higher levels of anxiety, panic and post-traumatic stress disorder"* (Carli, 2020).

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As for women's employment-related problems during the pandemic period, although the employment losses of men seem much greater than women in the recent economic recessions in the United States, on the contrary, women were employed less than men after the Covid-19 pandemic (Alon et al., 2020). Alon et al. (2020) stated the reasons for this as the increased workload of women in sectors affected by the pandemic, such as hotels and restaurants, and the increase in childcare responsibilities with the closure of schools.

One of the negative changes experienced by women who continued their working life during the epidemic was the transition to the distance education system in schools and kindergartens, and the increase in the various responsibilities of women who took care of their children at home. During the pandemic, women who switched to home-office working life had to undertake the responsibility of individuals (children, elderly, disabled) who needed home care on the other hand, while trying to fulfill their duties. Especially the suspension of education in schools and kindergartens and the transition to the online education system have increased the free time for children. Therefore, trying to control both the educational process and the social development of children has kept women busy at home and tired them mentally and physiologically. As a result, women's performance in working life has decreased (Can, 2020).

Findings from semi-structured interviews with 26 women working in the United Kingdom revealed that the pandemic process increased the domestic workload of British women and they experienced role conflicts. Participants stated that increasing role conflict negatively affected them both at work and at home and reduced their performance (Adisa, Aiyenitaju, Adekoya, 2020).

While women in Turkey spent about 4 hours a day on the care of household members before the pandemic, men spent about 1 hour on these activities (TÜİK, 2016). When we look at the pandemic period, the findings of a survey conducted by the UN Development Program in May by interviewing 2,400 people in Turkey, it has been shown that, very similar to Western states such as Europe and the United States, in Turkey, during the Covid-19 pandemic, women work many more hours than men in jobs that are described as "unpaid work" at home (Euronews, 2020). According to a New York Times poll, approximately 20% of men in the United States declared they were fully or mostly responsible for their duties within the home during quarantine, but 2% of women reported agreeing with men (UN Women, 2020).

In the research conducted under the leadership of "UN Women Turkey" on the social and economic reflections of the COVID-19 epidemic on women and men in Turkey, and gender assessments, a total of 1508 women and men were interviewed over the phone, and as a result, regarding those who stayed at home by taking unpaid leave during the COVID-19 epidemic, it was noted that the proportion of women was higher than that of men. In this process, most of the responsibilities of household and care work were attributed to women (cited by Bozkurt, cited by Barış, Taylan, 2020). The study, which revealed that a significant part of the men participating in the research do not help with housework and family care in normal times, showed that 41% of the male participants do not cook and 25.5% do not clean (<https://turkey.un.org/tr/88666-covid-19-kadinlarin-ev-ve-bakim-islerini-artirdi>).

When we look at the "Working Life and Domestic Violence Report" of a study carried out with the support of the United Nations Population Fund (UNFPA), it can be seen that 76% of the female participants and 53.5% of the males spend more time on housework than before the pandemic (<https://hthayat.haberturk.com/calisan-kadinin-pandemide-siddet-raporu-1076359>).

In a study examining the effects of the COVID-19 pandemic on scientists, it was stated that the pandemic affected female scientists more negatively, and those who had children were the most affected group. The findings obtained from the researches carried out on the subject revealed that housework is mostly expected from women and responsibilities within the

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family are not shared equally (cited by Koç, Yeniceri, 2021).

A project tracking violence against women in the United Kingdom found that between 23 March and 12 April, deaths from domestic abuse more than doubled compared to the recent 10-year's average rate (Grierson, 2020).

Studies investigating the impact of natural disasters on crime and violence report that violent forms of crime can be affected, while reports of domestic violence often increase significantly after the disaster event (Campbell, 2020). In Australia, when stay-at-home orders came into effect, police in some parts of the country reported a 40% decrease in delinquency, but a 5% increase in domestic abuse calls. At the same time, there was a 75% increase in Internet searches for support for domestic abuse through Google in Australia (Usher, 2020).

As of the third week of March, the United Nations Women's Unit (UN Women) reported that the number of calls to the violence hotlines increased by 33% in Singapore, 30% in Cyprus and 25% in Argentina, and stated that the number of applications to shelters has increased in European countries such as Canada, Germany and Spain. At the Fourth National Action Plan Preparation Workshop on Combating Violence Against Women, held by the General Directorate of the Status of Women of the Ministry of Family and Social Services, the General Manager of the Status of Women declared that due to the high number of calls received to the ALO 183 Social Support Line during the Covid19 pandemic, there was a priority order in answering the calls. It has been mentioned that women can directly reach the hotline by dialing zero when a violent call is made (Eroğlu D. and Gençay H., 2020). The Support System for Women (KADES), which provides 24/7 support for women in danger in Turkey, is another application created to intervene in a short time. Under such circumstances, it might be much more difficult to get away from the perpetrator of violence. Providing faster and easier access to support lines in case of exposure to physical and psychological violence in the family is of great importance, especially in extraordinary circumstances such as pandemics.

When we look at the increase in the number of calls to helplines in other countries; In Germany, women who were exposed to domestic violence during the pandemic process and their relatives applied to the telephone hotline, which was created for the purpose of preventing domestic violence, more than in previous years and requested help. Petra Söchting, the manager of the hotline, declared in a statement in Berlin on Monday that they received about 51,000 calls in 2020, a 15% increase compared to the previous year. Söchting reported that the number of phone calls increased especially after April 2020 and that 24,000 of the calls were related to domestic violence. Thus, it was emphasized that there was a 20% increase in the applications made by women who were exposed to domestic violence (<https://www.dw.com/tr/pandemide-kad%C4%B1na-%C5%9Fiddet-artt%C4%B1/a-57486936>).

Likewise, in the United States, police departments have reported an increase in searches for domestic abuse in cities across the country. For example, an 18% increase was observed in San Antonio and a 22% increase in Portland, Ore. A study in the journal Radiology reported that radiology scans and superficial wounds for domestic abuse between March 11 and May 3, 2020 at Brigham and Women's Hospital in Boston, exceeded the combined rate for the same period in 2018 and 2019 (<https://time.com/5928539/domestic-violence-covid-19/>). Since the first days of the quarantine, there has been an increase in calls to the lines created for domestic violence in other European countries. An increase of 25% was observed in the UK, 20% in Spain (Ünal, Gülseren, 2020).

Renzetti (2009) stated that women are victimized in cases of violence against women with low income and deficiencies in social support networks, and this situation may restrict women from seeking help by getting away from the perpetrator, making it difficult for them to get support from their surroundings. It is noteworthy that during the curfew, it is easier to

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conceal the physical or emotional violence experienced because the survivors of domestic violence have few opportunities to seek help and cannot reach health and safety services (Stark, 2009; cited by Usher et al., 2020, cited by Altın, 2021). In some countries, such as the United States, an increase in calls to domestic violence hotlines was expected during the pandemic, but many organizations observed the opposite. In some regions, the number of calls dropped by 50%. Experts suggested that violence rates did not decrease, on the contrary, victims could not safely access services and connect to hotlines (Evans, Lindauer, Farrell, 2020).

When we look at the news on the subject, the National Domestic Violence Hotline, which usually receives up to 2,000 calls a day, counted 951 callers who mentioned Covid-19 while reporting their abuse between March 10-24. A caller from New York stated that her abuser kicked her out of the house and then took her children by force. Another caller told the helpline that she was forcibly held at home after being threatened with an unlicensed weapon by her abuser and said that he used the pandemic as an excuse to prevent her from leaving her (The Guardian, 2020).

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The highly contagious COVID-19 pandemic has created a worldwide panic, and education processes have been temporarily suspended in most of the countries to support the "stay at home" call. Accordingly, the distance education application for students has been started. In Turkey, home education has been provided with the "EBA/Education Informatics Network" system or the distance education opportunities within the universities (Üstün, Özçiftçi, 2020). Children have been among the groups most affected by the pandemic due to reasons such as staying away from their friends and teachers, experiencing boredom in the home environment, being inactive due to the narrowing of their activity areas, and facing virtual dangers because they spend too much time with technological devices.

The effects of the pandemic on education, problems in accessing technology-based learning, the postponement of school and exam schedules, the difficulty of conducting classes online by teachers, the deprivation of regular nutrition and shelter at school for children in disadvantaged areas, the burden of distance education or home education on parents and caregivers, have all caused social isolation reducing the social interaction of young people. It is accepted that the school is not only a learning place, but also a social common area where children learn to socialize and receive care and counseling (Can, 2020).

In a study conducted by Balhara et al., 50.8% of children showed an increase in digital gaming behavior during this period. In the same study, it was found that the increase in digital gaming was associated with those who spent more time playing games, reported exam stress, and those who believed that playing games helped combat stress (as cited in Gökler, Turan, 2020). In a study, after the Covid-19 pandemic, parents of school-age children stated that 72% of their children started to spend more time in front of the screen (Mcclain et al., 2021). In a study conducted by Adibelli and Sümen (2020), an online survey was conducted with 597 children aged 7-13 and their parents. As a result, 41.5% of parents stated that their children gained weight, 34.2% had a tendency to sleep and 69.3% had an increased tendency to use the internet.

Parents and caregivers of school children and young people aged 4 to 16 in the UK completed an online survey of their children's mental health change before and after the pandemic, examining changes in mood between March and May 2020 during early curfews. The findings drew attention to certain deteriorations in mental health symptoms of pre-adolescent children. There was a 10% increase in emotional symptoms, a 20% increase in hyperactivity/inattention, and a 35% increase in behavior problems that met probable event criteria. In contrast, there was less variation in adolescent mental health changes, but negative outcomes were observed at both time points for those living in low-income households and children with special educational needs (Waite et al., 2020). As a result of a survey conducted with parents of school children diagnosed with ADHD

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(Attention Deficit Hyperactivity Disorder), it has been revealed that children's ADHD behaviors during the COVID-19 pandemic worsened compared to normal circumstances (Zhang et al, 2020).

How childcare worries Australian parents during pandemic restrictions is evident from data of 30-day Google searches in the United States and Australia. While Americans are more concerned about the economy, as schools and workplaces began to close, the threat of a care crisis emerged (Ruppanner, Churchill, Scarborough, 2020).

Closing schools and continuing education at home increased inequality of opportunity. Long vacations are known to harm the school performance of children from a disadvantaged background. Especially when children are away from school, the things they do and the stimuli they receive affect them greatly. Opportunities available to children also differ in relation to factors such as families, parents' education levels, poverty, physical and psychological health, overcrowding at home, lack of computers, and lack of internet access to participate in distance education. Schools provide children with a more consistent learning experience in terms of early childhood education and care. Schools sometimes offer food to students and sometimes take care of their psychological and biological health. It is known that families with special education needs are more advantageous than families that do not have internet access and are dependent on public schools (Fisher et al., 2020)

In particular, children living in socio-economically disadvantaged and crowded families experience more problems. Therefore, the fact that these families spend more time with each other at home caused their stress, fear and anxiety levels to increase, to face economic problems, to a decrease in the level of patience among family members, thus increasing the cases of child neglect and abuse (Cluver et al., 2020).

During the pandemic, children *"may produce untrue information by having difficulty in understanding individual and social measures regarding the COVID-19 pandemic, and their anxiety and fear may increase"* (Özyürek, Çetinkaya, 2021). Since children lack experience in meeting their social, emotional and behavioral needs compared to adults and are in the developmental stage, it becomes more difficult for them to cope with extraordinary events such as pandemics and disasters, and these processes significantly affect children's mental health (Akoğlu, Karaaslan, 2020).

Considering the cases of child neglect and abuse, it is determined that there is an increase during the Covid-19 pandemic, especially with the conflicts between parents. Children's direct witnessing of domestic violence causes post-traumatic stress disorder and some behavioral disorders (Humphyres et al. 2020). In a study of 320 children and adolescents in China, the most common psychological and behavioral problems were difficulties in leaving, distraction, and fear of asking questions about the pandemic (as cited in Çalışkan, 2020). In a study conducted by Özlü et al. (2021) with 304 children, it has been stated that children's anxiety and depression levels are related to their fear of COVID-19.

It is stated that the risk of being exposed to physical, psychological and sexual abuse, and neglect of children who stay at home by their parents due to situations such as interruption of education during the epidemic, curfew and the inability to control children by their teachers, are stated to increase. Although a week has passed since the closure of schools in Ireland, an increase in calls made to some child support hotlines has drawn attention (Ergönen, Biçen, & Ersoy, 2020).

There has also been an increase in child abuse cases in previous extraordinary situations related to public health. For example, during the Ebola virus pandemic in West Africa from 2014 to 2016, school closures led to an increase in cases of child labour, child neglect, sexual abuse and early pregnancy. Child pregnancy incidents in Sierra Leone doubled compared to the pre-pandemic and reached 14 thousand (UNICEF Turkey, 2020).

We see that there are frightening studies on child labor in this period. These examples have increased in underdeveloped Asian and African countries, with families getting poorer and education interrupted. *"In India, for example, tens of thousands of children have started working in the fields and factories. In Kenya, children break stones in quarries instead of going to school. After-*

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school jobs such as brick making, furniture making or brush cleaning have now become a full-time job in Latin America” (cited in Erol, 2021). The World Economic Forum stated that there was a 10% decrease in household incomes in Ivory Coast, which led to a 5% increase in child labor (Ahad, Parry and Willis, 2020).

CONCLUSION

Throughout history, humanity has faced numerous pandemics, and in most of these disasters, people have faced various problems due to psychological, social and economic reasons, especially health. In order to prevent the spread of Covid-19, it was deemed necessary for a large part of the world's population to stay at home at certain intervals and periods. This measure, which was considered to be necessary and compulsory, brought forth other problems affecting the family, women and children.

In addition, these problems continued as the length of staying at home, with education and many sectors entering the work-at-home system. Although some families came together in the process, providing harmony and rapprochement of family members, the number of families of this kind is very few. Because many of the family problems that emerged during the pandemic were reinforced by the presence of other factors. Likewise, the process has led to greater problems for poor families.

The measures taken by governments due to the pandemic have had a direct impact on families both socially and economically, causing family members to face problems in fulfilling their new roles. Employment, education, health, transportation, housing, nutrition, social activity and interpersonal communication of families are the areas most affected by this situation.

With an ordinary observation, it can be clearly seen that the epidemic has caused new problems in the society in many aspects. However, it is necessary to determine the multidimensional causality of the problems and the damage they cause in correct, systematic and scientific ways in order to offer planning and perspective to the institutions and individuals who are in a position to cope with these problems and develop solutions and policies. For this purpose, many studies have been carried out in our country and in the world. Data from the field were collected and analyzed. Each study revealed a different aspect of the subject. While some of the researches determined for this article are academic studies, some of them are statistics declared by institutions.

In this article, it is aimed to portray the problems experienced in the fields of family, women and children together with the pandemic process by examining these studies. For this, the findings obtained from the researches were focused on. Findings were classified and evaluated. For example, regarding women, each finding was determined with different data. Some studies have identified the phenomenon of violence based on the increase in calls to helplines, and some on the increase in the number of divorces based on violence.

Considering the studies investigating the effects of the pandemic on the family, findings such as the increase in the inequalities in the distribution of roles within the family, the increase in unemployment, the increase in the anxious and depressive mood of the family members due to reasons such as illness, contamination and death anxiety, the weakening of the communication within the family with the increase in the use of technology and media, and the increase in violence and fights have been obtained. Studies conducted in our country and around the world have revealed that especially domestic violence has increased at an alarming rate during the pandemic.

The focus of studies examining the effects of the pandemic on women has been the increase in violence against women. In addition, it has been determined that women are held responsible for the care of children, the elderly and the disabled in the family, especially during the periods of curfew, unequal workload distribution, contagion anxiety and depressive mood. It

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is also among the findings that women's employment and job losses are higher than men's. The concerns and anxieties that women had during the pandemic with significant difficulties during the pregnancy period and that the health workers were mostly women and infecting their families were also the subject of research.

It has been determined that the problems that children face due to the pandemic are mostly related to their staying away from education and school, which is the main socialization area. In this process, the increase in children's online time has regressed their communication skills. It has even caused many of them to become addicted to technology. Deterioration of sleep patterns and increased anxiety and fears about illness increased depression. The increase in child labor as a result of the impoverishment of families and the increase in child neglect and abuse in this period are other findings.

As a result, the problems caused by the pandemic continue with a large extent today. The fact that the problems are determined by researching in this way will contribute to taking quick and effective steps on solutions. In this article, examining local and global studies on the subject will also enable to make comparisons about similar or differentiating aspects of the problems experienced by the countries.

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Review Article

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**INTEGRATION OF SOCIAL WORK EDUCATION INTO DISTANCE
EDUCATION: A HYBRID MODEL PROPOSAL****SOSYAL HİZMET EĞİTİMİNİN UZAKTAN EĞİTİME ENTEGRASYONU:
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ABSTRACT

The aim of this paper is to understand the distance education method in the context of its historical background and today's applications, and to determine the limitations of distance education in social work education and to develop a new approach that is optimally applicable and sustainable. In this direction, a hybrid model for social work education has been developed within the scope of the paper. The standards in the report titled Technology in Social Work Practice were used in the development of the mentioned model. The authors also benefited from the results of a survey conducted by academics and students of social work programs, with the participation of 50 faculty members and 767 students, by Turkish Association of Schools of Social Work. As a result, the hybrid model proposed at the end of the paper displays that the distance education method in social work education can be applied in formal education in a way that can be carried out within certain standards and processes. However, it was understood that the competencies related to student and academician interaction should be reviewed in order to carry out a praxis-oriented social work education built on distance education methodology at an optimal level in the future.

Keywords: Distance education, formal education, hybrid model, social work education

ÖZET

Bu çalışmanın amacı, uzaktan eğitim yöntemini tarihsel arka planı ile günümüz uygulamaları bağlamında anlamak, sosyal hizmet eğitiminde uzaktan eğitimin sınırlılıklarını belirlemek ve optimal düzeyde uygulanabilir ve sürdürülebilir yeni bir yaklaşım geliştirmektir. Bu doğrultuda çalışma kapsamında sosyal hizmet eğitimine yönelik hibrit bir model geliştirilmiştir. Söz konusu modelin geliştirilmesinde Sosyal Hizmet Uygulamasında Teknoloji başlıklı rapordaki standartlardan yararlanılmıştır. Ayrıca bahsi geçen modelin geliştirilmesinde Türkiye Sosyal Hizmet Okulları Derneği tarafından 50 öğretim üyesi ve 767 öğrencinin katılımıyla gerçekleştirilen anketin sonuçlarından da faydalanılmıştır. Çalışma kapsamında önerilen hibrit model, sosyal hizmet eğitiminde uzaktan eğitim yönteminin belirli standartlar ve süreçler dahilinde yürütülebilecek şekilde uygulanabileceğini göstermektedir. Ancak gelecekte uzaktan eğitim metodolojisi üzerine inşa edilmiş uygulama odaklı bir sosyal hizmet eğitiminin optimal düzeyde sürdürülebilmesi için öğrenci ve akademisyen etkileşimine ilişkin yeterliklerin gözden geçirilmesi gerektiği anlaşılmıştır.

Anahtar kelimeler; Uzaktan eğitim, örgün eğitim, hibrit model, sosyal hizmet eğitimi

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Educational activities, which can be extended to the first intergenerational transfer of knowledge in human history, have been discussed in many different intellectual systems in the historical process. In the light of these discussions, the formal education model, in which teachers and students come together and continue educational activities within a certain curriculum, is a widely used education method today. In addition to formal education, distance education has become an important education method, especially with the development of technology and the shaping of the understanding of human rights thanks to making education more accessible and more affordable for wider masses.

Distance education is defined as “*institution-based, formal education where the learning group is separated, and where interactive telecommunications systems are used to connect learners, resources, and instructors*” (Simonson & Seepersaud, 2019). As can be understood from its definition, the most distinctive feature of distance education is that training activities are carried out by beneficiaries and trainers who have a geographical distance between them. At this point, distance education and formal education methods are similar in that educational activities are carried out within a certain institutional structure and based on a specific curriculum. The features that distinguish these two methods from each other are the geographical location of the instructor and students relative to each other and the communication channels through which educational activities are carried out. In this respect, the term 'formal' used in this paper corresponds to face-to-face education traditionally conducted within the institutional structures of universities (Simonson & Seepersaud, 2019).

Training methods are of greater importance for practice-based sciences, such as social work, than for other fields. As a matter of fact, social work education corresponds to what Aristotle categorizes as '**Praxis**'¹ which he came up with regarding his classification of knowledge and sciences. Aristotle divides knowledge, sciences, and ways of thinking into three: *seeing* (theoretics), *making and producing* (poetics), and *acting* (practice). According to Aristotle, these three categories can be associated with *theoria*, *poesis*, and *praxis*. *Theoria* refers to theoretical sciences, which are related to the observation of things that already exist and which we cannot influence. *Poesis*, on the other hand, is the production with the help of someone's various skills, and Aristotle exemplifies this with the work of artisans. The last distinction, *praxis*, is an activity that is related to morality and politics, does not produce anything as its result, and is related to the guiding of a person's behavior. At this point, the observations made with *theoria* and the information obtained as a result are used in the regulation of human behavior with *praxis*. (Satıcı, 2013).

Here, it can be said that social work conforms to *praxis* because it is a field of science that tries to understand natural phenomena without interfering with them, or instead of producing something, to come up with practices within the scope of basic principles, and aimed at complex phenomena that cannot be easily analyzed within the framework of cause-and-effect. As a result, social work education cannot be considered separately from the *praxis* philosophy, where practical experience as well as theoretical knowledge is acquired, and practice adds to the theory (Yiğit, 2017). Indeed, it is a fact that the information framework in professional education consists of theoretical knowledge, factual knowledge, local knowledge and practical knowledge. This situation shows that it is not possible to maintain vocational education only with unilateral information sharing activities and it reveals the importance of practice in social work education (Ife, 2015; Yiğit, 2018).

Discussions on the effectiveness of distance education emerge precisely here. The advantages of distance education from being exempt from various limitations compared to formal education and the fact that it has been experienced widespread with the pandemic process also makes it necessary to understand and resolve these discussions.

¹**Praxis**: A philosophical expression that has the meanings of practice, action, and the importance of practice.

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At this point, the aim of this conceptual paper is to understand the distance education method in the context of its historical past and its applications today, thus determining the limitations of distance education in social work education in order to develop a new approach to it. In accordance with this purpose, a hybrid education model for social work education was proposed within the scope of our paper.

This model approach is considered important as it provides an optimal perspective regarding the adaptation of social work education to the transformation in educational practices, both in accordance with the opportunities and conditions of the age and in a way that is not separated from the nature of vocational education. Furthermore, the developed model proposal is based on calculations related to the distribution of courses by National Core Curriculum which developed by Turkish Association of Schools of Social Work (Türkiye Sosyal Hizmet Okulları Derneği - ASSW) in 2020.

Social Work Education and Distance Education as an Education Method

Distance education is perhaps the most controversial issue for practice-based sciences such as social work, especially about skills acquisition. Despite these discussions, distance education methods in social work education are being increasingly used by a wider community. In this situation, it is necessary to understand the place of distance education in social work education, to develop suggestions on this issue, and to define sustainable structures for the future (Kurzman, 2019).

In order for these methods to be defined in accordance with the nature of the subject, it is necessary to understand the historical development of distance education method, the role of distance education method in professional education, and the diversity of distance professional practices.

Historical Development of Distance Education

Although today there are different opinions as to when and why the first practices of distance education occurred, it is considered to have a history dating back to the 18th century. In this paper, the historical development of distance education, in parallel to the body of literature, will be dealt with as *First Generation: Correspondence Studies*, *Second Generation: Multimedia in Distance Education*, *Third Generation: Computer Assisted Distance Education*.

In the period also called First Generation distance education studies, educational practices were usually carried out by the method of correspondence. The history of this generation can be traced back to the news on the Boston Gazette on March 20, 1728 that 'Steno² lessons would be taught by the method of correspondence. This generation's practices are very important, especially in terms of the technological possibilities of the era and the fact that various members of society were deprived of educational opportunities. Followed by this, in England, Isaac Pitman began teaching Bible studies by letter in 1840, and with the example of these distance learning practices that became widespread in England, the University of Correspondence was established in 1883 in the United States, followed by some Canadian, Japan, Australian and European universities (Kırık, 2014; Summer, 2000).

While the first generation, which can be called Correspondence Education, was still prevalent, the technological advancements accelerating due to the competitive environment caused by the Cold War era like developing computer technology in the Soviet Union, USA and Germany (Doing, 2010) and other countries and developing of internet technology especially in the USA (Mowery & Simcoe, 2002), as well as the understanding of basic human rights in the West led to both formal and distance

²Stenography: A quick writing system that uses symbols and abbreviations instead of letters, punctuation marks, or words.

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education practices becoming more widespread. Here, especially thanks to radio, television and teleconference becoming widespread, being able to use different channels for distance education practices has made a breakthrough in the world of education. The second generation of distance education studies has started to be represented by an institutional structure with the establishment of the Open University in the United Kingdom in 1969.

The third generation emerged with the renewed distance education practices, especially thanks to the discovery of computers and the Internet. In this generation, thanks mainly to the Internet-based education opportunities that had CDs and DVDs that helped make it more holistic and modular, distance education became more accessible. Because the CDs and DVDs included in the course recording videos prepared by the teachers and alternative learning resources supporting the education process. The main difference of third generation distance education from previous generations is that, it offers a wider interaction opportunity through television and especially simple internet networks (Summer, 2000; Banas & Emory, 1998)

These practices can be tackled in the context of the discussions on the quality of the education, and by extension, the validity of the diplomas and certificates said education offers. However, distance education is considered important in the sense that it provides educational opportunities to people who would otherwise be at disadvantage if they only had other education methods available, that the students are relatively more independent, and that distance education contributes to public education (Kırık, 2014).

The development of distance education in history is not limited to these generations. As a matter of fact, fourth generation distance education practices are the subject of discussion today. In particular, virtual reality is an important factor for fourth generation practices. However, since these activities have not yet been as widely experienced as the educational activities in other generations, there have been ongoing debates about their consequences (James & Gardner, 1995).

The Role of Distance Education in Social Work Education and Online Professional Practices

Distance education, as a method of education that is widely used in many parts of the world, has also found a place in social work education in the 20th century (Dash & Botcha, 2018). Distance education method in social work education was used for the first time in United States, Canada, and Australia, where the said method originated from. In 1977, the University of Madison and the University of South Dakota in the United States began distance social work education. Following these developments, distance social work education began in the early 1980s with the Caledonian Social Work Program, which was supported by six universities in the United Kingdom and became widespread in the following years (Dash & Botcha, 2018). In addition, some universities in Canada and Australia have followed this trend and social work education has been carried out in these countries for 30 years with the distance education method. Especially until the end of the first decade of the 2000s, distance education studies, which were mainly printed materials, started to be carried out gradually full online since this date. With this historical development process, 12 different social work distance education programs are accredited as of 2019 in Australia. One of the conditions for these programs to be accredited is that students must attend at least 20 days face-to-face education in order to improve their practical and communication skills (Afrouz & Crisp, 2021; Crisp, 2018).

In 2002, the first graduate-level social work education program was opened at Florida State University. Regarding the quality of this education, according to various studies, researchers have put forth that for theoretical and practical courses, distance education students were only significantly behind regarding communication skills, but both groups were similar in the context of other qualifications (Cummings, Foels, & Chaffin, 2013). These findings on communication skills are remarkable when considering the practice-oriented basis of social work graduate education in the United States and several other Western countries.

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The preference for distance education method has also affected professional practices. Thanks to the developing technology, there have been remote or, in other words, online professional interventions. These are the practices, originated first in 1982, of online self-help and support groups with the help of digital tools. The first professional digital social work practices were conducted with the help of Sommer's works, such as the first fee-based internet mental health service, in 1995 and later. Digital social work consulting services, which have become widespread nowadays, can be provided through various means such as consulting practices on common online platforms, via telephone and video conference individually and as a group, consulting practices called '*cybertherapy*' which are carried out with the help of virtual characters (avatars), practices on social network, and services offered via email and text messages (Reamer, 2013a).

Today, distance education has an important place in both bachelor's and master's degrees social work education, and by extension, its practice (Reamer, 2013b). A study conducted by Council on Social Work Education only three years after the first distance education master's program was offered showed that 41% of undergraduate-level education, and 52% of graduate-level education in the social work departments were provided with the help of some form of technology (Kurzman, 2019). These statistics show how much distance education has become widespread as a result of the influence of computer-aided studies, especially radio and television, and that it has transformed formal education as well as it becoming the sole preference for some universities. According to Bright, in addition to the economic conditions, the Covid-19 pandemic has significantly increased the place of digital mechanisms in social work education. As a result of these developments, the basic questions in social work education carried out in digital environments today, it is about establishing a learning environment and providing praxis (Bright, 2021).

Problems of Distance Education in Social Work Education and Basic Principles

Distance education, like almost every new development, has various positive and negative aspects. Despite the positive effects like education opportunities for the disadvantaged groups, making life-long education easier, and minimalizing the amount of time and money spent for education, this method has also brought various problems along. These problems have become clear in Turkey with the transition to distance education in all universities, starting from the third week of March 2020 in accordance with the decision of the Council of Higher Education in Turkey as the result of the global pandemic. With the aim of identified the aforementioned problems, ASSW has surveyed 767 social work students and 150 social work academicians across 24 universities to assess the distance education applications.

The percentages of problems encountered during the distance education activities have taken are as follows: various technical and administrative problems (54%), problems related to competency-based approach in education being partially- or non-applicable (83.68%), problems about students not being in similar conditions in terms of infrastructure facilities (88%), problems regarding students not being active enough, and the uncertainty about whether they really participate in the lessons or not (70%), problems about failure to achieve the learning outcomes in courses that require skill acquisition (82%), problems regarding practice lessons being taught in the form of distance education (78%) and assessment and evaluation procedure problems (72%). and problems related to the inability to benefit from auxiliary elements such as facial expressions, tone of voice, and body language in order to help with interaction (90%). More than half (57.14%) of the academics involved in the study stated that they needed training related to distance education. In the said study, social work academics stated that distance education can be applied to the vast majority of basic science courses, and a part of social work professional and scientific courses as well as sub-specialization courses. As for practice courses, half of social work academics agree that the

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theoretical counseling section of said courses can be provided in the distance education format.

767 students from 20 different universities also participated in the survey conducted by ASSW aimed at students.

According to the survey, the percentages regarding the problems stated by the students, and the conditions these problems occurred in are as follows; technical problems that occur occasionally or continuously during distance education (85.71%), problems related to lack of contribution to professional practice skills (64.12%), problems about distance education not being as effective as face-to-face education (78.60%), problems related to information being more easily forgotten when it is learned in the form of distance education (57.49%), the problems regarding distance education causing there to be less teamwork (57.49%).

The vast majority of students (83%) believe that distance education can be a partial or complete alternative when formal education is not available. In contrast, the majority of students (57.75%) disagree with the idea that distance education should become more widespread.

As can be seen from the results of the study, both faculty members and students faced a wide range of problems in the distance education process. It is not possible to explain this situation only by the current unusual circumstances, or by the conditions in Turkey. It is significant that what Reamer learned in his interview on October 4, 2012, with J. Kanter, who is an experienced academic in the areas of distance education and social work master's programs, was that similar issues are experienced in different areas of distance education as well. According to Kanter, the course materials prepared for students consist of content that is not sufficiently comprehensive and intellectually compelling. In addition, technical difficulties during distance learning activities have been an issue for everyone. Again, it was often not possible to take advantage of auxiliary elements such as facial expressions, body language, tone of voice, nor was it possible to measure students' participation and interest in the lesson. In addition, Kanter noted that often only several students participate in the lesson, while many students cannot be encouraged to do so (Reamer, 2013b).

In a study (Afrouz & Crisp, 2021) conducted in 2021 on the quality of social work distance education programs, the results of 18 different studies which carried out in the USA, Australia and Canada in 2009 and beyond are assessed. In the studies examined, it was concluded that there was no overall difference between formal and distance education students regarding the level of satisfaction of students with the education they received. Also, interactive online materials in distance education facilitates the learning process and increases student satisfaction. The most fundamental factor that reduces the satisfaction of distance education students is the workload that coincides with other responsibilities in life. In some studies, emphasized that distance education requires 40% more time than formal education due to the factors of effective interaction in distance education, instructor experience and so on.

The investigated studies have shown that distance education students' self-efficacy, interpersonal skills and practical skills are not less than formal education students, but distance education students do not feel ready for field application.

Among these studies, both the study conducted with the participation of 376 deans and social work undergraduate and graduate program officers in the USA and the study carried out with employers showed that formal education students are considered more qualified by non-students. Similar results with this study were obtained in the study conducted by Knowless (2007). In the study conducted with thirty faculties and program managers, the participants drew attention to the lack of effective policies and a well-functioning organizational structure in social work distance education programs. Based on this, Dawson and Fenster (2015) argued that various policies, especially the strategic plan, regarding distance education activities should be determined in advance and informative activities should be carried out to increase the quality of educational activities

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for students and lecturers. The satisfactory feedback of the participants for the 5-week educator training held at Columbia University School of Social Work reveals the necessity of training specialists with technical knowledge (Baez, Marquart, Chung, Ryan, & Garay, 2019).

Another study on this issue is related to social work distance education programs in India. The related study has shown the inadequacy of social work distance education in India regarding fieldwork and supervision mechanisms of students. It has also been determined that studies that support student interaction and practical skill acquisition and standardize learning resources are needed in same study (Dash, 2018).

Online studies that support social work education such as various seminars and events have an important place here. According to an analysis carried out with activity data, students who participate in online discussion groups more score higher than their criticism articles (Secret & Pitt-Catsoupes, 2008). Stanley-Clarke et al. (2018) argued that various social networks such as Twitter can be used to support students' learning in online education (Stanley-Clarke, English, & Yeung, 2018).

As can be seen, distance education activities carried out both in Turkey and in different parts of the world lead to various problems. But in the usual, and especially unusual, flow of life, distance education methods and techniques are needed partially, or sometimes completely, in social work education in accordance with the conditions of the time.

Kurzman (2019) argues that practical skill acquisition, which is an important disadvantage of distance education, can be overcome with new technological opportunities such as 5G or avatar technology. Studies such as simulation home visits in the addiction field in the USA support Kurzman's predictions. According to Kurzman, social work distance education is an activity in accordance with professional ethical values in terms of both its compliance with the conditions of the age and providing education opportunities to disadvantaged segments (Kurzman, 2019).

Therefore, it is suggested that instead of abandoning this structure completely due to some potential disadvantages, it will be appropriate to adopt and maintain the standards related to it (Goldingay, Epstein, & Taylor, 2018). Miles et al. (2018) revealed the need for coeducational models on the basis of the harm that being a distance education graduate does to students' career and the negative effects of being away from campus on learning activity (Miles, Mensingab, & Zuchowskia, 2018). Walsh and Bayton (2012), supporting this judgment, argued that the mixed education models will increase the effectiveness and efficiency of the learning process in terms of stay from the learning environment and developing a flexible learning process in line with the opportunities provided by technology (Walsh & Baynton, 2012).

The standards and principles of distance education are of great importance in the development of these models. In this context, four basic principles are mentioned in the literature in order to perform distance education activities in a qualified manner. These principles can be explained as; devotion to students, adherence to the distance education system, commitment to the profession as a professional educator, commitment of those who set the education plans in the distance education system (Farahani, 2012).

In general, these principles are very important for the sustainability of distance education activities in a qualified way. Here, it is possible to mention specific standards regarding distance social work education in addition to general principles. In 2017, National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association have come together to publish a report called 'Technology in Social Work Practice'. In the said report, the standards regarding use of technology in social work education were specified (Reamer, 2019).

These standards serve as an educative guide in developing other stakeholders' competences for the ethical use of technology in social work education. Besides, these standards determine the principles of online course processes in social work education, the necessary conditions for the construction of the learning environment, and the basic issues regarding measurement and evaluation. In addition, the standards generally adopted an approach that allow the improvement of academician competence

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in solving potential technology-related questions, problems and risks in the education process and gives importance to the efficient use of technology (National Association of Social Workers & Council on Social Work Education & Association of Social Work Boards & Clinical Social Work Association, 2017).

These standards, which are quite general and inclusive, are an important guide for maintaining social work education by taking advantage of distance education method without breaking away from the requirements of the time, as well as without contradicting work ethics.

Social Work Education with Distance Education Method: A Model Proposal

As mentioned in this paper, distance education is a phenomenon today within the framework of the problems it poses, and the various advantages it offers. At this point, it is necessary to develop a model to avoid the problems that distance education might cause. In other words, both the results of the researches, which examine in this paper and opinion of various researcher, shows the need for such a hybrid model. However, said model should be suitable for the advantages of and the growing demand for distance education. In relation to this requirement, a hybrid education model has been presented in our paper. This hybrid (mixed) model, is a model which include distance and formal education method in social work education. Both the results of the researches, which examine in this paper and opinion of various researcher, shows the need for such a hybrid model. In addition to this researches, the quantitative research studies conducted by ASSW in Turkey also reveals the need for this hybrid model. Regarding this model, the minimum conditions and basic assumptions, basic principles, and methods of providing courses in the generalist social work curriculum that are in accordance with the hybrid education model are presented below.

Minimum Conditions and Basic Assumptions

At many different universities in Turkey and around the world, social work education is progressing within the framework of curriculums and practices that are not completely the same but are prepared based on some common standards. Regarding this, when the standards established by the higher professional organizations for distance education, and the recent distance education practices with global pandemic taken into account, there is the minimum conditions for the form of hybrid education. The first of these minimum conditions are the necessity of a guide for hybrid education. This guide should include the hybrid education ethics standards and professional practices principles.

Another minimum requirement required by hybrid education is the necessity of continuing education in accordance with local and regional dynamics (cultural differences, religion, etc.). Here, activities aimed at increasing the personal, professional and cognitive development of students should be carried out by taking into account the current conditions. In this context, requirements regarding assessment and evaluation studies, in-class and out-of-class activities and field application should be regulated carefully.

Another minimum requirement required by hybrid education is related to the platform where the education will be continued. Distance education applications to be carried out within the scope of hybrid education should be accessible, easy and rich-content digital platforms (Blackboard, LMS etc.) for all students. In addition, these platforms should be in a structure that allows students to interact with students inside and outside the field. Accordingly, the access and active use of students and faculty members to relevant platforms should be supported.

National and international sharing networks should be established for all activities carried out within the scope of hybrid education. These networks should also be managed by national and international authorized organizations and the sustainability of the hybrid education system should be ensured by developing solutions for the problems that arise as a result of these shares.

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Basic Principles

Distance education studies have not only brought about challenges related to the teaching of courses, but have also required a review of ethical principles and access to education in social work education. In this context there is need the standards for ethical considerations about distance education activities in the hybrid education model.

On the basis of these standards, there is the requirement that the social work education to be continued in the hybrid education model should adhere to national and international standards. It is also essential to provide resources that support educational activities with a student-oriented approach. At this point, measures should be taken to ensure effective communication, which is one of the most important requirements of the learning environment, and to prevent discrimination, abuse and violence. Providing the necessary technical support for continuing education is another requirement of the hybrid education model.

The hybrid education model also requires standards for education processes as well as for assessment and evaluation. This is required because of evaluation of the effectiveness of the education program. As a matter of fact, it is necessary to carry out these processes in an effective way in order to achieve the learning outcomes.

The social work program takes care to develop mechanisms that comply with a common solution-oriented understanding of governance within structure of the student, academic and university administration for issues that are unethical and likely to lead to legal consequences. In addition, students should be informed about absenteeism and the legal problems it may cause. In addition, faculty members should be encouraged to develop a transparent and accountable approach to measurement and evaluation methods, and structures should be established to provide technical support to them. In this context, measurement and evaluation standards should be determined in advance and announced to students, and alternative measurement and evaluation methods should be developed, which will also include distance education practices.

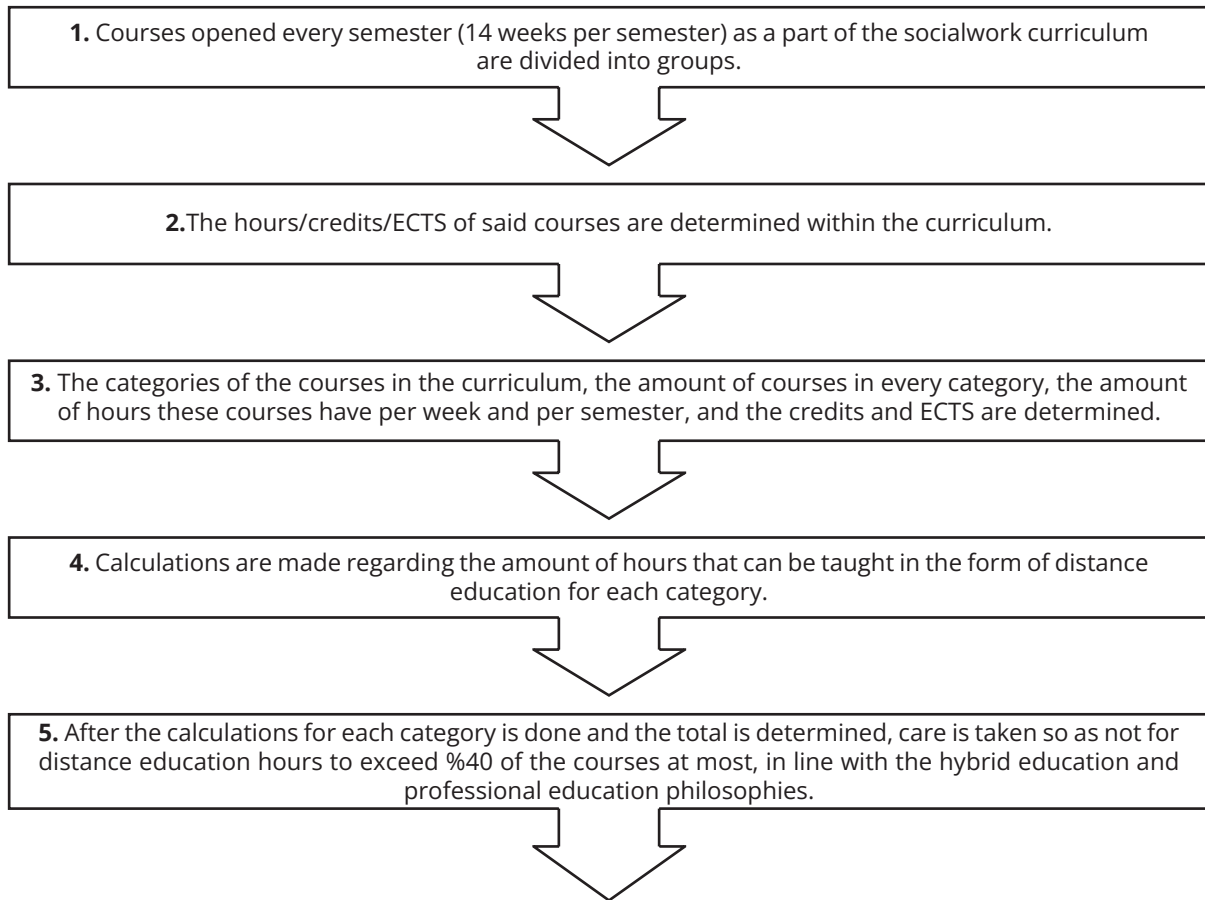
Methods of Teaching Subjects / Courses in Generalist Social Work Curriculum

The generalist social work curriculum aims to enable students to assimilate social work on the basis of knowledge-skill-values in terms of science, profession, and art. In addition to courses aimed at developing theoretical knowledge, the curriculum includes courses focused on the development of the student in terms of skills and value. Courses in the generalist social work curriculum are covered in the categories of basic science courses, courses that teach the scientific and professional foundations of social work, courses that include sub-specializations of social work, social work research courses, and social work practice courses.

Although this situation offers an easily developed and applied system for programs that offer a solely theoretical education, it creates complications regarding areas that offer education programs with sub categories, are based on the principle of praxis, and are integrative of theoretical and practical work, such as social work. Regarding this, it is recommended that social work programs follow the steps in Figure 1. The distance education proportion in the courses within each category are designed based on the principle of applying distance education in theoretical courses at the maximum level and in practice courses at the minimum level.

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Figure 1. Steps for Integration into Distance Education



In accordance with the structure created in the context of all these basic assumptions and ethical requirements, the calculations done for both semesters through the National Core Curriculum which developed by ASSW in 2020 are as shown in Table 1. As can be seen in the table, the percentages of all compulsory and elective courses offered by the department are as follows: basic science courses (36.73%), basic scientific and professional courses for social work (28.57%), social work sub-specialization courses (24.49%), social work practice courses (8.16%) and social work research courses (2.04%). A total of 49 courses are opened during the year: 18 basic science courses, 14 courses that teach the basic scientific and professional courses for social work, 12 social work sub-specialization courses, 4 social work practice courses and 1 social work research course. In the department, 2,730 hours of courses are taught in two semesters. Students earn 261 ECTS (European Credit Transfer and Accumulation System) and 161 credits from these courses offered during the academic year.

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Table 1. Distribution of Fall and Spring Semesters Courses by Category

Category	Rate	Number of Courses	Weekly Course Hours	Annual Course Hours	ECTS	Course Credit
Basic Sciences Courses	36.73%	18	47	658	69	46
Social Work Scientific and Professional Courses	28.57%	14	46	644	76	44
Social Work Sub-specialization Courses	24.49%	12	36	504	59	36
Social Work Practice Courses	8.16%	4	60	840	52	32
Social Work Research Courses	2.04%	1	6	84	5	3
Total	100%	49	195	2.730	261	161

Table 2 shows the distribution of courses offered in the fall semester for all classes in the Social Work Department.

Table 2. Distribution of Fall Semester Courses by Category

Category	Rate	Number of Courses	Weekly Course Hours	Semester Course Hours	ECTS	Course Credit
Basic Sciences Courses	40%	10	26	364	38	25
Social Work Scientific and Professional Courses	28%	7	23	322	38	22
Social Work Sub-specialization Courses	24%	6	18	252	29	18
Social Work Practice Courses	8%	2	26	364	21	14
Total	100%	25	93	1.302	126	79

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The percentages of compulsory and elective courses offered by the department in the fall semester are as follows: basic science courses (40%), basic scientific and professional courses for social work (28%), social work sub-specialization courses (24%) and social work practice courses (8%). A total of 25 courses are opened during the semester: 10 basic science courses, 7 courses that teach the basic scientific and professional courses for social work, 6 social work sub-specialization courses, and 2 social work practice courses. During the semester, there are 93 hours of lessons per week, which means a total of 1,302 hours of lessons for 14 weeks. These courses include 26 hours of practice per week, and 364 hours of practice per semester. Said practice lessons include 24 hours of field work, and 2 hours of theoretical supervision. Students earn 126 ECTS and 79 credits from these courses offered during the semester. It is possible to say that a similar distribution is observed for the spring term.

Subjects / Courses to Be Completely Taught in the Form of Formal Education

Integration of generalist social work education into distance education depends on the availability of courses in the categories detailed in the curriculum above. At this point, the application and research courses, consisting of theoretical and practical parts, are carried out by a completely formal method, except for theoretical supervision, which is 1 hour per week for the social work program. As a science and profession, assimilation of social work skills and values is important for understanding the theoretical knowledge being realized in practice. On this basis, the parts of the related courses that will be given by the formal education method should not be less than 90% of the course for practice courses, and 80% of the course for research courses. Accordingly, the sections of social work practice courses that will be taught in the format of formal education should not be less than 24 hours per week (336 hours per semester) for the fall semester, and 31 hours per week (434 hours per semester) for the spring semester. The sections of social work practice courses that will be taught in the format of formal education should not be less than 5 hours per week (70 hours per semester) for the spring semester.

Subjects / Courses to Be Completely Taught in the Form of Distance Education

In social work education, the supervision that students receive from their teachers for field application is very important to support the development of students professionally. Supervision parts of practice and research courses in which professional knowledge will be used in practice, and basic skills and values will be assimilated can be provided entirely by distance education, given the technological opportunities of our time and the demand for distance education. On this basis, the sections of these courses that can be taught in the format of distance education should not be more than 10% of the course for practice courses, and 20% of the course for research courses. In this context, the sections of social work practice courses that will be taught in the format of distance education should not be more than 2 hours per week (28 hours per semester) for the fall semester, and 3 hours per week (42 hours per semester) for the spring semester.

Considering the advantages of the hybrid education model, and opportunities presented by distance education, all basic science courses can be taught in the form of distance education. On this basis, 26 hours of basic science courses per week (364 hours per semester) for the fall semester, and 21 hours of basic science courses per week (294 hours per semester) for the spring semesters are carried out in the form of distance education.

Subjects / Courses to Be Taught in the Form of Hybrid Education

Courses that are about the scientific and professional foundations of social work can be considered as a part of this category. Here, considering the importance of the said courses in terms of understanding the ethical and theoretical foundations of the profession, the contribution of the 'role-play' practices and in-class discussions carried out within the scope of these courses to the learning process, it can be seen that these courses should be taught in the form of hybrid education model.

At this point, no more than 10% of the courses should be offered as distance education. Accordingly, at least 21 hours per week and 294 hours per semester of courses that are on the scientific and professional basis of social work must be offered as formal education for both semesters. 20% of the courses that, compared to the courses that teach basic scientific and professional information, teach more specific issues of social work sub-specialization areas can be taught via distance education as a more flexible approach. Accordingly, at least 15 hours per week (210 hours per semester) of social work sub-specialization courses are taught in the form of formal education.

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General Framework for Integration into Hybrid Education

Hybrid education processes related to different course categories in the general social work curriculum are carried out as specified. In this context, the social work program makes a planning suitable for the categories and contents of the courses for the fall and spring semesters.

Table 3. Amount of Fall Semester Distance Education Courses in Total Amount Courses

Category	Formal Education	Distance Education	Total	Distance Learning Rate
Basic Sciences Courses	0	26	26	100%
Social Work Scientific and Professional Courses	21	2	23	9%
Social Work Sub-specialization Courses	15	3	18	17%
Social Work Practice Courses	24	2	26	8%
Total	60	33	93	36%

In accordance with these principles, Table 3 contains course cluster weights for formal and distance education methods in hybrid education for the fall semesters. As can be seen in the Table 3, 100% of basic science courses, 9% of professional and scientific social work courses, 17% of social work sub-specialization courses, and 8% of social work practice courses are planned to be taught by distance education for the fall semester. In each course category, it is seen that the distribution is handled according to the upper limit for distance education courses, and that 36% of the total of the courses will be taught as a part of distance education. It is possible to say that a similar distribution is observed for the spring term.

According to the information presented in the Table 3, 36% of the lessons can be conducted with the distance education method in the hybrid model which created in accordance with the assumption that distance education is kept at the maximum level for the theoretical courses and the minimum level for the applied courses. The result is rounded up to 40% approximately in the hybrid model.

Conclusion and Suggestions

The quality of an important practice such as education affects any issue in life directly or indirectly. On this basis, it is natural to criticize and question approaches that have emerged as a completely different perspective within the prevailing understanding of education, like distance education. What is important here is to what extent these criticisms are carried out on the basis of strictly maintaining the status quo and resisting change. Indeed, as usual and unusual experiences, especially the ones such as the technological advancements within the past decade, the increasing need for formal education, and the global pandemic that has been a part of our lives in the past year show, today it is possible to talk about different education methods, university structures, and a different world. This situation brings up other forms of interaction, and even makes them inevitable.

INTEGRATION OF SOCIAL WORK EDUCATION INTO DISTANCE EDUCATION: A HYBRID MODEL PROPOSAL

Here, in particular, an emphasis must be put on diversity. In educational activities, diversity related to issues such as materials, student profile, types of interaction, and methods used is important in order to adapt to the development of such new conditions. In environments where said variety cannot be offered, problems will be inevitable. Indeed, the hybrid education model, which also includes distance education activities, is different from the traditional understanding of education. Thus, it is impossible to keep formal education curriculums the same in a new structure where the method has changed dramatically. Different methods require different ways of working. Despite this, the same structures are forced to run with different methods in today's changing conditions. Despite the advantages, some studies show this may affect the quality of education processes negatively and prevent the training of competent professionals specifically in social work education.

In addition, the relationship of these discussions with local and global dynamics shows us the necessity of developing new ways and methods in important areas such as education. As a matter of fact, the global pandemic experienced today has seriously affected education and training activities, and social work education has also had its share as shown in this paper. Although uncertainty regarding the future of the pandemic continues, it is clear that the experiences gained these days will shape the future. At this point, it is possible that distance education, which is widely experienced today, will continue its existence after the pandemic in social work education as in all areas. In addition to all these, this situation cannot be explained solely by the unusual circumstances. In fact, there are financial and political crises in many countries, especially some vulnerable countries such as various Middle East countries and in the United States of America. This situation puts the emphasis on 'do more with less' in almost every field. From this point of view, it can be said that distance education is in a very suitable position for this emphasis and will become a more preferable phenomenon with an evaluation made especially in terms of the cost of education. Under these conditions, both the hybrid education model proposed in the paper and other productivity-oriented studies in social work education are meaningful and valuable in order to be shaped in accordance with the human needs of the future in the changing world (Bright, 2021).

In this context, in our paper we discussed how adaptation can be achieved to changing situations and structures without compromising quality as much as possible and tried to develop a proposal by using the knowledge provided up to this date. The effective implementation of the hybrid model is not only about how the courses to be given with distance education. At the same time, it also requires that some regulations such as infrastructure, accessibility, learning competencies, class participation, assessment and evaluation, and ethical issues be bound to the norm in terms of management. In this respect, each social work program that is implementing the hybrid model application needs to prepare an application guide and share it with lecturers and students.

Without a doubt, it would not be right to say that there will be no further arguments on ensuring this balance. Indeed, considering the future changes in defining the problem, and discussions on existence as an individual and as a society will intensify, this paper has made it clear that the way social work education, and thus professional practices, should be carried out must be discussed right now.

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Research Article

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GROUP WORK TO DEVELOP THE SOCIAL SKILLS OF UNIVERSITY
STUDENTSÜNİVERSİTE ÖĞRENCİLERİNİN SOSYAL BECERİLERİNİ GELİŞTİRMEYE
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ABSTRACT

This study aims to determine the social skill levels of university students and examine the effectiveness of group work designed to increase social abilities by sharing knowledge and skills between students. The experimental group of the research consists of 11 students studying in the 3rd grade of Istanbul University – Cerrahpaşa Faculty of Health Sciences, Social Work department. In the first and last session of the 7-week studies, the data obtained from the pre-test and post-test study directed by applying the Social skills Inventory to the students is examined. The data of the research is evaluated in SPSS Statistics 22.0 program. Paired-Sample T-Test was applied in the processing and analysis of the data. The weekly reports of the group members are examined, and the descriptive analysis technique is used, along with receiving feedback from the group members at the end of the group study. When the pre-test and post-test scores of the members participating in the group activity, which is designed to improve the social skills of university students, is inspected, it leads to the conclusion that includes a significant difference in the social skill levels of the students. Thoughts of the group participants about the group study process also supported this conclusion. When the pre-test and post-test scores of the members who included in the group study that is structured to improve the social skills of university students is inspected, a significant difference in the social skill levels of the students is observed, while revealing that this group work increased the social ability levels of the student. In spite of the fact that there is a limited number of studies on this case, and it is expected that the study will contribute to the literature in this context, it is thought that it will be an example for group studies to be established during university education. In addition, it might be beneficial to apply group work based on social abilities for students to acquire the fundamental social skills necessary for social life and adapt to society in the best possible way.

Keywords: Group study, Social skills, Social work.

ÖZET

Bu çalışmanın amacı üniversite öğrencilerinin sosyal beceri düzeylerinin belirlenmesi ve öğrenciler arasında bilgi ve beceri paylaşımında bulunarak grup üyelerinin sosyal becerilerinin artırılması için tasarlanan grup çalışmasının etkililiğini incelemektir. Araştırmanın deney grubunu İstanbul Üniversitesi-Cerrahpaşa Sağlık Bilimleri Fakültesi sosyal hizmet bölümü 3. sınıfta okuyan 11 öğrenci oluşturmaktadır. 7 haftalık oturumların ilk ve son oturumunda öğrencilere Sosyal Beceri Envanteri uygulanarak yapılan ön-test ve son-test çalışması sonucundan elde edilen veriler incelenmiştir. Araştırmanın verileri SPSS Statistics 22.0 programında değerlendirilmiştir. Verilerin işlenmesi ve analizinde Bağımlı Örneklem T Testi (Paired-Simple T testi) uygulanmış olup grup üyelerinin haftalık raporları incelenerek betimsel analiz tekniği kullanılmıştır ve grup çalışmasının sonunda grup üyelerinden geri bildirim alınmıştır. Üniversite öğrencilerinin sosyal becerilerini geliştirmeye yönelik tasarlanan grup çalışmasına katılan üyelerin ön test ile son test puanları incelendiğinde öğrencilerin sosyal beceri düzeylerinde anlamlı bir farklılık olduğu görülmüştür. Grup üyelerinin grup çalışması süreci hakkındaki düşünceleri de bunu desteklemektedir. Üniversite öğrencilerinin sosyal becerilerini geliştirmeye yönelik tasarlanan grup çalışmasına katılan üyelerin ön test ile son test puanları incelendiğinde öğrencilerin sosyal beceri düzeylerinde anlamlı bir farklılık olduğunun görülmesi bu grup çalışmasının öğrencilerin sosyal beceri düzeylerini artırdığını ortaya koymuştur. Bu konuda sınırlı sayıda çalışma olduğu ve bu bağlamda çalışmanın literatüre katkı sağlayacağı beklenmekle birlikte üniversite eğitimi sürecinde yapılacak grup çalışmalarına örnek olacağı düşünülmektedir. Ayrıca üniversitelerde öğrencilerin toplum yaşamı için gerekli olan temel sosyal becerileri kazanmaları ve bulunduğu topluma en iyi biçimde uyum sağlamaları açısından sosyal becerileri temel alan grup çalışmalarının uygulanması faydalı olacaktır.

Anahtar kelimeler; Grup çalışması, Sosyal beceri, Sosyal hizmet.

GROUP WORK TO DEVELOP THE SOCIAL SKILLS OF UNIVERSITY STUDENTS

Individuals interact with other people while satisfying their bio-psycho-social needs, and also social skills are essential factors that accelerate this interaction (Yüksel, 1997). Social skills are the abilities that help to adjust to the environment individuals live in, which has an important place in establishing and maintaining good interpersonal relationships and establishing social goals (Sorias, 1986).

Social skills are considered as learned behaviors, and these are the skills that enable individuals to show positive reactions, prevent adverse reactions, allow interaction with other individuals, become socially acceptable, create an impact on the environment, include observable and unobservable cognitive and sentimental elements, along with the ability to act towards a goal. Most of the definitions of social skills have the following elements in common; (1) social skills as learned behaviors that will elicit positive reactions from others and prevent adverse reactions, enable interaction with others, and these are socially acceptable, (2) social skills as goal-directed behaviors that make an impact on the environment, (3) situation-specific social skills that vary according to the content, and (4) both certain observable behaviors and behaviours that include unobservable cognitive and emotional elements (Cartledge and Milburn, 1983). Akkök (1996), on the other hand, mentions the social abilities in six elements as follows: The skill of initiating and maintaining a relationship, ability to manage a task with a group, emotion-oriented skills, skills for coping with aggressive behaviors, skills for dealing with stressful situations, and problem-solving and planning skills.

Keçeoğlu (1997), argues that among the personality traits stated in Maslow's theory of self-actualization, many items are aligned with the characteristics of people who maintain social skills, such as interacting with other individuals, approaching other people with empathy, caring about autonomy, sympathy, and love for individuals, and acting naturally. Thus, self-actualizing individuals with positive and effective characteristics become those who can express themselves more readily and be sensitive in emotional and social terms (Yüksel, 1997). According to Greasham (2002), social skill acquisition brings various advantages. Those benefits include peer acceptance, academic achievement, self-concept, individuality concept, and school adjustment.

According to Kabasakal and Çelik (2010), social skills are an essential element that constitutes an individual's competence. If these skills are lacking, it is seen that individuals have problems in establishing emotional and social relationships, maintaining their relationships, and coping with these problems when they encounter adversity. People who lack social skills may face many difficulties such as communication difficulties and not adapting to society, especially in education life; additionally, family, school, and work environments are also affected by this deficiency—identifying the individual's lack of social skills, starting from an early age. Providing the necessary education helps overcome these difficulties (Albayrak Arın, 1999). If the person cannot acquire social skills naturally, these skills can be gained through various programs within the scope of social learning principles (Kelly, 1982).

Kelly (1982) and Michelson et al. (1981) concluded that social abilities are learnable behaviors. Bandura's (1986) social learning theory also supports this idea, stating that all behaviors other than some basic reflexes are learnable. In this matter, it might be beneficial to provide social skills training to every individual living in the society; however, this training carries great importance for individuals working in some occupational groups, especially in professions that are people-oriented, based on direct human relations, and providing consultancy services to improve family relations. In this subject, social skills training given to students in primary, secondary, and higher education institutions contributes to helping people by improving their interpersonal relationships (Yüksel, 1997). Hollander et al. (2003) emphasized that social skills should be integrated with planned health programs in schools. Avşar and Kuter (2007) underlined the importance of social ability education at primary and secondary education levels. Still, particular priority should be given to social skill education at higher education institutions.

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Social skills training is a tutoring and treatment method applied as an individual/group. It is based on behavioral techniques and the individual's performance for gaining social skills (Shepherd, 1983, as cited in Dikmeer, 1997). Goldstein (1981), on the other hand, stated that this training could also be used to change the cognitive evaluations of the individuals that cause problematic social behavior. Becker (1987) argues that the lack of social skills results from many factors such as negative self-structure, anxiety, and lack of knowledge about social rules (as cited in Yüksel, 1997). The cognitive social learning model defines social skill as the ability to use cognitions and behaviors together (Ladd and Mize, 1983). In the light of this information, behavioral/cognitive social learning models and drama were used in the preparation and implementation process of the group work.

Group work helps develop people's democratic communication skills and sense of partnership to make sense of our postmodern world. The group environment provides social analysis, helping to reveal both individual insight and partnership awareness (McNicoll and Lindsay, 2002). Group work has many benefits as an alternative to individual counseling services. Working in groups offers participants more learning advantages and perspectives. Participants can experience the feeling of sharing and belonging and receive different feedback from other participants in the group. It also allows the participants with an opportunity to learn indirectly by observing or listening to other participants in the group and to practice their newly learned skills (Masson et al., 2014). Attitude changes occur in the individual in the group process and they gain insight in line with their individual needs (Hortaçsu, 1998).

This study aims to increase the social skills of university students, which is beyond determining the social skill levels of the students; it is also crucial by being experimental in terms of aiming to increase the social skills of the students with the group work to be done. This group work will be beneficial for university students to acquire the fundamental social skills necessary for social life and adapt to society in the best way possible. In addition, even though there is a limited number of studies on this subject, and it is expected that the study will contribute to the literature in this context, it is thought that it will be an example for group studies to be applied during university education.

Social abilities are socially accepted and learned behaviors of the individual that facilitate the person's interaction with other people. Considering social skills with these features, have a structure that individuals can use throughout their lives, increase their quality of life and reach their goals, create changes in personal and psychological well-being levels, with this study including 3rd-year students of Istanbul University-Cerrahpaşa Faculty of Health Sciences social work department. It was aimed to determine the students' status and increase the group members' social skills by sharing knowledge and skills among university students with the group work method. The sub-objectives of the research with the group work are as follows:

- Increasing the academic success, social relations, and social adaptation of university students along with the social skills gained.
- They are enabling university students to express their feelings and thoughts verbally and non-verbally by supporting their social-emotional development and to be sensitive to the senses and opinions expressed by others.
- It improves the participants' skills to display assertive behaviors by overcoming communication, anger control, empathy, and shyness.
- They give social skills to the group members to use in their professional lives and increase their quality of life.

METHODS

Model of the Study

In this study, which is conducted for testing the effectiveness of the group work designed to increase the social skills of the university students by sharing knowledge and skills, the pre-test&post-test experimental design without a control group,

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one of the quantitative research methods, is used. In this group study without a control group, a personal information form and scale is used, and pre-test&post-test studies are performed for each scale. After the pre-test, a group study consisting of seven sessions lasting 45-minute and continues for seven weeks was established; whether the study achieved its purpose is tested with post-test analyses. In addition, the opinions and thoughts of the group members on the group process in the personal information form is tested with the descriptive analysis technique. This group work was carried out under the supervision of a supervisor by the researcher who was continuing her Ph.D. education in Istanbul University-Cerrahpaşa Department of Social Work. The researcher has not previously published a study as group work.

Study Group

The study group of this research consists of 11 students studying in the 3rd year of Istanbul University-Cerrahpaşa Faculty of Health Sciences, social work department in the spring semester of 2018-2019 academic year and voluntarily participated in the study. Preliminary interviews were held with the students, and each student was informed about the subject of the group work, and each participant volunteered to participate in the group work. Group work was designed as seven sessions. In addition, 11 students who participated in the group work process did not participate in any group work although they had taken the "Social Work with Groups" course at the university before.

Table 1: Socio-Demographical Characteristics of Group Members

Age	Gender	Living Place
21	Female	Homestay
21	Female	Homestay
20	Male	Student House
20	Female	Student House
30	Female	Student Dormitory
21	Female	Homestay
22	Female	Student House
20	Male	Homestay
22	Female	Homestay
22	Female	Student Dormitory
22	Male	Student House

Data Collection Tools

The data of this research were obtained from 11 students studying in the 3rd year of Istanbul University-Cerrahpaşa Faculty of Health Sciences, social work department in 2019 and voluntarily participated in the study. The session was held in the graduate classroom of Istanbul University-Cerrahpaşa Faculty of Health Sciences. In this study, "Personal Information Form" and "Social Skills Inventory" are used, which were practiced as evaluation forms before and after the group work organized by the researchers.

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The Personal Information Form consists of four questions containing information about the age, gender, residence, and opinions and thoughts of the group members involved in the group work process. The Personal Information Form was applied to the group members as a pre-group evaluation form at the beginning of the group work and as a post-group evaluation form to the group members at the end of the group process.

The Social Skills Inventory in the study was given to the experimental group as a pre-test before the applications and as a post-test after the applications. Social Skills Inventory (SSI) was developed by Riggio (1986-1989) as a measurement tool consisting of 90 items and six subscales. Subscales include; (1) emotional expressivity, (2) emotional sensitivity, (3) emotional control, (4) social expressivity, (5) social sensitivity, and (6) social control. Each subscale consists of 15 items. A five-point Likert-type answer key was prepared for the items in the inventory. The lowest score in the key is 1, and the highest score is 5. The scores of some items in the inventory were calculated by reversing its point. A person can get the lowest 90 and the highest 450 points from the whole inventory as a total score. A minimum of 15 and a maximum of 45 points can be obtained from each subscale (Riggio, 1986).

Data Analysis

The data obtained after the pre-test and post-test applications with the "Social Skills Inventory" were analyzed in the computer environment in the SPSS Statistics 22.0 statistical program.

A relational scanning pattern is a screening approach that aims to determine the existence of variation among more than one variable. In this context, whether the variables change together; if there is a change, it aims to determine how it happens (Büyükoztürk et al., 2014; Karasar, 2011). In this matter, to test whether the difference between the mean of two related samples was significantly different from zero, the parametric test, the paired sample t-test, was used to test whether there was a difference between the measurements. Statistical power and effect size of parametric tests are higher than non-parametric tests. In addition, parametric tests are more resistant to first and second-type errors (Kartal, 2010). For parametric tests to be used in research, the data used should be obtained from equally spaced scales, the data should have a normal distribution, and the measurement tools should be valid and reliable (Akgül, 2005). Furthermore, the units that make up the sample should be chosen impartially from the population, independent from each other, and the sample size should not be less than 10 (Ural and Kılıç, 2005). Moreover, according to Akdağ (2011), if the number of subjects is $n \geq 10$, the group should show a normal distribution to apply the parametric test. If the Skewness - Kurtosis (normal distribution of the data) values are between -1 and +1, it can be said that the scores show a normal distribution, and parametric tests can be used (Büyükoztürk, 2011; George and Mallery, 2016). As a result of the Shapiro Wilk normality test performed in the light of this information, it was seen that the data collected from the scale were normally distributed, and the skewness and kurtosis values were between -1 and +1, and the parametric test was applied in the analysis.

During the group work process, weekly sessions were reported with the group members' permission, and the observation was transferred to the Word environment by the group leader. In the group sessions held once a week for seven weeks and 45 minutes, the weekly reports of each member's developmental stage were read and analyzed, and the obtained data were tested with the descriptive analysis technique.

Information of Ethics on Research

Due to the ongoing process of amending the Ethics Committee Regulation and data being collected in 2019 during the research data collection, no application could be made for the Ethics Committee Permission. According to the statement made

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in TR Index, backdated ethics committee approval is not required when research data before 2020 is used. Participants were also not provided with an informed consent document. Within the scope of this research, the necessary information was given to the students before the research process started on the elements to be considered and ethical sensitivities. The researchers gave detailed information to the participants about the purpose of the research and what it would be used for. In addition, it was explained to the participants that the interviews made to make the participants feel safe would not be used for purposes other than the purpose of the research and that their information such as name and identity would be kept confidential.

PROCESS AND SESSIONS

Before starting the group work, the students were informed before the study, after the interview. The students who participated in the group were given enlightened consent about the group work, and a group participation agreement was made with the members. Group work was planned, and 7 separate sessions were held. The members' emotional, cognitive, and social situations were examined on the determined themes every week, and the observed changes were reported on a weekly basis.

The first session is the introductory session. In this session, the group's aims were explained, and the group members' basic rules were determined. In order to meet the group members, warm-up and increase their motivation, a meeting game and a warm-up activity were executed. After the meeting, the group members were asked how they felt when they came to the group, their expectations and why they wanted to join it. At the end of the activity, the session was summarised, and the session was evaluated. The Social Skills Inventory was distributed to the members as a pre-test, and they were asked to fill it out. The session was concluded by reminding the subject and time of the next session.

The second session was held under "building trust" to develop a sense of trust and cooperation among members. First, the concept of trust was discussed with the members, then the game of tumbler was played in accordance with the theme of the session. The feedback was received from the members at the end of the game. The session was ended after the importance of trust in interpersonal relations was mentioned.

The third session was held under the theme of "communication and self-expression". To understand the importance of using body language, realizing the role of body language in communication and expressing oneself, an activity was held with the members and received feedback from the members at the end of the action.

The fourth session had the theme of "empathy". In this session, to see their ability to recognize emotions and interpret other people's feelings, the members were asked to choose pictures of people with different facial expressions and interpret the images by empathizing with these pictures. The participants were asked to note which person and the situation they empathized with while continuing their daily lives as homework, and the session was ended.

The fifth session was held to recognize the feeling of anger over the theme of "anger control" and minimize its adverse effects on social relations. Pen and paper were distributed to the members, and they were asked to write on the front side of the paper what situations they felt angry about, and on the other side how they reacted to this situation. In addition, they were asked which object and colour they compared anger to, and the answers given were discussed. This session aimed to make the members aware of the irrational beliefs behind their anger experiences and change their behaviour by helping them replace them with alternative expressions.

In the sixth session, the theme of "saying no" was handled to provide the members with the ability to say no. Members were asked to talk about situations in which they could not say no, and they were asked to perform these situations with another volunteer member and try saying no. The techniques of saying no paper was written on the board and each member was asked to choose a method and recap the situation they had enacted. In this session, it was tried to draw attention to how

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the members' requests could say no to and emphasize that it is not functional to behave in this way.

In the last session, members were told that this session was the last. The topics and activities of the previous 6 sessions were reminded, and the members were asked to evaluate the process. It was asked whether the group work met their expectations. The members were asked to fill in the Social Skills Inventory post-test.

RESULTS

In this section, the findings of the research are given. 72.7% of the group members participating in the study were female, and 27.3% were male. The average age is 21.9. 45.5% of the students live with their families, 36.4% live in the student house, and 18.2% live in the student dormitory.

The contribution of the group work to the group members was examined and open-ended questions were asked to the members. Accordingly, all of the participants stated that the process was beneficial.

I did not like to express myself and my thoughts in public, but I saw that I overcame this situation and gained awareness in this group work. I realized that before I do or say something, I start to think and make decisions that way. (G.T.,20)

In the first session, I thought that I was insufficient in expressing myself, but for now, I think that I do not have such an inadequacy. (R.A.,22)

The group process was much fun. Being able to say no and anger management sessions contributed to me. I realized that some things have changed in my life. (B.T.,20)

However, I chose this group work with my own willingness. I like it because it is practical. I think I have gained awareness and group harmony is good. (Ö.G.,21)

Data analysis was performed using SPSS Statistics 22.0. For the test used, the type 1 error was taken as 0.05, and the interpretations were made at the 95% confidence level. When the data were examined, the small number of group participants revealed the ability to use non-parametric tests. However, the "Social Skills Inventory" data has been tested to see if it assumes normality.

Table 1. Normality Test for Scale Data

		Kolmogorov-Smirnova		Shapiro-Wilk	
		Calculated Sta.	p-value	Calculated Sta.	p-value
SSI	Pre-test	,142	,200*	,975	,929
	Post-test	,149	,200*	,946	,595

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As it is known, Shapiro – Wilk test is more potent than Kolmogorov – Smirnov when testing normality in small sample diameters. For this reason, the data were tested with Shapiro Wilk, and it was seen that all of them met the assumption of normality ($p>0.05$). The use of the Pre- and Post-Process T-Test of the relevant assumption is ensured and does not necessitate the use of a non-parametric Wilcoxon Sign test.

The difference between the Social Skills Inventory administered to the participants and the first and last session of the group work was examined. Related to this, the analysis findings are given in Table 1.

Table 2. Social Skill Inventory Experimental Group Pre test-Post test Points Difference

Groups	N	\bar{x}	ss	min	max	p
Pre-test	11	3,1455	,22898	2,88	3,53	0,015
Post-test	11	3,2929	,20544	2,99	3,56	

N: Amount of sample, \bar{x} : Averages of the measurements individually, ss: standard deviation

There is a difference between the Social Skills Inventory experimental group pre-test&post-test scores. According to the descriptive statistics at the end of the measurement, the lowest value in both measurements is 2,88, and the highest value is 3,56. The difference in scores between the pre-test and the post-test was determined as $p=0,015$. Accordingly, there was a significant difference ($p<0.05$). According to the scale rating, it was seen that the members were in the maximum level of social skills score range after the group work. This shows that the group work process affects the increase in social skills.

DISCUSSION

According to the findings of this study, in which the effect of social skills group work on students' social ability level was examined, it was observed that there was a significant difference between the pre-test and post-test scores of the university students who participated in the social skill group study. This shows that the group work process has a positive effect on the social skill level of university students. The group members' opinions about the group work process also support this. Most of the group members stated that they participated in group work with the aim and expectation of improving their social skills. At the end of the process, they received feedback that concluded they improved their social skills and coped with their problems.

The group members did not see themselves as part of the group in the first stages; however, as the process progressed, the members became more attached to each other and the group leader. The group work, animation, relaxation exercises, games, and activities were fascinating.

In the sessions, the members attempted to listen and learn, understand, make suggestions, and receive support. "Our group" expressions were frequently expressed; thus, this situation made us think that group consciousness and cohesion were formed. The participants reported that most of the group members coped with a problem they encountered after the group session by applying what they learned in the session. It was observed that there are positive changes in the communication, empathy, anger control, and saying no skills of the members, and their awareness of the periodic changes in themselves has increased. After this study, in this sense, it is inspected that the members benefited significantly from group work. As a result of group work, it is also observed that they gave each other more positive feedback while evaluating each other in terms of

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communication skills. In addition to the scores obtained from the scale in the group work, the members also verbally discussed the group's contributions at the end of the group. In addition to having group experience, the group manager also had the opportunity to develop communication and empathy skills and experienced awareness of existence in the group as a group member.

In a study executed by LeCroy (1982), it was found that there were positive changes in the social skills of young adolescents who received training to improve their social skills. As a result, social skills training helped change teenagers' problematic behaviors. In a study conducted by Bulkeley et al. (1990), it was found that due to the training applied to improve the social skills of young adolescents, the individuals in the experimental group got high scores, and the training was practical. In a study executed by Vaughn and Lancelotta (1990) with students who were less accepted/excluded, it is mentioned that significant and positive results were obtained from students in the experimental group as a result of the social skills training applied. When the studies made in Turkey are examined, it is seen that there is a limited number of studies on social abilities. In research by Yüksel (1997), the effect of social skills training given to university students on students' social skill levels was observed. As a result of the findings, it was found that social skills training had a positive effect on the social skill level of students in general. A study conducted by Uzamaz (2000) examined whether social skills training affected adolescents' level of interpersonal relationships. In conclusion, it was found that social skills training increased the level of interpersonal relationships. Kocayörük (2000), primary education II. investigated the effectiveness of the social skills training program given to secondary school students with two-week drama training. Creativity, rehearsal, feedback and reinforcement, games, and role-playing techniques were included in the program. As a result of the analysis, it was found that the program was effective in the development of students' social skills. Koçak (2001) determined that a 10-session coping with social anxiety program based on a cognitive-behavioral approach and social skills training was effective in reducing social anxiety of high school students. In the study of Uzamaz and Guçray (2004) with adolescents, it was understood that social skills training provided positive developments in the interpersonal relations of the students in the experimental group. According to a study conducted by Gülaçtı (2009) with teacher candidate university students, the social skill levels of the students who participated in the social skills training program were found to be higher than those who did not, and it was observed that this education affected the students' social skills levels.

Şimşek (2011) revealed that the 10-session social skills group guidance program is effective in reducing the social anxiety level of adolescents. Kabasakal and Çelik (2010) found that the social skills training given to the students was effective on the students' teacher preferred social behavior, peer preferred social behavior, and school adjustment and the experimental group differed significantly from the control group for these sub-dimensions. Tagay et al. (2010) found that social skills training given in their study had a significant effect on students' social skill levels and this effect was maintained in the long term. The result of the research by Mercan and Yavuzer (2017) shows that social skills training integrated with the cognitive-behavioral approach is an effective method in reducing the social anxiety levels of adolescents. As a result of the monitoring study, it is seen that the effectiveness of the program continues in the 6-weeks. In the study made by Cebeci et al. (2020), which also revealed the effect of group work on university students, it was discussed that some group members had a decrease in their anxiety and hopelessness levels. Lastly, in the study conducted by Karaman et al. (2020) with university students studying in the social work department, it was observed that there was a positive increase in the personal development skills of the group members.

Almost all of these studies were conducted to enable the individual to adapt to society, establish healthy communication, and develop social relations. It shows that social skills training contributes to individuals with these traits. These studies and the experimental studies seem to support each other naturally.

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CONCLUSION

Yüksel (1997) mentioned that social skills training carries great importance for individuals working in some occupational groups, especially in professions that are human-oriented, based on direct human relations, and providing consultancy services to improve family relations. He is also emphasized that social work graduates are among the professions that need training. This group study investigated the social skill levels of social work students; when the pre-test and post-test scores of the scales applied to the group members were evaluated, conclusions revealed the necessity of group work to increase students' social skills.

When group work, in general, was observed, the social skill levels of the students increased at the end of seven weeks. In this context, it is thought that the social skills training that will be applied to the students from the social work department will contribute to helping people by improving their interpersonal relationships. It can be said that sufficient researches have been done on the subject apart from Turkey. However, the studies on social skills training in our country are limited. It can be said that the group studies conducted will be beneficial for the professionals who will work in this field, along with the group members. This study will probably contribute to the active implementation of social skills group work and the acceleration of these studies, especially in universities where university students will graduate from a human-oriented and human relations-based profession such as the social work profession.

As a result of the research findings, the following suggestions were made for future studies to increase the social skills of university students:

Creating course contents that will enable students to become aware of themselves, such as social skills acquisition in university education programs, and to apply them within the scope of psychological counseling and guidance services of universities is recommended.

Organising some activities such as games, drama, free time, music, and art activities to ensure the continuity of the social skills acquired by university students throughout their education is recommended.

It would be beneficial to conduct re-sessions and follow-up studies so that the positive results of the group work to improve university students' social skills become permanent. Organizing parallel programs for educators to increase the effectiveness of social skills group work and make students' gains at the end of group work permanent is also recommended.

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**THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF
PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF
CASE MANAGER****PARKİNSON HASTALIĞI TEDAVİ SÜRECİNDE DUYGUSAL ZEKÂNIN
KULLANIMI VE VAKA YÖNETİCİSİ ROLÜNDE SOSYAL HİZMET UZMANI**¹Bülent Şen**CORRESPONDENCE**¹Doç. Dr., Independent

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ABSTRACT

As the life span of human beings increases, they encounter diseases due to multiple causes, which their ancestors did not encounter much. Modern medicine has not yet found a definitive cure for such diseases. Parkinson's disease, which is believed to be caused by the effects of both genes and environmental conditions, is one of these diseases. A Team-Based Approach to Parkinson's care is necessary because the treatment process for Parkinson's disease is long, laborious, and expensive. In the treatment process of Parkinson's disease, specialists from many different branches may be involved for the new symptoms that the patient encounters. Interdisciplinary work can complicate the treatment process. A case manager is needed to follow the patient's treatment process without interruption and to coordinate the expanding treatment team. Social workers can do the best-case management with their knowledge, skills and values within the scope of medical social work. The case manager's job becomes more difficult as Parkinson's disease progresses and the treatment team expands. It may not be possible for the case manager to find holistic solutions to these problems with a classical sense of duty. New perspectives may be inevitable for solving problems. Emotional intelligence, which is used successfully in developed countries, can also be used successfully in the medical sector and especially in Parkinson's disease, whose treatment process is more complex than other diseases. A holistic treatment can be achieved by instilling emotional intelligence components, which are especially assimilated by the case manager and social worker, to the patient, caregiver and treatment team. In this article, it is aimed that the use of emotional intelligence in medical social work interventions will lead to interdisciplinary studies.

Keywords: Parkinson's disease, case manager, medical social work, social worker, emotional intelligence

ÖZET

İnsanoğlunun ömrü uzadıkça atalarının fazla karşılaşmadığı çoklu nedenlere bağlı hastalıklarla tanışmaktadır. Modern tıp bu tür hastalıkların kesin tedavisini henüz bulamamıştır. Gerek genler gerekse çevresel şartların etkisiyle ortaya çıktığına inanılan parkinson hastalığı da bu hastalıkların başında gelmektedir. Parkinson hastalığının tedavi süreci uzun, zahmetli ve pahalı olduğu için parkinson bakımına takım bazlı yaklaşım gereklidir. Parkinson hastalığının tedavi sürecinde hastanın karşılaştığı yeni semptomlar için çok değişik branşlardan uzmanlar dahil olabilir. Disiplinlerarası çalışma tedavi sürecini daha karmaşık hale getirebilir. Hastanın tedavi sürecini aksatmadan takip edebilmesi ve genişleyen tedavi ekibinin koordine edilebilmesi için bir vaka yöneticisine ihtiyaç olur. Tıbbi sosyal hizmet kapsamında vaka yöneticiliğini bilgi, beceri ve değerleri ile sosyal hizmet uzmanları en iyi şekilde yapabilir. Parkinson hastalığının ilerleyen aşamalarında ve tedavi ekibi genişledikçe vaka yöneticisinin işi daha da zorlaşır. Vaka yöneticisinin klasik görev anlayışıyla bu sorunlara bütüncül çözümler bulması mümkün olmayabilir. Sorunların çözümü için yeni bakış açıları kaçınılmaz olabilir. Gelişmiş ülkelerde başarıyla kullanılan duygusal zekâ tıp sektöründe ve özellikle tedavi süreci diğer hastalıklara göre daha karmaşık olan parkinson hastalığında da başarıyla kullanılabilir. Özellikle vaka yöneticisi sosyal hizmet uzmanı tarafından özümsemiş duygusal zekâ bileşenleri hasta, bakım veren ve tedavi ekibine aşılanarak bütüncül bir tedavi gerçekleştirilebilir. Bu makalede tıbbi sosyal hizmet müdahalelerinde duygusal zekânın kullanılmasının disiplinlerarası çalışmalara öncülük etmesi amaçlanmıştır.

Anahtar kelimeler: Parkinson hastalığı, vaka yöneticisi, tıbbi sosyal hizmet, sosyal hizmet uzmanı, duygusal zekâ

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INTRODUCTION

In this century, where technology and medicine are developing at a dizzying pace, the average life expectancy in the world and in our country is increasing rapidly. Diseases related to old age, which were not seen in past centuries, are emerging as people's lifespans get longer. Since the causes of these diseases are not known yet, definitive treatment methods cannot be found. Therefore, we encounter diseases that last for a long time and that the patient's condition worsens day by day and ends with death. Such diseases are called chronic diseases. Chronic diseases reduce the quality of life of both the patient and their caregivers. At the same time, it takes the time of the treatment team and causes an increase in the health expenditures of the states. One of these diseases is Parkinson's disease.

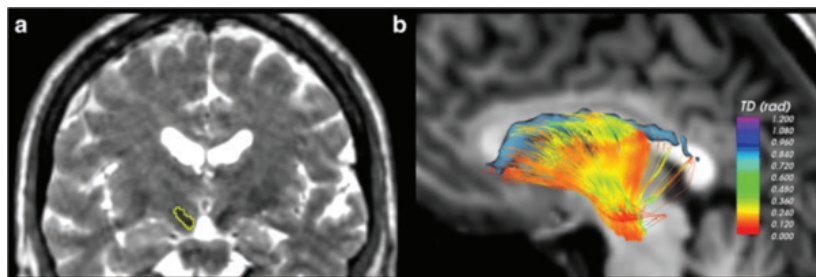
The diagnosis of the disease is usually made according to the United Kingdom Parkinson's Disease Society Brain Bank Clinical Criteria. According to these criteria, at least one of the clinical features such as bradykinesia, muscle rigidity, 4-6 Hz rest tremor or primary visual impairment, postural instability not due to vestibular problems should be present.

The disease affects the patient in bio-psycho-social dimensions and significantly reduces the quality of life of caregivers and relatives. Since the disease is a chronic disease, it requires long-term physician, medication, and physiotherapist support. Many specialists can join the treatment team in the later stages of the disease. This makes communication and coordination difficult. A case manager is needed to manage this process. In addition, during the disease process, patients and their relatives delay the treatment program for many reasons. The social worker is an important actor in the process of communication, cooperation and adaptation between the patient, health personnel and family in long-term treatment. Within the scope of medical social work, the social worker can both act as a case manager and defend the rights of the patient. Emotional intelligence has been used successfully in the business world and education field in the last two decades. By using emotional intelligence and its sub-components in the health sector, the social worker can facilitate this difficult process for each actor and act as a force multiplier in the implementation of an effective treatment program. In this article, it is aimed that the use of emotional intelligence in medical social work interventions will lead to interdisciplinary studies.

THEORETICAL FRAMEWORK

Parkinson's Disease is the most common multifactorial neurodegenerative disease after Alzheimer's Disease. With the increase in life expectancy, there is a significant increase in diseases such as cancer and neurodegenerative diseases (Dong et al., 2016). 0.3% of the general population has Parkinson's disease, and this rate varies between countries and increases to 1-3% in the population over 65 years of age (Raza and Anjum, 2019, Riley et al., 2014). Treatment for a Parkinson's patient can cost an average of about \$2,500 per year (Straif-Bourgeois and Ratard., 2015). Considering the rapid increase in the number of patients and its economic effects, studies on the treatment of Parkinson's disease have been increasing in recent years.

Due to the multifactorial nature of Parkinson's disease, there is no effective treatment in today's conditions. As shown in Figure 1, the loss of approximately 70-80% of dopaminergic neurons in the Substantia Nigra (SNs) region of the brain for unknown reasons is thought to cause the disease (Armstrong & Okun, 2020; Dauer & Przedborski, 2003).



Source: https://www.researchgate.net/figure/_fig1_327021750

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Figure 1: Extraction of the SNS tract. a Delineation of the substantia nigra/VTA complex (SN/VTA) (in yellow).

Parkinson's disease is generally classified into two main groups and their subgroups according to their origins. The familial form of PD is defined by mutations in genes and constitutes 10% of the entire disease group. Sporadic PD (sPD) is a group of Parkinson's disease that occurs with the combination of variations in genes or the effect of some toxic chemicals, and 90% of the entire disease is in this group. The Parkinson's disease process is not the same for every patient. The disease stages transition and the process can be fast or slow (Dauer and Przedborski, 2003).

Parkinson's disease is an insidious onset and slowly progressive disease (Rowland, 2005). Motor and non-motor functions are affected (Politis et al., 2010). The clinical motor features of PD have been defined as resting tremor, bradykinesia, rigidity, loss of postural reflexes, flexion posture, and freezing. Tremor is the first symptom in 70% of patients (Fahn and Jankovic, 2007). With progression, rigidity, diffuse bradykinesia may develop; gait and balance disorders and falls can be added (Bradley et al., 2008).

Non-motor symptoms are as common as motor symptoms and increase disability. Non-motor symptoms include cognitive, neuropsychiatric (depression, anxiety, apathy, impulse control disorders, cognitive dysfunction, psychosis) and urinary and sexual dysfunction, sleep disorders, and fatigue (Truong et al., 2008; Park and Stacy, 2009).

Most non-motor symptoms are seen at all stages of the disease, some before motor symptoms (Park and Stacy, 2009). However, at the onset of the disease, non-motor symptoms are neglected or treated incorrectly (Chaudhuri and Naidu, 2008). Many non-motor symptoms, drug side effects may also occur as an effect (Park and Stacy, 2009). If non-motor symptoms are not treated, they may affect quality of life more than motor symptoms (Chaudhuri and Schapira, 2009; Simuni and Sethi, 2008). Parkinson's disease is an insidious onset and slowly progressive disease (Bradley et al., 2008). Untreated patients become wheelchair- or bed-dependent after a while (Rowland, 2005). The average time from the onset of the disease to becoming wheelchair dependent is 7.5 years. 1/3 of the patients have a mild course and show a stable course for at least 10 years (Ropper and Brown, 2006).

DISCUSSION

In this section, why a case manager is needed for Parkinson's disease, which starts with multiple causes and requires interdisciplinary treatment, and how emotional intelligence can be used will be discussed by giving examples.

The Need for a Case Manager

Parkinson's treatment can only begin after a diagnosis by a neurologist. The neurologist determines the stage of the disease and starts drug treatment. Medication is the main treatment. The neurologist may refer the patient to other specialists to relieve or alleviate the symptoms of the disease. However, when a case manager directs the treatment process to increase patient and caregiver motivation for treatment, communicate with other specialists and coordinate treatment, the effectiveness of treatment can be enhanced. With his knowledge, skills and ethical values, the social worker is the biggest candidate to be a case manager within the scope of medical social work.

Case managers find services for clients with multidimensional problems and help them access these services. Case management in social work interventions is especially applied to clients who form vulnerable groups (csc.edu).

Case management may also include communication, coordination, counseling, and mediation roles that will facilitate the process in long-term treatments such as Parkinson's disease and between the health personnel and the patient involved in these treatments. These roles are also used in medical social work interventions. Likewise, other social work roles such as Broker, Advocate, Educator, Facilitator, Organizer, Manager can be used during case management.

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Social Workers in Parkinson's Disease

Apart from case management in Parkinson's disease, social workers have a variety of roles, including: The social worker (SW) guides patients and families in accessing community services (such as support groups). SW monitors that the patient's insurance covers hospital expenses and medications during the illness. In long treatment periods, if necessary, SW follows the patient's disability retirement. SW ensures that uninsured patients receive support from the welfare and solidarity foundation. SW can assist uninsured patients with disability benefits or poverty benefits. If necessary, he/she decides to receive home care services or supports them. Educating patients, families and caregivers about the disease and available resources. SW counsels patients individually or as part of a couple or family. Social workers inform patients and their caregivers about the general course of the disease and advise them on what they can do to improve their quality of life (Cheshire, 2021).

Social workers perform all duties, including patient rights, within the scope of the Medical Social Work Directive of the Ministry of Health (Medical Social Work Practice Directive, 2011). Social workers are a consistent and accessible point of contact. The patient and caregiver may not always be able to reach all members of the treatment team and ask their questions. When social workers do not know the answer, they can reach the treatment team members more easily and ask these questions on behalf of the patient.

A question may arise as to which stage of the disease social workers should be included in the treatment team. Considering the quality of life of the patient, his family, and caregivers, the best answer may be the day the disease is detected.

Treatment Team

The treatment team should perform a full team effort. It is also beneficial to have specialists other than neurologists and social workers in the treatment team. In addition, it is useful for social workers who are in the role of case managers to know the job descriptions and responsibilities of the specialists in the treatment team.

Physiotherapists and Occupational therapists can be an important part of the Parkinson's treatment team. It may even be wiser to work with those who specialize in Parkinson's disease.

Physiotherapists deal with problems involving the main muscle groups of Parkinson's patients such as walking, balance, freezing when walking, falling and shoulder pain (Fischberg, 2021).

Occupational therapists, on the other hand, are interested in the muscles that are mostly related to fine motor movements such as buttoning, using spoon and fork, and writing. In addition, they carry out activities that will improve the quality of life, such as recommending special tools that will facilitate these processes, redesigning the bathroom and bedroom according to Parkinson's patients (Dolhun, 2021).

Speech therapists can help with communication and swallowing problems in Parkinson's. Speech therapists also provide support in the areas of nutrition, cognition and language function. In speaking and communication studies, they work with articulation, speed, fluency and breathing techniques. They teach swallowing muscle strengthening and compensatory strategies for the swallowing problems of Parkinson's patients. In addition, they do studies to improve the attention and memory of Parkinson's patients in advanced stages (Huber, 2021).

Drug use in Parkinson's is complex and expensive. Timing is especially important in drug use. Pharmacists determine the daily medication routine of Parkinson's patients, inform them about drug interactions and side effects of drugs. They can provide patients' hard-to-find medicines on time. They mediate the payment of medicines under insurance (Denson, 2021).

Knowing that it will never get better, a long, difficult, and expensive treatment process negatively affects both the Parkinson's patient, his family, and the caregiver's psychology. In this process, psychologists can take their place in the treatment team with individual therapy.

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In the later stages of Parkinson's disease, half of Parkinson's patients experience dementia. In addition, other psychiatric diseases, if any, can reach further levels with the stress and hopelessness they experience. Psychiatrists contribute to the process by collaborating with neurologists and observing drug interactions.

Along with the difficult disease process, it also brings economic difficulties. Job losses and insurance problems are examples of this. It may be wise for the case manager to include an experienced lawyer in the treatment team to protect the rights of the patient and their family.

Parkinson's disease is a chronic disease. It is expected that the symptoms of the disease, which directly affect the quality of work and life of patients and caregivers, will not disappear completely, but will decrease. The treatment and rehabilitation process are difficult and expensive. It is important that the patient accepts the disease and the treatment process and continues the treatment patiently. All these issues necessitate an advanced level of communication between the patient and the healthcare team. However, focusing only on communication in the classical sense will not increase patient and healthcare team satisfaction. It is necessary to look at the subject holistically. In this context, it is considered that benefiting from the concept of emotional intelligence, which includes communication, will make significant contributions to patient satisfaction, job satisfaction of health personnel and corporate image.

The first step of emotional intelligence is recognizing and accepting emotions. Where there are people, there are emotions. It is thought that 10% of life consists of real events, and 90% consists of comments and emotional interactions related to these events. In this case, it turns out that emotions are an important reality that needs to be managed in life. It is not possible for an individual to isolate himself from his emotions. However, an individual can improve their quality of life by managing their emotions thanks to some emotional intelligence skills they will develop.

Recognizing emotions in Parkinson's disease can be an important aspect of treatment. Emotions can lead to different thoughts, reactions, and behaviors in each individual. For example, one patient may express his disappointment and sadness in a very harsh and hurtful way during the treatment process, while the other may face this situation calmly and express his feelings more calmly. The fact that the patient or caregiver expresses his feelings more calmly does not mean that he does not experience storms and does not get depressed.

Emotions can also give an individual unbelievably valuable information about herself, other individuals and the situation experienced. For example, if a neurologist or physiotherapist is angry and shouting at a colleague or patient for no reason, then he and his supervisors may realize that the specialists are under a workload. As a case manager, the social worker can step in and manage this process by using mediation, advocacy, or counseling roles together with emotional intelligence components. Definition of emotional intelligence with a general definition; "In a person's ability to recognize both his own and others' emotions and read them correctly, to use the knowledge obtained from this process in his thoughts and behaviors, to establish positive relationships with others, to regulate his mood, not to allow troubles to prevent thinking, to put himself in someone else's shoes and to feed hope, helping the person and those around him/her to cope successfully with the pressure and demands; It is an index of personal, emotional and social competences and skills." (Goleman, 1998; Bar-On, 2006).

According to Bar-On's emotional intelligence model, which developed the EQ inventory (EQ-i), there are five core competencies and 15 sub-dimensions that contribute to success (Bar-On and Parker, 2000).

Intrapersonal: Self-Regard, Emotional Self-Awareness, Assertiveness, Independence, Self-Actualization.

Interpersonal: Empathy, Social Responsibility, Interpersonal Relationship.

Stress Management: Stress Tolerance, Impulse Control.

Adaptability: Reality-Testing, Flexibility, Problem-Solving.

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General Mood: Optimism, Happiness.

There are five core competencies and 25 sub-dimensions in the Goleman and emotional intelligence inventory (ECI). These:

- Self-awareness, personal competence, or self-awareness: emotional awareness, accurate self-assessment and self-confidence abilities,
- Self-regulation, emotional control: self-control, reliability, conscientiousness, adaptability, and innovation abilities,
- Self-motivation or motivation: drive to achieve, commitment, entrepreneurial or initiative and optimism abilities,
- Social competence: the ability to understand others, empathize, or more often empathize, develop others, be service-oriented, benefit from diversity, and political awareness,
- Managing social relations: These are the skills called influence, communication, work management, leadership, change catalysis, collaboration, team skills, and bonding (Goleman 1998).

Salovey and Mayer's (1990) emotional intelligence scale includes the following sections: recognizing and identifying one's own and others' emotions, emotional understanding, emotional togetherness, thinking about emotions, managing emotions.

Although there are many paradigm shifts in Social Work, authors such as Trevithick (2003) argue that relationship-based practices remain at the center of Social Work. Similarly, while defining the Social Work profession, the National Federation of Social Workers (IFSW, 2000) emphasized the importance of relationship-communication skills in the tasks of problem solving in human relations, empowering, and liberating clients, and thus increasing their well-being.

Social workers can function as case managers in interactions between Parkinson's patients and their caregivers and healthcare professionals by using emotional intelligence components and social work roles together. The social worker, who is the case manager and the health personnel who participate in the Parkinson's disease process, can use the components of emotional intelligence with the following examples.

Expression: Health personnel participating in the Parkinson's disease process, such as the Physiotherapist, should be able to fully express their feelings, emotions, thoughts, and beliefs both to senior management, colleagues and patients (Salovey and Mayer, 1990). The physiotherapist should be able to realize the effects of possible negative behaviors to be made because of these on other people and should have the ability to defend their rights in a non-offensive manner.

For example, due to the intensity of the patients applying to the clinic and the performance method, the top management may have referred more patients to the physiotherapist. Unlike other medical treatments, physiotherapy sessions may be periodic and long-term, so the physiotherapist may be concerned that they may not be able to show sufficient attention to their patients. Due to his professional beliefs, it is necessary to convey this matter to his superiors. For example, what can happen when he does not fully convey his feelings, emotions, thoughts, and beliefs on this subject, and is afraid of this? By trying to do his best, the physiotherapist will get tired over time, will not be able to rest and may find himself experiencing the burnout syndrome. As a result of both physical and mental fatigue, he may have arguments with his superiors, colleagues, and patients, and he may start to cool down by not enjoying his profession over time. The social worker, who is the case manager, can make him aware of the feelings and thoughts of the health personnel and give him consultancy services.

Self-Regard: It is the ability of the patient, caregiver and each health personnel who intervene in the process to be aware of himself, to accept himself and to respect himself. The individual's acceptance of himself; It means realizing the positive and negative aspects, sufficient and insufficient aspects, and accepting its limits and capacity (Bar-On and Parker, 2000). The social

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worker strengthens this emotional intelligence component of everyone involved as a case manager. For instance, To highlight the positive personality of the Parkinson's patient that facilitates the treatment process, to emphasize the patient personality of the caregiver, to highlight the physiotherapist's expert personality in the field of Parkinson's, to make him realize that the neurologist should communicate more patiently with the patient.

Self-Awareness: It is the realization and development of the potential capacity of health personnel (Bar-On and Parker, 2000). Health personnel should love their profession and have goals. As the health personnel love their profession, their potential can be revealed more easily. The social worker should be aware that the process of Parkinson's disease is difficult, and the treatment progresses slowly. The social worker should make the health personnel working in the field of Parkinson's realize this and motivate them to specialize in this field by working patiently.

Independence: Self-directedness in one's thoughts and actions, being able to control oneself and not being emotionally dependent on anyone (Bar-On, 2006). Independent people are confident in planning and making important decisions. However, knowing getting ideas from others is not an addiction, they also ask for and consider the opinions of others.

The case manager social worker encourages the patient with Parkinson's to perform their daily routine and care independently. The social worker motivates the caregiver to respect the patient's independence and not look at him with pitying eyes. Works with occupational therapists to preserve the patient's independence until the disease level is advanced. Special tools to increase independence; Provides forks, spoons, gloves, walkers, wheelchairs. The social worker receives support from occupational therapists for domestic arrangements. The social worker motivates the patient and caregiver to go to regular appointments with physiotherapists for the patient's freedom of movement and occupational therapists for fine motor movements.

Empathy: Being aware of, understanding and evaluating the feelings and emotions of both colleagues and patients at that moment is an important emotional intelligence skill ((Bar-On and Parker, 2000; Goleman, 1998). Health professionals who can read others emotionally care about them, show interest in them, and can understand their feelings from their verbal expressions and body language without them saying it. Health personnel should be able to understand the emotion of the patient in front of him at that moment, by putting his own feelings and prejudices aside and putting himself in his place. Afterwards, he should be able to make him feel that he can understand his patient.

A Parkinson's patient usually receives a longer and more arduous treatment than other patients. Both the fact that the disease affected his quality of life and the problems he suffered may have negatively affected his emotional world. Looking for a branch to hold on to. Patient comes to treatment with fear, anxiety, and hope. Health personnel should be aware of this situation and listen to all his complaints and concerns without interrupting him, even if he has encountered the same type of disease and patient thousands of times. The first step of empathy is the ability to listen effectively. Afterwards, he should summarize the patient's words to him, as a health personnel, in his own words, that he understands the patient's complaints, concerns, fears and expectations. The patient, who feels that he is understood, will be able to trust the healthcare personnel more quickly and the treatment process will progress more comfortably and quickly. The social worker, who is the case manager, should follow the case very well in empathy. If he observes that the level of empathy decreases due to the heavy workload of the health personnel, he should draw attention to this issue. As the saying goes, "There is no disease, there is a patient. There is not a patient again, but a new patient."

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Interpersonal Relationships: Healthcare personnel should have the ability to establish and maintain close relationships with patients, caregivers and colleagues based on sharing, satisfaction of the parties (Bar-On and Parker, 2000). Health personnel should give importance to patients and colleagues primarily because they are human beings, establish friendly relations with them, be willing to communicate and receive sincerity, love and warmth from them and give these emotions to them.

Social Responsibility: As a member of the clinic, health personnel should demonstrate their collaborative and contributory side (Bar-On and Parker, 2000). Social responsibility means being compatible with teamwork, helping colleagues and patients without their consent, arranging their own work to facilitate their work, and positively supporting the climate of the clinic, which consists of written and unwritten rules. Socially responsible health personnel both contribute to the regularity of work and are accepted as a loved one by their colleagues and patients. This also positively affects the treatment process of Parkinson's disease.

Stress Management: A healthcare professional should be able to manage the stress that occurs naturally in business life and minimize its harmful effects (Bar-On, 2006). Healthcare personnel should be able to cope with difficult situations in their work life without despairing, feeling helpless and losing control, have high stress tolerance and endurance, and be able to produce both appropriate and ethical solutions to problems in difficult situations. The case manager can use the roles of trainer and mediator so that the stress experienced by the health personnel is not reflected on the Parkinson's patient.

Impulse Control: Blocking or delaying an impulse is the ability to manage the impulse (Bar-On and Parker, 2000). A healthcare professional should be aware that if he or she cannot control feelings of frustration, anger, anxiety, and panic, this can make it difficult to focus on an unsolved task. This ability allows you to control some aggressive impulses and unpleasant behaviors by preventing them. Particular attention should be paid to Parkinson's patients who have a chronic illness.

Adaptability: Adaptation to conditions and environment highlights the ability to cope with problems and changes (Bar-On and Parker, 2000). Healthcare professionals dealing with Parkinson's should approach their challenges by taking one step at a time, stopping, and thinking about the problem before reacting. Healthcare professionals dealing with Parkinson's disease must be flexible in dealing with and responding to change and challenges. Health personnel should firstly adapt to the new practices and workload related to Parkinson's disease and fulfill the duties assigned to them without interruption. Many new applications bring with them some unforeseen setbacks and difficulties, just like a drug. He should be able to apply new treatments to his patients by consulting his colleagues about the difficulties and inconveniences that arise during the applications.

Adaptation of the patient and caregiver to the disease, its symptoms and process, and medications should also be one of the important duties of the case manager. The case manager should also support the patient and caregiver to adapt to the disease more quickly as a bridge between the patient and the health personnel. The patient and caregiver who adapt to their disease can also adapt to the long and troublesome treatment process and do not disrupt the treatment.

Reality Testing: It is the ability of the Parkinson's patient and caregiver to evaluate the similarity between their previous experiences and current ones objectively (Bar-On, 2006). The patient and caregiver evaluate unexpected symptoms that appear

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suddenly during the disease process, looking through the right window and evaluating them objectively, without exaggeration. The patient and caregiver seek the best by intervening in the things they can change, and they can quickly adapt to them by realizing the things they cannot change. The case manager informs the patient and caregiver about the course of the disease in advance, with the support of health personnel.

Flexibility: The Parkinson's patient and caregiver should not be discouraged by the new symptoms and challenges they face as the disease progresses. He should be able to realize early on that the emotions, thoughts, and behaviors he experiences are wrong, and find the right ones without making the mistake of continuing them persistently and be able to change the wrong ones easily (Bar-On and Parker, 2000). In this regard, the case manager should provide training and counseling to the patient and caregiver with the support of the health personnel.

Health personnel who care for Parkinson's patients should accept and respect that different opinions and thoughts that may come from both their colleagues and patients may be natural. The case manager can function as a mediator in this regard.

Problem Solving: Recognizing problems and finding effective solutions to problems (Bar-On, 2006). Healthcare personnel dealing with Parkinson's should be able to recognize and define the problem they encounter during the treatment process and produce effective solutions to these problems with a conscious, disciplined, and systematic method. He should be able to choose the ones with the most benefit and the least harm from these solutions and apply these solutions with care and patience. For example, the neurologist should listen to the patient effectively, spare time for him, try to learn about the side effects of the drugs in detail, and make changes in the treatment to eliminate the side effects. The case manager seeks resources that can support the patient's treatment costs.

Emotional Consciousness (Self-Awareness): Healthcare personnel with high self-consciousness recognize their own emotions and the effects of these emotions (Bar-On and Parker, 2000). For example, he should be able to realize exceedingly early on that an anger that starts with a negative event or a word with his colleagues or patients, the physical effects it arouses in his own body, or it starts to turn into a feeling of anger. At the same time, he should be able to recognize the negative emotions that start in the other person's language of communication, both verbal and non-verbal. He should be able to see that the negative feelings of both parties can lead to negative thoughts and then irreversible negative words and behaviors, just like watching the end of a movie. He should be able to take the necessary measures to end this negative communication with the least damage, and if possible, to end it positively. The case manager can provide training and counseling services on anger management to the parties.

Self-confidence: Health personnel strongly feel their own worth and abilities and continue their professional life with confidence in their goals (Goleman, 1998). A self-confident healthcare professional can express himself freely and, if he believes to be correct, he can express opinions and ideas that he knows will not be welcome, without avoiding confrontation with his colleagues and patients. A healthcare professional with high self-confidence can make sound decisions despite uncertainties and pressures and does not hesitate to bend the rules by staying within reasonable limits if necessary. However, overconfidence can seem like arrogance, especially if the person lacks social skills.

Self-Control: A healthcare professional with high self-control can be in a positive mood and act calmly, even in times of

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difficulty (Goleman, 1999). For example, since both Parkinson's disease and physical therapy are long-term and troublesome treatments, some distressing situations may arise because of negative feelings accumulated on the patient or physiotherapist from time to time. With a well-directed interaction and communication by the physiotherapist, the treatment process can continue without interruption.

Health personnel and social workers with good self-control plan their time in the best way and give priority to important work. It does not get lost among the details. He can control his immediate desires and impulses and postpone them until later in professional practice.

Reliability: A healthcare professional maintains the standards of integrity, ethics and honesty related to his profession, and acts openly, honestly, and consistently (Goleman, 1999). A reliable health personnel: While doing his duty, he exhibits a determined and principled attitude, even if not everyone likes it. He is sincere to both his patients and colleagues. He accepts his own mistakes in his professional practice and helps his colleagues to face their mistakes within the limits of courtesy. Health personnel dealing with Parkinson's do not allow ethical problems arising in professional practice to be ignored. The social worker, who is the case manager, also follows the solution of errors and ethical problems that arise during the treatment process in favor of the patient.

Conscientiousness: It can be defined as taking responsibility for personal performance, being someone who is trusted and responsible to fulfill their obligations (Goleman, 2001a). A conscientious health personnel is known as a responsible person who is punctual, always does his duty to the smallest detail and is believed to do, even if his supervisors, colleagues, and patients do not see or follow him. He accepts the mistakes he made in his professional practices without burdening anyone and strives as the leading actor in solving the problem.

Being extremely conscientious, as known by the society, can put both the health personnel and the institution in a difficult situation during professional interventions. Acquaintance and social intimacy can be more because the Parkinson's disease process is longer than the treatment of other diseases, the sessions cover longer duration, and generally the same healthcare personnel treat the same patient.

Health personnel are responsible for setting the border between the patient and the health personnel during the treatment process and maintaining it in a healthy way, without making this situation a problem of conscience. This limit is necessary because the treatment process of Parkinson's is a disciplined process that requires the patient's participation in the treatment.

Innovativeness: A healthcare professional and social worker who takes care of Parkinson's patients with an innovative perspective seeks new and original ideas to solve the problems that arise during their professional practice (Goleman, 1998). He thinks that alternatives may be more than meets the eye and seeks innovative ideas from a wide variety of sources. Keeps up to date with new treatments and approaches. They also care about the opinions of others and encourage them in this regard.

Drive to Achieve: Health personnel should not be discouraged by the difficulties and defeats they encounter during their professional practice and should persistently try to do their best (Goleman, 1999). He should try to improve himself throughout his professional life.

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Dedication (Commitment): Healthcare personnel with high emotional intelligence adopt the mission, vision and goals of the health institution and clinic to which they are affiliated and perform their professional practices in a self-sacrificing manner in line with them (Goleman, 1998).

Entrepreneurship or Initiative: Health personnel should be able to see problems before they occur and act proactively and take the necessary precautions (Goleman, 2001b). The social worker, who is the case manager, should identify the problems that occur or may occur during the long and exhausting treatment process of Parkinson's disease and contribute to the solution of them with proactive methods through the treatment team and social support tools.

Optimism: Health personnel and social workers continue to strive towards their goals and objectives despite the obstacles or difficulties they encounter during their professional practice (Goleman, 1998). It considers the hope of success rather than the fear of failure. An optimistic attitude is an emotional intelligence skill that protects the treatment team, Parkinson's patient and caregiver against indifference and hopelessness in the face of difficult situations.

Developing Others: Social workers, especially those in the position of case managers, reveal the strengths of both healthcare professionals, Parkinson's patients, and caregivers for the success of treatment, guide them, and approve and reward their success (Goleman, 1998). They give them useful feedback on their work and identify their need for improvement. They provide coaching and counseling when necessary and support them in receiving programmed training.

Utilizing Diversity: It can be defined as seeing, creating, and using opportunities through people from different abilities and groups (Goleman, 1998). Social workers with this ability respect and establish good relations with professionals with diverse backgrounds and working in different units. Invites new specialists to the treatment team for additional problems encountered during the disease process. While the psychologists within the health institution contribute to the mental state of the patients, social workers can contribute to the economic situation of the patients and the continuation of their treatment from the solution of family problems, communication with the workplace, finding a new job and, if necessary, from the social assistance foundation and other resources.

Effect: By using persuasion tactics, certain feelings and desires can be aroused and excitement can be created in the treatment team and the patient. Case managers with this competence are skilled at winning the hearts of healthcare professionals, patients, and caregivers by communicating effectively. Uses effective communication methods to produce effective solutions to the problems that arise during professional practices. He speaks effectively and presents well in public, thereby creating public opinion in the acceptance and implementation of solutions. Can use complex strategies to build consensus and a common language.

Communication: Health personnel and case managers with effective communication skills notice the emotional signals that their messages convey to the other party and exchange messages effectively. He maintains his calmness in difficult situations and does not allow communication to be negatively affected. Strives to resolve difficult issues through effective communication and straightforward ways (Goleman, 1999). It uses active listening during communication and maintains communication over

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truthful information without distracting the subject during communication. It promotes open communication, welcomes, and conveys bad news as good news, using both verbal and body language in a positive way.

There is a magic language in communication, "I" language. For example, both the health personnel in the treatment team, the Parkinson's patient and the caregiver should be able to express the effects of the situation, word or behavior that bothers them with the "I" language to the other person. The formula of "I" language can also be expressed mathematically in order to keep it in mind and to internalize it. "I" language = Event + Emotion + Effect + Response.

Considering the importance of the subject, an example can be given for this. The physiotherapist, who is a member of the treatment team, can use the "I" language against a patient who is resistant to treatment and is not a partner, far from reconciliation. (Event) Mr. Mustafa, your illness needs long-term and challenging treatment. There is little chance of a full recovery. Complaining constantly, not coming to the treatment on time, and aggressive behavior towards the treatment team reduce the effect of the treatment. (Emotion) I understand your situation and feelings very well. However, not being able to fully use my professional knowledge, skills, and experience as a physiotherapist in your treatment also makes me feel uncomfortable and unhappy. (Effect) We may not be able to devote enough attention and time to our other patients due to the disruption and failure of your treatment. This situation affects our clinic negatively. (Response) Our clinic and physiotherapists are the best in their field and a place where your condition can be best treated if you are a partner in the treatment. However, I would like to inform you that you have the right to change the clinic and your physiotherapist within the scope of patient rights and we can refer you to another clinic.

Conflict Management: In conflict, the parties are in disagreement, conflict and incompatibility, and one party tries to make the other party accept their wishes, desires, needs and ideas (Goleman, 2001a). During the long and difficult treatment process of Parkinson's disease, both patients, caregivers and health personnel may feel nervous from time to time. The case manager social worker, who can manage the conflict that arises in the clinic, acts as follows. He can deftly handle difficult people and tense situations using diplomacy. He realizes the possibility of conflict from the beginning, reveals the real causes of the disagreements and helps to reduce the tension between the parties. He encourages mutual and open discussion and moderates if necessary, so that the parties find the truth instead of conflict. He does not take sides and strives for solutions that everyone feels win.

Leadership: Leadership is the process of leading the individual to know himself and his environment and to meet the needs of the group they are interested in (Goleman, 1998). Social workers who are case managers who have this qualification; They bring together the treatment team and Parkinson's patients and their caregivers within the scope of a common mission and vision in the treatment process of Parkinson's disease. Regardless of their position in their environment, they come forward for leadership when necessary. They guide the parties in their activities by reminding that everyone has a responsibility. They set an example to others with their leadership personalities.

Change Catalyst: It can be defined as initiating, promoting, or managing change (Goleman, 1999). The social worker, who is the case manager, enables patients and health personnel who resist change in the treatment process to look at the issue from different perspectives. They advocate the necessity of change in the treatment plan when necessary and ask for everyone's helping to maintain the change. They set an example to others for change.

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Collaboration: The social worker, treatment team and patients who have this emotional intelligence ability work in harmony with others towards common goals during the treatment process.

Team Competencies: Teamwork creates synergy by bringing together the knowledge, skills and experiences of different disciplines in institutions (Goleman, 1999) . Case managers with this competence; They exemplify team qualities such as respect, helpfulness, and cooperation. They motivate all members of the team and patients and engage them in active and willing participation in tasks. They create team identity, a spirit of solidarity and commitment within the team.

Connecting: It can be defined as developing relationships that serve a purpose (Mayer and Salovey, 1997). Case managers with this competence; They get along well with anyone who participates in the treatment process and can solve patients' problems. To achieve this goal, they create and maintain widespread informal networks.

Happiness: The case manager knows that happiness does not mean that everything is going well (Bar-On, 2006). He does not disturb the morale and motivation of both the treatment team and the patients by constantly considering the things that go wrong during the treatment process. He helps everyone participating in the treatment process to see the glass half full and focus on their work.

CONCLUSION AND RECOMMENDATIONS

A Team-Based Approach to Parkinson's care is necessary because the treatment process for Parkinson's disease is long, laborious, and expensive. Parkinson's disease directly affects the patient's and caregiver's quality of life and may cause job losses. There is a need for monitoring the patient and caregiver in a bio-psycho-social dimension and a holistic communication and coordination that includes the treatment team. Social work solves the problems of patients and caregivers within the scope of human rights and patient rights and in accordance with the principle of social justice.

In the treatment of Parkinson's disease, specialists from many different branches may be included in the treatment team to treat the new symptoms that the patient encounters. This can complicate the treatment process. A case manager is needed so that the patient can follow the treatment process without interruption and coordinate the expanding treatment team. Social workers can do the best-case management with their knowledge, skills, and values within the scope of medical social work.

Case managers are concerned with finding services and helping their clients access them. Case management in social work interventions applies particularly to vulnerable groups such as the homeless, the elderly, those with chronic physical or mental health conditions, the disabled, victims of domestic or other violent crimes, and vulnerable children.

Case management may also include communication, coordination, counseling and mediation roles in Parkinson's disease, where a wide range of healthcare professionals are involved in the treatment process. These roles are also used in medical social work interventions. Likewise, other social work roles such as Broker, Advocate, Educator, Facilitator, Organizer, Manager can be used during case management.

For the social worker to be a case manager successfully, it is necessary to know the duties and authorities of each branch that can be included in the treatment team in the best way. The treatment team may include a neurologist, physiotherapist, occupational therapist, speech therapist, ophthalmologist, psychiatrist, psychologist, pharmacist, nurse, caregiver, social worker. In addition, an experienced lawyer can deal with the patient's legal affairs. According to the patient's request, a religious officer can be included in the team.

As the Parkinson's disease process progresses and the treatment team expands, the case manager's job becomes more

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difficult. People with Parkinson's may have worse health. The economic status, morale, and quality of life of the patient and caregiver family member may decrease. There may be task confusion, communication and coordination problems among specialists who have not previously worked together on the treatment team. It may not be possible for the case manager to find holistic solutions to these problems with a classical sense of duty. There may be a need to try something new here.

Emotional intelligence is used successfully in education and business life all over the world. It can also be used successfully in the medical sector, especially in Parkinson's disease, whose treatment process is more complex than other diseases. In particular, a holistic treatment can be achieved by instilling emotional intelligence components, which are internalized by the case manager, social worker, to the patient, caregiver and treatment team.

It is evaluated that emotional intelligence, which is successfully applied to the treatment team, patients, and caregivers under the coordination of the case manager during the Parkinson's disease process, will also enter the medical and social work literature. It can be suggested that emotional intelligence should be planned and reflected in practices in the course curricula of medicine, health faculties and social work departments, seminars and conferences, internships, and practices.

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Research Article

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THE EFFECT OF INFORMATION SOURCES ON THE
FEAR OF COVID-19

BİLGİ KAYNAKLARININ COVID-19 KORKUSUNA ETKİSİ

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ABSTRACT

The information about COVID-19 is published through various written and visual media channels. Although these channels can be useful in terms of the society's knowledge source of news about the coronavirus, they can sometimes cause problems like fear. This study aims to examine what are the sources of information about coronavirus and their impact on the fear of COVID-19. This research reached 1851 people through Google Forms. The Sociodemographic Questionnaire and the Fear of COVID-19 Scale were used, and the data were analyzed by SPSS. The study shows news sources on COVID-19 consist of mostly of TV, social media, and online sources. The differences were found in terms of news sources according to gender. As age increases, the use of news sources decreases; as the educational level increases, the use of news sources increases. A significant difference in the fear of COVID-19 among those use television, social media, online resources, friends, and family members as news sources. The fear of COVID-19 increases as the number of news sources reached increases ($P<0.05$). This result reveals the effects of more information obtained from more news sources on the fear of COVID-19. As a result, it can be suggested to develop protective and preventive social work intervention strategies to use news sources for beneficial use of news sources in terms of individual and community levels.

Keywords: The Fear of COVID-19, Social Work, Sources of Information, News, The News of COVID-19

ÖZET

COVID-19 ile ilgili bilgiler çeşitli yazılı ve görsel medya kanalları aracılığıyla yayınlanmaktadır. Bu kanallar toplumun koronavirüsle ilgili bilgi sahibi olması açısından yararlı olurken korkuya da neden olabilmektedir. Bu çalışma, koronavirüs ile ilgili bilgi kaynaklarının neler olduğunu ve bunların COVID-19 korkusu üzerindeki etkisini incelemeyi amaçlamaktadır. Araştırmada Google Formlar aracılığıyla 1851 kişiye ulaşılmış; Sosyodemografik Soru Formu ve COVID-19 Korkusu Ölçeği kullanılmış ve analizlerde SPSS programı kullanılmıştır. Çalışma COVID-19 ile ilgili haber kaynaklarının çoğunlukla TV, sosyal medya ve çevrimiçi kaynaklardan oluştuğunu göstermektedir. Cinsiyetlere göre haber kaynaklarının kullanımı açısından istatistiksel olarak anlamlı farklılık bulunmuştur. Yaş ilerledikçe haber kaynaklarının kullanımı azalmakta; eğitim seviyesi yükseldikçe haber kaynaklarının kullanımı artmaktadır. Haber kaynağı olarak TV, sosyal medya, çevrimiçi kaynaklar, arkadaş ve aile üyelerini kullananlar arasında COVID-19 korkusunda anlamlı bir farklılık bulunmuştur. Ulaşılan haber kaynağının sayısı arttıkça COVID-19 korkusu da artmaktadır ($P<0.05$). Bu bulgu daha fazla haber kaynağından elde edilen daha fazla bilginin COVID-19 korkusu üzerindeki etkilerini ortaya koymaktadır. Sonuç olarak, COVID-19 ile ilgili haber kaynaklarına yönelik birey ve toplum düzeyinde koruyucu ve önleyici sosyal hizmet müdahale stratejilerinin geliştirilmesi önerilmektedir.

Anahtar kelimeler; COVID-19 Korkusu, Sosyal Hizmet, Bilgi Kaynakları, Haber, COVID-19 Haberleri

THE EFFECT OF INFORMATION SOURCES ON THE FEAR OF COVID-19

INTRODUCTION

The epidemic, which started with the reporting of pneumonia cases of unknown cause in Wuhan, the capital of Hubei province of China, in December 2019. It continued with the identification of a new coronavirus, and the epidemic gained a global dimension (Chen et al. 2020a; Yang et al. 2020). Coronavirus disease caused by severe SARS-CoV-2 was declared a pandemic by the World Health Organization (WHO) on March 11, 2020. As of June 2022, approximately 529 million people worldwide have been infected with coronavirus and approximately 7 million people have died. In Turkey, on this date, approximately 15 million people were infected with coronavirus and approximately one hundred thousand people died (WHO, 2022). Various restrictions have been imposed around the world, like curfews, the transition of institutions to the home-working system, and the closure of schools. Various changes have been experienced in a society in psychosocial areas as well (Dubey et al. 2020; Dong and Bouey, 2020; Ting et al., 2020). These changes include feelings such as fear, anxiety, panic, stress, and depression (Dawson and Golijani-Moghaddam, 2020). These negative emotions can cause a crisis in society. Macro social work practices are carried out to intervene in the crisis.

The responses of society to social crises like pandemics are important in social work practices. During the pandemic, many populations in the disadvantaged group tried to cope with negative situations, especially fear (Cullen et al., 2020). Beck and Emery (1979) defined fear as an 'emotional state and physiological response based on the awareness and evaluation of danger'. With the effect of the COVID-19 pandemic, the fear of the coronavirus has started to increase in society (Ahmed et al., 2020; Garcia-Reyna et al., 2020; Hu et al., 2020; Pakpour and Griffiths, 2020; Naeem, 2021). Some studies in the literature focus on the causes of the fear of COVID-19. For example, Urojj et al. (2020) stated that the participants were most afraid of infecting family members, the rapid spread of the disease, disease complications, and being carriers. Du et al. (2020) stated that the fear of healthcare professionals themselves and their colleagues of being infected with coronavirus was listed as the most critical source of stress and anxiety in China. Arpacioğlu et al. (2020) stated that the group average of those living with their parents or family members was found to be significantly different and higher than the group average of those living alone. Yakut et al. (2020) determined that the fear of COVID-19 had a partial mediating role in its effect on burnout and a fully mediating role in its effect on perceived social support.

Social work practices require collecting information about how society accesses information in the face of crises (Ioakimidis et al., 2014). It has been reported in research that the pandemic is a serious source of fear in society (Starcevic et al., 2021; Olaimat et al., 2020). However, how society accesses and uses news about COVID-19 can affect the fear-related situation. Information provided by media tools can cause an increase in fear (Altheide, 2013). The reasons for this can be shown as the rapid spread of information, the concerns of the people that they will be unable to access the spread information and that they will lose some things, and the misinformation can be spread easily (Hathaway et al., 2017; Zhang and Zhou, 2018). Information-seeking behaviors about coronavirus have increased in society (Hashemi-Shahri et al., 2020). Similar to the COVID-19 pandemic in previous outbreaks (like Ebola and Zika), media tools are reported to increase fear (Sharma et al., 2017; D'Agostino et al., 2018; Yang et al., 2018). According to research conducted in Turkey, the COVID-19 pandemic increases the sense of curiosity and the desire to receive information (Karataş, 2020). Duplaga and Grysztar (2021) stated in their study in Poland that health literacy and e-health literacy increase the perceived health threat related to COVID-19. In this process, what the coronavirus means, how it spreads, how to protect, what are the symptoms of the disease, how many people were infected and died, the policies followed by the public, local government, private institutions/non-governmental organizations, and their services in the fight against coronavirus created the sought information (Bento et al., 2020; Moreno et al., 2020).

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Social and mass media can reach a large number of users. The written and visual communication tools used can lead to protective and preventive studies in social work intervention. Social workers can share information and resources in real-time; collaborate on research projects, presentations and publications. For example, people can use different mass media channels to combat the spread of COVID-19 (Wittenberg et al., 2020). These may include written, visual and social media. Social media channels like T.V., newspapers, radio, Facebook, Instagram, Snapchat, Twitter, WhatsApp, and YouTube are among the main sources of information and news dissemination to the public today (D'Souza et al., 2020; Li et al., 2020; Hussain, 2020; Tran et al., 2020; Wang et al., 2020). For example, infection data can be monitored regularly on a web page for the Coronavirus Monitoring Platform created by the Ministry of Health in Turkey, and these data are shared in the news and the print and visual media every day. These media channels can generate information for global health organizations and governments to increase public awareness of prevention and response strategies by providing daily updates on active cases, increasing public adherence to recommended safety measures, and encouraging positive health attitudes and adherence to preventive measures. On the other hand, incorrect information can quickly reach a large number of people through these channels (Hua and Shaw, 2020; Naeem and Bhatti, 2020). At the same time, people can be constantly exposed to information about COVID-19. Incorrect and excessive information overload can cause mental problems (Banerjee and Rao, 2020; Brennen et al., 2020; Chen et al., 2020b; Lăzăroiu and Adams, 2020). WHO (2020) draws attention to the identification of the driving forces underlying fear, anxiety, and stigma that feed false information and rumors, especially through social media. The case of the COVID-19 pandemic shows the important impact of this new information environment. The information spreading can strongly influence people's behavior and alter the effectiveness of the countermeasures deployed by governments (Weiss and Tschirhart, 1994; Cinelli et al., 2020; Hyland-Wood et al., 2021; Gallotti et al., 2021).

Addressing how information is disseminated in crises such as COVID-19 is useful for preventing problems through social work interventions. For this reason, it is necessary to have information about the quality and quantity of news sources related to coronavirus during the pandemic process. Thus, it is possible to work with the effects of information published from written and visual news sources on disadvantaged groups during the pandemic. Studies conducted in this respect mostly focus on the effect of information-seeking behaviors on fear and anxiety levels (Liu, 2020). However, there is no study in the literature on the sources of information in Turkey and its effect on the fear of the coronavirus. In addition, it is seen that no study in the literature evaluates the effect of news sources on COVID-19 separately. This study aims to examine what sources of coronavirus information are and their impact on the fear of COVID-19. It is thought that the results of the research will create a field of knowledge for the social work profession that will enable to inclusion of the effects of the media in different intervention programs.

METHOD

Study Design

In this study, cross-sectional method were used.

Participants

Total 1851 participants with nonprobability sampling method completed the forms. Participants were 1324 females (71.5%) and 527 males (28.5%) living in various provinces of Turkey, ages 18 to 74 years ($M=35.00$, $SD=12.48$). When we examined the educational level of the sample, 105 (5.7%) participants reported less than a high school education, 398 (21.5%) were university students, 838 (45.3%) hold bachelor's degrees, and 339 (20.5%) hold master's degrees, and 120 (6.5%) Ph.D./M.D. degrees. 1069 (57.8%) of the participants are working. 117 (6.3%) of them are at the lower socioeconomic level, 1541

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(83.3%) of them are at the middle and 182 (9.8%) of them are at the upper socioeconomic level.

Data Collection Tools

The sociodemographic question form prepared by the researchers based on the literature review and the COVID-19 Fear Scale were used as data collection tools.

Socio-demographic questionnaire

The sociodemographic form was prepared by researchers based on a literature review. Gender, age, educational status, socioeconomic level, employment, and from which sources they obtained information during the COVID-19 process were included.

The Fear of COVID-19 Scale

This scale was developed by Ahorsu et al. (2020) to measure the fear level of individuals arising from coronavirus. Its validity and reliability study in Turkish was carried out by Ladikli et al. (2020). The scale is a five-point Likert type and consists of 7 questions of the type (1 = Strongly disagree; 5 = Strongly agree). The internal consistency of the scale was 0.82 and test reliability was 0.72. In our study, we found a Cronbach's alpha value of 0.876. High scores on the scale indicate that fear of COVID-19 is high.

Procedure

The data were collected through an online survey via Google Forms. We created an online survey including an information sheet, questionnaire without any item jeopardizing anonymity, the Turkish version of the Fear of COVID-19 Scale. We disseminated the survey through an online data collection platform, considering that online recruitment would be best during lockdowns and social/physical distancing. We shared the research link on social media accounts, which enabled us to reach out to a diverse population. We also kindly asked potential participants to share our study link with others. All of the participants reached the research questions organized via Google Forms. Informed consent was obtained from all individual participants included in the study. Participants were given no special inducement to participate in the study and were assured of no penalty for refusing to participate, quit to participate at any time. They were informed that the purpose of the survey was to obtain information about their information sources and the fear of COVID-19. They were assured anonymity and confidentiality and asked to answer the questionnaire honestly.

Data Analysis

The data were analyzed with the SPSS version 25. The Fear of COVID-19 Scale was used as the dependent variable. Information sources, the number of information sources, gender of the participants, age, their educational status, their socioeconomic level and their employment were used as independent variables. The independent samples t-test procedure was employed to compare means for two groups of cases, χ^2 procedure was employed to compare the number of participants. We also used Pearson correlation coefficients to determine the relationship between dependent and independent variables. The minimum acceptable level of significance was set at 0.05.

Ethical Aspects of the Study

The permissions have been obtained from Baskent University to carry out this study. This study has been approved by Bařkent University Social and Human Sciences and Art Ethics Committee in 08.04.2021 (Project number: E-62310886-604.01.01-25605).

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RESULTS

The most common sources that the participants get news about the COVID-19 are TV (80%), social media (74.3%), and online news sources (62.7%). The least news sources are the news sources of professional organizations (20.5%), newspapers (16.2%), and radio (7.7%) (Table 1).

Table 1. Distribution of the participants' news sources on the COVID-19

Source of news	N	%
TV	1469	80.0
Social media	1364	74.3
Online sources	1152	62.7
Friends	751	40.9
Family members	656	35.7
National sources	614	33.4
Health personnel	569	31.0
International sources	527	28.7
Professional organizations	376	20.5
Newspaper	298	16.2
Radio	142	7.7

As shown in Table 2, TV, social media, the friend and family members were used by females at a higher rate and a statistically significant level ($p < 0.05$). Newspaper is used by males at a higher rate and a statistically significant level ($p < 0.05$). There is no statistically significant difference according to gender in the use of news sources like online news sources, news sources of national and international organizations, health personnel, news sources of professional organizations, and radio ($p > 0.05$).

Table 2. Distribution of news sources on COVID-19 by gender

Source of news	Gender	No		Yes		Statistics	p
		N	%	N	%		
TV	Female	257	19.4	1067	80.6	$\chi^2 = 4.272$	.023
	Male	125	23.7	402	76.3		
Social media	Female	323	24.4	1001	75.6	$\chi^2 = 8.790$	.002
	Male	164	31.1	363	68.9		
Online sources	Female	504	38.1	820	61.9	$\chi^2 = .182$	.355
	Male	195	37.0	332	63.0		
Friends	Female	760	57.4	564	42.6	$\chi^2 = 7.913$	.003
	Male	340	64.5	187	35.5		
Family members	Female	820	61.9	504	38.1	$\chi^2 = 14.017$.000
	Male	375	71.2	152	28.8		

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National sources	<i>Female</i>	876	66.2	448	33.8	$\chi^2 = .929$.182
	<i>Male</i>	361	68.5	166	31.5		
Health personnel	<i>Female</i>	920	69.5	404	30.5	$\chi^2 = .112$.389
	<i>Male</i>	362	68.7	165	31.3		
International sources	<i>Female</i>	951	71.8	373	28.2	$\chi^2 = .204$	.345
	<i>Male</i>	373	70.8	154	29.2		
Professional organizations	<i>Female</i>	1061	80.1	263	19.9	$\chi^2 = .580$	.242
	<i>Male</i>	414	78.6	113	21.4		
Newspaper	<i>Female</i>	1129	85.3	195	14.7	$\chi^2 = 6.474$	.007
	<i>Male</i>	424	80.5	103	19.5		
Radio	<i>Female</i>	1231	93.0	93	7.0	$\chi^2 = 2.751$	.061
	<i>Male</i>	478	90.7	49	9.3		

Using the news sources according to socio-demographic characteristics is given in Table 3. There was no significant difference in using news sources in terms of genders. There was a correlation between age and educational level in terms of using news sources. There was no correlation between the socioeconomic level and working conditions in terms of the use of news sources.

Table 3. Use of news sources according to socio-demographic characteristics

	N	Mean	SD	Statistics	p
Female	1324	4.33	2.34	$t = 1.480$	.139
Male	527	4.15	2.47		
Age	1851			$r = -.059$	.011
Educational level	1840			$r = .114$	.000
Socioeconomic level	1840			$r = .021$	.360
Working	1069	4.32	2.42	$t = .993$	.351
Not working	782	4.22	2.32		

Table 4 presents findings on the impact of participants' information sources on fear of COVID-19. There was a significant difference in terms of the fear of COVID-19 in using TV, social media, online news sources, using news sources from friends and family members. There was a correlation between number of news sources and the fear of COVID-19.

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Table 4. *The Fear of COVID-19 according to news sources*

Information Sources	N	The Fear of COVID-19		Statistics	p
			SD		
TV					
Yes	1469	18,16	6,14	$t = 2.200$	.028
No	382	17,38	6,23		
Social Media					
Yes	1364	18,20	6,09	$t = 2.316$	.021
No	487	17,45	6,33		
Online sources					
Yes	1152	18,27	6,10	$t = 2.380$	.017
No	699	17,57	6,24		
Friend					
Yes	751	18,40	6,10	$t = 2,302$	.021
No	1100	17,73	6,19		
Family Members					
Yes	656	18,53	6,22	$t = 2.746$	.006
No	1195	17,71	6,11		
National Institutions					
Yes	614	18,10	6,02	$t = .462$	.644
No	1237	17,96	6,23		
Health Personnel					
Yes	569	18,08	5,92	$t = .374$	.708
No	1282	17,97	6,27		
International Institutions					
Yes	527	17,87	6,12	$t = -.594$	.552
No	1324	18,06	6,18		
Professional Organizations					
Yes	376	17,793	6,069	$t = -.739$	.460
No	1475	18,056	6,187		
Newspaper					
Yes	298	18,36	6,48	$t = 1.102$	.271
No	1553	17,93	6,10		
Radio					
Yes	142	18,04	6,02	$t = .081$.936
No	1709	18,00	6,18		
Number of News Sources (0-11)	1851	4.28	2.38	$r = .056$.016

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DISCUSSION

In this study, it is determined that the news sources about COVID-19 are mostly TV, social media, and online news sources. These resources are expected to be used nowadays where digital transformation and technology are used extensively. This finding of the study can also be interpreted as the participants seeking information through more data sources using both written, visual and social media in using news sources about COVID-19. Similar to this finding, Ali et al. (2020) reported that media sources like television, radio, podcasts, and newspapers were the greatest sources of information about COVID-19. From the perspective of social work, it can be said that the sources of information about the coronavirus consist of channels that can spread faster. This situation can be interpreted as that population such as children and youth, who use technology more intensively, will concentrate on obtaining information about the coronavirus.

In our study, it was determined that the information provided by national resources and professional organizations is low. From the perspective of social work, this finding of the study may indicate that the participants are likely to reach misinformation about COVID-19 in terms of not choosing the information provided by national sources and professional organizations in order to reach accurate information. At the same time, it is thought-provoking why the participants did not choose these resources. The reason for this is that there is a need for more information on whether the information provided by national sources and professional organizations is easily accessible or not understandable by users. The accuracy and inaccuracy of the information that emerged between two different information sources may have created contradictions on the participants. These contradictory situations can be discussed as a factor that increases the fear of COVID-19. Different from the finding in our study, Ali et al. (2020) identified the largest source of individual information as government websites. However, the low access to information provided by professional institutions, especially by the participants, suggests that exposure to incorrect information may be high. Chong et al. (2020) and Apuke and Omar (2021) also reported that there are ample opportunities for people to instantly access true and false information about healthcare due to the worldwide spread of mobile devices.

In our research, it was determined females received more news about COVID-19 from television, social media, friends, and family members. Males received more news from newspapers. This finding of the study shows that females get information about COVID-19 from more sources. Even so, no significant difference was found in the use of news sources according to gender. Ho et al. (2020) found that women were more likely to receive pandemic information from sources than males. Studies in the literature also indicate females are more concerned about health-related information than males and are more likely to seek health information (Powell et al., 2011). When this finding of the study is evaluated in terms of social work, it can be thought that females exhibit more information-seeking behavior in the face of a serious public health crisis like a pandemic. For this reason, social work interventions may be needed to ensure females receive information from accurate and sufficient sources.

There was a negative correlation between age and using news sources about COVID-19. Accordingly, the use of news sources related to COVID-19 is higher among young people. When this finding of the study is evaluated in terms of social work, it can be explained by the fact that young people use technology more, and thus they can access a wider variety of news sources. Young people can access much different and diverse information by accessing many information tools in terms of news sources. This finding can be interpreted as establishing safe platforms for young people to have access to the right resources. On the other hand, the use of news sources related to COVID-19 was found to be lower among elderly people. Accordingly, it is seen that elderly people reach limited sources and receive news from these sources of information. Having a limited number of sources of information can also result in believing in false information. For this reason, it is necessary to examine whether the sources of information used by elderly people are correct. Gao et al. (2020) found in their study in China that, similar to this finding, young people are more exposed to social media. Ho et al. (2020) stated that respondents who frequently search for information on COVID-19 from the internet media are younger, and participants who frequently receive information from traditional

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media are older. While this situation can be evaluated positively in terms of news sources about COVID-19, it suggests young people are a population that should be protected against false information or news that may adversely affect their mental health.

Those with a high level of education are more likely to use news sources about COVID-19. In terms of social work, it can be interpreted the people with higher education levels know different news sources and gain knowledge through these sources. It can be thought as it is possible for highly educated people to analyze the information they obtain from different sources and to reach the right information. However, people with a low education level may have access to a limited number of sources of information, which may result in believing in false information sources. Gao et al. (2020) also reported that as the education level increased, the behavior of seeking information about COVID-19 from social media tools increased. Ali et al. (2020) also determined that as the education level of the participants increased, they had access to more news sources.

When looking at the impact of news sources on the fear of COVID-19, people using TV, social media, online news sources, friends and family members found high fear of COVID-19. In the view of social work, it was considered possible for the participants to access inaccurate information from these news sources. Accordingly, it was found possible for the participants to access inaccurate information from these news sources. While these sources may provide some informal information about COVID-19, the circulation of this information may be faster. This fast circulation can reduce the chance of verifying whether the data are correct or not. In the absence of mechanisms for controlling this information, the fear of COVID-19 may increase in people who believe in this unverified information. Therefore, preventive social work interventions can be carried out to protect disadvantaged groups against the fear of COVID-19. Okan et al. (2020) revealed that 47% of the participants had access to information about COVID-19 through the media. During the pandemic many invalid and false information (infodemic) were among these sources of information, and therefore the fear of the coronavirus increased. Similarly, Abdel-Latif (2020) stated that complex and contradictory information about COVID-19 is frequently featured in the media, that many people have problems accessing reliable information. The message is broader and faster accessible via social media. Social media due to the spread of false information and other traditional media stated that it poses higher risks than its vehicles. Wheaton et al. (2020) found that fear of COVID-19 was higher among those using social media, and participants experienced emotional transmission through social media. Ho et al. (2020) found that information on COVID-19 from the internet/traditional media and friends caused higher levels of coronavirus fear.

There was a positive correlation between several news sources and the fear of COVID19. Accordingly, as the number of news sources increases, the fear of COVID-19 increases. It suggests that participants who receive information from more than one news source may be exposed to more misinformation or their acute stress reactions may increase due to be constantly exposed to the news. Having information about the disease status and death numbers caused by COVID-19 and having large and continuous information about the cases that are progressing may have increased the fear. At this point, various traumatic stress reactions may also occur. Repeated engagement with trauma-related media content for a few hours a day, shortly after traumatic experiences, increases acute stress responses (Holman et al., 2014). Our findings replicate more prior reports that more media exposure is related to more fear (Garfin et al., 2020; Bendau et al., 2021). Similarly Mertens et al. (2020) stated that exposure to more and more diverse media increased the threat of COVID-19 in individuals (both ourselves and our loved ones increased the risk), and therefore fear increased. For previous outbreaks (e.g., H5N1, avian flu, etc.), more media exposure was found to be associated with increased fear (Van den Bulck and Custers, 2009). From a social work perspective, client systems may need to be protected, whose fear level has risen by accessing more coronavirus-related news sources. For example, it may be necessary to establish protective mechanisms for the elderly, children, and the disabled, who are at greater risk of contracting COVID-19.

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CONCLUSION

COVID-19 is a public health crisis that spreads rapidly all over the world in a short time. In the pandemic process, the need for society to be informed about both the disease and social life is increasing. Information about COVID-19 is published through various written and visual media channels. Although these channels can be useful for the society's information source about coronavirus, they can sometimes cause problems like fear. The pandemic, therefore, creates new needs and demands. How communication resources are used within the scope of information needs is important for social work interventions. This study aims to examine what are the sources of information about coronavirus and their impact on fear of COVID-19. The results of our study show that the news sources related to COVID-19 mostly consist of TV, social media, and online sources. Differences were found in terms of news sources by gender. Statistically significant in terms of information obtained by women from television, social media, friends, and family members; men are statistically significant in terms of information obtained from newspapers. As age increases, the use of news sources decreases; As the level of education increases, the use of news sources increases. A significant difference in fear of COVID-19 among those use television, social media, online sources, and friends and family members as their news sources. As the number of news sources reached increases, the fear of COVID-19 increases. As a result, the findings obtained from the research can be used for the protective and preventive practices of social work at the individual and community level. In terms of fear of COVID-19, it can be recommended information sources about the pandemic provide accurate news to protect at-risk groups like children, young people, the elderly, and women. Social workers can perform social work interventions that reduce the fear of the client system that uses these resources intensively and reaches false information. Roles like counseling, education, and advocacy can be used to limit watching news/media, training for social media professionals for reducing the fear of COVID-19 associated with sources of news.

Limitations

There are some limitations to the study. First, the data were collected online utilizing a cross-sectional design in which participants completed measures at a single time point. Second, although a large group of participants was reached, the study sample was derived from nonprobability sampling via social media platforms. The possible effects of this on the results obtained must be taken into account. Additional longitudinal studies, such as cohort studies or nested case-control studies, are important in the future. Second, in our study, it has been revealed that national resources and professional organizations are much less preferred as information sources. These findings bring along a perspective that the quality of the information accessed may be as important as the number of news sources. Qualitative patterned content analysis studies can be done about the accuracy of news about COVID-19.

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Review Article

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**THE MILESTONES OF SOCIAL WORK ACADEMIC
DISCIPLINE-OCCUPATION****SOSYAL HİZMET DİSİPLİN VE MESLEĞİNİN DÖNÜM NOKTALARI****İsmet Galip YOLCUOĞLU****CORRESPONDENCE**

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ABSTRACT

This article mentions people and events that represent important milestones in the historical development of social work. Social work, as a human rights and social justice profession, has built its professional structure and body on the basis of these concepts and facts in historical perspective. In this respect, social work is not only a professional helping occupation, but also a discipline focused on the defense and delivery of the human rights of every citizen.

Indeed, in the historical development process of social work, the focus has always been on the state's ability to be a real social state with understandings such as human rights, civil society, and the rule of law. Public services and social services must thus continue to operate in very broad areas such as education, health and social protection.

In this context, the historical process of social work, the 'Poor Law' of 1834 represents the turning point of modern social welfare systems. The English law was enacted to revise the 'Elizabethan Poor Laws' of 1601. However the new law was punitive and based on the assumption that poor people lacked strong or moral character, it was the arrangement about social problems. In this respect, evaluating the milestones and important events of social work in the world will help to develop and advance Turkish social work as well.

Keywords: Social Work, Milestones of Social Work, History of Social Work Profession.

ÖZET

Bu makalede, sosyal hizmetin tarihsel gelişimindeki önemli dönüm noktası olan kişilere ve olaylara değinilmiştir. Bir insan hakları ve sosyal adalet mesleği olarak sosyal hizmet, tarihsel perspektifte mesleki yapısını ve gövdesini de bu kavramlar ve olguların zemini üzerinde inşa etmiştir. Bu açıdan sosyal hizmet sadece bir profesyonel yardım mesleği değil, aynı zamanda her yurttaşın insan haklarının savunulmasını ve teslim edilmesini odak alan bir disiplindir.

Gerçekten de sosyal hizmetin tarihsel gelişim sürecinde her zaman; insan hakları, sivil toplum, hukuk devleti gibi ilkelerle devletin gerçek bir sosyal devlet olabilmesi odak alınmıştır. Bu nedenle kamu hizmetleri ve sosyal hizmetler, eğitim, sağlık ve sosyal koruma gibi çok geniş alanlarda etkinliklerini sürdürmektedir. 1601 Elizabeth dönemi yoksul yasalarının yeniden düzenlenmesini içeren 1834 tarihli yasa, her ne kadar yoksullara karşı olumsuz yargılar ve cezalandırıcı bir bakış açısı içerse de modern refah sisteminin en önemli kilometre taşını oluşturmuştur. Bu açıdan, sosyal çalışmanın tarihteki dönüm noktaları ve önemli olayları üzerine yapılacak değerlendirmenin, Türk sosyal hizmetinin de geliştirmesi ve ilerletilmesine katkı sağlayacağı düşünülmektedir.

Anahtar kelimeler; Sosyal Hizmet/Sosyal çalışma, Sosyal Çalışmanın Kilometre Taşları, Sosyal Çalışma Disiplinini Tarihçesi.

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INTRODUCTION

This article aims to clearly present the milestones of the discipline and profession of social work, in the world from a philosophical and historical point of view.

Through a long historical process, social work has become a professional activity that helps individuals, groups, or communities improve or restore their capacity for social functioning and creates social conditions conducive to that goal (NASW, 1999).

There is no doubt that the technological developments in our time have a decisive impact on the population and that civilization has reached its peak in terms of science and technology.

The rapid and striking development in the natural sciences did not take place in the social sciences, so the development and progress in the social sciences remained small.

It can also be said that there has been considerable progress in scientific fields such as the humanities, social sciences, medicine and education; however, progress and development in the social sphere has never kept pace with technological progress.

Traditional problems such as poverty, ignorance, disease, unemployment, population growth and even hunger remain. The deadlock of these social problems shows that insufficient laws at the country.

In addition to these problems, other problems are gaining importance and threatening people, such as developmental social isolation, confusion of values, youth crisis, alcoholism and drug addiction, family disintegration, the problem of women's rights, population aging, displacement, housing shortage, automation and nuclear armament (Kut, 1988).

After the Industrial Revolution, which began around 1800, in Great Britain the great migration from the countryside to the cities, the urbanization, production, consumption and the transformation of lifestyles led to various and profound social problems. Along with industrialization, which dissolved the old social structure and traditional relationships, new problems arose with a new social stratification, which brought the need to create mechanisms of social cooperation to replace traditional cooperation (Yolcuoğlu, 2020).

In the historical development of the welfare system, social insurance began with voluntary applications and then became formal in all European countries and the United States in the mid-20th century. However, it took more than half a century for social policy with its limited meaning and practice to develop into a modern welfare state. The struggles of the working class, which gained power over capital, e.g. the great general strike in England in 1926, accelerated the socialization of the state as an important development that changed social power relations (Yolcuoğlu, 2017).

The most important aspect of the twentieth century is the increasing importance and development of the following concepts: Human Rights, Adequate Life, Freedom and Social Justice. In order to create welfare societies in which the above concepts are put into practice, battles were fought at the national and international levels and the concept of the "social welfare state" (Özdemir, 2009) was accepted as the state model of the modern world.

The complex events in contemporary social life and the social problems arising from the individual and social change processes have increased the need for scientific knowledge. Similar to other social sciences, social work is an applied field of study and a discipline that aims to solve emerging social problems using unique scientific techniques and methods. Keeping in mind the idea of social justice and people's welfare, social work tries to ensure that socio-economic conditions are orderly, that all individuals in a given society can live a peaceful life, and that people's basic needs are met. While seeking to solve the problems of individuals and society at the micro and macro levels, social work aims to enrich social policy and achieve the goals

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of human rights and the idea of social justice. Social work usually takes place in an "institution", generally in state institutions (Yolcuoğlu, 2020).

In the history of social work, the principles of human rights and social justice have become the foundations of social work. These pioneers have most promoted the role of "mediator, counselor, advocate and teacher" in social work. The role of the mediator is one of the most important functions of the social worker in which clients, individuals, or communities are assisted in identifying, locating, and linking available government resources to advance their mutual interests (Kirst-Ashman, K. ve Hull, G.H., 1999).

As we know, advocacy is the act of directly representing or defending others. In social work the social worker advocates for the rights of individuals or communities through direct intervention or empowerment. The advocate's role is to advocate for vulnerable populations and for all clients, to bring about changes in conditions that contribute to clients' problems, and to secure and protect clients' existing rights or entitlements. The social worker's role as advocate, counselor, teacher, and facilitator is a fundamental commitment of the profession and its members (Kirst-Ashman, K. ve Hull, G.H., 1999).

A Historical Perspective of Social Work Discipline

The understanding of social work began with philanthropic ideas and thoughts. Philanthropy is a term derived from the Greek meaning "love of humanity" and refers to practical efforts to promote public welfare through the donation of funds or resources to charitable causes. Philanthropic activities, especially in secular society, tended to be spontaneous and haphazard until the late 19th century. The field of social work emerged in part out of a desire to make these activities more systematic and effective in terms of raising and distributing funds. Today, philanthropy consists of a sophisticated and extremely complex number of organizations and groups.

In the historical process of social work, the 'Poor Law' of 1834 represents the turning point of modern social welfare systems. The English law was enacted to revise the 'Elizabethan Poor Laws' of 1601. The new law was punitive and based on the assumption that poor people lacked strong or moral character. The laws discontinued public assistance to all able-bodied citizens, except those housed in public institutions, and introduced the principle of lesser eligibility, so that no beneficiary would receive as much as the lowest wage earner. The program was accepted by local governments and administered at the national level. The principles of the Poor Law of 1834 had a significant impact on public welfare policy in the United States for more than a century (Barker, 2003).

Following this development, Toynbee Hall was the British settlement house founded by Samuel A. Barnett in 1884 and became the prototype for the 400 American settlement houses that sprang up over the next 20 years. Located in a poor neighborhood of London, it served as a kind of "missionary outpost," bringing the ideas, values, and social skills of wealthy people to the less fortunate. Hull-House was a pioneer settlement house founded by Jane Addams in Chicago in 1889. It served as a community center for poor and disadvantaged people in the region and was the framework for initiating various socialization and social reform activities. In Great Britain, social security legislation passed by the government in 1911 provided for old-age, unemployment, and sickness insurance, and in 1925 for survivors' insurance for most workers (Encyclopedia of Social Work, 1995).

International Association of Schools of Social Work (IASSW), an organization of social work schools and educators founded in 1928 to improve training and ensure consistent standards for the higher levels of social work education (Barker, 2003).

Social Security Act, the federal legislation enacted in 1935, with several subsequent amendments, designed to meet

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many of the economic needs of older people, dependent survivors, people with disabilities, and needy families (Barker, 2003).

International Federation of Social Worker (IFSW) the association of social workers (who belong through their respective national social work organizations) established to promote the social work profession, establish standards, provide a forum for exchanging ideas among social workers around the world, and present social workers' views to governments and nongovernment organizations (NGOs). IFSW developed the International Ethical Standards for Social Workers with other associations. The present organization was formed in 1956 and includes professionals from social work associations in over 80 nations (Barker, 2003).

The Personal Responsibility and Work Opportunity Reconciliation Act is a federal law enacted in 1996 to reform the U.S. welfare system. Programs such as Aid to Families with Dependent Children (AFDC), Emergency Assistance, and the Job Opportunities and Basic Skills (JOBS) training program were eliminated and other welfare programs were cut. The replacement Temporary Assistance to Needy Families (TANF) program imposed restrictions on recipients. Subsequent reauthorization of the law increased the required hours of work from 30 to 40 hours per week and eliminated the distinction between two-parent families and single-parent families. Some new funds were authorized to promote and test innovative approaches to family education and healthy marriage activities.

All these developments in the welfare state, the model of the welfare state, which is the most valid and accepted system of our time, creates a necessary balance of power between the two basic social parties in the framework of socialization and politicization (Yolcuoğlu, 2020).

The Mailstones of The Social Work Profession

In the historical development of social work, many of the pioneers mentioned above have devoted their entire lives and hard work to strengthening the discipline and profession of social work (Encyclopedia of Social Work, 1995; Barker, 2003).

The Fabian Society, a group of British intellectuals founded in 1884 to advance progressive ideas, was at the forefront of social evolution. The Fabians, whose members included the writer Bernard Shaw, H. G. Wells, and Sydney Webb, influenced British opinion on evolutionary socialism and helped found the Labour Party.

Robert Owen (1771-1851) was a pioneer of social reform, a Welsh philanthropist and social advocate who worked to abolish exploitative working conditions for beggars and indentured servants, improved conditions for child labor and child policy, and helped establish national old-age and health insurance programs.

Samuel A. Barnett (1844-1913) was a pioneer and founder of the original settlement houses in the development of the original Charity Organization Societies (COS) in England. He used his church for a type of discussion group that became the model for many methods of social group work. A community organizer and activist for better housing and treatment of mental illness, he founded Toynbee Hall, the first settlement house, in 1884, naming it after one of his recently deceased volunteers. He later came to the United States and worked with Jane Addams to found Hull House in Chicago.

Octavia Hill (1838-1912), also worked with S. Barnett in London, advocating for better housing conditions for people (Barker, 2003).

Porter Lee (1879-1939) was a social work educator and leader in developing curricula for schools of social work. Lee helped organize and promote the integration of multidisciplinary knowledge into social work. He wrote many early social work texts, including *Mental Hygiene and Social Work* and *SW: Cause and Function*.

Julia C. Lathrop (1859-1931) advocated for the welfare of children and was a leader in establishing a juvenile justice system in the United States. Lathrop was the first director of the Children's Bureau and later became involved in the women's suffrage movement (Barker, 2003).

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Jane Addams (1860-1935), one of the founders of social work, was a community organizer and leader of the settlement house movement. She founded the Hull House in Chicago, which became a prototype for other such institutions. She advocated for honest government and was the recipient of the Nobel Peace Prize in 1931.

Mary E. Richmond (1861-1928) is considered one of the most important founders of professional social work. She led the Charity Organization Societies (COS) movement to develop schools for training social workers. She taught volunteers and paid staff in a variety of settings and developed some of the first social work teaching programs. Her books were among the first to be used in social work education. These included *Social Diagnosis* (1917) and *What is Social Case Work?* (1922).

Robert W. Hunter (1874-1942) Social worker, Hull House resident, and influential author of the classic *Poverty* (1904), the first statistical survey of the poor in America. Later disillusioned with his socialist philosophy, he became a proponent of right-wing politics and author of *Revolution* (1940), which denounced socialist and Marxist ideology.

Edith Abbott (1876-1957), a pioneer in social work education who was dean of the School of Social Service Administration at the University of Chicago from 1924 to 1942, a founder of the *Social Service Review*, and she also helped draft the original Social Security Act of 1935.

Jeannette Rankin (1880-1973): the first woman elected to the U.S. Congress (she served two terms in the House of Representatives: 1917-18 and 1941-42). Before her political career, she trained and worked as a social worker, and also led successful campaigns in the women's suffrage movement and legislation to protect children (Barker, 2003).

Alice Salomon (1872-1948) was one of the main founders of professional social work in Germany and the founder of German social work education.

Kenneth Pray (1882-1948), social work scholar who developed community organization as a social work method.

Frances Perkins (1882-1965), the first woman in the U.S. Cabinet, was President Franklin D. Roosevelt's Secretary of Labor during the Great Depression. Roosevelt. She used her experience in social work to promote and help shape the Social Security system, child labor legislation, and compensation for the unemployed.

Abraham Epstein (1892-1942), one of the leaders of the movement for Social Security legislation and one of the planners of the Social Security Act of 1935. He also taught on retirement, aging, and Social Security financing issues. Paul U. Kellogg (1879-1958), founder and from 1909 to 1952 editor of *The Survey*, the unofficial and highly influential journal of social work.

Mary C. Jarrett (1876-1961), developer of psychiatric social work (Barker, 2003).

Another pioneer is Grace Abbott (1878-1939), a champion of child labor laws and longtime director of the Children's Bureau, who organized one of the first White House conferences and was an advisor to President Woodrow Wilson.

Bertha Capen Reynolds (1885-1978): social educator, author, and advocate for workers' rights.

Frank J. Bruno (1874-1955): one of the first developers of a theoretical basis for the new field of social work, he was a longtime faculty member at St. Louis University. He also wrote some of the most influential early social work texts, including *The Theory of Social Work* (1936) (Barker, 2003).

Virginia Robinson (1883-1977), a social work theorist and educator who wrote influential textbooks on casework, supervision, and education.

Annette M. Garrett (1898-1957) systematized the concepts of social work practice and developed fieldwork as an educational experience. She authored the influential 1942 book *Interviewing: The Principle and the Method*.

W.E.B. DuBois (1868-1963), African American scholar, sociologist, and activist who led the early civil rights movement, helped establish social work institutions and schools of social work at several universities.

Gordon Hamilton (1892-1967), social work educator and writer who advanced the social work profession and

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authored Practice of Social Casework. As an educator, she contributed to the development of doctoral education in 1940 (Encyclopedia of Social Work, 1995).

Elizabeth R. Haynes (1883-1953) was a pioneer social worker, politician, and activist for the rights of women and people of color. She began her career in leadership positions with the Young Women's Christian Association (YWCA), the U.S. Women's Bureau, and the U.S. Employment Service, where she was a particular advocate for African American domestic workers.

Eduard C. Lindeman (1885-1953), social work theorist and lecturer at the New York School of Social Work from 1924 to 1950. Lindeman developed many of the conceptual foundations of community organization and social group work. He advocated maintaining social context in social work when it focused on intrapsychic concerns and strove to develop an integrated, holistic view of social work. He has also been called the "father of adult education" in the United States.

Bradley Buell (1893-1976), developer of community organization and social planning in social work. Grace L. Coyle (1892-1962), developer of the scientific approach to social group work and author of numerous books on the subject.

Ruth Smalley (1903-1979): philosopher, social worker, and educator who wrote extensively on social work methods. As dean of the Pennsylvania School of Social Work, she was a leader in developing an alternative to Freudian casework theory with a time-limited, task-oriented, and functional approach to problem solving.

Florence Hollis (1907-1987) was a social worker, educator, and theorist. She developed the typology of casework treatment and wrote *Women in Marital Conflict* and the classic *Casework: A Psychosocial Therapy*.

Gordon Hearn (1914-1979), an educator and social work theorist, developed theories of social group work and general systems theory in social work. He wrote the book *Theory Building in Social Work* in 1958.

William Schwartz (1916-1982): social work educator who developed many of the theories and principles of social group work. Nathan Cohen (1910-2001): first president and co-founder of NASW; he strengthened the role of professorial analysis in doctoral social work education and wrote several classic texts on social work history.

Virginia Satir (1916-1988) was a major theorist and educator in the field of family therapy who developed many of the innovative communication concepts in the field. She wrote the highly influential books *Contant Family Therapy* (1964) and *Peoplemaking* (1972) and led numerous workshops teaching social workers and others the theory and practice of family therapy.

Carol H. Meyer (1924-1996) Social work educator, theorist, and author who developed concepts for social work practice from an ecosystem perspective and developed theories and educational programs for in-service education, assessment, feminist social work, and community organizing.

Harry Specht (1929-1995): social educator who first encountered social workers in his impoverished childhood and went on to become a group worker and researcher in settlement houses. A longtime dean of the University of California-Berkeley, he co-authored influential books on social welfare policy, community organizing, and the profession's mission.

Richard Cloward (1926-2000), social work scholar, theorist, author of several influential books, and activist who was at the forefront of national movements against poverty and for welfare rights. He was founder of HumanServe, an organization that helped poor people gain access to voter registration.

Walter W. Hudson (1934-1999), social work researcher who advocated increased use of empirically based measurement methods by social workers in assessment, treatment, and social interventions. He wrote influential textbooks on research methodology and statistical analysis and developed measurement scales for more objective assessment of interpersonal and social problems and social work interventions.

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David Liederman (1936-2001) advocated for neglected, abused, and at-risk children. He was a longtime director of the Children Welfare League of America and later chairman of the Accreditation Board for Child Service Agencies.

DISCUSSION AND CONCLUSION

"Social work as a science" is an "academic discipline" that produces scientific knowledge about the dynamics and principles of change and development in relation to people and society, as well as the improvement of human social services and related approaches, methods and applications to the subject with developmental thoughts and knowledge.

The following concepts represent the qualifications of the field of social work: Laws of change and development dynamics of the individual and society; Developmental thinking and knowledge; Approaches, methods, and practices to improve social effectiveness of people.

In democratic societies, "social work" is a profession that empowers people and society to develop and improve living conditions, fundamental rights and freedoms, and social and financial rights in accordance with political and participation rights. The profession of social work fulfills the above tasks with scientific approaches, methods and techniques and mobilizes mechanisms of social interaction (Kirst-Ashman, K. ve Hull, G.H., 1999).

Social work is an applied science that helps people achieve effective psychosocial functioning and bring about social change to improve the well-being of all people (Cilga, 2004).

With the power of all these pioneers of social work, in order for individuals to reach the strong structures mentioned above in the "public sphere" (Habermas, 2000) in our country, the state should redistribute its income; it should provide a minimum of opportunities for weak, abused, vulnerable, fragile, orphaned and needy people.

In this way, the citizenship of the country becomes much more human for the people (Marshall, 1963). This situation requires that the state be a pure rule of law with social justice (Şener, 1998) and that the status quo be replaced with social services for the benefit of the needy and vulnerable groups.

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