

Vision for the future to develop mechanisms for work programs with groups Refugee children with determination

Preparation

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مستخلص الدراسة:

النظريات التي تفسر هذه الرؤية هي نظرية ماسلو ونظرية الدور الاجتماعي. تعتبر هذه الدراسة من الدراسات الوصفية التحليلية التي تعتمد على منهج المسح الاجتماعي الشامل، وذلك من خلال تطبيق استبانة على الأخصائيين الاجتماعيين العاملين بمؤسسة الجبالي للتنمية والمشرفين على الإدارة الاجتماعية بالمنتزه ومديرية التضامن الاجتماعي بمحافظة الغربية. الإسكندرية وعددهم (33) ومن التوصيات التي توصلت إليها الدراسة ضرورة عقد دورات تدريبية دورية لجميع العاملين مع الأطفال اللاجئين من ذوي الهمم، وتوفير الموارد المالية المناسبة لتنفيذ البرامج والأنشطة الخاصة بالأطفال اللاجئين من ذوي الهمم، فضلاً عن وضع آلية واقعية تتناسب مع احتياجات الأطفال اللاجئين من ذوي الهمم. قدرات الأطفال اللاجئين ذوي الإرادة. وفي نهاية الدراسة تم اقتراح رؤية مستقبلية لتطوير الآليات. برامج العمل مع مجموعات الأطفال اللاجئين ذوي الاحتياجات الخاصة.

الكلمات المفتاحية: التنمية - الآليات - الأطفال - اللاجئين - أصحاب الهمم.

Abstract:

The theories explaining this vision are Maslow's theory and social role theory. This study is considered one of the descriptive analytical studies based on Based on the comprehensive social survey approach, by applying a questionnaire to the social workers working at El-gebaly Development Foundation and the supervisors of the Social Administration in Montazah and the Social Solidarity Directorate in Alexandria, who numbered (33).

Among the recommendations of the study is the necessity of holding periodic training courses for all those working with refugee children with determinations, and providing appropriate financial resources to implement programs and activities for refugee children with determinations, as well as developing a realistic mechanism that matches the capabilities of refugee children with determinations. At the end of the study, a future vision was proposed for developing mechanisms. Work programs with groups of refugee children with special needs.

key words: development - mechanisms - children - refugees - people of determination.

First: The research problem:

Childhood is considered one of the most important stages in a person's life, due to its great impact on his life. At this stage, his physical, psychological, caring, and social abilities grow, and he is capable of guidance, formation, and training to acquire and develop desired social habits, values, standards, and skills, which confirms the necessity of paying attention to this group and preparing appropriate programs. For her, these programs have been translated into the Arab efforts made in the field of

child care, and the importance of the child in the future of Arab childhood is no secret to anyone. Today's children are the fathers and mothers of the future, and they are the ones who will hold the important positions that run the Arab countries in the future, and prepare them well. It will largely ensure that the Arab world develops and can keep pace with the qualified progress of the world (Abdul Jalil, 2014, p. 7), and despite the increasing interest in children's issues, there is a high percentage of these children who live under difficult conditions and are exposed to deprivation and many exploitative situations. Within society, due to the changes and difficult events that Arab childhood was exposed to, which negatively affected its composition and structures, and produced a group of challenges represented by phenomena and problems that are difficult to confront and control due to their spread and exacerbation (Muhammadin, 2022, p. 254), including the problems of unrest. Arab armed and security forces, whose effects were reflected on children, added new categories of deprived children, and that deprivation made them more exposed to risks due to the difficult circumstances they are exposed to. These children became victims of armed disturbances, such as homeless children, children deprived of education, and children hired in acts of violence And bullying in society, children forced to carry firearms, children forced to participate in combat and terrorist acts, addicted children, children forced to perform hard physical labor, children with disabilities as a result of these armed conflicts and internal wars, children displaced or forcibly displaced to other areas, children who are exposed to...of rape, orphaned children as a result of these conflicts, children forced to participate in election campaigns (Muhammad, 2021 AD), and these children live under extremely difficult conditions due to the lack of security and safety, their constant exposure to danger, their inability to continue the process, the feeling of constant fear, turmoil, Anxiety, and other social and psychological problems that threaten the child's life in the future, which requires society with all its concerned bodies and organizations to join hands and cooperate in order to develop a future vision to save innocent children, to care for them and protect them from the forms and manifestations of abuse to which they are exposed as a result of the conflicts that led to them becoming refugees.

Therefore, we find that the problem of refugee children, especially those with disabilities, has imposed itself on the international and local social scene, and scientific circles, research centers, and all social and psychological studies have paid attention to it. We find that the Convention on the Rights of the Child has declared that states must respect the child's right to preserve his identity Interviews, comments, and feedback indicate that children feel that any opposition regarding their age doubts their identity. This denial of part of the child's identity has bad effects on his emotional and psychological well-being. The United Nations High Commissioner for Refugees also stipulates that consideration of the application of an unaccompanied child asylum seeker should be urgent and appropriate for

children, and recommends a liberal application of the presumption of good faith in determining refugee status and its procedures. Which includes unaccompanied children. Omission of child-sensitive interviewing techniques and doubts about the reliability of the age estimate may affect the asylum seeker's confidence (and willingness to disclose information) in the interview in which the refugee status determination is conducted, and this also affects the perception of the eligibility determination officer, all of which increases the child's vulnerability to having his or her application rejected

Many previous studies have dealt with refugee children, especially those with disabilities, which dealt with diagnosing their needs, their physical or psychological condition, or the attitudes of people towards them in their host country. Such as Gordon's (2017) study on a sample of (27,739) respondents in South Africa. The results showed that they have great fears of refugees and prefer isolation from the world. And study (Pena, 2018) on Mexican immigrants deported from the United States of America, used individual interviews on a sample of (47) individuals suffering from the stress of post-traumatic stress fears. And Bradley et al.'s (2019) study, which sought to find permanent solutions to the problem of forcibly displaced people in the Philippines and their suffering from post-traumatic stress. Kelly's study (2020) on those forcibly displaced following the Austrian War in the Wevernitz camp under the authority of the British military government, and a call on charitable groups to isolate political decisions from humanitarian matters related to refugees. And a study (Thoresen, 2020) in which he studied the needs of refugee children living in cities and living in poor conditions. (Eghdamian's, 2021) study, which examined the interaction of Syrian refugees with the local community in Jordan, concluded that the majority live in a state of interaction, except for a small minority, which the researcher attributes to the factor of difference in religion. Other studies dealt with the conditions of refugee students in Western universities, an example of which is the German satellite study (do, 2021), which dealt with the activities of Syrian refugee students in Germany who study at the Free University of Berlin, to change the negative stereotypical idea about Syrian refugees, and Hussein's study (2022 AD) about Integration courses for Syrian university students in Germany into German society, including a 900-hour German language course, and a 100-hour course on Germany and its administrative divisions. In 2021, Help Age International and Disability International conducted a study in Jordan and Lebanon to provide reliable evidence and data on the numbers of refugees with disabilities, the elderly, the injured, and those with chronic diseases, and to determine their needs. The study also sought to provide an opportunity to compare these needs with the needs of the refugee community that supports them. The World Disability Report estimates that 15.3% of the world's population suffers from moderate to advanced disability and that this percentage will likely rise to 18-20% among the conflict-affected

population. In comparison, it was found that 22% of the study sample were affected by functional impairment, and 6% of them had an advanced condition.

It was also found that one in five of those with functional impairment suffer from more than one disability. As for the elderly, the percentage was high, as it was found that 70% of them suffer from at least one functional deficiency. Older people are twice as likely to suffer from mental impairment as children, but the challenges of collecting accurate data on functional impairment and disability in the context of humanitarian emergencies are clearly evident in the lack of data in Lebanon. At the time of the study, the number of refugees registered with the United Nations High Commissioner for Refugees with disabilities was no more than 1.4%, and sensory disabilities were much less identified than motor disabilities. (Disability World, 2022, p. 13). The study (World Health Organization, 2022) confirmed the difficulties facing "daily life activities." These activities, which health professionals refer to in Latin as ADL, include feeding, bathing, and dressing on your own without the help of others. The results show that 45% of refugee children with functional impairment, injury, or chronic illness face difficulties in daily life activities and that 60% of children face these challenges. In comparison, no more than 6% of the total refugee children subject to the study reported facing these difficulties. Experience shows that these refugee children are less able to access fixed services, which ultimately means that the effectiveness of any response to the needs of these people depends heavily on the inclusion of mobile awareness programs, the provision of family support and community coping strategies within that response. (World Health Organization, 2022, p. 113) As for the study (Red Crescent Organization, 2022), the injuries resulting from the conflict are among the most important features of the Syrian crisis observed. The study found that one out of every 15 Syrian refugees in Jordan and one out of every 30 refugees in Lebanon was injured as a result of the war. An analysis of age and gender groups shows that men of working age suffer from being exposed to the risk of injury. Some of the reasons for this are due to their role in fighting on the one hand and their responsibility to bring food and water on the other, in addition to the fact that some children were forced to return to Syria to inspect their property there. Many people affected do not receive adequate care. (Red Crescent Organization, 2022, p. 13) Social service is one of the humanitarian professions that can confront issues that hinder the performance of individuals in society.

With the growing current interest in the humanitarian nature of social service practice in international standards, in addition to the growing reformist role and demands for the profession to work in humanitarian and ethical activity, and making it an important aspect of its professional function in order to confront societal issues such as abuse of human rights, civil liberties, homelessness, and children in difficult circumstances, including Refugees, which at their core are issues of internal or armed

conflicts (Hassan, 2022AD, p. 4277), and within the framework of their interest in issues related to human rights (Elyas, Hassan, 2021AD, p. 2202), we find that they have been concerned with providing integrated care for the childhood group in difficult circumstances by providing appropriate preventive, curative and developmental services.

To support this category so that it can keep pace with the circumstances and events of society, including the right to asylum, due to the technical skills and methods it contains (Marai, Khalifa, 1993, p. 199). Therefore, it is possible for social service as a profession with a humanitarian mission to play a role in achieving integrated care for these child victims. Internal conflicts and regional wars and helping them satisfy their needs and deal with their problems, especially since this category of children needs special attention given the severity and seriousness of the conditions they are exposed to as a result of internal conflicts in society, through professional preventive and remedial social service programs for early intervention to reduce abuse. Children who are victims of these conflicts, and professional dealing with the problems they suffer from, especially refugee children of special needs. This was confirmed by the study (Qenawi, 2019), in which the results of the study revealed the nature of the contributions of the method of working with groups in developing the participation of mentally disabled children with their ordinary peers in practicing the various activities studied, strengthening the social relationships of mentally disabled children, and self-esteem among children with mental disabilities.

Their regular peers in integrated schools. (Qenawi, 2009, p. 142) The social worker helps group members form good relationships with each other, and directs interaction between members while practicing various activities. (Marai, 2004, p. 170) The social worker has an influential and effective role with groups of disabled people, especially refugees, to achieve the process of social integration by working to help them provide a stable life for them, whether inside or outside the institution, and helping them obtain all their services, programs, activities, rights and duties, whether within the institution or society as a whole. The specialist exercises his role within the scope of team work in social care institutions for the mentally disabled, including refugees, within the framework of the determinants of the formation of the social worker's professional personality. The specialist plays the role of an assistant and enabler who gives the group the opportunity to acquire skills, expertise and successful experiences that develop the ability of the team members. (Moses, B.T., p. 250)

Therefore, all organizations must pay attention to social workers and motivate them to participate in implementing programs for caring for the disabled. (Mahmoud, 2014, p. 231) This is what Fathi's study (2000) confirmed, highlighting the most important skills that social workers working in the field of the disabled must have, including communication skills, skill in designing programs and projects, skill in

conducting research in the field of the disabled, and the importance of training to acquire these. Professional skills necessary to work with people with disabilities. (Fathi, 2000 AD, p. 77) The study of Al-Sisi (2005 AD) agreed with her, as the results of the study indicated the importance of the role of training in raising the skill and knowledge level of social workers in organizations caring for the disabled. (Al-Sisi, 2005 AD) As for the study (Andereg, 2019), this study recommended the necessity of training abused children, including children who are victims of political conflicts, on how to get along and interact with others to get rid of the isolation they suffer from, by making professional efforts to care for these refugee children. And protecting them through special group professional programs and activities aimed at developing their social skills, helping them form successful social relationships with others with whom they interact, and increasing their sense of confidence in themselves and their ability to bear responsibility, to reintegrate them into society, for the benefit of the abused child himself and others.

The group to which he belongs. As for the study (Kikuchi-Jackson, 2020), this study recommended the necessity of preparing professional programs to practice working with groups of abused children, including refugees, to help them recognize situations in which they may be mistreated, so that they can avoid such situations and reduce the rate of abuse. maltreatment through early intervention, and children receive the services needed to care for them. The study (Resto- Alfredjr, 2021) recommended the need to provide practitioners working with groups of disabled refugee children with the necessary skills in order to reduce negative behavior and increase the positive behavior of these children through various programs and group activities. As for the study (Carben, 2021), it confirmed its results.

It is necessary to focus on activating professional performance and maximizing the benefit from the theoretical data of social service in general and community service in particular, especially for children with special circumstances. As for the study (Bonderva, 2022), this study recommended the necessity of developing the job performance of the social worker in light of benefiting from contemporary approaches to social service and community service. For groups who suffer from asylum and also disabilities. As for the study (Maria, 2022), the results of this study confirmed that social workers practicing group work need a change in professional performance in line with changes in the nature of social problems resulting from current changes in society, including political conflicts and the resulting children. Victims live under difficult circumstances as a result of these conflicts, forcing them to seek refuge in other countries.

The study (Whitaker, et al, 2022) emphasized the necessity of developing and diversifying strategies for professional development, to ensure the effectiveness of the professional performance of the social worker in dealing with groups of child victims of conflicts. And resorting to their protection and care in light of the difficult

circumstances they are suffering from, including seeking refuge in neighboring countries. In light of the results and recommendations of previous studies, and reviewing some of the theoretical literature related to the problem of refugees and the extent to which children in general and children of special needs are affected by asylum and its problems and its negative impact on them, and in view of the presence of large numbers of these children in Egypt who need to satisfy their needs according to their capabilities, ability, and social and psychological conditions, which can Achieving it through community institutions, and because the method of working with groups is one of the most important ways that can provide this group with assistance and satisfy the necessary needs through social programs and educational activities carried out by a specialist in the method of working with groups, and so that these programs can be activated, so the research problem can be formulated as follows : -

What is the future vision for developing mechanisms for work programs with groups of refugee children with disabilities?

Second: The importance of the study:

1-The percentage of refugee children with disabilities in Egypt represents one of the indicators through which the importance of the current study is highlighted, as the percentage of refugees in Egypt reached more than (9) million individuals according to the statistics of the Central Agency for Public Mobilization and Statistics until the year 2023 AD, and this percentage corresponds to the equivalent of more than (300) One thousand refugee children with special needs.(Ministry of Social Solidarity, 2023)

2- The spread of the problem of refugee children with disabilities leads to a threat to the societal security of society, an increase in deviance and the spread of crime, and the disruption of one of the human resources that society will depend on in the future. They are also wasted energy that must be utilized, controlled and directed in the right direction; Because the day will come when they will be responsible for building society, advancing it, and achieving societal development, and their issue is an issue that represents a clear violation of one of the most basic human rights. It is also an issue that the human conscience cannot tolerate because it is a blatant waste of human resources, and that this category of children is theirs. Their problems and their needs, which requires the necessity of intervention by social workers to perform their professional role to alleviate their problems and satisfy their needs. This can only be achieved through developing the social worker's mechanisms when implementing and designing programs and activities that satisfy their desires.

3- Treating the social and psychological problems of refugee children with special needs is primarily a humanitarian approach, as children's enjoyment of their childhood is one of the basic rights stipulated by divine religions and international legislative texts, and these children are the most exposed to the tragedies of internal

armed conflict. Since children are unable to manage their affairs and are unable to improve their conditions, there must be someone to defend them, advocate for their rights, and provide them with care and attention. This confirms the necessity of all professions and specializations coming together to protect and care for these children, including the social service profession as a profession concerned with helping society. To achieve all aspects of its desired development.

4- Social service in general and the method of working with groups in particular contribute an effective role in providing all types of care to this group due to their increasing numbers and their needs for various care, whether social, health, or rehabilitation. Many research and studies have also indicated the existence of obstacles facing the method of working with groups when Carrying out its role in this field without studying it in depth, which had the effect of directing the researcher to study the obstacles, identify them, identify their causes, and how to confront them. This is done by developing mechanisms to provide the best services, programs, and activities that satisfy their desires and needs.

5- The need for the method of working with groups to develop their technical tools, methods, and mechanisms so that they can achieve a clear role in the field of care and development of refugee children with disabilities as a result of internal and external conflicts and wars, so that they have opportunities for harmony, adaptation, individual growth, and group growth, and to contribute to changing the members of the refugee community with disabilities in a way that keeps pace. With the changes that some neighboring countries are going through and the increasing numbers of refugees as a result of various events and conflicts.

Third: Study questions:

1-What are the professional skills of a social worker to develop mechanisms for work programs with groups of refugee children with disabilities?

2-What is the realistic role of the social worker to develop mechanisms for work programs with groups of refugee children with special needs?

3-What are the mechanisms for developing programs for groups of refugee children with disabilities?

4-What is the expected role of the social worker in developing mechanisms for work programs with groups of refugee children with special needs?

5-What are the obstacles to developing mechanisms for work programs with groups of refugee children with disabilities?

6-What are the proposals that contribute to developing the mechanisms of work programs with groups of refugee children with disabilities?

Fourth: Objectives of the study:

1- Determine the professional skills of the social worker to develop mechanisms for work programs with groups of refugee children with special needs.

2- Addressing the realistic role of the social worker to develop mechanisms for work programs with groups of refugee children with special needs.

3- Identifying the mechanisms for developing programs for groups of refugee children with disabilities.

4- Discussing the expected role of the social worker in developing mechanisms for work programs with groups of refugee children with special needs.

5- Identifying obstacles to developing mechanisms for work programs with groups of refugee children with special needs.

6-Identifying proposals that contribute to developing mechanisms for work programs with groups of refugee children with special needs.

7- Proposing a future vision for developing mechanisms for work programs with groups of refugee children with special needs.

Fifth: Concepts of the study:

1-Development concept:

Development is linked to the concept of developing functional quality, which means translating needs into a product that meets characteristics and specifications and achieves goals (Joseph, 2009), and ensures the progress of work in accordance with the procedures specified for it. It also means performing work effectively and efficiently with the minimum of obstacles and negatives (Abdul Maqsood, 2012, p. 2242). Professional development is defined as an essential activity to ensure the quality of social service based on self-direction, meaning that social workers bear responsibility for the growth of the professional knowledge base, its ethics, and the techniques necessary to better serve clients. (Sayed, 2011, p. 1193) In the current study, development means: achieving social programs and activities through developing mechanisms that contribute to achieving this to satisfy the needs of refugee children of determination according to their potential, abilities, and social and physical conditions.

2-The concept of mechanisms:

Mechanism The term mechanism is used in future studies under the name of method and tool, including the visualization method (Ahmed Dandrawi, 2012, p. 221), and the mechanism is defined as knowledge, skill base, methods, theories, or procedures that are used to achieve clear goals (Hejazi, Imran, 2011, p. 4323), and according to this study, developing mechanisms for working with groups means that it is the professional process that aims to raise the efficiency of the professional performance of social workers to practice professional work with groups of children who are victims of political conflicts in society, to help them achieve social harmony and adaptation in light of the societal events accompanying those conflicts. . In the current study, the mechanism means the skills, theories, techniques, strategies, and roles that a specialist must have in working with groups of refugee children with special needs.

3-The concept of programs working with groups:

The program is defined as everything that the group practices in the presence of the specialist, in order to achieve the goals of the members and satisfy their desires. The program in the service of the group is not merely the activities practiced by the members, but is more comprehensive than that, as it is content or means of expression and a method of management (Abu Deif, 2020, p. 790). Group programs are also defined as all the actions, behavior, relationships and experiences that members practice, provided by group life in light of an appreciation of the members' needs, and designed by members and specialists, achieving individual and group growth and contributing to changing society. (Fahmy, 1993, p. 1370) Collective programs are also defined as those programs that members practice voluntarily, and these programs are used for the purpose of individual and group growth, and achieving social goals related to the goals of individuals and society. (Mustafa, 2008, p. 1884) What is meant by work programs with groups in this study is: every activity that refugee children with special needs participate in in choosing and implementing it freely with the help of the group specialist, that satisfies their diverse needs, helps them to develop integratedly in all aspects of personality, and contributes to reducing their behavioral problems.

4-The concept of refugee children with determination: The child is the stage that extends from birth until the end of eleven years, and in which the first seeds of the child's personality are laid, and the general framework of his personality is formed, and it has the greatest impact on diagnosing the child's personality in the subsequent stages (Al-Miladi, 2006 AD, p. 25), and this stage is the first stage of control, control and direction. Educational education for children, building personality and forming skills, which has an impact on the cultural reality that surrounds them, and the child's mental levels blossom and he absorbs social values, customs, traditions, ideals and principles. (Abdel Fattah, 2012, p. 805) Refugee children are children who have been affected by conflicts and armed wars within their country, which causes them social and physical disturbances, in addition to their feelings of insecurity, insecurity, helplessness, constant fear, and lack of belonging to society as a result of their asylum in another country, in addition to their suffering from physical, behavioral, or psychological disability as a result of this asylum and their exposure to many forms of abuse.

The refugee child with determination can be defined in the current study as a child who left his homeland to escape internal conflicts in his country and his sense of the value of life and the inability to coexist in such unsafe conditions, in addition to that he suffers from a defect in his motor, mental, or intellectual abilities, and this defect came about. As a result of the conflict situation that affected his country.

Sixth: Theories explaining the study:

1-Maslow's theory: Maslow's theory is considered the closest to explaining the situation of individuals who are immigrants and refugees from their homes and

fleeing death, in which he refers to human needs, and classifies them into the primary or basic life needs, "biological", related to his existence and material destiny, and defines them in his well-known pyramid of needs, as the biological need to Food, drink, and sleep, which require satisfaction under any circumstances, even in the most dangerous, because not satisfying them for a long period exposes a person to death. He endures hunger and thirst for days, but at a certain point, the endurance ends, and he goes out in search of food and water, even if He was exposed to danger (Hassan, 2018, p. 123). The second important need is the need for security. Its strength appears when a person's security is exposed to a danger that threatens his life. He seeks to flee the place where he lives under threat, even if food and drink are available to him in his place. The rest of the other needs become secondary to the needs of the biological existence and security of the individual, and this theory is useful in identifying the needs of refugee children with special needs.

2- Social role theory: The social role is important for understanding human relationships and personalities, because role theory determines how others interact and how expectations and reactions make others respond in different and distinct ways. It assumes that people occupy positions in the structure of society, and each position has an associated role. Thus, roles are a set of expectations in behavior associated with these functions in the structure of society, and this theory suggests that roles are always viewed in the context of the social lights surrounding them, and that these roles create the identity of the person as seen by others, and the way in which the person interacts with others, It is important to understand the roles and positions that make up the structure, which are integrated into the personality in order to understand the nature of social behavior in the situation. Role theory relies on a set of concepts: role expectations, role performance, role unity, mutual social support between occupants of social situations, and role conflict. And the integrative approach to the concept of role.(Al-Sanhouri, 2019, p. 59)

Benefits of role theory in this study:

The aspects of benefiting from this theory in the current study can be identified as follows:

1- Developing the duties and responsibilities associated with the social worker as a general practitioner in dealing with refugee children with special needs in social care institutions.

2- Identify the appropriate and necessary mechanisms for the social worker as a general practitioner in dealing with refugee children of special needs in social care institutions. 3-This theory aims to guide the social worker as a general practitioner to the need to understand the roles that help him in achieving social security for refugee children with special needs.

4- It helps with the mechanisms of knowledge, skills and values necessary for the social worker in performing his professional role in social care institutions that care for refugee children with special needs.

Eighth: Methodological procedures for the study:

- 1- Type of study: This study is a descriptive and analytical study, because it aims to develop a future vision for developing mechanisms for work programs with groups of refugee children with special needs.
- 2- The method used: This study is based on the comprehensive social survey approach of social workers working in the fields of maternal and child care, speech defects, and social rehabilitation, and social workers who are knowledgeable in the spatial field of study, as this approach is one of the most appropriate approaches to this study and its type.
- 3- Study tools: A questionnaire form for social workers working at El-gebaly Foundation for Development and supervisors of the Social Administration in Montazah and the Social Solidarity Directorate in Alexandria.

The tool was designed according to the following steps:

The researcher designed a questionnaire for social workers about the possibility of developing a future vision for developing mechanisms for work programs with groups of refugee children with special needs, based on the theoretical framework of the study and related previous studies, in addition to making use of some standards and questionnaire forms to determine the phrases that are related to the dimensions of the study.

The social workers' questionnaire included the following dimensions:

Primary data.

- The professional skills of the specialist to develop mechanisms for work programs with groups of refugee children with special needs.
- The realistic role of the social worker to develop mechanisms for work programs with groups of refugee children with special needs.
- Mechanisms for developing programs for groups of refugee children with disabilities.
- The expected role of the social worker to develop mechanisms for work programs with groups of refugee children with special needs.
- Obstacles to developing mechanisms for work programs with groups of refugee children with disabilities.
- Proposals that contribute to developing mechanisms for work programs with groups of refugee children with disabilities.

4- Validity of the tool: The apparent validity of the tool:

The tool was presented to a number of (8) faculty members at the Faculty of Social Work, Helwan University and the Higher Institute of Social Work in

Alexandria. Accordingly, some statements were modified, added, and deleted according to a degree of agreement of no less than (85%).

At the end of this stage, the tool was formulated in its final form.

A- Validity of internal consistency: In calculating the validity of internal consistency, the researcher relied on the correlation coefficient of each dimension in the tool with the total score, for a sample of (10) individuals from the social workers in the study population, and it turned out to be significant at the recognized levels of significance, and that the validity coefficient is acceptable. As shown in the following Tables:

Table (1) Internal consistency between the dimensions of the questionnaire (n=10).

m	Dimensions	Correlation coefficient	Indication
1	Determine the professional skills of the social worker to develop mechanisms for work programs with groups of refugee children with special needs.	0.972	**
2	Discussing the realistic role of the social worker to develop mechanisms for work programs with groups of refugee children with special needs.	0.967	**
3	Identifying the mechanisms for developing programs for groups of refugee children with disabilities.	0.975	**
4	Discussing the expected role of the social worker in developing mechanisms for work programs with groups of refugee children with special needs.	0.969	**
5	Identifying obstacles to developing mechanisms for work programs with groups of refugee children with special needs.	0.899	**
6	Identifying proposals that contribute to developing mechanisms for work programs with groups of refugee children with special needs.	0.977	**
	Total	0.963	**

The previous table shows that: Most of the dimensions of the tool are significant at a level of significance (0.01) for each dimension, and thus achieve the level of confidence in the tool and reliance on its results. 5- Reliability of the tool: The reliability of the tool was calculated using the Spearman-Brown split-half equation, for a sample of (10) members of the social workers in the study population, and the results were as shown in the following table:

Table (2) Reliability results of the questionnaire form using the Spearman-Brown split-half equation (n=10).

M	Dimensions	Spearman-Brown coefficient
1	Determine the professional skills of the social worker to develop mechanisms for work programs with groups of refugee children with special needs.	0.91
2	Discussing the realistic role of the social worker to develop mechanisms for work programs with groups of refugee children with special needs.	0.89

3	Identifying the mechanisms for developing programs for groups of refugee children with disabilities.	0.87
4	Discussing the expected role of the social worker in developing mechanisms for work programs with groups of refugee children with special needs.	0.83
5	Identifying obstacles to developing mechanisms for work programs with groups of refugee children with special needs.	0.93
6	Identifying proposals that contribute to developing mechanisms for work programs with groups of refugee children with special needs.	0.92
	Total	0.89

The previous table shows that: Most of the correlation coefficients for the dimensions have a high degree of stability, and thus their results can be relied upon, and thus the tool has become in its final form. To judge the level of development of work program mechanisms with groups of refugee children with disabilities, so that the beginning and end of the categories of the tripartite scale are: yes (three grades), to some extent (two grades), no (one grade), the data was coded and entered into the computer, and to determine The length of the cells of the triangular scale (the lower and upper limits), the range was calculated - the largest value - the lowest value (3 - 1 - 2), it was divided by the number of cells of the scale to obtain the corrected cell length (3/2 - 0.67) and then these were added The value goes to the lowest value in the scale or the beginning of the scale, which is the correct one, in order to determine the upper limit of this cell. Thus, the length of the cells became as follows:

Table (3): Levels of arithmetic averages.

If the mean value of the statement or dimension ranges from 1 to 1.67	low level
If the average value of the statement or dimension ranges from 1.68 to 2.34	Average level
If the mean value of the term or dimension ranges from 2.35 to 3	High level

Statistical analysis methods:

The data were processed by computer using the Statistical Package for the Social Sciences (SPSS.V, 24.0) program, and the following statistical methods were applied: frequencies, percentages, arithmetic mean, standard deviation, range, Spearman-Brown split-half equation, Pearson correlation coefficient, and Ca2 correlation, and gamma correlation coefficient.

6-Fields of study:

A- Spatial field: The researcher applied the research to:

- 1- El-Gebaly Foundation for Development in Alexandria, which is concerned with areas of work including family and childhood care, special groups, social defense, and health services, registered under No. 4002 of 2019 in the Montazah District in Alexandria.
- 2-The Social Administration of the Montazah district, which supervises the institution.

3-The departments of the Social Solidarity Directorate supervising the institution.

B- The human field:

A random sample of social workers working at the El-Gebaly Foundation for Development and Social Administration, Al-Montazah District, and the Social Solidarity Directorate in Alexandria, numbering (33) individuals.

The study sample was chosen according to the following conditions: -

*The nature of their work should be in the field of childhood

*Who have a Bachelor of Social Service, Bachelor of Arts, or postgraduate studies in the field

*They must be willing to cooperate with the researcher

C- Time domain:
represented by the period of data collection (8/13/2023 AD until 11/17/2023 AD).

Ninth: Interpretation and analysis of the study results

Table No.(4): Characteristics of the study sample, n=33.

m	Category	Type	Repetition	The ratio%
1	Sex	Males	9	27.3
		Females	24	72.7
2	Age stage	Under 30 years	4	12.1
		From 30-40 years	12	36.3
		From 40-50 years	9	27.2
		Over 50 years	8	24.4
3	Qualification	Diploma in Social Service	3	9
		Bachelor of Social Service	18	54.5
		Bachelor of Arts/Sociology Department	7	21.4
		Postgraduate Studies	5	15.1
4	current work	Social worker of the institution/supervisor of administration/supervisor of the directorate	18	54.5
		Specialist/Psychotherapist Founder/Department Supervisor/Directorate Supervisor	4	12.1
		Social Rehabilitation Specialist Institution/Department Supervisor/Directorate Supervisor	6	18.3
		Speech and sensory integration specialist	5	15.1

5	Work experience	Less than two years	7	21.4
		From 2-4 years	9	27.2
		More than 4 years	19	51.4
	Obtaining training courses in the field	did not take any training courses	25	75.6
		training courses	8	24.4
	Number of training courses taken	One course	2	25
		From 2-4 courses	2	62.5
		More than 4 courses	1	12.5
	Training course topics	In the field of child care	3	37.5
		In the field of children with disabilities	1	12.5
		In the field of social rehabilitation	2	25
		In the field of speech defects	1	12.5
		In the psychological field of children	1	12.5

Table No. (4) shows the characteristics of the study sample. The results were as follows:

- 1- Regarding gender, we find that 72.7% of the study sample were female and 27.3% of them were male.
- 2- As for the age group of the study sample, it came in first place with a rate of 36.3%.
- 3- Regarding the academic qualification, it came in first place, with a rate of 54.5%, Bachelor of Social Service, in second place, with a rate of 21.4%, Bachelor of Arts/Sociology Department, and in third place, with a rate of 15.1%, postgraduate studies.
- 4- As for the current work of the study sample, it came in first place, with a rate of 54.5%, as a social worker in the institution or a supervisor in the social administration or directorate, in second place, with a rate of 18.3%, as a social rehabilitation specialist, and in third place, with a rate of 15.1%, as a speech and sensory integration specialist.
- 5- With regard to experience in the field of work, it came in first place with a rate of 51.4% having experience of more than 4 years, in second place with a rate of 27.2% having experience of 2-4 years, and in last place having experience less than two years in the field of work.

- 6- 6- With regard to obtaining training courses in the field, it was found that 75.6% of the study sample did not obtain any training courses, and that 24.4% of them were among those who obtained training courses.
- 7- 7- With regard to the number of training courses obtained, it came in first place with a rate of 62.5% who obtained 2-4 training courses, 25% of whom obtained one training course, and 12.5% of those who obtained more than 4 training courses.
- 8- As for the topics of training courses, 37.5% were in the field of child care, 25% of them were in the field of children with disabilities, and the rest of the fields came in last place, at 12.5%.

Table No. (5) shows the professional skills of the specialist to develop mechanisms for work programs with groups of refugee children with disabilities, n=33.

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
1	The skill of listening well to refugee children with disabilities, with a good understanding of their requirements and needs	21	7	5	82	2.4	82.8	8
2	Forming a professional relationship with refugee children of determination to achieve appropriate harmony between them	24	5	4	86	2.6	86.8	7
3	The skill of finding appropriate solutions for children of group members to satisfy their desires that are compatible with the capabilities of the programs	27	1	5	88	2.6	88.8	5
4	Skill in behaving well in situations experienced by groups of refugee children with special needs	19	4	10	75	2.2	75.7	9
5	The skill of choosing appropriate communication models for children to match their physical and psychological potential and abilities	13	7	13	66	2	66.6	10

6	Skill in announcing the group's selection criteria according to their inclinations and disabilities	26	2	5	87	2.6	87.8	6
7	The skill of strengthening cohesion among refugee children with determination to enable the programs to succeed	29	1	3	92	2.7	92.9	3
8	The skill of good thinking for the benefit of refugee children with determination to support them in achieving their desires	28	2	3	91	2.7	91.9	4
9	Skill in a comprehensive view of all refugee children with disabilities without distinguishing between them in the equation during the implementation of the program	31	1	1	96	2.9	96.9	1
10	Investing in the abilities and skills of refugee children with disabilities for the benefit of the rest of the group members participating in the program	30	1	2	94	2.8	94.9	2
	General level	248	31	51	857	2.5	86.5	High level

Table No. (5) shows the professional skills of the specialist to develop the mechanisms of work programs with groups of refugee children with disabilities. The skill in a comprehensive view of all refugee children with determinations without discrimination in treatment during program implementation came in first place, and in second place with a percentage of 94.9.% Investing in the abilities and skills of refugee children with determination for the benefit of the rest of the group members participating in the program, and in third place with a rate of 92.9%, the skill of strengthening cohesion among refugee children with determination for the possibility of the success of the program. The general level of these skills came at a

high level, with a rate of 86.5%, and this is consistent with the results of the study (Fathi, 2000AD), a study (Al-Sisi, 2005AD), and a study (Resto-Alfredjr, 2020).

Table No. (6) shows the realistic role of the social worker to develop mechanisms for work programs with groups of children with determination, n=33.

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
1	Equip children with the ability to review their actions, as their demands may be unrealistic and beyond their capabilities	23	2	8	81	2.4	81.8	7
2	I help children establish relationships based on trust and respect among members	25	1	7	84	2.5	84.8	6
3	I correct children's misconceptions while implementing programs and activities	29	2	2	89	2.6	89.8	4
4	Educating children about the dangers of differential treatment of each other while implementing the program	21	5	7	80	2.4	80.8	9
5	I focus on clarifying the practical training aspects during program implementation rather than the theoretical aspects	18	12	3	81	2.4	81.8	8
6	I understand children's negative behaviors and how to deal with them	19	3	11	76	2.3	76.7	10
7	I make sure to modify frustrating thoughts as a result of their family or physical circumstances	28	4	1	93	2.8	93.8	2
8	Equip children with the ability to use positive mechanisms to prevent disobedience by participating in the program	30	1	2	94	2.8	94.9	1
9	I strive to enhance children's self-confidence according to their circumstances and professional differences	28	3	2	92	2.7	92.9	3

10	I train children on how to have effective dialogue and the disadvantages of using violence when communicating	26	3	4	88	2.6	88.8	5
	General level	247	37	47	862	2.6	87	High level

Table No. (6) shows the realistic role of the social worker in developing mechanisms for work programs with groups of children with special needs. He came in first place, with a percentage of 94.9%, that he gave children the ability to use positive mechanisms to prevent disobedience from participating in the program, and in second place, with a percentage of 93.9%, that he made sure to Modifying frustrating thoughts as a result of their family or physical circumstances. In third place, with a rate of 92.9%, I am keen to enhance children's self-confidence according to their circumstances and professional differences. As for the general level of the realistic role, it came at a high level, with a rate of 87%, and we find this result consistent with the results of the study (Bradleyet, 2019), a study (Eghdamian, 2020), and a study (Kikuchi, 2020).

Table No. (7) shows the problems facing the development of programs for refugee children with disabilities, n=33.

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
	First: Psychological problems:							
1	The child feels insecure, which makes him tend towards aggression and violence	28	2	3	91	2.7	91.9	3
2	The child suffers from post-traumatic stress disorder as a result of asylum disorders and disability	31	1	1	96	2.9	96.9	1
3	Lack of inclination to cooperate due to his disability coupled with his being a refugee	29	1	3	92	2.7	92.9	2
4	The child experiences fear and anxiety when confronting others	25	4	4	87	2.6	87.8	5
5	Introversion and lack of connection with others due to his disability	26	5	2	90	2.7	90.9	4
	General level	139	3	3	443	2.6	89.4	High level
	Second: Social problems:							

1	Failure to integrate and enter into social relationships with others	28	2	3	91	2.7	91.9	1
2	Inability to manage the affairs of his social life due to disability	24	5	4	86	2.6	86.6	3
3	Feeling of inability to take responsibility for the circumstances of disability	26	4	3	89	2.6	89.8	2
4	Feeling helpless due to weak confidence in social and legal institutions	21	3	9	78	2.3	78.7	4
5	Inability to have positive social contact with others	14	12	7	73	2.2	73.7	5
	General level	113	26	26	417	2.5	84.2	High level
	Third: Health problems:							
1	Suffering from disabilities, such as leg amputation or arm amputation	28	2	3	91	2.7	91.9	3
2	Serious diseases resulting from water pollution	17	15	1	82	2.4	82.8	5
3	Malnutrition diseases due to lack of adequate healthy food	29	1	3	92	2.7	92.9	2
4	Physical and skin deformities due to asylum	31	1	1	96	2.9	96.9	1
5	Relevant hearing and vision impairment	26	5	2	90	2.7	90.9	4
	General level	131	24	10	451	2.7	91.1	High level
	Fourth: Educational problems:							
1	Suffering from poor academic achievement due to school irregularity	30	2	1	95	2.8	95.9	3
2	Inability to complete his studies in the place of asylum	31	1	1	96	2.9	96.9	2
3	He stopped going to study because he suffered from fear	32	1	0	98	2.9	98.9	1
4	Failure to provide educational services appropriate to his psychological and social conditions	29	3	1	94	2.8	94.9	4
5	Deprivation of education due to his not attending	28	4	1	93	2.8	93.9	5

	school due to his physical and psychological conditions							
	General level	150	11	4	476	2.8	96.1	High level

Table No. (7) shows the problems faced by refugee children with disabilities. The results of the opinions of the study sample were as follows:

- 1- Psychological problems: The child came in first place, with a rate of 96.9%, of the child suffering from post-traumatic stress disorder as a result of asylum disorders and disability. In second place, with a rate of 92.9%, was the lack of inclination to cooperate due to the circumstances of his disability accompanied by his being a refugee. And in third place, with a rate of 91.9%, the child's feeling of insecurity, which It makes him prone to aggression and violence.
- 2- Social problems: it came in first place, with a rate of 91.9%, the lack of integration and entering into social relationships with others, in second place, with a rate of 89.8%, the feeling of being unable to bear responsibility for the circumstances of disability, and in third place, with a rate of 86.6%, the inability to dispose of the affairs of one's life. social disability due to disability.
- 3- Health problems: in first place, with a rate of 96.9%, were the incidence of physical and skin deformities due to asylum, in second place, with a rate of 92.9%, were the incidence of malnutrition diseases due to lack of adequate healthy food, and in third place, with a rate of 91.9%, the incidence of disabilities, such as amputating a leg or cutting off an arm
- 4- Educational problems came in first place, with a rate of 98.9%: stopping going to study due to suffering from fear, in second place, with a rate of 96.9%, being unable to complete his studies in a place of asylum, and in third place, with a rate of 95.9%, suffering from poor academic achievement due to his lack of regular study.

In light of the views of the study sample, it was found that refugee children with determination have many psychological, social, educational, and health problems at a high level, at a rate of 96.1%. This result came in line with the results of the study (Do, 2021), the report (World Disability Organization, 2022), and the study (Health Organization). International, 2022 AD, and a study (Red Crescent Organization, 2022 AD).

Table No. (8) It shows the total problems facing the development of programs for groups of refugee children with disabilities, n=33.

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
1	Educational problems and mechanisms for developing programs for	150	11	4	476	2.8	96.1	1

	groups of refugee children with disabilities							
2	Health problems and mechanisms for developing programs for groups of refugee children with disabilities	131	14	10	451	2.7	91.1	2
3	Psychological problems and mechanisms for developing programs for groups of refugee children with disabilities	139	13	13	442	2.6	89.4	3
4	Social problems and mechanisms for developing programs for groups of refugee children with disabilities	113	26	26	427	2.5	84.2	4
	Total	533	74	53	1800	87.8	88.3	High level

Table No. (8) shows the total mechanisms for developing programs for groups of refugee children with disabilities. The professional position of the specialist for developing mechanisms for work programs with groups of refugee children with disabilities came in first place. Educational problems came in first place, with a rate of 96.1%, and health problems came in second place, with a rate of 91.1%. In third place, with a rate of 89.4%, are psychological problems, and in fourth and last place are social problems, with a rate of 84.2%. It is clear that this category of children faces several problems at a high level, with a rate of 88.3%.

Table No. (9) shows the mechanisms for developing programs for groups of refugee children with disabilities, n=33

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
	First: Social mechanisms for developing programs for groups of refugee children with disabilities:							
1	Increasing the sense of social security of refugee children with special needs and not fearing for their future	28	3	2	92	2.7	92.9	3
2	Giving refugee children with special needs the desired values within society	29	2	2	93	2.8	93.9	2

3	Help them present their problems and express their feelings	23	8	2	87	2.6	87.8	4
4	Developing their life and educational skills in friendly schools	17	12	4	79	2.3	79.7	5
5	Developing cooperative work among refugee children with disabilities	30	2	1	95	2.8	95.9	1
	General level	127	27	11	446	2.7	90	High level
	Second: Health mechanisms for developing programs for groups of refugee children with disabilities:							
1	Contributing to increasing health awareness among refugee children with disabilities	30	2	1	95	2.8	95.9	1
2	Providing the necessary medications free of charge according to their health conditions	21	5	7	80	2.4	80.8	4
3	Transferring cases that need to be transferred to specialized treatment centers	19	4	12	71	2.1	71.7	5
4	Continuous medical follow-up for those in need of prosthetic devices	24	6	3	87	2.6	87.8	3
5	Conducting tests and surgeries for all refugee children with determination	25	7	1	90	2.7	90.9	2
	General level	117	24	24	399	2.4	80.6	High level
	Third: Educational mechanisms for developing programs for groups of refugee children with disabilities:							
1	Contributing to enrolling them in	29	1	3	92	2.7	92.9	5

	schools and nurseries appropriate to their health conditions							
2	Continuous follow-up of them by communicating with the social worker at the educational institution	30	2	1	95	2.8	95.9	3
3	Providing school tools and activities appropriate to the circumstances of each case	29	3	1	94	2.8	94.9	4
4	Organizing ongoing religious and educational meetings for refugee children	31	1	1	96	2.9	96.9	2
5	Providing all extracurricular and educational activities that suit their abilities	32	0	1	97	2.9	97.9	1
	General level	151	7	7	474	2.8	95.7	High level
	Fourth: Mechanisms related to achieving social security for children of determination:							
	Identifying the problems and needs of refugee children with disabilities according to their circumstances	30	2	1	95	2.8	95.9	2
	Community specialist's knowledge of how to formulate modern policies to improve social services	31	1	1	96	2.9	96.9	1
	Awareness of groups specialists in appropriate research methods and methodologies to study their requirements	29	1	3	92	2.7	92.9	5
	Knowing the best therapeutic approaches to work with appropriate programs and activities	29	2	2	93	2.8	93.9	4
	Discovering children's abilities and potentials	29	3	1	94	2.8	94.9	3

	that help achieve social security for them							
	General level	148	9	8	94	2.8	94.9	High level

Table No. (9) shows the mechanisms for developing programs for groups of refugee children with disabilities. The opinions of the study sample were as follows:

- 1- Social mechanisms: in first place, with a rate of 95.9%, developing cooperative work among refugee children with determinations, in second place, with a rate of 93.9%, providing refugee children with determinations with desired values within society, and in third place, with a rate of 92.9%, increasing the sense of social security and lack of security among refugee children with determinations. Fear for their future.
- 2- Health mechanisms are in first place, with a percentage of 95.9% contributing to increasing health awareness among refugee children with disabilities, in second place, with a percentage of 90.9%, performing tests and surgeries for all refugee children with disabilities, and in third place, with a percentage of 87.8%, referring cases that need to be transferred to centers. Specialized therapeutic.
- 3- Educational mechanisms: Providing all extracurricular and educational activities that suit their abilities came in first place, with a rate of 97.9%. In second place, with a rate of 96.9%, was organizing continuous religious and educational meetings for refugee children. And in third place, with a rate of 95.9%, was continuous follow-up of them by communicating with the social worker at the educational institution.
- 4- Mechanisms related to achieving social security. The community specialist's knowledge of how to formulate modern policies to improve social services came in first place, with a rate of 96.9%. In second place, with a rate of 95.9%, was identifying the problems and needs of refugee children with disabilities according to their circumstances. In third place, with a rate of 94.9%, was discovery. The abilities and potentials of children that help achieve social security for them, and these mechanisms have been consistent with the results of some previous studies, including the study (Elias, 2021), the study (Mousa, B-T), the study (Bonderva, 2022), and the study (Maria, 2022).

Table No. (10) shows the total mechanisms for developing programs for groups of refugee children with disabilities.

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
1	Educational mechanisms for developing programs	151	7	7	474	2.8	95.7	1

	for groups of refugee children with disabilities							
2	Mechanisms related to social security for refugee children with disabilities	148	9	8	470	2.8	94.9	2
3	Social mechanisms for developing programs for groups of refugee children with disabilities	127	27	11	446	2.7	90	3
4	Health mechanisms for developing programs for groups of refugee children with disabilities	117	24	24	399	2.4	80.6	4
	Total	543	67	50	1789	2.6	89.1	High level

Table No. (10) shows the total mechanisms for developing programs for groups of refugee children with special needs. Educational mechanisms came in first place, with a percentage of 95.7%, in second place, with a percentage of 94.9%, are mechanisms related to social security, in third place, with a percentage of 90%, are social mechanisms, and in third and final place are mechanisms. Health, at a rate of 80.6%. In light of the above, the importance of these mechanisms became clear, which came at a high level, at a rate of 89.1%.

Table No. (11) Explains the expected role of the specialist in developing mechanisms for work programs with groups of refugee children with disabilities, n=33.

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
1	The services provided to them are not compatible with their social and health conditions	28	2	3	91	2.7	91.9	4
2	Lack of appropriate funding to provide programs and activities for this category	31	1	1	96	2.9	96.9	1
3	Failure of disabled refugee children to cooperate with the	17	11	5	78	2.3	78.7	7

	social worker's directives							
4	The lack of a clear and realistic implementation plan for programs and activities appropriate for this category	19	4	10	75	2.2	75.7	8
5	Children are reluctant to participate in programs and implement them according to their ability	7	4	20	53	1.6	53.5	10
6	Social workers rely on old professional methods and mechanisms in professional practice with this group	24	7	2	88	2.6	88.8	5
7	Lack of training programs for social workers working with refugee children with special needs	29	3	1	94	2.8	94.9	2
8	The organization's work team does not cooperate with social workers to develop their programs	18	13	2	82	2.4	82.8	6
9	Lack of personal preparation among some social workers working with these groups	9	4	20	55	1.6	55.5	9
10	Lack of tools and capabilities necessary to implement programs and activities with this category	28	4	2	93	2.8	93.9	3
	General level	210	55	65	805	2.4	81.3	High level

Table No. (11) shows the expected role of the specialist in developing the mechanisms of work programs with groups of refugee children with special needs. The agreement between the specialist and member children on the general objectives

of the programs came in first place, with a rate of 96.9%, while stimulating and encouraging their enthusiasm to participate, and in second place, with a rate of 95.9%. Determining the structure of the group (group size - harmony between the group - time specified for the group - group standards) of refugee children with determination, and in third place, with a rate of 94.9%, writing an action plan with group members of refugee children with determination so that it is available to them and the institution, and in light of the views of The study sample showed that the expected role was achieved at a high level, at a rate of 90.9%, and these opinions are consistent with the results of the study (Kikachi, 2020), the study (Resto, 2021), and the study (Whitaker, 2022).

Table No. (12) shows the obstacles to developing mechanisms for work programs with groups of refugee children with disabilities, n=33.

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
1	The services provided to them are not compatible with their social and health conditions	28	2	3	91	2.7	91.9	4
2	Lack of appropriate funding to provide programs and activities for this category	31	3	3	96	2.9	96.9	1
3	Failure of disabled refugee children to cooperate with the social worker's directives	17	11	5	78	2.3	78.7	7
4	The lack of a clear and realistic implementation plan for programs and activities appropriate for this category	19	4	10	75	2.2	75.7	8
5	Children are reluctant to participate in programs and implement them according to their ability	7	4	20	53	1.6	53.5	10
6	Social workers rely on old professional methods and	24	7	2	88	2.6	88.8	5

	mechanisms in professional practice with this group							
7	Lack of training programs for social workers working with refugee children with special needs	29	3	1	94	2.8	94.9	2
8	The organization's work team does not cooperate with social workers to develop their programs	18	13	2	82	2.4	82.8	6
9	Lack of personal preparation among some social workers working with these groups	9	4	20	55	1.6	55.5	9
10	Lack of tools and capabilities necessary to implement programs and activities with this category	28	4	1	93	2.8	93.9	3
	General level	210	55	65	805	2.4	81.3	High level

Table No. (12) shows the obstacles to developing mechanisms for work programs with groups of refugee children with special needs. The lack of appropriate funding to provide programs and activities for this group came in second place, with a percentage of 96.9%, and in second place, with a percentage of 94.9%, was the lack of training programs for social workers working with refugee children. People of Determination, in third place with a rate of 93.9%, lack of tools and capabilities necessary to implement programs and activities with this category, and these opinions came to confirm the presence of obstacles facing them at a high level, with a rate of 81.3%, and these opinions are consistent with the results of a study (World Health Organization, 2022), and a study (Red Crescent Organization), 2022).

Table No. (13) shows appropriate proposals for developing mechanisms for work programs with groups of refugee children with children with disabilities, n=33.

m	The ferry	Responses			Total weights	Weighted weight	Relative strength	Ranking
		OK	Fairly agree	not agree				
1	Develop a realistic mechanism that	29	3	1	94	2.8	94.9	3

	matches the capabilities of refugee children with disabilities							
2	Designing appropriate programs and activities to satisfy children's needs	27	4	2	91	2.7	91.9	5
3	The work team cooperated with the social worker to provide the best services for this group	22	5	6	82	2.4	82.8	10
4	Holding training courses periodically for all those working with refugee children with special needs	31	1	1	96	2.9	96.9	1
5	Providing appropriate numbers of social workers working with this group	28	3	2	92	2.7	92.9	4
6	Providing appropriate financial resources to implement programs and activities for refugee children with disabilities	30	2	1	95	2.8	95.9	2
7	Psychological preparation for children, especially those in need of prosthetic devices or training appropriate to their disability	27	3	3	90	2.7	90.9	6
8	Facilitating the admission of refugee children with disabilities into appropriate social institutions	26	2	5	89	2.6	89.8	7
9	Networking and cooperation with community	25	4	2	87	2.6	87.8	8

	institutions that provide services to this category							
10	Fair distribution of all international grants and aid to institutions caring for refugee children with special needs	22	7	4	84	2.5	84.8	9
	General level	267	36	27	900	2.5	85.9	High level

Table No. (13) shows appropriate proposals for developing mechanisms for work programs with groups of refugee children with disabilities. In first place, with a percentage of 96.9%, is holding periodic training courses for all those working with refugee children with disabilities, and in second place, with a percentage of 95.9%, is providing appropriate financial resources to implement programs. Activities for refugee children with determination, and in third place with a rate of 94.9%, developing a realistic mechanism that matches the capabilities of refugee children with determination.

Tenth: General results and answers to the study's questions:

1-The answer to the first question:

-What are the professional skills of a social worker to develop mechanisms for work programs with groups of refugee children with disabilities?

The answer to this question was as follows:

- A- Skill in a comprehensive view of all refugee children with special needs without distinguishing between them in treatment during the implementation of the program.
- B- Investing in the abilities and skills of refugee children with disabilities for the benefit of the rest of the group members participating in the program.
- C- The skill of strengthening cohesion among refugee children with determination to enable the program to succeed.

2- To answer the second question:

What is the realistic role of the social worker to develop mechanisms for work programs with groups of refugee children with special needs? The answer to this question was as follows:

- A- Equip children with the ability to use positive mechanisms to prevent disobedience from participating in the program.
- B- Make sure to change frustrating thoughts as a result of their family or physical circumstances.
- C- I strive to enhance children's self-confidence according to their circumstances and professional differences.

3- Answering the third question:

-What are the mechanisms for developing programs for groups of refugee children with disabilities? The answer to this question was as follows:

A- Problems facing refugee children with disabilities:

Psychological problems: -

The child suffers from post-traumatic stress disorder as a result of asylum disorders and disability.

-Lack of inclination to cooperate due to his disability coupled with his being a refugee.

-The child feels insecure, which makes him tend toward aggression and violence.

Social problems: -

Not integrating and entering into social relationships with others.

-Feeling of inability to take responsibility for the circumstances of disability.

-Inability to manage the affairs of his social life due to disability

. Health problems: -

Physical and skin deformities due to asylum.

- Malnutrition diseases due to lack of provision of appropriate healthy food.

-Having disabilities, such as previous amputation or arm amputation.

Educational problems: -Stop going to school because he suffers from fear.

-Inability to complete his studies in the place of asylum.

-Suffering from poor academic achievement due to academic irregularity.

B- Mechanisms for developing programs for groups of refugee children with disabilities: Social mechanisms: -

Developing cooperative work among refugee children with special needs.

- Giving refugee children with special needs the desired values within society.

- Increasing disabled refugee children's sense of social security and not fearing for their future. Health mechanisms: -

Contributing to increasing health awareness among refugee children with disabilities. - Conducting tests and surgeries for all refugee children of determination.

-Continuous medical follow-up for those in need of prosthetic devices.

Educational mechanisms: -

Providing all extracurricular and educational activities that suit their abilities.

- Organizing ongoing religious and educational meetings for refugee children.

-Continuous follow-up of them by communicating with the organization's social worker. Mechanisms related to achieving social security: -

The community specialist's knowledge of how to formulate modern policies to improve social services.

-Identifying the problems and needs of refugee children with disabilities according to their circumstances.

-Discovering children's abilities and potentials that help achieve social security for them.

4- Answering the fourth question: -

What is the expected role of the social worker in developing mechanisms for work programs with groups of refugee children with special needs?

A- Agreement between the specialist and the member children on the general objectives of the programs while motivating and encouraging their enthusiasm to participate.

B- B- Determine the structure of the group (group size - homogeneity among the group - specific time for hunger - group standards) of refugee children with determination.

C- C- Writing a work plan with members of the group of refugee children with disabilities so that it is available to them and the organization.

5- Answering the fifth question: -

What are the obstacles to developing mechanisms for work programs with groups of refugee children with disabilities?

The answer to this question was as follows:

A- Lack of appropriate funding to provide programs and activities for this category.

B-The lack of training programs for social workers working with refugee children with special needs.

C- Lack of tools and capabilities necessary to implement programs and activities with this category.

6- Answering the sixth question: -

6- What are the proposals that contribute to developing the mechanisms of work programs with groups of refugee children?

The answer to this question was as follows:

A- Holding periodic training courses for all those working with refugee children with special needs.

B- Providing appropriate financial resources to implement programs and activities for refugee children of determination.

C- Develop a realistic mechanism that matches the capabilities of refugee children with special needs.

Eleventh: A future vision for developing mechanisms for work programs with groups of refugee children with disabilities:

- 1- The foundations on which the future vision is presented:
 - A- The results of previous scientific studies and research and the results of the current study that were consulted and analyzed.
 - B- The theoretical framework of social service in general and the method of working with groups in particular.
 - C- Interviews and meetings with experts and specialists in social service, psychology, and mental health.
 - D- Determine the professional and planned efforts undertaken by the practicing social worker to work with groups of refugee children with special needs in all institutions for the care, education and protection of children in difficult circumstances.
 - E- Relying on determining how to develop mechanisms for working with groups of children with special needs in order to satisfy their needs and confront their social problems.
- 2- Objectives of the future vision:
 - A- Continuous development of the professional performance of specialists working with groups of refugee children with special needs in light of commitment to their legitimate requirements and rights in accordance with the institution's capabilities.
 - B- Ensuring adherence to the basic processes by the social worker to work with groups of refugee children with special needs.
 - c- The commitment of the specialist working with groups of refugee children with special needs to the basic principles that contribute to satisfying their needs according to their abilities.
 - d- The specialist working with groups of refugee children with special needs was keen to adhere to the professional skills of this group and apply them within the institution.
 - D- The specialist's commitment to working with groups of refugee children with disabilities to professional models and theories that suit their abilities to satisfy their needs.
- 3- An analytical framework for developing mechanisms for work programs with groups of refugee children with disabilities in light of the future vision:
 - A- The foundations that a social worker can rely on to activate the use of professional mechanisms in the way of serving groups of refugee children with special needs, including:
 - B- • The programs and activities that are planned or being implemented respond to the needs and desires of the groups of social care institutions that provide services to this category.
 - C- • Paying attention to moral changes along with physical changes.

- D- • Taking into account integration and inclusion within the limits of capabilities when planning social programs and activities.
- E- • Interest in the presence of a prominent role for civil society organizations in planning and implementing social programs and activities.
- F- • Social programs and activities should be multi-purpose and multi-purpose, and directed to serve all human groups in social care institutions.
- B- Determine the requirements for activating the employment of professional mechanisms in the way of serving groups of refugee children with disabilities in light of the following:
- C- • Intensifying educational courses and seminars in social care institutions for refugee children with special needs.
- D- • Focus on information technology to take advantage of the latest computer programs to increase rational thinking based on the rules of the scientific method in confronting social problems related to the areas of professional practice of the community service method. • Reconsidering and evaluating the programs already in practice; To develop it and increase its effectiveness.
- E- C- Providing the necessary funding to develop the use of professional mechanisms in serving groups of refugee children with disabilities in the Kingdom of Saudi Arabia, through: • Increase financial allocations to support various activities in social care institutions for this category.
- F- • Establishing special funds to spend on programs and activities for this category.
- G- • Allocating subsidies, grants, and grants to practice professional work with humanitarian units (whether individuals, groups, or society).
- H- D- Strengthening the theoretical foundations for developing the use of professional mechanisms in serving groups of refugee children with disabilities, through the following: • Benefiting from the latest findings of studies and research, and what is indicated by the latest Arab and foreign references and literature in various sciences related to the professional practice of social service, such as sociology, social psychology, education, etc.
- I- • Developing artistic methods to suit working with refugee children of special needs, especially in social care and shelter institutions.
- J- • All departments in all colleges and academic institutes of social service across Egypt prepare research and studies through which the effectiveness of theoretical foundations that have been tested or not tested in the field of working with refugee children with disabilities can be tested.

- K- • Developing technical methods to suit all areas of professional practice to serve the community to provide all services to refugee children with special needs.
 - L- • Urging researchers in a way to serve the community to adhere to the procedural steps of how to use the theory of professional practice from defining the problem of the study until communicating, interpreting and analyzing the results in the areas of professional practice to serve the community and employing refugee children with special needs.
 - M- • Holding scientific seminars and hosting academic specialists; To acquire more scientific and professional skills in professional intervention with the theory of professional practice of the method of community service in working with groups of refugee children with special needs.
- 4-Techniques through which the future vision is launched:
- A- Group discussion: This is to reach a state of mutual understanding between groups of refugee children with special needs about the basic needs and social problems that these children face, and to cooperate among themselves to solve these problems, and to find the necessary plans to satisfy those needs, in addition to helping them acquire the desired social behaviors, and modifying them. And changing unwanted behaviors.
 - B- Behavioral modeling: This is to help refugee children with special needs solve the problems of their personal relationships, and to teach them new behavioral patterns and interaction skills, by observing a person who exhibits this behavior by presenting a good model or role model in an actual display or symbolic display in the form of imagination.
 - C- Role playing: It is a successful and effective method that trains refugee children with disabilities to perform many social skills and desired social behaviors until they are mastered, and increases their ability to interact socially with others with whom they deal.
 - D- Trips: They are important in providing the children of refugees with special needs a lot of experiences, including self-reliance, getting rid of feelings of fear and anxiety due to the circumstances imposed by the refugee problem, forming a social personality, training in cooperation and taking responsibility, making new friends and forming good relationships with them. By helping them communicate with others in different environments, and developing their leadership skills.
 - E- Camps: They contribute effectively to shaping the personality of refugee children with special needs, giving them the qualities of good citizenship, and developing their social skills, by satisfying their needs imposed by the nature of these conflicts, and investing their leisure time in a positive way.

- F- The story and drawings: By providing the opportunity for refugee children with special needs to draw the situations and fears they were exposed to as a result of the asylum they were exposed to, and then discussing these drawings with them in order to help them get rid of the pain, sadness, and fears.
- G- Group projects:
- H- This is done by helping children who are victims of political conflicts to participate in collective work at the same time for the purpose of developing their social responsibility and the spirit of cooperation and participation, and providing them with security, protection and reassurance.
- I- H- Play:
- J- Especially group games, which provide the appropriate opportunity for these children to cooperate and form good relationships with others, demonstrate their ability to lead and follow, and get rid of feelings of constant fear and anxiety. I- Lectures and seminars: This is done through the assistance of experts and specialists in the field of care and protection of children abused as victims of political conflicts, including university professors and those practicing professional work in institutions for the care and protection of children in danger, with the aim of educating groups of parents of these children about the manifestations of abuse to which their children who are victims of political conflicts are exposed. And methods of dealing with them, and also educating them about methods of proper socialization, and guiding them on how to direct negative behaviors to their children in light of these conflicts.
- K- Audio-visual means: Most children tend to use them, and they are used to disseminate information and transfer knowledge and ideas. They are also a means of educating and educating children who are victims of political conflicts through entertainment and amusement. K- Home visits: in order to alleviate the pressures and disturbances that the family is exposed to as a result of political conflicts, the effects of which are reflected in the mistreatment of children within this family.
- 5-Professional roles of a specialist working with groups of refugee children with disabilities:
- A- The role of the educational consultant: where the social worker identifies information and data to localize their countries about the methods of violent practice against children resulting from political conflicts, and works to provide consultation to various institutions working in the field of care and protection of these children.
- B- The role of demands: The social worker defends the rights of children who are victims of political conflicts and demands their right to protection, care and prevention of violence resulting from these conflicts, and demands changes in society to prevent the problems to which these children are exposed.

- C- The role of the enabler: The specialist working with groups of refugee children with disabilities helps them express their fears and needs and determine their future expectations in order to work to instill confidence and reassurance in themselves.
- D- The role of the mediator: The specialist working with groups of refugee children with special needs is responsible for expressing the needs, interests, and problems of these children to the institution that provides care and protection services for these children.
- E- The role of the coordinator: This is through coordination between all programs, activities and services of various institutions concerned with the care and protection of refugee children with special needs so that no kind of duplication or duplication occurs in the provision of services.
- F- The role of the assistant: The specialist working with groups helps everyone who deals with refugee children with disabilities understand their needs and problems, and how to deal with those problems successfully.
- G- The role of the mentor: This is by helping the specialist working with groups of refugee children with special needs express their concerns and discuss them with them, and help them participate in solving the social problems they face. He also guides the work team to the behavior of these children and the motives for this behavior so that they can reduce the pressures. Incident to the child that leads to him suffering from psychological and social disorders.
- H - The role of the planner: The specialist working with groups of refugee children with special needs is responsible for the effective planning of all the various group activities and programs that are practiced with these children, or those who work with them, with the aim of satisfying the needs of these children and alleviating their problems.
- H- The exciting role:
This is through the specialist working with children's groups investing in the energies and capabilities of the members of the group of refugee children with disabilities, and helping them to participate in the various programs that are practiced with them in the various institutions for the care and protection of these children.
- J- The role of the teacher:
The specialist working with groups of children with disabilities plays this role when he teaches and trains the work team and practitioners to work with them in various care and protection institutions to use modern behavioral models specific to the principles of education and proper socialization for them.
- 7- Social worker skills with refugee children of determination:
- 8- A- Observation skill: Observation includes the specialist's skill in observing the behavior of every refugee child with special needs in the group, observing their

relationship with each other, and the children's participation and emotions during the programs.

9- B- Communication skill: The specialist must accept the positive and negative feelings of refugee children with special needs and help each child to express their feelings in a healthy way.

D- Listening skill: The social worker deals with refugee children with special needs through listening and listening to understand what is going on in the children's minds, listening to their favorite activities, learning about their problems, and making them capable of solving their problems. Listening leads to the formation of relationships between the students and the specialist as a result of their feeling of appreciation and interest on the part of the specialist.

E- Evaluation skill: It helps the specialist follow up on the programs and activities provided by the activities by evaluating those programs and identifying shortcomings, overcoming them and confronting them.

7- Future vision strategies for developing professional performance:

A- Behavior modification strategy:

It focuses on the fact that group participation represents a strong motivation in changing the behavior of refugee children with special needs through the formation of group friendships within activity groups through participation in activities and programs and providing the children with new behaviors and new attitudes.

B- Professional intervention strategy using the program: The program is a means of stimulating interaction between refugee children with disabilities within groups and a means for children to identify their problems and learn about the extent of their adaptation within groups.

C- Persuasion strategy: Training group members to respect other opinions and strengthen positive values among group members of refugee children with special needs.

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