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FAMILY NETWORKS OF PEOPLE WITH DISABILITIES AND THEIR ROLE IN PROMOTING THE EMPOWERMENT OF PEOPLE WITH DISABILITIES

Family members are the key source of social, emotional and financial assistance for people with disabilities throughout their lives. However, the role of the family undergoes significant changes in different periods of the life of people with disabilities. During childhood, adolescence, adulthood and old age, people with disabilities need other forms of support, which means that they undertake educational, professional or family activities related to starting their own families and bringing up children. Around that time, their relationship with the family is changing. The role of the family is becoming limited in the area of control and assistance in making life choices for people with disabilities.

Our goal will be to reconstruct the family's presence in social networks of adults and to identify socio-demographic and emotional factors that affect the number of contacts with the family. This will be the starting point for presenting the impact of family relationships on strengthening empowerment and promoting self-determination among adults with disabilities. The analysis will be based on data from Social Diagnosis 2015.

Keywords: disability, adulthood, family, support, empowerment

DYNAMICS OF THE ROLE OF THE FAMILY IN THE LIFE OF PEOPLE WITH DISABILITIES

Expectations of adults with disabilities in relation to their participation in social life are the same as those who are able-bodied, at a similar age and in a similar social position. However,

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the existing social norms and culture-related values and patterns shaping the conditions of collective life make it impossible or difficult for this social category to fulfil social roles (Woźniak 2008: 48; Charlton 2000: 25). According to Sally French and John Swain (2004: 34) social barriers and cultural stereotypes are much more excluding for people with disabilities than their physical, sensory or mental deficits. In such situations, the family plays an extremely important role in providing people with disabilities psycho-social support which strengthens their sense of value, stimulates participation in coping with difficult situations, promotes participation in communities, and provides companionship that reduces the effects of social isolation and protects against loneliness, especially in old age (Heller and Parker-Harris 2012: 62; Podgórska-Jachnik 2014: 92). Research conducted since the 1990s in Poland shows that embedding in family networks is also a factor limiting the marginalization of people with disabilities. It provides people with disabilities with social and economic care and support (see Ostrowska, Sikorska and Gąciarz 2001; Ostrowska and Sikorska 1996). Today, the family situation is still one of the most important determinants of the social situation of people with disabilities. The family creates the basic structure of support for people with disabilities, both when it comes to the material standard of living, and because of the form of care services or psychological support (Gąciarz and Bartkowski 2014: 25). Members of the immediate family are the basic source of support for people with disabilities (Janocha 2009: 11). In childhood, parents play a major role as guardians, spokespersons and coordinators of the support system for their children (Bartkowski 2007: 213). During puberty, they continue to pursue these activities, but their advocacy is reduced because people with disabilities start to represent themselves as they grow up. When a person with disabilities grows into an adult, the family also provides a wide range of aid, helping them become independent and broadly involved in society, by supporting their educational aspirations and employment, and promoting involvement in local communities (Grossman and Magaña 2016: 237). This shows that the importance of the family and its role in the life of people with disabilities undergoes significant changes during the life of the individual, resulting from their social situation as the consequence of adolescence and adulthood. During this period, tensions between people with disabilities and their closest family often arise, resulting from the growing need for self-determination of those with disabilities and building responsibility for their lives, which results in reducing the importance of control on the part of parents who, due to a certain dose of overprotection, may have negative reactions to it (Baltes and Silverberg 1994; Steinberg 2005; Burke, Patton and Taylor 2016; Bartkowski 2007). Teenagers and adults with disabilities at this stage of their lives will strive for greater independence in making decisions; this may give rise to conflicts when the immediate family does not support them in building autonomy and tries to impose solutions that they consider to be better for them, and they want to continue to exert a decisive influence on their life choices (Carey 2009: 5–6).

This indicates the dynamics of the relationship between people with disabilities and their immediate family, resulting from their transition to the next stages in the life cycle. New stages generate different needs and require different forms of support related to new duties and tasks they are to carry out (Heller and Parker-Harris 2012). In the literature discussing the role of the family in the lives of people with disabilities, there are analyses focusing on the changes taking place in families providing care, services and support to people with disabilities from the perspective of life cycles. Experiences of transition from early intervention and care for a small child to the stage of starting education and later taking up employment are shown as stages of the trajectory of specific ‘transitions’ for people with disabilities and their families (Timmons, Whitney-Thomas, McIntyre, Butterworth and Allen 2004). Overcoming the difficulties that families have with adapting to the new situation related to the growing up and adulthood of family members with disabilities is facilitated by activities involving family members and adults with disabilities. The aim of the closest relatives and parents is to provide appropriate care for people with disabilities, but at the same time they are oriented toward promoting autonomy and making independent decisions, as well as strengthening the position of people with disabilities in the family and communities, which supports the building of this category of subjectivity (Heller and Caldwell 2006).

The subjectivity of people with disabilities in this approach arises from the idea of empowerment, which promotes a sense of control over their own lives (Zimmerman 1990). The process consists of three components: the first, intrapersonal, consists in building a sense of self-efficacy in people with disabilities and realising their competence. The second, interactive, takes into account the relationship of a given person with their social environment. The third, the behavioural component, focuses on the person and actions they undertake to gain some control over the environment in which they live (Zimmerman and Warschausky 1998). An important role in these areas is played by the family, which for people with disabilities is a kind of a bridge between them and the larger communities with which they interact. All of this makes it easier for people with disabilities to enter and function in their communities (Nachshen 2005).

However, the family does not always have a positive role in the empowerment of persons with disabilities. Parents of children with disabilities often adopt overprotective attitudes towards them (Błeszyńska 2001: 229–230; Belzyt 2012: 118–119). This is not conducive to building one’s own autonomy, a sense of responsibility, and independence in undertaking social activities (see: Brzezińska 2007; Sijko 2007; Smoczyńska 2007). Additionally, as shown in the research conducted in Poland, adults with disabilities who were treated in the family just like other members of the group declared a higher level of satisfaction with life than people who were dismissed due to their disability (Brzezińska et al. 2008a: 150). Overly intense care on the part of the family can significantly affect the delay or even inhibition of professional development of people with disabilities (Bańka 2003; Brzezińska at al. 2008b: 135). This is due to the desire to protect a person with disability from the reluctance and manifestations of discrimination on the part of an efficient environment (Gąciarz 2010: 36). It also often happens that discouragement of independence and work is motivated by the family’s fear of losing benefits, which are sometimes an important part of the household budget (Struck-Peregończyk 2017: 105; Brzezińska, Woźniak and Maj 2007: 161).

IMPORTANCE OF FAMILY FOR PEOPLE WITH DISABILITIES – RESEARCH METHOD

CBOS (Public Opinion Research Centre) surveys conducted in 2017 indicate that almost 90% of the surveyed people with disabilities benefited from family support and

12% receive help from friends and acquaintances, while only 8% of people with disabilities use social assistance, and 7% the support of neighbours. Relatively rarely, people with disabilities can count on more distant family (3%) or someone else (3%). 1% of people with disabilities benefited from the help of volunteers and only 3% from the support of foundations and non-governmental organisations. About 4% of the respondents employed paid help, and 6% of the people who considered themselves disabled declared that they did not need help at all[1]. These results indicate that almost every person with disabilities counts on help from close relatives in everyday life. Such significance of the family for people with disabilities makes it important to answer the question: to what extent do family networks in which people with disabilities participate contribute to an increase in the feeling of acceptance in this social category and a limitation of isolation felt by this group, or, on the other hand, to what degree do family networks foster a sense of empowerment and responsibility in people with disabilities?

In order to be able to respond to this question, the characteristics of family networks of persons with disabilities were first captured in terms of demographic and social factors such as age, education, place of residence, socio-occupational status, gender, marital status and degree of disability, to show the impact of these factors on the number of interactions between people with disabilities and their families. Next, feelings of satisfaction with these relations were analysed among people diversified in terms of age, education, socio-occupational status, place of residence, marital status and degree of disability. This was to show how interactions with the closest relatives are a source of satisfaction for the respondents, and to indicate categories for which these relationships are less satisfactory.

The next step was to analyse the impact of the number of interactions with the family on the feeling of loneliness of people with disabilities and the degree of being loved and respected by them, and to analyse the average number of friends and the number of contacts with friends and acquaintances, recognising these factors as crucial for the development of a sense of empowerment. Later, it was examined how the number of interactions with the family influences the degree of life satisfaction, satisfaction with achievements and future prospects, and to show what role the family plays in the implementation of aspirations and goals of people with disabilities, which translates into their satisfaction with life achievements, future prospects and the evaluation of the previous year as successful or not. In this context, it is important to answer the question whether family strengthens self – determinism in this environment or, on the contrary, reinforces feelings of fatalism. This is addressed by analysing how the family fosters a sense of responsibility and empowerment in this category by strengthening the sense that successes are the result of efforts and not external factors of people with disabilities.

This allowed creating a model aimed at showing the impact of family relationships on the empowerment of people with disabilities. The focus was on three groups of factors influencing the empowerment of people with disabilities (see Zimmerman and Warschausky 1998). The first group encompassed intrapersonal factors, and the level of empowerment was determined by a level of loneliness, the feeling of being loved and respected, and the satisfaction

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[1] CBOS 2017 2–12 November 2017 on a random sample of 1016 adult inhabitants of Poland.

of family relationships. The second group showed the impact of family relationships on the number of contacts with friends and acquaintances. The third group included behavioural factors, indicating that people with disabilities have control over their own lives and a sense of satisfaction with their own achievements and future prospects.

The purpose of these analyses was to verify the hypotheses that:

1. The more a researched person has contact with the family, the more their need for acceptance and respect is satisfied.
2. The more the examined person has contact with the family, the lower the sense of loneliness.
3. Contacts with the family are conducive to keeping more contacts with friends and acquaintances.
4. The number of contacts with the family is conducive to the aspirations of people with disabilities and a sense of satisfaction with their own achievements and prospects for the future.
5. Contacts with the family are conducive to building self-deterministic attitudes.

The analysis uses the database available at www.diagnoza.com, which is the result of research conducted as part of Social Diagnosis in 2015[2]. The analysis covered adults with disability certificates – the sample comprised 3,265 people, of whom 924 (31%) were people with severe disabilities, 1,327 (45.7%) with moderate disabilities and 652 (22.5%) with mild disabilities. The focus was on the study of the impact of the family of origin on adults with disabilities (over 24 years of age) in terms of its impact on the process of empowerment.

FAMILY NETWORKS OF PEOPLE WITH DISABILITIES

Placing people with disabilities in family networks requires determining their size by recreating the average number of interactions with the family as declared by the respondents. On average, people with disabilities declared 7.12 interactions with their closest relatives, 4.05 with friends and 4.75 with acquaintances from school, work and the neighbourhood. This shows that social networks of people with disabilities mostly relate to family relationships (see Stojkow and Żuchowska 2017: 152). These interactions were mainly affected by the degree of disability. The data presented in Table 1 show that the lower the degree of disability, the smaller the number of interactions with the family. Persons with a severe disability had fewer average interactions with their closest relatives than people with moderate and mild disability. These differences were small, since by 0.06 people with a severe disability had a lower number of average interactions with closest relatives than people with moderate disabilities, and by 0.07 as compared to people with a mild disability. An important role, however, was played here by the direction indicating the mutual dependence of these variables.

Education also affected the number of social interactions of people with disabilities. The higher the level of education, the larger the number of social interactions. Here, the differences

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[2] On the website (http://www.diagnoza.com/) there are databases allowing to perform independent analyzes based on the collected data.

were definitely higher: people with primary and lower education had on average 0.73 fewer social interactions than people with lower secondary or vocational education. People with secondary education had an average of 1.06 contacts with family. Those with the highest average number of contacts with the family were people with higher education (1.33).

The place of residence did not significantly affect the average number of interactions with the family, although it can be noted that people living in the largest agglomerations and mid-sized cities of between 100–200 thousand residents had the lowest number of interactions with their closest family. The data presented in Table 1 show the relationship between age and average number of interactions with the family. Among young people up to 24 years old it is low, then it increases by 0.45, and is 6.90 in the range from 25 to 34 years. Then it decreases on average by 0.53 to 6.37 interactions with closest relatives in the age category of 35–44. It clearly increases in the following age brackets. Respondents over 45 years old have on average more than 7 interactions with their closest family and as they get older, these become more numerous; it decreases only among people aged 65+. In relation to people aged 60–64, the average number of interactions is reduced by 0.2. This indicates a dependence of the average number of interactions on the stages of life of people with disabilities.

Table 1. Demographic and social factors determining the frequency of interactions with the family
N = 3256

Demographic and social factors	**Average number of interactions with the family**	
	average	**standard deviation**
Age		
Up to 24	6.45	4.625
25–34	6.90	6.507
35–44	6.37	5.509
45–59	7.16	5.784
60–64	7.38	6.598
65+	7.18	5.710
Place of residence		
Cities with a population of more than 500,000	6.87	6.468
Cities with a population of 200,000–500,000	7.39	5.820
Cities with a population of 100,000–200,000	6.67	4.805
Cities with a population of 20,000–100,000	7.20	6.287
Cities with fewer than 20,000 inhabitants	7.03	5.452
Villages	7.17	5.907
Education		
Primary and lower	6.45	5.597
Vocational/lower secondary	7.18	5.947
Secondary	7.51	6.069
Higher and post-secondary	7.78	5.874

Table 1. cont.

Social and professional status		
Public sector employees	7.16	5.451
Private sector employees	7.37	5.598
Private entrepreneurs	8.64	6.363
Farmers	9.30	7.219
Pensioners	6.80	5.542
Retirees	7.59	6.190
pupils and students	6.24	4.986
Unemployed	6. 02	5.603
Degree of disability		
Severe	7.07	5.863
Moderate	7.13	6.137
Mild	7.17	5.447
Gender		
Man	7.04	5.742
Woman	7.19	6.013
Marital status		
Single	5.47	4.902
Married	7.91	6.157
Widower/widow	6.67	5.340
Divorced	5.69	5.942
Legal separation	11.67	7.638
De facto separation	4.12	3.276

Source: own study based on the data from 2015
downloaded from http://www.diagnoza.com/ Indywidualni respondenci.sav [01.12.2016]

Gender also had a negligible impact on the average number of social interactions, although women had a higher average number of interactions by 0.15 as compared to men.

People with disabilities in marital relationships had more social interactions than single respondents who have fewer social interactions than widows and widowers and divorcees. Persons in legal separation constituted a small percentage among the respondents, with only 3 persons declaring as such, while 17 respondents indicated being in *de facto* separation. These categories thus play an insignificant role here. However, it is worth noting that respondents in *de facto* separation had the lowest average number of interactions with their closest relatives, definitely lower than those who were divorced. This indicates that the family networks that the respondents built allowed them to create relationships that favoured relationships with the family. After the death of the spouse, they had a higher average number of interactions with their family than divorced persons, but even divorced persons had a higher average number of interactions than single people. This shows that the average number of interactions is mainly affected by having one's own family, even if for some reasons it has broken up (due to their small number, the cases of separation were not treated as equal with other categories).

Social and professional status influenced the average number of interactions, but not in an intuitive way. Although it can be noted that unemployed people had a lower average number of interactions with family than professionally active people, students had the lowest average number of interactions with closest relatives among all categories, which is due to the fact that this period is often associated with the necessity of moving to a city where the university is located and establishing new relationships with other people in a new place and a new situation. The most numerous average interactions were declared by farmers, who on average maintained 9.30 interactions with their closest family, and entrepreneurs, with 8.64 interactions with their families on average. A relatively high average number of interactions with the family (7.59) was also declared by retirees.

This indicates that the groups that needed financial support the most, i.e. unemployed and pensioners, had a lower average number of interactions than people who did not need such support. Thus, the average number of interactions with the family resulted not from the need to maintain these relationships due to a poor financial situation and did not depend directly on one's professional situation, but rather on additional social factors that influenced it. One of these is the satisfaction with interactions with the closest relatives. For this reason, levels of satisfaction with social interactions with persons belonging to the closest family circle were assessed.

The average satisfaction rating for relationships with closest relatives was 2.24, meaning that these relationships were considered as average satisfactory. Comparing the number of social interactions with satisfaction from these relations reveals a weak reverse relation between these variables. Pearson's R correlation coefficient, which is – 0.160, indicates that the greater the number of people with disabilities' interactions with their closest relatives, the lower the level of satisfaction with interaction with relatives. The greatest satisfaction was connected with a low number of relatives, in the range of 1 to 5 and from 6 to 10 contacts. The analysis of the number of interactions with the family indicates that 80.3% of respondents included such a number of relatives (see Żuchowska and Stojkow 2017: 152). They therefore fell within the scope that guaranteed a relatively high rating of these interactions. However, between the rating of 2 (satisfaction with these relations) and 3 (quite satisfactory), all the respondents' indications were included.

The degree of disability affected the satisfaction with family contacts: people with severe disability were more satisfied with family relationships. The higher the degree of disability, the more the assessment approached the rating of 3 (quite satisfactory). This indicates that in relation to the degree of disability, people with a severe level of disability having a smaller average number of interactions derived greater satisfaction from them than people with moderate and mild disabilities who had a higher average number of interactions with the family.

FAMILY IN THE PROCESS OF INCREASING ACTIVITY AND EMANCIPATION OF PEOPLE WITH DISABILITIES

Relations with the closest relatives and their number positively influenced people with disabilities feeling accepted. This indicates that the family satisfies the emotional needs of people with disabilities, and those who have contact with the family feel loved and respected more often than those who are not supported by close relatives. Pearson's *R* correlation coefficient, which was 0.142, indicated a weak relationship between the number of interactions with the family and the feeling of being loved and respected. Even a small number of interactions with the family in the range of 1 to 5 people resulted in an increase by 27.2 percentage points, as compared to people declaring no interactions with their families. The higher the number of interactions, the higher the feeling of being loved and respected. This trend changed only among people declaring over 21 interactions with their closest relatives. This shows that in family networks of up to 20 people, people with disabilities gain the feeling of being accepted and loved and feel that they are considered trustworthy. In larger networks of contact this feeling is weakened.

Table 2. Feeling of acceptance and the level of loneliness felt by people with disabilities and the relations with the closest family

Feeling of being loved and trusted			**Yes**	**No**
Interactions with family	0	number	36	25
		[%]	59.0	41.0
	1–5	number	1016	163
		[%]	86.2	13.8
	6–10	number	810	64
		[%]	92.7	7.3
	11–15	number	180	10
		[%]	94.7	5.3
	16–20	number	123	5
		[%]	96.1	3.9
	above 21	number	50	3
		[%]	94.3	5.7
Feeling of isolation				
Number of interactions with the family	0	number	37	23
		[%]	61.7	38.3
	1–5	number	367	790
		[%]	31.7	68.3
	6–10	number	203	663
		[%]	23.4	76.6
	11–15	number	35	156
		[%]	18.3	81.7
	16–20	number	24	102
		[%]	19.0	81.0
	Above 21	number	8	44
		[%]	15.4	84.6

Source: own study based on the data from 2015 downloaded from http://www.diagnoza.com/ Indywidualni respondenci.sav [01.12.2016]

The number of interactions with the family is also important for the sense of isolation felt by many people with disabilities. The Pearson's *R* score of 0.137 shows that there is a weak dependence between these variables, which allows us to suppose that the more interactions an individual in the family network has, the less they are exposed to loneliness. The respondents who had only a few interactions with their closest relatives were less exposed to loneliness by 30 percentage points fewer than those with no close relatives. The greater the number of interactions, and thus the wider the family networks, the rarer the feeling of loneliness. Respondents having more than 21 interactions with their closest relatives would least complain about being lonely. Only 15.4% of people from this category has such feelings. Loneliness is felt by people with 1 to 5 relatives more than twice as often.

This shows that the family has the potential to support people with disabilities and build a positive image of themselves as loved and respected, and it can provide people with disabilities with a high enough level of participation in relationships so that they do not feel lonely. In this sense, family relationships contribute to improving the quality of life of people with disabilities, satisfying their emotional needs.

People with disabilities who have contact with the family also have more friends. The Pearson's *R* of 3.58 indicates the average relationship between the number of people declared as a group of friends and the number of friends. With the increase in the number of contacts with relatives, an increase in the number of friends can be seen (see Table 3). People who did not have contact with their families included 2.54 people on average, and those with a low number of relatives (from 1 to 5) had 4.07. It shows that the existence of family relationships makes people with disabilities more open to external contacts. In this sense, family contacts are conducive to expanding the social networks of people with disabilities. Having family relationships also has a positive impact on engaging in maintaining interaction with friends and acquaintances. Correlation coefficient Pearson's R was 0.381. It indicates the average relationship between the number of contacts with friends and contacts in the family. The number of relationships with the closest relatives causes growth the activity of the respondents in contacts with friends. (see Table. The *R* Pearson correlation coefficient of 0.363 shows the average relationship between the mean number of contacts with friends and contacts with the family. This allows concluding that family relationships are a kind of a bridge between people with disabilities and the social environment.

Among people with disabilities surveyed as part of Social Diagnosis 2015, 69.8% rated last year as successful for them, and 30.2% declared that it was unsuccessful. The declared number of interactions with the family had a visible effect on this rating. Pearson's R correlation showed a weak relationship of 0.143 between the number of interactions and the assessment of the previous year. The more interactions the respondents declared with their closest relatives, the more they assessed the last twelve months of their life as successful. The data in Table 3 show that even contact with relatives in the range from 1–5 caused an increase of 28.9 percentage points in respondents rating the previous year as successful, and with the increase in interactions with the family, the number of respondents assessing the previous year as successful grows steadily. Life satisfaction in the past twelve months was the highest among respondents maintaining contacts with over 21 members of the immediate family.

Table 3. Number of contacts with the family and the average number of contacts with friends and acquaintances and the average number of friends $N = 3256$

Contacts with family	Number of friends		Number of contacts			
			with friends		with acquaintances	
	mean	st. dev.	mean	st. dev.	mean	st. dev.
0	2.54	3.14	2.31	6.754	2.41	4.04
1–5	4.07	4.43	2.75	2.975	2.99	3.63
6–10	6.40	5.68	4.48	4.069	5.40	6.32
11–15	8.47	8.39	6.08	5.619	7.14	7.44
16–20	11.70	10.52	8.04	6.75	10.76	9.90
21+	12.94	12.32	10.77	8.17	12.79	15.05

Source: own study based on the database from 2015 downloaded from http://www.diagnoza.com/ Individual respondents.sav [01.12.2016]

People with numerous interactions with their families were also more satisfied with their own achievements. Pearson's R correlation coefficient of 0.151 indicates the existence of a weak relationship between these variables. Analysing Table 3 shows that people with disabilities who declare no interactions with their families were by 18.6 percentage points less satisfied with what they had achieved so far as compared to people having interactions between 1 and 5 closest relatives. This difference increases to 34.5 percentage points among people who do not maintain contact with the family and those who make such contact with 6 to 10 people from the immediate family. This tendency persists, and as the number of interactions increases, the sense of satisfaction with their life achievements increases.

This shows that the family strengthens people with disabilities in the implementation of their aspirations, and being based in family networks increases the chances of their successful implementation, which results in satisfaction of this category with what they have achieved.

Contacts with the family also have a positive effect on people with disabilities seeing the future optimistically. The Pearson's R correlation coefficient of 0.145 indicates that this relationship exists, although it is relatively weak. The data presented in Table 4 reveal that with the number of interactions with the closest family, people with disabilities appreciate their prospects for the future with greater satisfaction. Less than a quarter of people with disabilities declaring no contact with their families assess their future positively. Among persons with 1 to 5 contacts, this percentage increases by 12.5 percentage points, and among persons declaring maintaining contacts with 6 to 10 people from the closest relatives – by 20.9 percentage points. Along with the number of interactions with the family, the feeling of satisfaction with one's own prospects increases among the respondents. The maximum is reached among persons having interactions with 16 to 20 relatives and amounts to 55.9%. Satisfaction with the future prospects is slightly reduced among people with more interactions with the family, but still in these categories more than half of the respondents positively assess their future.

Table 4. Level of satisfaction from last year, own achievements and future prospects

Level of satisfaction from		**N**	**[%]**	***N***	**[%]**
Last year (was successful)		**yes**		**no**	
Contacts with family	0	20	35.7	36	64.3
	1–5	723	64.6	396	35.4
	6–10	630	75.4	206	24.6
	11–15	145	76.7	44	23.3
	15–20	95	80.5	23	19.5
	over 21	42	80.8	10	19.2
From your life achievements		**yes**		**no**	
Contacts with family	0	26	42.6	35	57.4
	1–5	722	61.1	459	38.9
	6–10	632	77.5	251	22.5
	11–15	148	77.5	43	22.5
	15–20	95	76.0	30	24.0
	over 21	41	78.8	11	21.2
From perspectives for the future		**yes**		**no**	
Contacts with family	0	427	24,6	15	75,4
	1–5	392	37,1	46	62,9
	6–10	470	45,5	725	
	11–15	105	55,9	83	44,1
	15–20	66	53,7	57	46,3
	over 21	29	55,8	23	44,2

Source: own study based on the database from 2015
downloaded from http://www.diagnoza.com/ Individual respondents.sav [01.12.2016]

This allows us to conclude that family relations foster the implementation of life aspirations; as a result, people with disabilities positively assess their lives in the perspective of the previous year, and they feel that their future looks positive. In this sense, the family favours the integration of people with disabilities, building their feeling that disability does not have to be a factor precluding and preventing them from achieving their own goals.

Among people with disabilities who have relationships with the family, there are also more frequent attitudes indicating a sense of empowerment in this category. People with disabilities who have contact with the family more often than those who do not have such relationships believe that their last year was successful due to themselves. Among those who did not have any contact with relatives, only 45% of the respondents chose such a reply. 56.2% of the respondents having 1 to 5 interactions were of this opinion. Along with the number of interactions with closest relatives, this conviction grows and it was the highest among the respondents who, in their social networks, maintained contacts with more than 20 people from the immediate family. This allows us to conclude that having family relationships promotes auto self-determinism in this category. In addition, the number of social interactions limited fatalism in assessing the reasons for their successes in the last twelve months. The respondents who did not have any contact with their family more often associated their situation with their fate, the influence of other people or authorities (see Table 5). Even a small number of interactions with the family allowed to reduce the feeling that the last year's prosperity was a result of chance, or the result of the activities of other people or authorities. Analysing the data presented in Table 4 it is impossible to show that the number of interactions with the family directly affected fatalism, which required the respondents to locate the reasons for their successes beyond themselves. However, one can notice a clear difference between people who do not have contact with the family and those who have it in accepting such reasons for their own successes.

Table 5. Self-determinism versus fatalism of people with disabilities and social contacts of people with disabilities

That last year was successful depended			**On me**		**On fate**		**On others**		**On the authorities**	
			yes	**no**	**yes**	**no**	**yes**	**no**	**yes**	**no**
Contacts with family	0	N	27	33	37	23	15	44	8	51
		[%]	45.0	55.0	61.7	38.3	25.4	74.6	13.6	86.4
	1–5	N	652	508	604	558	287	868	91	1056
		[%]	56.2	43.8	52.0	48.0	24.8	75.2	7.9	92.1
	6–10	N	555	310	468	393	190	665	47	803
		[%]	64.2	35.8	54.4	45.6	22.2	77.8	5.5	94.5
	11–15	N	122	69	96	93	43	145	12	173
		[%]	63.9	36.1	50.8	49.2	22.9	77.1	6.5	93.5
	16–20	N	80	43	67	58	26	96	11	110
		[%]	65.0	35.0	53.6	46.4	21.3	78.7	9.1	90.9
	21+	N	31	20	27	22	8	40	4	44
		[%]	60.8	39.2	55.1	44.9	16.7	83.3	8.3	91.7

Source: own study based on the database from 2015 downloaded from http://www.diagnoza.com/ Individual respondents.sav [01.12.2016]

The perceived dependencies served to create a model aimed at showing the relationship between a sense of empowerment of people with disabilities and their contacts with the family.

A linear regression model was used to determine which of the demographic and social variables are most affected by the relationship with the family, in which the dependent variable was contact with the family, and the independent variables were sociodemographic and psychosocial characteristics of the respondents (see Table 6). In this case, the predictive power of the model was moderate (R2 equal to 0.213). This indicates that the variability of a dependent variable in a quarter is explained by independent variables included in the model.

Table 6. The influence of sociodemographic and psychosocial characteristics on family contacts: linear regression coefficient (for $p < 0.05$)

Sociodemographic and psychosocial variables		**Standardized Beta coefficient**
Gender		0.039
Age		0.074
Degree of disability		−0.010
Education		0.009
Place of residence		0.017
Social and professional status		−0.005
Marital status		0.030
Feeling of isolation		−0.032
Feeling of being loved and trusted		0. 034
Level of satisfaction from contacts with family		−0.075
Contacts with	friends	0,252
	acquaintances	0,224
Level of satisfaction last year (was successful)		0.037
Level of satisfaction from your life achievements		0.093
Level of satisfaction from perspectives for the future		0.040
Self-determinism vs fatalism That last year was successful depended:	on me	0. 031
	on fate	−0.060
	on others	0.025
	on the authorities	−0.002
R^2		0.213

In the category of variables included in the intrapersonal factors in the adopted model of empowerment of people with disabilities, the influence of the family was revealed in all of them. Contacts with the family favoured a greater sense of being accepted and lowered the sense of loneliness of people with disabilities. However, family contacts were not satisfactory for some of the respondents. This indicates the existence of tensions in families that negatively affect the levels of satisfaction with them. Analysing the regression coefficients in the area of interactive factors, it can be noticed that the number of contacts with the family did not affect the limiting of contacts with friends and acquaintances. People who have contact with the family also have a group of friends and acquaintances. Persons with disabilities who have contact with the family also in the behavioural dimension showed greater levels of satisfaction with their own achievements, more optimism about the future and more positive assessments of their lives in the previous year. They also had higher levels of self-determinism than those with no family support. They more often indicated that their achievements depend on themselves and other people than on fate.

Among the demographic variables, gender, age, marital status and place of residence had the greatest impact on family relationships. The degree of disability also influenced having contacts with the family and where it was lower, the contacts with the family were less frequent.

CONCLUSIONS

The conducted analysis shows that among adults, the family still plays a very important role in building an environment focused on the acceptance and support of people with disabilities. Respondents who have no family relationships, who never had them or whose relationships have been broken during their adulthood are in a much worse social position than people who have only a few interactions with their immediate family. Analysing the data shows that people with disabilities who have contact with the family are better educated and professionally active as compared to people who have no contact with close relatives; they also feel more loved and respected, and less frequently complain about loneliness. This shows that the presence of the family in social networks of people with disabilities is positive for their quality of life, helping to satisfy their emotional and social needs related to achieving a social position and enjoying social recognition, which ensures an appropriate level of education and work. The collected data also show that the family plays a very important role in the lives of people with disabilities, oriented toward empowering and strengthening the sense of responsibility among those in this category. It also provides them with a greater opportunity to pursue aspirations and enables them to achieve satisfying educational and professional goals. It also allows for an optimistic view of the future and a positive assessment of one's own actions.

Embedding in family relationships also facilitates the functioning of people with disabilities in the wider social environment, affecting the number of friends they declare, and the number of contacts with friends and acquaintances.

According to Barbara Glaciers (2014: 23), achieving full independence and control is, of course, not a condition achievable by all people with disabilities, but different degrees of it are possible for most of them, resulting in a significant improvement in their well-being. As the analyses carried out show, this is definitely easier to achieve when people with disabilities are embedded in family networks. The respondents who did not have contact with the family in all analysed dimensions of empowerment were in a worse situation. This shows that family relations, although not always fully satisfying for the respondents, play an important role in the process of their empowerment.

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SIECI RODZINNE OSÓB Z NIEPEŁNOSPRAWNOŚCIAMI I ICH ROLA W PROMOWANIU PODMIOTOWOŚCI OSÓB Z NIEPEŁNOSPRAWNOŚCIAMI

Członkowie rodziny są kluczowym źródłem pomocy społeczno-emocjonalnej oraz finansowej dla osób z niepełnosprawnościami. Jednak ich rola ulega istotnym zmianom w różnych okresach życia osoby niepełnosprawnej. W okresie dzieciństwa, dorastania, dorosłości i starości osoby z niepełnosprawnościami potrzebują innych form wsparcia, co wiąże się z podejmowaniem aktywności edukacyjnej, zawodowej albo rodzinnej, związanej z zakładaniem własnej rodziny i wychowywaniem dzieci. W tym czasie też zmieniają się ich relacje z rodziną, której rola zostaje ograniczona w obszarze kontroli i wyręczania osób z niepełnosprawnościami w podejmowaniu za nich życiowych wyborów.

Naszym celem będzie zrekonstruowanie obecności rodziny w sieciach społecznych dorosłych osób z niepełnosprawnościami i wskazanie czynników o charakterze społeczno-demograficznym oraz emocjonalnym, które wpływają na częstotliwość kontaktów z rodziną. Stanowiło to będzie punkt wyjścia do przedstawienia wpływu relacji rodzinnych na wzmacnianie podmiotowości i promowanie samostanowienia o sobie dorosłych osób niepełnosprawnych. Analiza oparta zostanie na danych pochodzących z „Diagnozy Społecznej" 2015.

Słowa klucze: niepełnosprawność, dorosłość, rodzina, wsparcie, podmiotowość