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ABSTRACT

DISSERTATION on Social work and well-being in families of children with disabilities

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Structure of the dissertation

The dissertation has a length of 217 pages and is structured in a title page, contents, introduction, abbreviations used, four chapters, conclusions and summaries, recommendations, conclusion, contributions, bibliography and annexes. The text contains 28 figures and 11 tables. The bibliography includes a total of 78 sources, of which 36 in Cyrillic and 26 in Latin, and 16 electronic sources.

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Introduction

1.1. Relevance, importance and motivation for the choice of the topic

In the modern world, there are many different disabilities of child development. The number of children suffering from disabilities has increased dramatically compared to previous years. A child's disability has a significant negative impact on the entire family, which often faces a number of challenges. There have been numerous studies conducted on the causes of the increased number of children with disabilities and these include: increased maternal stress levels during pregnancy, vaccinations, intoxications, alcohol and drug use. Children with disabilities have special needs and require specialized support and care, which they receive in social support units. There is no in-depth research on how social work through the family that has a child with a disability affects the well-being of the whole family system. This is one of the reasons for choosing the dissertation topic.

Families of children with disabilities need the full support of various specialists (speech therapists, psychologists, teachers, doctors, social workers, etc.) who care for the development and well-being of children and their families. It is common for parents to refuse to accept that their child has a disability. The aim of this study is to investigate the level of awareness of families about the nature of child development disabilities, and methods to effectively improve the condition of children and their parents, thus they will feel more relaxed and confident and accept the disorder without fear

Over the past twenty years, the social service delivery system has been evolving through reform with a trend in a positive direction. That the family is the focus of social work, making informed decisions about the child's development is particularly relevant. We want to explore the implementation of a family-centered approach that puts the family at the center of professional attention by exploring the attitude of parents of children with disabilities to being part of this process. To find out whether reforms in social work that aim on the one hand to protect the rights of children with disabilities and on the other hand to change the quality of life of both themselves and their families lead to the expected effects.

To examine the readiness of the specialists working in the social units to provide the necessary support and assistance to the family to ensure the optimal development and well-being of both the child with disability and his/her family. To determine whether, through this support, parents are helped to cope with the emotional and practical challenges that come with managing their child's disability, and whether information and guidance is provided about available resources and services. Whether professional support to the family as they adapt to the new situation helps them to develop healthy and sustainable coping strategies. A child with a disability requires special care and attention, which is a source of additional strain and stress for parents, so it is essential to explore the positive effects of specialist support on all members of the family.

1.2. Aim, objectives and hypothesis of the study

The **AIM** of this dissertation is to examine and evaluate the impact of social work with families with a child with a disability in terms of implementing a holistic family-centered approach. To examine the impact of social work with families with a child with a disability in social services on the subjective well-being of the family system. To explore the attitudes and benefits of implementing a family-centered approach that lead to progressive change in families with a child with a disability.

Starting from the aim, the following **OBJECTIVES** of the study are defined:

1. To examine the nature and current status of social work with families with a child with a disability.
2. To establish the importance of social work for the well-being of families with a child with a disability
3. To study the attitudes of specialists working in social services and parents to ~~work~~ through the family-centered method.
4. To explore the social and psychological needs of families with a child with a disability.
5. Explore social measures to assist families in overcoming the challenges associated with the child's disability.
6. To evaluate effective methods for improving the quality of social work with families with a child with a disability.
7. To formulate recommendations for improving social support for families with children with disabilities.

Depending on the purpose of the study, the following HYPOTHESIS was derived:

It is assumed that social work principles that focus on the support and resources of families with a child with a disability significantly impact their subjective well-being and improve their quality of life. It is suggested that the positive impact of working with families with a child with a disability in social services can be enhanced through the development and implementation of a family-centered approach.

1.3. Object and subject of the study

The **object of** research in this dissertation is the practice in social services regarding the work with families with a child with disabilities. Parents whose children with disabilities are users of social services and specialists working in social units were included in the study.

The **subject** of the study is the positive changes of social services support to both the child and his/her family and the impact of social work on the subjective well-being of families with a child with a disability.

CHAPTER ONE: THEORETICAL ANALYSIS OF THE CURRENT STATE OF THE PROBLEM AND STUDY

This chapter is divided into three paragraphs that address the status of the problem of children with disabilities, family issues in raising a child with a disability, and social work with these families.

§ *State of the problem of children with disabilities*

2.1. Scope of the problem

Developmental disabilities are a serious problem with huge personal, social and economic costs. Children with disabilities often face limited educational and work opportunities, resulting in reduced productivity and quality of life. Families of children with disabilities bear the brunt of the problem, experiencing stigma, discrimination and daily challenges. There is a need to improve awareness of the management of developmental disabilities in order to support children's optimal development and support future social and economic development.

2.2 Risk factors for disability in children

These include: genetic factors, nutritional deficiencies, infections, exposure to environmental toxins, perinatal and neonatal factors, and trauma. Genetic factors, including congenital anomalies, are important in childhood disabilities. High rates of developmental disabilities in some populations are associated with the prevalence of consanguineous marriages. Infections, such as measles, rubella and meningitis, can lead to damage to the developing nervous system. Perinatal and neonatal events such as preterm birth, low birth weight and growth restriction are associated with impaired physical and mental development in children. Alcohol abuse during pregnancy can result in damage to the developing nervous system.

2.3. Nature and classification of child development disabilities

They include a wide range of disabilities that affect the nervous system and brain development: central nervous system birth defects such as spina bifida, brain anomalies and hydrocephalus. These disabilities can lead to various problems in the child's development, such as difficulties in motor skills, cognitive functions and social-emotional development. Classification of child developmental disabilities is a complex process that requires careful evaluation of all aspects of a child's functioning. It is important to keep in mind that each child is unique and individualized and comprehensive supports, including medical, educational, and social care, are needed to successfully manage children's disabilities.

2.4. Historical overview of disability in children

The historical overview of disabilities in children shows changes in society's attitudes towards these children throughout history. Throughout history, there have been developments in the care and support of children with disabilities, and in modern times there have been major efforts to integrate them into society. The principle of institutionalization is changing towards deinstitutionalization, with an emphasis on integration and social support for children with disabilities. The EU and the Member States are committed to combating discrimination against people with disabilities and are creating programmes and strategies for their integration and participation in society, which is also having a positive impact in our country.

§ *Family problems in raising a child with disabilities*

2.5. Nature of the family

The family plays an important role in children's lives by educating, training and helping them develop as individuals. The family can be prosocial, antisocial or antisocial, each of which has an impact on a child's development. The nurturing function of the family is crucial to the formation of children's moral values and social competence. At its core, the family is an environment in which children acquire complex social relationships and learn about different moral values. Parents' care and attention to their children, as well as their nurturing methods, play a key role in determining children's personal development. Through the introduction of values such as good, evil, fairness, justice, responsibility and others, children learn the basics of social relations and morality.

2.6. The impact of a child's disability on the subjective well-being of the family

A child's disability has a significant impact on the family, which can include financial strain, emotional stress, isolation and changes in social relationships. The impact of this varies depending on the characteristics of the child, the resources available and the support the family receives. It is important to provide an appropriate approach and services to help parents cope with the challenges and improve their subjective well-being, and it is important to understand that disability is not just the responsibility of the parents, but of the whole society. The fact that a family has a child with a disability also has positive effects that lead to more successful family relationships that strengthen resilience and cohesion among family members.

2.7. Changes needed to improve the quality of life of families with a child with disability

These changes include early identification and timely support for children's development, support for caregivers, investment in the education system, assistive technology and learning materials, accessible physical infrastructure, overcoming stereotypes and discrimination, and changing the medical approach to a social one. All of these measures are necessary to ensure inclusion, support and equal opportunities for children with disabilities and their families.

§ *Social work for families with a disabled child*

2.8. Normative basis of the rights of parents and children with disabilities

The legislation regulates the granting of family benefits for children, including those with permanent disabilities, the criteria for receiving the benefits, their amounts and the methods for submitting an application. In addition to the family allowances, parents of children with disabilities can benefit from tax relief through their employer or by filing an annual tax return with the National Revenue Agency. In addition, the inclusive education model enables students with disabilities to be integrated into mainstream schools and receive support in Special Education Support Centres. The last part covers the State's obligations towards persons with disabilities, including the provision of accessible buildings and facilities, support for families and raising public awareness of the rights and needs of these persons.

2.9. Legal framework of social benefits for children with disabilities

Includes different types of benefits, such as disability allowances, home care allowances, allowances for caring for seriously ill family members and allowances for looking after or accompanying sick family members. Benefits are determined according to the degree of disability and the family's income. Free medicines and medical devices for home treatment are also provided for disabled children who are included in the list of illnesses covered by the NHIF. The amount of benefits for raising disabled children is determined annually on the basis of the State Budget Law. A permanent disability must be established by the competent health authorities in order to qualify for these benefits.

2.10. Types of social services for families with a disabled child

Social services for families with children with disabilities in Bulgaria include various forms of support and care, which are aimed at the full development and social inclusion of children. Among them are day centers for children and youth with disabilities, family-type accommodation centers, transitional housing, supervised housing, centers for social rehabilitation and integration, sheltered housing for persons with mental disorders, sheltered housing for persons with mental retardation, and others. These services are provided with the aim of helping children with disabilities and their families to integrate successfully into society and to receive the necessary support for their development. It is important that the development and implementation of social services for children and families with

disabilities follows the principles of humanity and solidarity, which ensures accessible and quality services, taking into account the individual needs of its beneficiaries.

2.11. Characteristics of social work with families with a disabled child. Social support for families with a child with disabilities.

Social work with families who have a child with a disability is of utmost importance for their subjective well-being. In this context, social support plays a crucial role in achieving a balance in relationships between people. It includes emotional support, social integration, respect, material assistance and other types of support that are essential for the development and well-being of the family. Social support can assist and strengthen a family's resources, helping them to cope with the difficulties and stresses that can arise as a result of a child's disability. It is also important that the types of social support are adequately provided to ensure optimal support for families and their children.

2.12. Medical and social model in social work with families with a child with disabilities

The medical model focuses on individual defects and requires correction or treatment of disabilities. In comparison, the social model focuses on adapting the environment to provide equal opportunities to persons with disabilities. The social model emphasizes that the barriers for disabled people come from society, not from their individual deficits; disability is seen as a normal part of human life that should not lead to exclusion or discrimination. A change in societal thinking and attitudes towards people with disabilities is crucial for their full integration and participation in society.

2.13. The family-centered approach in social work

The family-oriented approach in social work is aimed at the overall improvement of the family as a basic unit. It focuses on the individual needs of each family member, supporting the family in the processes of problem solving and strengthening their mutual relationships. This approach involves the use of the family's internal and external resources, with the aim of activating and developing all possibilities for self-overcoming challenges. The principles of the family-centered approach are based on respect for family values and the rights of each family member. The work of this approach requires the participation of specialists from different fields who join their efforts to effectively solve the problems of the family. The family-centered approach seeks to preserve family ties, to provide support to achieve subjective well-being and stability in the family where a child with a disability is being raised.

2.14. Functioning of a family of a child with disability in society and changes in the organization of family life

The family of a child with a disability often experiences various changes in its organization and functioning in society. The interaction of the family, intra-family relations and social environment plays a key role in adjusting to the new way of life. Various factors, such as societal attitudes towards persons with disabilities, the socioeconomic status of the family and the parenting styles of the parents, influence family functioning. Rural and urban environments also have a major impact on families, as the countryside offers better opportunities for social contact, while the city can present greater isolation and distance. Research shows that families with low socioeconomic status face greater challenges in raising their children. The presence of a child with a disability in the family leads to changes in the relationship between spouses, affects the lives of siblings, and even changes the sex lives of parents. The socializing and psychological functions of the family also change, and the family has to adapt to new needs and challenges. It is particularly important to pay attention to supporting families raising children with disabilities who find themselves in difficult situations, in order to help them function fully in society.

2.15. Components of subjective well-being, welfare and the impact of social support on them

Wellbeing is defined by the way people live their lives, which includes - work, finances, relationships and health. Research shows that the best indicator of well-being is the frequency of positive emotions. According to various concepts, well-being includes life satisfaction, positive feelings and a sense of meaning. The central idea of well-being theory is that human welfare is not measurable only through happiness but includes our entire welfare in various aspects of life. They are positive emotions, a sense of meaning and purpose in life, engagement in activities, quality interpersonal relationships and achievements. Measuring well-being requires both subjective and objective indicators to reflect diversity and balance between the different components.

For children, well-being is defined as the satisfaction of physical, emotional and social needs, according to the UN Convention on the Rights of the Child.

Having social support is essential for families of children with disabilities. This can include various forms of assistance and resources for families, such as emotional, informational, material and community inclusion support. Their subjective well-being can be influenced through social support, counseling, parent education, community integration, access to necessary resources, protection of their rights, crisis management and strengthening of the family structure. It is important to provide care and support for those families who face specific challenges and needs in order for the child to develop in an appropriate and supportive environment.

2.16. Parental self-efficacy to deal with the problem

Parental self-efficacy for coping with problems in children with disabilities is essential. Parents' belief that they can cope with challenges is more important than the problems themselves or the child's behavior. Parents' ability to reframe disability in a positive light helps them build better family relationships and reduce stress. Supporting and helping to develop a positive view of disability is key to helping families cope with challenges.

2.17. Resilience march as a way for the individual to grow and recover

Resilience is the ability of a traumatized individual to develop and grow under difficult conditions, starting over and recovering. It is based on positive adaptation and includes factors such as good relationships, the ability to confront problems and recognised competence. Resilience is a biological, psycho-affective, social and cultural process that allows for new development after trauma. The resilience approach is not interested in the problem, but in the person's resources and strengths. It can be applied by anyone who wishes to help, including children.

CHAPTER TWO: METHODOLOGY AND STUDY DESIGN

I. STUDY METHODOLOGY

I. 1. Aim and objectives

The **AIM** of this dissertation is to examine and evaluate the impact of social work with families with a child with a disability in terms of implementing a holistic family-centered approach. To examine the impact of social work with families with a child with a disability in social services on the subjective well-being of the family system. To explore the attitudes and benefits of implementing a family-centered approach that lead to progressive change in families with a child with a disability.

Starting from the aim, the following **OBJECTIVES** of the study are defined:

1. To examine the nature and current status of social work with families with a child with a disability.
2. To establish the importance of social work for the well-being of families with a child with a disability
3. To study the attitudes of specialists working in social services and parents to ~~work~~ through the family-centered method.
4. To explore the social and psychological needs of families with a child with a disability.
5. Explore social measures to assist families in overcoming the challenges associated with the child's disability.
6. To evaluate effective methods for improving the quality of social work with families with a child with a disability.
7. To formulate recommendations for improving social support for families with children with disabilities.

I. 2. Object, subject and sample of the study

The **object** of research in this dissertation is the practice in social services regarding the work with families with a child with disabilities.

The **subject** of the study is the positive changes of social services support to both the child and his/her family and the impact of social work on the subjective well-being of families with a child with disabilities.

Scope - one hundred and thirty-four parents whose children with disabilities are users of social services and twenty-three specialists working in social units were included in the study.

The interviews and surveys were carried out in the following social services: day centers for children and young people with disabilities, day center for children and/or young people with multiple disabilities, Early Childhood Development Centre.

The children whose parents participated in the study had the following diagnoses: Cerebral Palsy, Down's Syndrome, Sturge-Weber Syndrome, Autism, Learning Disability, Attention Deficit Disorder.

The support the children receive in the social centers is work with the following specialists: psychologist, speech therapist, rehabilitation therapist, social worker, special educator, pediatrician, inclusion in group activities.

The support that parents receive in social centers is:

- Individual counseling to improve their mental health and to positively impact communication within the family system.
- Counseling to affirm their parental role in order to overcome problems related to disability, difficulties with school, support social integration and obtain information and mediation for material support.
- Participation in groups for parents where topics concerning child development and specifics of raising a child with a disability are discussed.

1.3. Aspects of subjective family well-being in a family with a child with a disability under research

Subjective well-being in a family with a child with a disability is different for each family, as each person and family's situation and needs are different. However, some of the common aspects of well-being that are explored in this research paper include: peace of mind and a sense of security when the family knows that the child is receiving the support and care they need, satisfaction and joy when the child with a disability develops and progresses in their social integration and academic achievement, expansion of the child's skills and qualities and those of their family members, improved interpersonal relationships within the family and community, developing empathy and understanding, discovering meaning and purpose

In the literature review, the legal framework of social assistance for children with disabilities is traced, but material support is not the subject of the study.

I.4. The study **methodology** includes theoretical methods, empirical studies including both quantitative and qualitative methods.

The empirical study was implemented through a survey and interviews. Information was collected from participants such as: parents of children with disabilities using social services, specialists working in social services with children with disabilities and their families.

Statistical methods are used to process the data from the survey of parents of children with disabilities using social services. Structured electronic interview to explore the opinion of specialists working in social units and in-depth interview with parents to enrich the information obtained from the pilot and current study.

I.4.1. Statistical methods

They are essential for aggregation, analysis and decision-making based on statistical significance. Depending on the nature of the data (quantitative, qualitative) and the type of distribution (normal or otherwise), the methods may be parametric or nonparametric. For the analysis of non-parametric data, the methods of frequency analysis and 'x²-analysis' are appropriate. Frequency analysis is used to determine the distribution of nominal variables by calculating absolute or relative frequencies. "The 'x²-analysis' is a non-parametric hypothesis testing method based on the Chi-square distribution, which allows the study of correlations. To make a decision, empirical and theoretical values of x² are compared, taking into account the significance level α .

I.4.2. Structured electronic interview

Structured electronic interview is used to explore the views of social work specialists, providing a systematic way of gathering information. This method offers convenience for participants who can participate at any time and place. Data processing and analysis are facilitated by specialized survey software platforms. The interview as a method of research and analysis is based on communication between interviewer and respondent. There are different types of interviews according to format, in this case a structured electronic interview was used. This interview has predetermined questions and a questionnaire type survey was prepared.

I.4.3. The In-depth interview

It provides an opportunity to analyze complex and profound aspects of the processes in families with disabled children. It allows one to "enter" the parents' thoughts and to reveal the true nature of the problems and difficulties they are experiencing. However, the method also has limitations such as the subjective nature of the knowledge gained and the lack of generality. The in-depth interview is a purposeful research contact that provides a unique opportunity to discover new perspectives in understanding subjective well-being in the family. Each conversation is unique, and it

is important that the researcher encourages the respondent to go into depth and uncover the reasons for their behavioral acts. The strengths of the method are that it provides maximum freedom to the research subjects and can serve to adapt research theories. Limitations include subjectivism of analysis and lack of generality. Ultimately, in-depth interviewing is an important method for studying social phenomena and processes, but it cannot generalize its results to an entire community.

II. ORGANIZATION AND STAGES OF APPLICATION

II.1. Pilot and full study

II.1.1. Pilot and full study - scope and tools

Eighteen parents of children with disabilities who use social services were interviewed in the pilot study and ninety-seven in the current study. Procedure: parents of children with disabilities attending social services with prior informed consent from the management of the service concerned. The questionnaire was administered in one form: individually, with a time limit of 20 minutes in the pilot study and no time limit in the current study.

Tools: an author-made questionnaire developed specifically for the purpose of the study was used.

II.1.2. Areas of study:

1. Social-emotional well-being of the parents: includes research on the level of stress and depression in parents, a unified strategy for the development and upbringing of the child, social activity, maintaining friendly relationships, employment opportunities and support from specialists working in social services.
2. Socio-emotional well-being of the child: examines the emotional state of the child with a disability, his social integration, his participation in the educational system, creating habits for a more independent and autonomous life as a result of the use of social services.
3. The type and effectiveness of support offered by specialists such as psychologists, speech and language therapists, educators, rehabilitation therapists and therapists is being explored. The family's needs for professional support are assessed and whether these are met by the services available.

II.2. In-depth interview with parents of children with disabilities using social services

II.2.1. Scope and tools

The in-depth interview was conducted with nineteen parents of children with disabilities attending social support centers, with prior informed consent from the management. The aim was to gather information that enriched existing findings from the pilot and substantive research, in this sense it is probing, expert in nature. The information sought is to be obtained in the form of a casual conversation, to stimulate the respondent to go beyond superficial formulations, to go into depth, to offer his/her own explanations, to come to the discovery of the reasons/motives for his/her behavioral acts.

Tools: an author-made questionnaire developed specifically for the purpose of the study was used.

II.2.2. Areas of study:

1. The emotions experienced by the parents on learning of the child's difficulty, the role of the supportive environment at this time, going through the stages of grieving.
2. The positive impact of individual and group counseling on quality of life, respectively on subjective well-being in personal and family aspects.

II.3. Interview with specialists working in social units

II.3.1. Scope and tools

Twenty-three specialists working in social units providing services to children with disabilities and their families were interviewed.

The survey was conducted with a structured electronic interview, without time constraint and prior informed consent from the management of the respective service.

Tools: an author-made questionnaire developed specifically for the purpose of the study was used.

II.3.2. Areas of study:

1. The parents' attitudes to continue the "office" work, i.e. the work started by the specialists in the social units /psychologist, speech therapist, special educator, rehabilitator/ at home with their children.

2. The willingness of parents to participate in individual counseling to improve their emotional state and to develop their parenting capacity, as well as in parenting groups.
3. The understanding of the specialists regarding the motivation and involvement of parents in the process of work with a key role in determining the individual goals and needs of the child, as well as in finding appropriate solutions to achieve them.

CHAPTER THREE: STATISTICAL ANALYSIS AND ANALYSIS OF THE RESULTS OF THE EMPIRICAL SURVEY AND INTERVIEWS

I. Analysis of the results of the pilot study. The pilot study sought to examine the relationship between social service use and subjective well-being in families with a child with a disability. It included parents in the municipality of Plovdiv. The survey was conducted in the form of an anonymous survey containing 25 questions. 18 parents whose children use social services were interviewed.

I.1. The aim of the study is to establish the relationship between the provision of support by specialists to children and parents in families with a child with a disability and how this affects subjective family well-being.

I.2. The objectives of the study include:

1. The study to establish the relationship between parents' attitudes to seeking counseling from specialists to affirm their parenting role and subjective well-being in their families.
2. Research on parents' attitudes towards educational institutions and teachers.
3. Exploring parental emotional functioning and how this reflects on subjective well-being in the family environment ,

I.3. Results and Discussion

Analysis of outcome data shows the relationship between parents' and children with disabilities' use of social services and their emotional well-being. There is a relationship between the use of parenting assertion counseling and the more successful functioning of parents of children with disabilities, but it is weak, with low coefficients.

Half of the respondents say that the most effective is the complex approach, i.e. the family-oriented approach, when services are offered to both the child and his/her family, assessing in advance the individual needs and specificities of the family environment. It was reported that there is a link between seeking counseling to strengthen the parenting role, with half of the respondents - 50% indicating that they regularly seek such counseling, also more than half - 55% say that they discuss with the other parent the guidelines given by the specialists during the counseling and this in more than half - 55% leads to a unified strategy for the upbringing and education of the child.

The expressed ratio of the question : “What is useful from these consultations?” by equal percentage- 28% answered that they receive guidance or external evaluation and feedback of their behavior and attitude towards their child and by equal percentage: 22% forming a more adequate attitude towards the child and also 22% left the question unanswered, which can be interpreted in a polysemous way.

There was a weak relationship between the questions “To what extent is it appropriate for the child to attend an educational institution?” where 34% of respondents answered “to some extent”, and an equal percentage - 33% answered “to a large extent” or “completely” and trusting teachers completely is a significant percentage - 45% of parents, 33% of them “to some extent” and 22% answer “to a large extent”.

It is noteworthy that a high percentage of parents-83%-indicated self-care and adherence to norms in society as priority habits they inculcate in their children, none-11% and a negligible -6% left the question unanswered. More than half 55% said they use praise, encouragement, involvement in household chores as ways to make the child feel important and significant, 28% of parents said they tell the child they love him and 17% gave no answer. 33% of respondents cited going for walks as a desirable and preferred activity to do with their child, 30% meeting friends, 28% going shopping together and 9% going to the cinema and theater.

The reported relationship between a reasoned and discussed decision with the other partner to attend a social service was overwhelmingly 50% of respondents and a higher 61% of parents continuing to work with the child at home as per prior guidance given by specialists, 33% indicating a response of “sometimes” and a marginal 6% indicating 'no' as a response.

The specialists who work with the child and the family are in a pronounced ratio: speech therapist-25%, , special educator-22%, psychologist-20%, rehabilitation therapist-13%, kinesiologist-9%, and a minimum percentage of 1% are indicated: social educator, occupational therapist and occupational therapist.

The results of the study show a weak correlation between the care of a child with a disability and the social activity and involvement of the parent.

Half of those who completed the survey-50%-said that childcare sometimes interferes with their other commitments, 28% said “yes” and 22% said “no”. More than half-56%-said they do not participate in community and parenting organizations, 33% participate and 11% sometimes participate.

The remaining questions explore the emotional state of parents who have a child with a disability.

The expressed proportion of responses in the survey to the question whether they feel sad, parents sometimes, for no apparent reason show /Figure 1/. The overwhelming percentage-50% of the respondents indicated “yes”, 28% said “sometimes” and 22% indicated “no” as the answer.

Whether the good is more in their life than the bad /fig.2/ more than half - 67% answer positively with “yes”, 22% indicate “sometimes” and the insignificant 11% choose the answer “no”.

As seen in Figure 3, more than half 55% indicated as a thought that “haunts” them what will happen to their child when they themselves are gone, 17% think negatively about the future. The same percentages- 17% of respondents did not indicate an answer and 11% said they had no such thoughts.

Fig.4 shows the ratio of the most exciting things in the life of parents with a child with disability. The overwhelming percentage - 67% say joint activities with children and family and friends, 17% - left the question unanswered, while 11% say an interesting book or place and 5% mention positive changes in the child.

I.4. Findings from the pilot study:

The analysis of the results related to the pilot study confirms the formulated working hypothesis, namely that between the use of counseling in social services by families with a child with disabilities affects their better functioning in emotional aspect, which reflects on the well-being of the family atmosphere . The measured relationship in the study was weak.

To achieve a more effective and meaningful relationship between the two components in the communication process between parents and specialists, it is necessary to build a relationship of partnership and understanding.

The family-centered approach is appropriate because it views the family as a crucial factor for change for their children. Specialists strive to assist parents in adapting to their child's special needs in everyday life, while encouraging them not to neglect self-care and their own needs. Family counseling is functional because it is the primary form of support for parents of children with disabilities who, in the process, change established patterns of communication, improve their communication skills, make decisions about

Figure 1

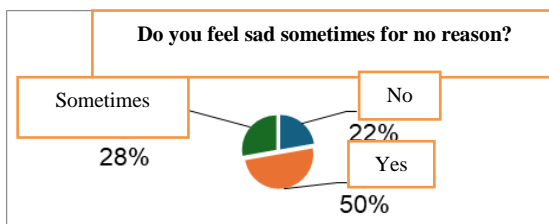


Figure 3

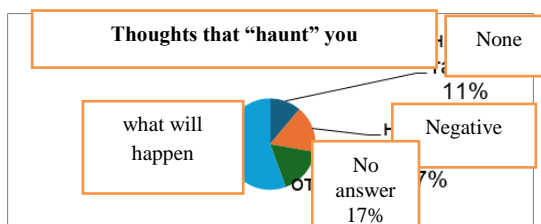


Figure 2

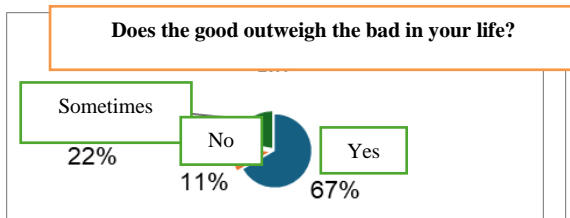
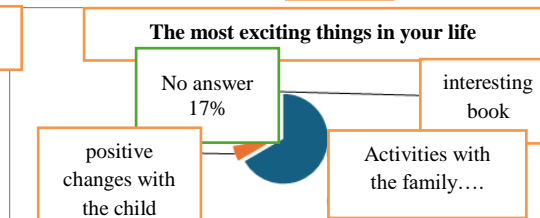


Figure 4



II. Analysis of the results of the current study of the variables related to the impact of social work on subjective well-being

II.1. The relationship between parents' and children with disabilities' use of social services over time and their views on the family's emotional well-being

Table 1 shows the relationship between parents' and children with disabilities' time in social services and their views on family well-being in emotional terms. Although, Cramer's coefficients vary in a low range (Cramer's $V=0.093\div 0.256$), the results show that there is a statistically significant relationship ($p=0.005\div 0.038$) between time spent in consultation with specialists and better functioning of parents of children with disabilities. The highest percentage of parents surveyed indicated that teamwork was most effective regardless of the length of time spent seeing a specialist (40.7% responding "up to two years" and 50% responding "more than two years", respectively). The proportion of specialists working with the child and family depending on whether the parents had used social services for up to two years or more than two years was respectively: psychologist (37.0% and 24.3%); rehabilitation therapist (11.1% and 11.4%) and speech therapist (7.4% and 10.0%). Involving more specialists in working with the child is fully supported by both parents who have used their services for up to two years (48.1%) and those who have used their services for more than two years (45.7%). According to the data, teamwork that involves different specialists is paramount for interacting with children and their families. Parents believe that this is the most effective way to support their children, regardless of the length of collaboration with specialists. The view that involving more specialists leads to better outcomes is supported by most parents who use social services.

To the question "Do you work independently, as directed by specialists at home with your child?" Again, there is a trend of a high percentage of positive responses. A total of 96.2% of parents who had seen a specialist for up to two years or more answered in the affirmative, and only 3.7% of those who had received specialist help for less than two years answered in the negative.

There was a correlation between seeking counseling and parenting role affirmation, with 48.1% of parents surveyed indicating that they see a specialist "up to two years" and 57.1% "more than two years" respectively, responding that they regularly seek this type of help. Parents who visit specialists for more than two years are more likely to work independently at home on their instructions. It is likely that over these years they have gained experience and confidence in themselves, making them ready to take a more active role in their child's care. Also, these parents in consultation have learned techniques and ways that help them deal more effectively with their child's specific needs.

A high percentage of parents report that they have a common strategy with the child's mother/father regarding the child's growth and upbringing, regardless of the length of time they have received specialized counseling (70.4% - "up to two years" and 57.1% - "more than two years"). Only 7.4% of respondents who had seen a specialist in less than two years responded negatively. It is noteworthy, however, that both categories of parents reported that child care made their professional and household duties more difficult, with 40.7% and 41.4% of those who had received counseling for up to two years and more than two years, respectively, responding positively. A high percentage of parents shared common values and strategies for raising their child, regardless of the length of counseling they received. This can be a key factor in family well-being that reinforces cohesion and support among families. At the same time, they express difficulties in balancing childcare and work commitments, which can lead to stress and tension within the family. This is a challenge for families who need a balance between different aspects of life.

A high percentage of parents surveyed considered it largely appropriate (40.7% and 38.6%) for their child to attend an educational institution. Regardless of the amount of time they work with specialists, they report that they fully trust the teachers who work with their child (48.1% and 54.3%).

With regard to the question whether out-of-home adults and children accept their child, the parents surveyed were more reserved in their answers. The highest proportion of respondents answered "to some extent" (37.0% and 41.4%). The results show that many parents believe it is appropriate for their children to attend an educational institution. They express confidence in teachers, considering them an important factor in children's development. However, in terms of their children's acceptance outside the home, parents were more reserved in their responses, believing that there is some degree of support but it is not complete. To improve family functioning, it is important to increase parents' confidence not only in teachers but also in other external factors that influence the child.

The results of the survey show that a total of 85.1% of the parents surveyed who have been using social services for less than two years feel completely or largely satisfied with their partner relationship, while for those who have been using social services for more than two years the percentage is 64.3% respectively. It is important to address this result and consider additional factors that may influence the well-being of families using social services.

Providing families with appropriate and timely support can help them improve their relationships and function more successfully. Long-term use of social services is likely to have a less than positive impact on partner relationship satisfaction. This fact may be due to the strain that is sometimes associated with child care and the limitations that may be imposed when participating in programs and services for a long time.

Table 1 Impact of time to see a specialist on parents' views of their family's general well-being

How long have you been seeing the specialists who work with your child					
		up to two years	more than two years	Cramer's V	Significance, (p)
In your opinion, which specialist works most effectively with your child?	teamwork	(11) 40,7%	(35) 50,0%	0,130	0,008
	speech therapist	(2) 7,4%	(7) 10,0%		
	does not indicate	(1) 3,7%	(3) 4,3%		
	psychologist	(10) 37,0%	(17) 24,3%		
	rehabilitator	(3) 11,1%	(8) 11,4%		
Do you think that involving more specialists in working with the child is appropriate?	entirely	(13) 48,1%	(32) 45,7%	0,119	0,014
	to a great extent	(1) 3,7%	(7) 10,0%		
	to some extent	(9) 33,3%	(24) 34,3%		
	not at all	(4) 14,8%	(7) 10,0%		
Do you work independently, as directed by the specialists at home with the child?	Yes	(13) 48,1%	(28) 40,0%	0,190	0,017
	no	(1) 3,7%	(13) 18,6%		
	Sometimes	(13) 48,1%	(29) 41,4%		
How often do you seek counseling with specialists to affirm your parenting role?	regularly	(13) 48,1%	(40) 57,1%	0,093	0,005
	rarely	(8) 29,6%	(15) 21,4%		
	I have not looked	(6) 22,2%	(15) 21,4%		
Do you have a unified strategy with the child's mother/father regarding the child's growth and upbringing?	Yes	(19) 70,4%	(40) 57,1%	0,141	0,038
	no	(2) 7,4%	(12) 17,1%		
	Sometimes	(6) 22,2%	(18) 25,7%		
Does childcare make your professional and household duties difficult?	Yes	(11) 40,7%	(29) 41,4%	0,214	0,018
	no	(7) 25,9%	(7) 10,0%		
	Sometimes	(9) 33,3%	(34) 48,6%		
To what extent is it appropriate for a child to attend an educational institution?	entirely	(9) 33,3%	(26) 37,1%	0,136	0,016
	to a great extent	(11) 40,7%	(27) 38,6%		

	to some extent	(3) 11,1%	(12) 17,1%		
	not at all	(4) 14,8%	(5) 7,1%		
Do you trust the teachers who work with your child?	entirely	(13) 48,1%	(38) 54,3%	0,159	0,029
	to a great extent	(7) 25,9%	(9) 12,9%		
	to some extent	(7) 25,9%	(23) 32,9%		
To what extent do you feel that adults and children outside your home accept your child?	entirely	(5) 18,5%	(5) 7,1%	0,177	0,038
	to a great extent	(8) 29,6%	(27) 38,6%		
	to some extent	(10) 37,0%	(29) 41,4%		
	not at all	(4) 14,8%	(9) 12,9%		
Are you satisfied with your partner relationship?	entirely	(12) 44,4%	(22) 31,4%	0,256	0,009
	to a great extent	(11) 40,7%	(23) 32,9%		
	to some extent	(0) 0%	(13) 18,6%		
	no relation	(4) 14,8%	(12) 17,1%		

II.2. The impact of the frequency of seeking specialized help from parents of children with disabilities on the assertion of their parental role

Table 2 presents the impact of the frequency of seeking specialist help for parents of children with disabilities on parenting role assertion. Again, Cramer's coefficients vary in a low range (Cramer's $V=0.110\div 0.287$), but there is nevertheless a statistically significant relationship ($p=0.004\div 0.045$) between the frequency of seeking specialist advice and parents of children with disabilities functioning better. When asked what type of counseling they found helpful, parents who regularly sought counseling (52.8%) and those who rarely saw a specialist (52.2%) responded that child development and skills referrals were most helpful. Even the group of parents who did not seek help (28.6%) felt that child development and skills guidance was most helpful. In addition, 28.3% of parents who regularly sought specialist help felt that better interaction with the child was also important. The data shows that the frequency of seeking specialist help from parents of children with disabilities is related to children developing skills as well as interacting better with them.

The highest percentage of respondents who regularly seek specialist help (62.3%) responded positively that they discuss the referrals and recommendations of the specialists with the child's father/mother. The group of parents who rarely seek specialist advice (52.2%) said that they only sometimes discuss the child's developmental guidelines and recommendations with the child's father/mother. Interestingly, 57.1% of parents who did not seek specialist help still responded positively that they discussed the specialists' guidelines and recommendations with the child's father/mother. Discussing the referrals and recommendations of specialists with the child's father/mother is an important element for the child's well-being. Whether parents seek specialist help or not, communication between parents is essential to support the child's development. This highlights that collaboration and consistency between parents is key to successfully addressing the challenges associated with parenting and child development.

When asked whether they have a unified strategy with the child's mother/father regarding the child's growth and upbringing, the largest percentage of parents who regularly attend counseling with a specialist (71.4%) and those who rarely use their services (66.0%) answered positively. Unfortunately, the group of parents who did not seek specialist help (52.2%) said that they only sometimes had a unified strategy with the child's mother/father regarding the child's growth and upbringing. The results show that a large percentage of parents who attend counseling with a specialist have a unified strategy with the other parent. Also that those who rarely use counseling also have a unified strategy. A problem arises for those who do not seek specialist help because they report that sometimes there is

agreement with the other parent about the child's upbringing and development. This may highlight the importance of specialists in helping parents to synchronize their parenting practices, improve communication and create a healthier and more sustainable environment for children.

Regardless of whether they regularly (77.4%), infrequently (69.6%) or not (76.2%) seek specialized help, the parents surveyed described their social activity as low. It is noteworthy, however, that those who regularly seek specialist advice (47.6%) report that child care only sometimes interferes with their professional and household responsibilities. An equal percentage of parents who rarely seek specialist help (47.8%) responded positively or "sometimes". A similar percentage of parents who did not seek specialist help answered "yes" (43.4%) or "sometimes" (41.5%). A large percentage of parents who did not seek specialist help felt that their social activity was low. Interestingly, those who regularly seek professional support are less likely to feel pressured by child care and the performance of their professional and household duties. Also, there is a similarity between the responses of parents who rarely or never seek help from a professional, which may indicate that these factors are not always interrelated.

A high percentage (66.7%) of parents surveyed who regularly seek support from a specialist consider it entirely appropriate for their child to attend an educational institution. The other two groups of parents, who rarely (52.2%) or never (35.8%) sought specialist help, also thought it was largely appropriate for the child to attend an educational institution.

Regardless of whether they regularly (71.4%) or infrequently (52.8%) sought specialist help, parents said they fully trusted the teachers who worked with their child. Whereas parents who did not seek specialist advice (39.1%) trusted teachers only to some extent. However, all parents expressed trust in the teachers who work with their children. Although parents who rarely or never sought help from specialists showed lower levels of trust in teachers compared to those who regularly sought specialist help. This can be key to successful educational support and child development. The results suggest that parents who regularly seek specialist help have greater trust in teachers and value their work more than those who rarely or never seek it.

In terms of whether out-of-home adults and children accept their child, the largest percentage (45.3%) of parents surveyed who regularly attend counseling responded "to a great extent". The other two groups of parents who rarely or never sought help were more reserved. The highest proportion of respondents answered "to some extent" (56.5% and 38.1%)

Regardless of whether they regularly (62.3%), infrequently (69.6%) or not (57.1%) sought specialist help, all three groups of parents surveyed were fully prepared to help others and to feel sympathy for their difficulties. The largest percentages of all three groups of parents surveyed responded that they only sometimes had time that was personal to them (73.6%; 60.9% and 66.0%). All three groups of parents reported that there are times when they sometimes feel despairing and sad for no particular reason (47.6%; 60.9% and 66.0%).

Despite the difficulties, all three groups of respondents responded positively that there was more good in their lives than bad (50.9%; 65.2% and 42.9%). This is also evident in the responses to the question of whether the words and actions of others can easily hurt them. The highest percentage of parents gave the answer "can not " (52.2%; 47.2% and 47.6%). When asked what thoughts are suppressing them and they want to "get away "from them the highest percentage of parents answered that it is the child's future (45.3%; 52.4% and 73.9%). Regardless of the frequency of seeking specialized help, parents were willing to help and express sympathy to others. All groups surveyed are experiencing difficulties and often feel despair and sad for no particular reason, yet they believe that the good in their lives outweighs the bad.

The survey results show that parents who regularly attend specialist counseling feel completely satisfied with their partner relationship (42.9%). Those who rarely use specialist help to a large extent (34.8%) feel satisfied with their partner relationship. An equal percentage of parents who did not seek help from a specialist responded "completely" (37.7%) and "to a great extent" (37.7%) respectively. Attending specialist counseling has a positive impact on satisfaction with the partner relationship.

Table 2 Impact of frequency of seeking specialist help (counseling) for parenting role assertion

How often do you seek counseling with specialists to affirm your parenting role?						
		regularly	rarely	I have not looked	Cramer's V	Significance, (p)
What kind of consultations are useful for you?	development guidelines and skills	(28) 52,8%	(12) 52,2%	(6) 28,6%	0,236	0,009
	better interaction	(15) 28,3%	(3) 13,0%	(5) 23,8%		
	I can not specify	(3) 5,7%	(0) 0%	(3) 14,3%		
	unanswered	(7) 13,2%	(8) 34,8%	(7) 33,3%		
Do you discuss the guidance and recommendations of specialists with the child's father/mother about the child's development and upbringing?	Yes	(33) 62,3%	(9) 39,1%	(12) 57,1%	0,209	0,007
	no	(6) 11,3%	(2) 8,7%	(5) 23,8%		
	Sometimes	(14) 26,4%	(12) 52,2%	(4) 19,0%		
Do you have a unified strategy with the child's mother/father regarding the child's growth and upbringing?	Yes	(15) 71,4%	(35) 66,0%	(9) 39,1%	0,284	0,004
	no	(1) 4,8%	(11) 20,8%	(2) 8,7%		
	Sometimes	(5) 23,8%	(7) 13,2%	(12) 52,2%		
How do you define your social activity?	High	(11) 20,8%	(3) 13,0%	(4) 19,0%	0,190	0,013
	low	(41) 77,4%	(16) 69,6%	(16) 76,2%		
	missing	(1) 1,9%	(4) 17,4%	(1) 4,8%		
Does childcare make your professional and household duties difficult?	Yes	(6) 28,6%	(11) 47,8%	(23) 43,4%	0,148	0,037
	no	(5) 23,8%	(1) 4,3%	(8) 15,1%		
	Sometimes	(10) 47,6%	(11) 47,8%	(22) 41,5%		
To what extent is it appropriate for a child to attend an educational institution?	entirely	(14) 66,7%	(4) 17,4%	(17) 32,1%	0,287	0,014
	to a great extent	(7) 33,3%	(12) 52,2%	(19) 35,8%		
	to some extent	(0) 0%	(4) 17,4%	(11) 20,8%		
	not at all	(0) 0%	(3) 13,0%	(6) 11,3%		

Do you trust the teachers who work with your child?	entirely	(15) 71,4%	(28) 52,8%	(8) 34,8%	0,190	0,013
	to a great extent	(3) 14,3%	(7) 13,2%	(6) 26,1%		
	to some extent	(3) 14,3%	(18) 34,0%	(9) 39,1%		
To what extent do you feel that adults and children outside your home accept your child?	entirely	(6) 11,3%	(1) 4,3%	(3) 14,3%	0,207	0,021
	to a great extent	(24) 45,3%	(6) 26,1%	(5) 23,8%		
	to some extent	(18) 34,0%	(13) 56,5%	(8) 38,1%		
	not at all	(5) 9,4%	(3) 13,0%	(5) 23,8%		

II.3. The impact of the type of specialized help sought by parents to strengthen their parenting role

Table 3 shows the impact of the type of specialist help sought by parents to assert their parenting role. The largest percentage of respondents who responded positively that they discussed the guidance and recommendations of specialists with the child's father/mother felt that developmental guidance and skills (66.7%) and better interaction with the child (45.7%) were essential for the child's development and upbringing. Those parents who reported that they only sometimes discuss the specialists' guidelines and recommendations with the child's father/mother also felt that developmental and skills guidelines (30.0%) as well as better interaction (39.1%) were essential for their child's development and upbringing. The overwhelming majority of parents expressed the view that it was essential to discuss the specialists' guidelines and recommendations with the other parent. This process is very important for the child's future and for the subjective well-being of the family.

The largest percentage of parents who indicated that they had a unified strategy with the child's mother/father regarding the child's growth and upbringing also found the guidance of developmental and skills specialists (76.7%), as well as better interaction with the child (50.0%) to be most helpful. Parents who reported that they only sometimes agreed with the child's father/mother about strategies for the child's growth and upbringing also found the guidance of development and skills specialists (20.0%) as well as better interaction (28.3%) most helpful to them.

Table 3 Influence of the type of specialized help (counseling) sought by parents for parenting role assertion

Do you discuss the guidance and recommendations of specialists with the child's father/mother about the child's development and upbringing?						
		Yes	no	Sometimes	Cramer's V	Significance, (p)
What kind of consultations are useful for you?	development guidelines and skills	(20) 66,7%	(1) 3,3%	(9) 30,0%	0,211	0,196
	better interaction	(21) 45,7%	(7) 15,2%	(18) 39,1%		
	I can not specify	(5) 62,5%	(2) 25,0%	(1) 12,5%		
	unanswered	(8) 61,5%	(3) 23,1%	(2) 15,4%		

Do you have a unified strategy with the child's mother/father regarding the child's growth and upbringing?						
		Yes	no	Sometimes	Cramer's V	Significance, (p)
What kind of consultations are useful for you?	development guidelines and skills	(23) 76,7%	(1) 3,3%	(6) 20,0%	0,224	0,138
	better interaction	(23) 50,0%	(10) 21,7%	(13) 28,3%		
	I can not specify	(8) 61,5%	(3) 23,1%	(2) 15,4%		
	unanswered	(5) 62,5%	(0) 0%	(3) 37,5%		

II.4. The relationship between the gender of parents of children with disabilities and their views on family well-being.

Table 4 shows the relationship between the gender of parents of children with disabilities and their views on family well-being. The Cramer's V coefficients are low and range from 0.072 to 0.245, but there is nevertheless a statistically significant relationship ($p=0.007\div 0.048$) between the gender of parents of children with disabilities and their opinion on family well-being. When asked which professional's work with the child was most effective, parents of both genders reported teamwork as most effective (48.9% and 33.3%). The results were similar with regard to the question whether it is appropriate to involve more specialists in working with the child. Parents of both genders (43.2% of women and 77.8% of men) considered it entirely appropriate. Parents, regardless of their gender, are unanimous in the view that teamwork and the involvement of more specialists in helping children are key to the subjective well-being of the family.

When asked whether they work independently, under the direction of specialists at home with the child, an equal percentage of women answered positively (43.2%) or "sometimes" (43.2%), while for men the highest percentage (44.4%) answered "sometimes". In terms of frequency of seeking specialist advice, 52.3% of women and 77.8% of men responded that they regularly seek help from a specialist.

When asked what type of counseling they found most helpful, both women (46.6%) and men (55.6%) responded that guidance on child development and skills was most helpful. In addition, 31.8% of women and 22.2% of men felt that better interaction with the child was also important. The highest percentage of women (54.5%) responded positively that they discuss the guidelines and recommendations of the specialists with the child's father/mother, while 66.7% of men responded positively. Consultation with specialists leads to better interaction and building of harmonious and healthy relationships in the family.

When asked if they participate in community and parenting organizations, 60.2% of women answered "yes" and 23.9% "sometimes". For men, the responses to this question were the same percentage 44.4%. Unfortunately, regardless of gender, both women (75.0%) and men (77.8%) rated their social activity as low. It is noteworthy that 43.2% of women said that childcare hinders their professional and household duties. Women giving the answer "sometimes" to this question is also 43.2%. For men, the highest percentage (55.6%) answered that child care sometimes hinders their professional and household duties. Both men (33.3%) and women (54.5%) said that they had a circle of friends who fully supported them. A significant proportion of respondents felt that childcare made their professional and domestic duties more difficult. It is important that they have a friendship circle that supports them to cope with the challenges of family life.

The largest percentage of women (65.9%) and men (66.7%) responded that they only sometimes have time that is personal to them. Respondents of both genders reported that there are times when they sometimes feel despair and sad for no specific reason (60.2% women and 66.7% men). Despite the difficulties, female respondents responded positively that the good in their lives is more than the bad (54.5%). For male respondents, the answers to this question were proportionally distributed – "yes" (33.3%); "no" (33.3%) and "sometimes" (33.3%). When asked if the words and actions of others can easily hurt them, the highest percentage of women responded "can't" (50.0%) and of men 66.7% responded "very often". When asked what thoughts make them feel oppressed and want to "get away" from them the highest percentage of parents regardless of gender answered that it was the child's future (52.3% women and

66.7% men). The results of the survey showed that the largest percentage of women (35.2%) felt that they had fully achieved well-being in the family, while the largest percentage of men (66.7%) felt that the well-being in the family they had achieved was to a large extent. The data indicated that parents often felt overwhelmed and in short supply of time for themselves. Also, they experience moments of sadness and hopelessness, even for no specific reason. Despite these difficulties, women express greater optimism about their lives. Men feel more vulnerable to the words and actions of others, while women less so. And the biggest worry for parents of both sexes is related to the future of their children.

Table 4 Influence of parents' gender on their opinion whether they have achieved well-being in the family

Your gender		wife	man	Kramer V	Significance
In your opinion, which specialist works most effectively with your child?	teamwork	(43) 48,9%	(3) 33,3%	0,169	0,009
	speech therapist	(8) 9,1%	(1) 11,1%		
	does not indicate	(3) 3,4%	(1) 11,1%		
	psychologist	(25) 28,4%	(2) 22,2%		
	rehabilitator	(9) 10,2%	(2) 22,2%		
Do you think that involving more specialists in working with the child is appropriate?	entirely	(38) 43,2%	(7) 77,8%	0,224	0,018
	to a great extent	(32) 36,4%	(1) 11,1%		
	to some extent	(7) 8,0%	(1) 11,1%		
	not at all	(11) 12,5%	(0) 0%		
Do you work independently, as directed by the specialists at home with the child?	Yes	(38) 43,2%	(3) 33,3%	0,079	0,038
	no	(12) 13,6%	(2) 22,2%		
	Sometimes	(38) 43,2%	(4) 44,4%		
How often do you seek counseling with specialists to affirm your parenting role?	regularly	(46) 52,3%	(7) 77,8%	0,185	0,019
	rarely	(23) 26,1%	(0) 0%		
	I have not looked	(19) 21,6%	(2) 22,2%		
What kind of consultations are useful for you?	development guidelines and skills	(41) 46,6%	(5) 55,6%	0,135	0,020
	better interaction	(28) 31,8%	(2) 22,2%		
	I can not specify	(11) 12,5%	(2) 22,2%		
	unanswered	(8) 9,1%	(0) 0%		
Do you discuss the guidelines and recommendations of the specialists with the child's father/mother about the child's development and upbringing?	Yes	(48) 54,5%	(6) 66,7%	0,072	0,048
	no	(12) 13,6%	(1) 11,1%		
	Sometimes	(28) 31,8%	(2) 22,2%		
Are you involved in community and parent organizations?	Yes	(53) 60,2%	(4) 44,4%	0,137	0,045
	no	(14) 15,9%	(1) 11,1%		
	Sometimes	(21) 23,9%	(4) 44,4%		
How do you define your social activity?	High	(16) 18,2%	(2) 22,2%	0,085	0,007
	low	(66) 75,0%	(7) 77,8%		

	missing	(6) 6,8%	(0) 0%		
Does childcare make your professional and household duties difficult?	Yes	(38) 43,2%	(2) 22,2%	0,127	0,045
	no	(12) 13,6%	(2) 22,2%		
	Sometimes	(38) 43,2%	(5) 55,6%		
Do you have a friend circle that you consider supportive?	entirely	(22) 54,5%	(3) 33,3%	0,202	0,026
	to a great extent	(9) 10,2%	(2) 22,2%		
	to some extent	(48) 25,0%	(2) 22,2%		
	not at all	(9) 10,2%	(2) 22,2%		

II.5. The relationship between parents' work involvement and their views on family well-being

Table 5 shows the relationship between parents' work involvement and their views on family well-being. The estimated Cramer's coefficients for this relationship are also not high (Cramer's $V=0.019\div 0.262$), but there is nevertheless a statistically significant relationship ($p=0.003\div 0.050$) between the work involvement of parents of children with disabilities and their opinion of whether they have achieved subjective family well-being.

When asked if they work independently, under the direction of specialists at home with the child, both work-involved and work-uninvolved parents gave close answers of “yes” (40.6% and 46.4%) or “sometimes” (43.5% and 42.9%). In terms of frequency of seeking specialist advice, 58.0% of the work-involved responded that they regularly sought specialist help, compared with 46.4% of the work-uninvolved. Families with work-involved parents were more likely to seek specialist advice and help in their relationship with their children. This can be interpreted as greater care and commitment to the well-being and good development of children. At the same time, disengaged parents may prefer to deal with problems themselves and therefore may not be as active in seeking professional help.

When asked what type of counseling they found most useful, both work-involved parents (44.9%) and non-work-involved parents (53.6%) responded that guidance on children's development and skills was most useful to them. In addition, 34.8% of work-involved parents and 21.4% of work-uninvolved parents felt that better interaction with the child was also important. The highest percentage of parents who work (53.6%) responded positively that they discuss the guidelines and recommendations of the specialists with the child's father/mother, while parents who do not work and responded positively were 60.7% respectively. The data shows that both work engaged and non-work engaged parents attach great importance to skill development in their children as well as improved interaction with them.

When asked whether they have a common strategy with the child's mother/father regarding the child's upbringing and education, the largest percentage of parents who work (53.6%) and those who do not work (60.7%) answered positively. A significant group of parents surveyed recognize the importance of a unified strategy for their children's upbringing, whether they work or not. Cooperation and consistency between parents play a key role in the subjective well-being of the family.

When asked whether they participate in community and parenting organizations, 56.5% of working parents answered “yes”, while the percentage of parents who are not working was 64.3%. Unfortunately, regardless of work involvement, both working parents (75.4%) and non-working parents (75.0%) rated their social activity as low.

The results are similar in terms of the income on which families with disabled children live. Both groups of parents, working (76.8%) and non-working (75.0%), rate their income as average.

It is noteworthy that working parents say that child care makes their professional and household duties more difficult, with 42.0% saying “sometimes” and 40.6% saying “yes”. The results are similar for parents who do not work. The highest percentage of respondents answered “sometimes” (50.0%), followed by those who answered “yes” (42.9%). Both working (52.2%) and non-working (50.0%) parents said they had a friendship circle that supported them to some extent. Both working and non-working parents are supported by their friends, which helps them cope with the stresses and challenges they encounter in their daily lives. This highlights the importance of social and community support for the subjective well-being of families of children with disabilities.

Parents' work involvement does not affect their willingness and attitude to help others and to feel sympathy for their difficulties. Both working (65.2%) and non-working (57.1%) parents responded that they were fully willing

to help others. Working parents were more willing to help others than non-working parents, indicating that a balanced involvement in work did not interfere with their relationships with loved ones and in the community. This can be seen as an indicator of a high level of empathy and care for others.

The largest percentage of both working (63.8%) and non-working parents (71.4%) responded that they only sometimes have time that is personal to them. Respondents from both groups reported that there are times when they sometimes feel despairing and sad for no specific reason (62.3% working and 57.1% non-working). However, most of the respondents, whether working or not, responded positively that the good in their life is more than the bad (55.1% and 46.4%).

When asked if the words and actions of others could easily hurt them, working parents gave almost equal responses of “can't” (42.0%) and “rarely” (43.5%), while 64.3% of non-working parents answered strongly “can't”. When asked what thoughts suppressed them and they wanted to “get away” from them, the largest percentage of parents, regardless of their work involvement, answered that it was the child's future (56.5% working and 46.4% non-working).

The results of the study showed that both working and non-working parents felt that they had fully (37.7% and 28.6%) or largely (36.2% and 32.1%) achieved subjective well-being in the family. Achieved harmony in the family was more among working parents, which may be explained by the greater challenges and need to balance work and family responsibilities.

Table 5 Influence of parents' work involvement on their opinion of whether they have achieved family well-being

Are you employed?		Yes	no	Cramer's V	Significance, (p)
Do you work independently, as directed by the specialists at home with the child?	Yes	(28) 40,6%	(13) 46,4%	0,075	0,043
	no	(11) 15,9%	(3) 10,7%		
	Sometimes	(30) 43,5%	(12) 42,9%		
How often do you seek counseling with specialists to affirm your parenting role?	regularly	(40) 58,0%	(13) 46,4%	0,131	0,035
	rarely	(14) 20,3%	(9) 32,1%		
	I have not looked	(15) 21,7%	(6) 21,4%		
What kind of consultations are useful for you?	development guidelines and skills	(31) 44,9%	(15) 53,6%	0,188	0,033
	better interaction	(24) 34,8%	(6) 21,4%		
	I can not specify	(4) 5,8%	(4) 14,3%		
	unanswered	(10) 14,5%	(3) 10,7%		
Do you discuss the guidelines and recommendations of the specialists with the child's father/mother about the child's development and upbringing?	Yes	(37) 53,6%	(17) 60,7%	0,069	0,043
	no	(10) 14,5%	(3) 10,7%		
	Sometimes	(22) 31,9%	(8) 28,6%		
Do you have a unified strategy with the child's mother/father regarding the child's growth and upbringing?	Yes	(46) 66,7%	(12) 46,4%	0,192	0,016
	no	(9) 13,0%	(5) 17,9%		
	Sometimes	(14) 20,3%	(10) 35,7%		
Are you involved in community and parent organizations?	Yes	(39) 56,5%	(18) 64,3%	0,074	0,050
	no	(11) 15,9%	(4) 14,3%		
	Sometimes	(19) 27,5%	(6) 21,4%		
What do you think your income	Medium	(53) 76,8%	(21) 75,0%	0,019	0,049

is?	Low	(16) 23,2%	(7) 25,0%		
How do you define your social activity?	High	(14) 20,3%	(4) 14,3%	0,132	0,029
	low	(52) 75,4%	(21) 75,0%		
	missing	(3) 4,3%	(3) 10,7%		
Does childcare make your professional and household duties difficult?	Yes	(28) 40,6%	(12) 42,9%	0,135	0,015
	no	(12) 17,4%	(2) 7,1%		
	Sometimes	(29) 42,0%	(14) 50,0%		
Do you have a friend circle that you consider supportive?	entirely	(17) 24,6%	(8) 28,6%	0,104	0,026
	to a great extent	(9) 13,0%	(2) 7,1%		
	to some extent	(36) 52,2%	(14) 50,0%		
	not at all	(7) 10,1%	(4) 14,3%		
Do you have a willingness and attitude to help others and have compassion for their difficulties?	entirely	(45) 65,2%	(16) 57,1%	0,148	0,034
	to a great extent	(13) 18,8%	(9) 32,1%		
	to some extent	(11) 15,9%	(3) 10,7%		

II.6. The opinion of parents of children with disabilities on whether they think they have achieved well-being in the family

Table 6 presents the views of parents of children with disabilities on whether they thought they had achieved well-being in the family. The results of the survey show that a total of 67.7% of the parents who have been using social services for less than two years think that they have achieved well-being in the family, while 100% of the parents who have been using social services for more than two years gave the answer “to some extent”.

Those of the parents who work independently, under the direction of specialists at home with the child and are of the opinion that they have fully achieved well-being in the family are 44.1% and to some extent 53.8% of respondents, respectively. Parents who regularly seek counseling with specialists gave an equal percentage of responses that they have fully or somewhat achieved well-being in the family (58.8%). The data indicated that those respondents who regularly sought consultation with specialists felt more satisfied and secure in their roles as parents.

Parents who responded that the most useful of the specialist counseling was guidance on children's development and skills felt that they had achieved some degree (61.5%) of well-being in the family. The group of parents for whom better interaction with the child was important were of the opinion that they had fully achieved well-being in the family (52.9%). Parents who regularly discuss the guidance and recommendations of specialists with the child's father/mother (64.7%) are of the opinion that they have largely achieved well-being in the family. The group of parents who report that they only sometimes discuss the guidelines and recommendations of specialists with the child's father/mother (61.5%) are of the opinion that they have achieved well-being in the family to some extent. Parents who report that they have a unified strategy with the child's mother/father regarding the child's growth and upbringing are of the opinion that they have largely (76.5%) or completely (88.2%) achieved well-being in the family. The implication of these results is that interaction and cooperation between parents plays an important role in the subjective well-being of the family.

Those parents who reported being involved in community and parenting organizations gave approximately similar responses to the question of whether they had achieved family well-being as follows: “entirely” (64.7%), “to a great extent” (53.0%) and “to some extent” (53.8%). It is noteworthy that the parents who indicated that they had low incomes are defined as people who have achieved well-being in the family, as those who gave the answer “entirely”- 70.6%, “to some extent”- 76.9% and “to a great extent”- 79.4%. Parents' participation in community and parenting organizations has a positive effect on building better family relationships.

Parents who reported that child care sometimes interfered with their work and household responsibilities were of the opinion that they had largely (50.0%) or somewhat (53.8%) achieved family well-being. Sharing childcare

responsibilities strengthens the bond between parents and helps them to improve and cultivate dynamics between all family members.

Parents who consider it entirely appropriate for their child to attend an educational institution are of the opinion that they have fully achieved well-being in the family (44.1%). Parents who think that it is largely appropriate for the child to attend an educational institution are accordingly of the opinion that they have largely achieved well-being in the family (41.2%). Parents who fully trust the teachers who work with their child report that they think they have fully achieved well-being in the family (58.8%). According to these data, it can be concluded that children's education and trust in teachers play an important role in achieving more successful family functioning.

Parents who felt that out-of-home adults and children were somewhat accepting of their child gave proportional responses to the question of whether they had achieved well-being in the family as follows: "entirely" (38.2%), "somewhat" (38.2%) and "to a great extent" (38.5%). Those of the parents who said that they had a friendship circle that fully supported them were also of the opinion that they had fully achieved well-being in the family (52.9%). Respondent parents who had support from the friendship circle were more likely to believe that they had achieved well-being in their family.

Respondent parents who were fully willing to help others and have sympathy for their difficulties also responded equally to the question of whether they had achieved well-being in the family as follows: "entirely" (58.8%) and "to a great extent" (58.8%). Parents who were more willing to help others and experience sympathy felt more well in their families. They are likely to have more constructive relationships and manage their own problems and difficulties better. This highlights the importance of empathy and support as factors that contribute to subjective well-being in a family.

The largest percentage of parents surveyed who said they only sometimes have time for them personally felt that they had achieved well-being in their family either completely (64.7%) or to a large extent (70.6%). This can be interpreted in two ways. First, although parents are busy and do not have enough time for themselves, they still manage to maintain a positive atmosphere in their family. Second, it may indicate that the time parents spend on themselves is quality time and is a factor in improving family relationships.

A large proportion of the parents surveyed responded positively that there was more good in their lives than bad, leading them to think that they had achieved well-being in their family to a great extent (47.1%) or to some extent (53.8%). This is also evident from the highest percentage of respondents' responses that the words and actions of others cannot easily hurt them, therefore, they believe that to some extent (76.9%) or entirely (50.0%) they have achieved well-being in their family. These results can be related to the fact that parents have been able to build strong and stable relationships with their family members, making them more resilient to negative influences from the outside.

Those parents who said that thoughts about their child's future suppressed them and they wanted to "escape" from them still said that they had achieved some (61.5%) or all (58.8%) well-being in their family. Despite the fact that the parents interviewed felt oppressed by thoughts about their child's future, they reported that they had achieved well-being in their family. This shows that even if there are challenges and stresses associated with the duties of parenthood, they manage to create a sustainable family life.

Table 6 Parents' opinion on whether they have achieved well-being in the family

Do you feel that you have generally achieved well-being in the family?							
		entirely	to a great extent	to some extent	no relation	Cramer's V	Significance, (p)
How long have you been seeing the specialists who work with your child?	up to two years	(12) 35,3%	(11) 32,4%	(0) 0%	(4) 25,0%	0,256	0,050
	more than 2 years	(22) 64,7%	(23) 67,6%	(13) 100%	(12) 75,0%		
Do you work independently, as directed by the specialists at home with the child?	Yes	(15) 44,1%	(13) 38,2%	(7) 53,8%	(6) 37,5%	0,182	0,037
	no	(7) 20,6%	(6) 17,6%	(1) 7,7%	(0) 0%		
	Sometimes	(12) 35,3%	(15) 44,1%	(5) 38,5%	(10) 62,5%		
How often do you seek counseling with specialists to affirm your parenting role?	regularly	(20) 58,8%	(20) 58,8%	(4) 30,8%	(9) 56,2%	0,179	0,040
	rarely	(9) 26,5%	(8) 23,6%	(6) 46,1%	(4) 25,0%		
	I have not looked	(5) 14,7%	(6) 17,6%	(3) 23,1%	(3) 18,8%		
What kind of consultations are useful for you?	development guidelines and skills	(9) 26,5%	(17) 50,0%	(8) 61,5%	(12) 75,0%	0,284	0,005
	better interaction	(18) 52,9%	(9) 26,5%	(3) 23,1%	(3) 18,8%		
	I can not specify	(5) 14,7%	(1) 2,9%	(1) 7,7%	(1) 6,3%		
	unanswered	(2) 5,9%	(7) 20,6%	(1) 7,7%	(0) 0%		
Do you discuss the guidance and recommendations of specialists with the child's father/mother about the child's development and upbringing?	Yes	(19) 55,9%	(22) 64,7%	(4) 30,8%	(9) 56,3%	0,204	0,023
	no	(4) 11,8%	(5) 14,7%	(1) 7,7%	(3) 18,8%		
	Sometimes	(11) 32,4%	(7) 20,6%	(8) 61,5%	(4) 25,0%		
Do you have a unified strategy with the child's mother/father regarding the child's growth and upbringing?	Yes	(30) 88,2%	(26) 76,5%	(3) 23,1%	(0) 0%	0,644	0,000
	no	(0) 0%	(1) 2,9%	(1) 7,7%	(12) 75,0%		
	Sometimes	(4) 11,8%	(7) 20,6%	(9) 69,2%	(4) 25,0%		

II.7. Findings from the current study

Specialist support from a range of specialists plays an important role in helping children and their families. Involving more specialists leads to better outcomes and better coping with children's difficulties. Parents who regularly seek specialist advice feel more satisfied and secure in their parenting role. Cooperation between specialists and parents is a prerequisite for achieving harmonious family relationships. It is important for families to find a balance between independence and seeking support from specialists. Parents who have been seeing specialists for more than two years focus on developing habits of independence and help in the household for their children. In comparison, parents who have been seeing specialists for less than two years place more emphasis on their children's social interaction. Overall child-rearing strategies are an important factor in the well-being of families, and these are linked to consultation with specialists. Working parents are more willing to engage in various activities with their children and are supported by their friends. There are identified challenges and stresses associated with parenting, but parents are managing to create a sustainable family life.

III. Analysis of the in-depth interview with parents of children with disabilities using social services

Nineteen parents were interviewed, of whom fourteen were living with a partner and five were raising their children alone. Seven of them are working and twelve are involved only in child rearing and education. Seventeen are female and two are male. Thirteen families have other children besides the child with disability.

When they found out about the child's difficulties the emotions they felt were shock, disappointment, sadness, depression, anger and denial. and that they often asked themselves, "Why is this happening to me?" and "What is my fault?". A proportion of interviewees said that they felt overwhelmed and devastated, with great resistance to facing reality, and that they felt deep disappointment. 47% of interviewees said that they accepted the fact that their child was having a difficult time relatively quickly and easily, went through the phases of grieving, and realized the need to accept the facts as they were so that they could help their children and seek out the appropriate specialists. 32% of the parents surveyed indicated that they had resisted for a long time or had reassured themselves that the difficulties would be overcome with time and the child's growth. The smallest percentage, 21%, reported that despite the diagnosis and the work started with the children by different specialists, they still could not realize and accept that their child had difficulties because it made them feel guilty, angry or desperate at certain times. It is noteworthy that those parents who claim the latter have started working with specialists within a year.

When asked, "How did the husband and relatives react when they found out about the child's disability" and "How did you feel about these reactions?" a proportion of the mothers interviewed said that they were too preoccupied with their feelings and did not care about the way the father accepted the fact that the child had a disability was important to them, rather than whether they had the understanding and support of their partner. Another group of parents said they were supported but did not take the support to be genuine. A small percentage of women interviewed said that they had become distant from their husband because of various negative experiences. Those who had sought professional help felt that it had helped them to improve their communication with their partner and their emotional state. However, there are also families where negative experiences have led to estrangement between spouses or even separation.

The most common difficulties experienced by parents are: lack of support and understanding from society, difficulties in coping with the stress and strain of caring for a child, and the challenges of communication and interaction, on the one hand with the child and on the other with other family members. They also point to insufficient resources and information on the possibilities for effective education of children with disabilities, their material provision and the protection of their rights.

Initially, medical specialists were consulted to identify the child's difficulties - 26% pediatrician, 21% neurologist, 21% psychiatrist - because they said that a diagnosis was needed for them to undertake the correct medication therapy and to determine the need for other specialists to be involved in the child's development. Equal percentages sought consultation with other specialists after diagnosis - 16% speech therapist and 16% psychologist.

58% answered "yes" and said that they continue the "office" work started by the specialists at home, because they realize the need for it, as relying only on the work of the specialists within the consultation is too insufficient to achieve the desired result. The same parents indicate that they understand that they spend much more time with their children, know their capabilities and can be extremely helpful for their development by continuing the work of the specialists. They have come to these conclusions and have realized it in the parenting assertion consultations. By equal percentages of 21% each, the rest of the respondents answered with "no" and "sometimes"./ Fig. 2

The majority of the respondents - 42% said that they have a unified strategy for the upbringing and development of the child and as a reason for this they point to the consultations they receive in the social support centers, which are both individual and family. The answer “sometimes” was given by 32%, and the reason for this was that they do not live together due to separation or the other parent's work abroad and the lack of adequate communication. 26% of the respondents answered with “no” because they do not maintain relations with the other parent or are unable to reconcile their differences. /Fig.1/

More than half of the parents - 58% - say that they use counseling in the social centers to strengthen their parenting role. /Figure 3/ Some of them answered that initially they did not see the sense and need for this, but later they were convinced that setting clear boundaries in the child's behavior, the structure of daily life and other issues concerning the child's upbringing and development is good to be discussed in a session with a specialist. 26% of the respondents indicated the answer “sometimes”, because they do not think that these consultations are good to be routine, but to be at times when they have some difficulty and need to talk it through. 16% indicated that they did not use such counseling and did not see a need for it.

43% of the interviewees indicated that they had sought psychological counseling for their emotional balance, especially in the beginning when they were going through the different phases of grieving the loss of the “healthy” child - sadness, denial, anger, depression. They are needed to adapt to the new life situation, to regain emotional stability, to be able to cope with their negative emotions.

The majority of parents say that their children are hardly accepted in kindergartens, schools, parks and playgrounds they visit. What is striking is that it is the teachers in kindergartens and schools who have a strong resistance and reluctance to work with children with special educational needs. When they are in the park the situation is similar, they even say that there are parents who ask their children to leave the playground where the child with special needs is. Parents of children with disabilities say that their children do not have the skills to engage adequately in general play, but also feel that in most cases they are simply not given the chance to interact with others. A significant proportion of parents indicated that consultation with specialists and discussion of specific situations of non-acceptance helped them to develop positive strategies that they used to assert their children's rights, both at school and in social acceptance.

To the question, “What feelings do you experience when you encounter negative attitudes towards your child?”, one part of the interviewees answered that there are moments when they feel resentment, shame, frustration and anger. Those attending parenting assertion counseling say that they feel much calmer and confident in their reactions at the moment.

Parents of children with disabilities report that counseling in social support centers helps them to increase their awareness of maintaining their personal health and comfort by following some of the following strategies: giving themselves moments of rest and relaxation, even for a short time, taking care of their own development, engaging in a hobby, reading a book, or simply allowing themselves to rest.

When asked “Do you have time for yourself?”, 42% answered “rarely”, either because they do not think it is important or because they do not have time for themselves; some respondents said that childcare was a priority for them. 37% answer “yes” and say that taking care of themselves is one of the important things that they realize in the parenting empowerment consultations, that it is not possible for them to be tired, to feel bad, to not have their own needs met and to raise happy and peaceful children. 21% say that they do not need such time and do not want it.

42% answered “no” to the question whether they have time for shared experiences with their partner, a part of them said that they do not have a partner relationship and this is not something they miss and want to change. /Figure 4/ Others answer that fathers are too busy with their work or work abroad because the treatment and counseling of the children cost a lot of money. The next group of parents claim that the difficulties of everyday life, the many commitments, the differences in views on child upbringing and care distance them from their partners and it is not so much that they lack the time to have shared experiences, but lack the desire and attitude to do so. 32% of the interviewees gave the answer “rarely” and gave as the reason for this the lack of a supportive environment around the family to take over the commitment for the child for a certain time. 26% gave the answer “yes”, even some of them said that they look forward to this time because it is the time to relax and recharge.

63% indicated a “no” answer to the question of whether they have a circle of friends. 37% of respondents indicated a “yes” answer, highlighting that many of these friendships have persisted over time, they do not see their friends often but can always count on them. Others said that they had formed such relationships with mothers of other

children with difficulties and in their company they felt good, understood and accepted, both by themselves and their children. Many parents feel isolated from their friendship circle after the birth of their child.

The majority of respondents indicated that their well-being is to have a healthy child, to feel fulfilled and to have enough resources to take care of their physical condition and to invest in their development and growth. They also said that the love and affection of a partner is an important part of having a sense of well-being, as well as understanding, sympathy, sharing the burden of care and worries. Interviewees shared tolerance of each other as a key point, which for them is the foundation for a healthy family.

Parents ranked the following factors in order of importance, leading to a positive impact on the family system: specialized support for the child's health, pedagogical support regarding the development of his cognitive processes and skills, and his successful integration into the educational system. This is followed by counseling to further develop parental capacity, therapeutic meetings on improving family relationships and aligning demands on the child, as well as opportunities and mediation in the material provision of families.

To the question, "How do you imagine the child in ten years?" Three groups of answers emerge. The first group of parents interviewed, who are 53%, say that they expect their children's deficits to be largely compensated for and to be able to function more independently without support from specialists and parents. The next group, who are 26% of parents, are very cautious about sharing their ideas about their child in ten years' time because they indicate that the difficulties have taught them to think in short-term terms, as they do not want to have expectations and then feel disappointed. The third group of interviewees, 21%, said that this was the most painful issue for them and they did not want to think about it as the prospect for their children was not hopeful. The thought of it makes them depressed, feel down, sad, confused and therefore live for today.

Figure 1

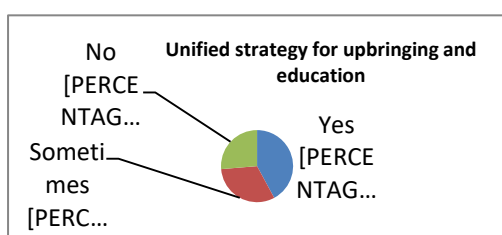


Figure 3

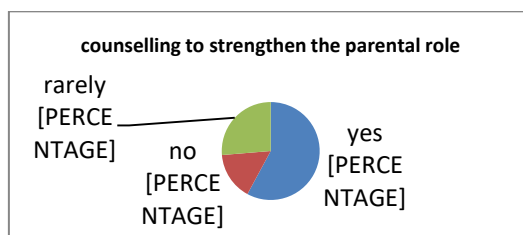


Figure 2

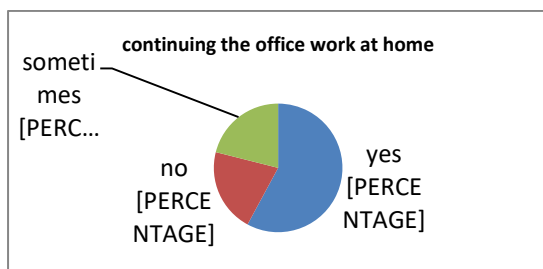
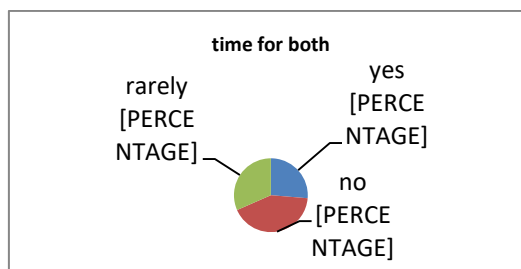


Figure 4



III.1 Findings from the in-depth interview with parents

- Counseling is part of a family-centered approach helps to affirm parenting as an important part of social work plays an important role in the subjective well-being of the family
- Parents of children with disabilities experience pressure and stress and need specialist help and support from a range of specialists to support their children's development and build strategies for their own wellbeing as well as that of their loved ones.
- Resilience, or the strengthening of a family's ability to cope with difficulties and adapt to change, plays an important role in combating the negative effects of raising a child with a disability. Counseling parents whose children attend social units helps to activate the family's resilience by providing them with the necessary

information, support and coping strategies for everyday life. It is important that counseling be tailored to the needs and unique characteristics of the child and family.

IV. Analysis of the interview with specialists working in social units offering services to children with disabilities and their families

The forms and methods of family support work in social services are varied and depend on the specific needs and problems of the family. Some of them include: information and support for problem solving and overcoming stressful situations in order to improve communication between family members, provision of educational programmes and training, individual counseling to strengthen the parenting role, participation in parenting groups, development of communication skills that can improve the atmosphere in the family, mediation to obtain material assistance and raising competence on financial family management.

Twenty-three specialists working in social services for children with disabilities in the cities of Asenovgrad, Plovdiv, Haskovo, Varna were interviewed. Eleven psychologists, six speech therapists, five social workers and one rehabilitation therapist completed the electronic questionnaire. The survey was conducted in electronic form: individually, without time limit and prior informed consent from the management of the respective service.

More than half-52% of the specialists interviewed reported their own positive experiences of the family-centered approach to social work in the areas of: improving communication within families, strengthening family bonds, encouraging families to make informed decisions of their own and to manage stress at acceptable levels, and on the successful integration of the child with a disability. They believe that it is critical to work with the child's environment, to develop the resources and strengths of the family, and for parents to be the ones to take the lead on their child's development. A lower percentage-39%-of specialists indicated unsatisfactory results from their work with parents. They share about their own reluctance to make efforts to motivate them to be part of the work because they believe that it does not bring positive results. A minority - 9% of the interviewees say that in the social units where they work is imposed a model of working only with the child, but not with his family./ Fig1/

A large proportion of the specialists interviewed, 48%, said that a significant proportion of parents receive parenting role assertion counseling, but here again highlighted the efforts they make to motivate them as the reason for this. The opinion of the specialists is that the parents who are motivated to participate in individual counseling are those who are also part of parenting groups. 26% of the specialists interviewed said that there is a proportion of parents who attend counseling with specialists only when a specific need, case or difficulty arises. 17% indicated that parents refuse both individual consultations and parenting groups, citing as reasons that they are busy with work and do not have time or that they do not see the need for it. A small percentage - 9% - said that the social centers where they work do not offer counseling for parents and do not organize parenting groups. /Figure 2/

When asked whether parents whose children visit the social units and use services there are willing to continue the “office” work started there at home, a significant proportion of the interviewed specialists - 57% - answer “yes”, but say that this is a fact after many conversations and informing parents about the benefits of continuing this work at home. 30% of the specialists interviewed indicated that there were parents who felt it was not necessary to continue working with the child outside of the office because the child had exhausted their attention span, while other parents cited other commitments and lack of time as reasons. A small percentage, 13%, of specialists themselves had resistance to involving parents in their work and giving them guidance. They said they felt these were unnecessary and redundant and never encouraged parental involvement in continuing to work with the child at home. / Fig. 3 /

Figure 1

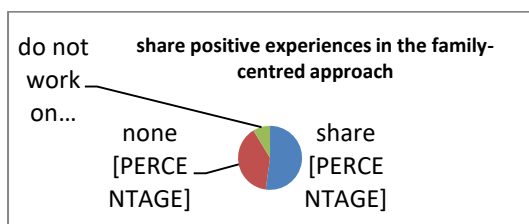


Figure 3

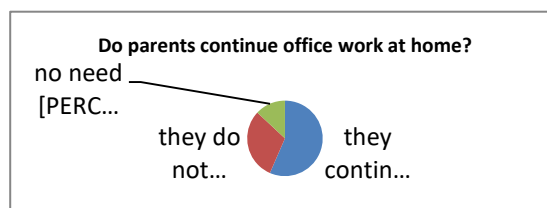
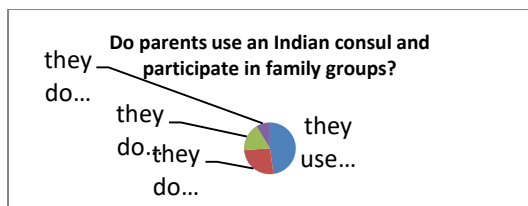


Figure 2



IV.1 Findings from the interview with specialists working in social units

Many of the specialists working in social units actively seek to involve parents in the process of working with children, providing them with information and advice on how to further develop their parenting skills. However, there is a need for greater motivation and support for parents who are not actively involved in specialists' programmes. The most effective methods are based on individual needs and guidance and aim to help families achieve healthier and more sustainable relationships and living environments. There is also a need to train and support specialists on the use of the family-centered approach.

CHAPTER FOUR: SUMMARY OF RESULTS AND CONCLUSIONS

I. Conclusions from the different study stages and methods

I.1. Conclusions from the literature review and theoretical analysis of the study

In recent years there has been a drive towards the deinstitutionalisation of children with disabilities, with families playing a key role in the care and support of these children. It is important to provide appropriate social support for families to cope with the specific challenges they face. A family-centered approach to social work is important in improving the quality of life for families and children, emphasizing the importance of coping and resilience in dealing with difficulties. Implementing a social model that views disability as a result of societal disadvantage is essential to creating a more inclusive and supportive society for all.

I.2. Findings from the pilot study

Parenting assertion counseling in social units has a relationship with subjective family well-being, although this relationship is weak. To achieve better outcomes, improved interaction between parents and specialists is needed, as well as building trust.

I.3. Findings from empirical study

Teamwork with a variety of specialists is paramount to successfully interacting with children and supporting their development. Consultations with specialists lead to better coping with parental responsibilities and building harmonious relationships within the family. Parents who seek specialist help feel more satisfied and secure in their roles as parents. Social support from friends and relatives has a positive effect on families' well-being. Women are more optimistic about their lives than men, but both genders experience difficulties and anxieties about their children's future. Working parents face greater challenges but achieve greater harmony in family life. Despite the stresses and worries associated with parenthood, parents manage to create a sustainable family life.

I.4. Findings from the in-depth interview with parents

Consultation with specialists plays a key role for parents of children with disabilities. They help them to understand and accept the difficulties their children are experiencing, as well as to cope with their emotions and the challenges of parenting. They also help parents to improve family relationships, improve their parenting role and maintain family stability.

I.5. Findings from the interview with specialists working in social units

Although specialists take various measures to support families, better coordination between them and parents is needed to ensure more effective and targeted support. It is also important that more efforts are made to motivate parents to participate in individual and group counseling and other support programmes. Training needs to be provided to specialists to improve their work with families.

II. Summary conclusions

II.1. Parents' attitudes to psychosocial and counseling support for their parenting role and participation in parenting groups

The data analysis shows that the majority of parents whose children attend social services have a positive attitude towards the use of counseling on parenting role affirmation, they also understand the importance and significance of their participation in organized parenting groups. Counseling helps them to adapt to their child's special needs and to build healthy relationships within the family. Regularly seeking advice and help from specialists contributes to better functioning and satisfaction of parents. Collaboration between them is essential to improving the quality of childcare and family dynamics in general.

II.2. Support for a unified strategy on child rearing and upbringing

The findings indicate that there is a link between consultation with specialists and a unified parenting strategy, which is a prerequisite for achieving more successful child development and positive family communication. Parental unity is key to successful child rearing. When they work together and have clearly defined goals and rules, they can more effectively deal with conflict situations and maintain harmonious family relations. This not only helps children develop emotionally and psychologically, but also strengthens the family bond.

II.3. The parents' attitude to continue the “office” work at home

The research shows that parents' attitudes to continuing the “office” work started by social services specialists in the home are related to the awareness and support provided by specialists and to the experience and confidence gained over the years. Social services specialists have a crucial role to play in motivating and encouraging parents to continue working at home using a personalized approach to them and their needs. There are parents and specialists who do not see the need for this kind of support, but they are a small percentage of the total.

II.4. Support for the inclusion of the child with a disability in the educational environment

The study points to the need to invest more in teachers' professional development to improve their readiness and motivation to work with children with special needs. Parents also need to be actively involved in the inclusion process by seeking specialist support to help them advocate for their children's rights in order to integrate them successfully. Teachers need to be more willing to accept 'special' children and work with them individually to ensure their successful inclusion in the learning process and interaction with other children.

II.5. Psychosocial support and therapeutic counseling to cope with distress and improve the emotional state of parents

A significant proportion of parents interviewed were willing to attend counseling to improve their emotional state and to achieve subjective family well-being. As a result, they expressed a willingness to help others and express sympathy regardless of the difficulties they were experiencing. They feel overwhelmed and short of time for themselves yet believe that the good in their lives outweighs the bad.

II.6. The family-centered approach and subjective well-being in a family with a child with disability

The data indicate that a family-centered approach with a disabled child plays an important role in the subjective well-being of the child, placing them at the center of social work and taking into account their individual specificities and needs. In this way, parents improve their communication, go through processes of change and development, which leads to their better emotional state and positively influences their family life. Attending specialist counseling and joint activities with the children have a positive impact on the subjective well-being of the family.

1. CONCLUSION

In conclusion, we can say that the main objective of the dissertation has been achieved, namely to investigate and evaluate the impact of social work with families with a child with a disability, to examine its impact on subjective well-being on the family system and to explore the attitudes and benefits of implementing a family-centered approach.

In the course of the research we were able to solve all the tasks set in the dissertation. The results we reached reveal opportunities for continuing and deepening research in the field of social services for families raising a child with a disability. In terms of research, there is an opportunity to further develop research in the area of the positive impact of social work on the well-being of the whole family system through a family-centered approach. In practical terms, the results obtained can be used in the development of various programs in social units providing services for children with disabilities and their parents with a diagnostic, consultative, corrective and preventive focus.

2. CONTRIBUTIONS

1. An up-to-date study of the needs of the family with a disabled child has been carried out in accordance with the outlining of the possibilities of adequate social support, which enriches the basis for the development of more effective programs and policies to support these families.

2. Based on research in this area, describe and analyze the factors that influence the well-being of children with disabilities and their families. This allows to identify risk and protective factors for the successful coping of families with the difficulties of raising and educating a child with a disability.

3. The study adds to the scientific theories on the relationship between family well-being and the quality of life of children with disabilities.

4. The outlined model of a family-oriented approach in social work confirms the adequacy of policies for supporting children with disabilities and their families with a focus on their overall well-being for full functioning.

5. Empirical evidence suggests that social work with families with a child with a disability has the potential to improve quality of life and contribute to subjective well-being in the family system.

3. SCIENTIFIC PUBLICATIONS

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2. Veleva, P., M. Sirakova, A. Vangelov (2019) Research on tolerant communication and attitudes for inclusion of children with special educational needs. "Classics and Innovations in Pedagogical Practice". Fourth International Pedagogical Forum, Asenovgrad, Publishing house "Victory – PR", ISBN 978-619-7014-35-8.
3. Sirakova, M. (2022) The relationship between the use of social services and well-being in a family with a child with a disability. Journal of Scientific Works of the Union of Scientists in Bulgaria – Smolyan, ISSN 1314 9490 (online). It is included in the national reference list of the National Center for Information and Documentation under number NRS -2496

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4. Sirakova, M. (2024) Social work and well-being in a family with a child with a disability. E-magazine "Education and Development", publication of the Department for Qualification and Development of Pedagogical Specialists of the PU "Paisiy Hilendarski", issue 13 ISSN 2603-3577 (in print)