symptoms and the need for integrated approaches to psychocorrection are emphasized. A conclusion is drawn about the relevance of a comprehensive clinical and psychological study of mental trauma for preserving the mental health of the population in conditions of war reality.

Keywords: mental trauma, clinical psychological approach, PTSD, biopsychosocial model, dissociation, resilience, cognitive impairment, traumatization, war, mental health.

DOI: https://doi.org/10.31392/UDU-nc.series19.2025.49.04
UDC: 376.3:364.622

Paulina Zych
paulina.zych2@student.up.krakow.pl
https://orcid.org/0009-0005-8380-5473
Yaroslava Matiushyna
yaroslava.matiushyna@student.up.krakow.pl
https://orcid.org/0009-0000-0286-1873

The Role of Families in the Lives of People with Disabilities: Strategies and Support Practices in Education

The presence of a child with a disability in the family significantly influences the functioning of the entire family system, leading to profound changes in everyday life, social roles, values, and priorities. The aim of this study is to examine the challenges faced by families raising children with disabilities in Poland and to identify strategies that facilitate effective cooperation with educational institutions and specialist communities. The research methodology is based on a qualitative analysis of literature, institutional reports, and case studies, which together provide a comprehensive understanding of the emotional, social, and economic dimensions of family life in such circumstances.

The results of the study reveal that families experience considerable emotional strain, social isolation, and financial difficulties, while simultaneously needing to reorganize responsibilities and acquire specialist knowledge. Parents often assume multiple roles, coordinating medical treatment, therapy, education, transportation, and daily activities, while also serving as the primary source of emotional and physical support for their child. Siblings and extended family members are equally affected, as they must adapt to new responsibilities and altered family dynamics. The findings highlight that active family involvement in the educational process significantly enhances the child's motivation to learn, improves academic outcomes, and increases school attendance. Moreover, cooperation with teachers, therapists, and medical professionals strengthens the effectiveness of therapeutic and educational interventions.The conclusions emphasize that effective cooperation requires access to reliable information, coordination of specialists' activities, and sufficient time and resources on the part of the family. Systemic support is essential, encompassing emotional assistance, access to specialist services, educational support, and financial aid. Recognizing the family as the central source of support is crucial for the holistic development and social integration of children with disabilities. The study underscores the importance of policies and practices that empower families, ensuring they are equipped to meet the complex demands of raising a child with a disability while fostering collaboration with educational institutions and the wider specialist community.

Keywords: *family functioning, disability, parental support, educational cooperation, systemic support, social integration, emotional challenges, therapeutic strategies, Poland, children with disabilities*

Introduction

The decision to address this issue stems from the need to draw attention to the phenomenon of raising children with disabilities in families and the necessity to provide them with systemic support. According to a report by the State Fund for Rehabilitation of Disabled Persons (2024), there are almost 5.5 million people with disabilities living in Poland, of whom approximately 3.5 million have a legal disability certificate. Data from the

Central Statistical Office (2024) indicate that over 4 million people have a valid certificate of disability or incapacity for work. In response to these needs, in 2024, the Social Insurance Institution (ZUS) implemented a support benefit aimed at providing real relief to families acting as carers for persons with disabilities.

The family of a child with a disability is the primary environment for development, upbringing and emotional support. It is within the family that the child's attitudes towards themselves and their surroundings are formed, as well as their ability to take on social roles. As Livi N. (2003) points out, the family plays a key role in the child's social and educational integration, providing them with a sense of security and stability. Karwowska M. (2011) emphasises that the arrival of a child with a disability changes the daily functioning of the entire family system – it requires new caregiving skills, the reorganisation of responsibilities and the search for external support. A child's disability is an experience that affects all family members. Parents often face the need to re-evaluate their existing roles and life plans, while siblings learn to function in conditions that require greater empathy and shared responsibility. As Otapowicz D., Sakowicz-Boboryko A., Wyrzykowska -Koda D. (2016), from an ecosystem perspective, disability is not a problem of the individual, but a phenomenon affecting the whole family and its social environment. In analyses of the quality of life of families (Firkowska-Mankiewicz, Sadowska, 2006), it is repeatedly stated that disability creates a difficult situation in emotional and social terms and reduces the quality of family life in economic, cultural and health terms. The family system undergoes a significant internal transformation, with all its members experiencing intense emotions, which in turn affects the hierarchy of values within the family, the strategies adopted and the mood accompanying all family activities. All family members find themselves in a new situation, requiring them to make complex decisions and modify their existing roles, which are somewhat at odds with their previous experiences.

In addition to daily childcare, which can be exhausting and time-consuming, parents must also deal with organising treatment, therapy and their child's education. Wojciechowski F. (1990) emphasises that the success of therapy and rehabilitation depends not only on the child itself, but also on the involvement of the family. Henderson A. and Mapp K. L. (2002) also note that strong family involvement in a child's education translates into higher levels of motivation and engagement in the learning process. Cooperation between the family and educational institutions is essential because parents, who know their child's needs best, can provide teachers with important information that allows them to better adapt teaching methods to the individual needs of the child (Desforges, Abouchaar, 2003, p. 17). The contemporary approach to the rehabilitation and education of children with disabilities assumes that this process is not carried out in isolation, but constitutes a coordinated network of activities undertaken by specialists from various fields (Woynarowska B., 2017).

Coordinating the therapeutic process requires the family not only to systematically plan and organise therapy, but also to cooperate on an ongoing basis with educators, therapists and specialists. As Kowalczyk, A., Gilga, M., Jurek, T. (2012), the family, being a key link in the support system, not only participates in the implementation of therapeutic plans, but is also responsible for adapting these plans to the dynamically changing needs of the child. In this context, the family acts as an intermediary between the child and professionals, providing valuable information about the child's health, progress in therapy and needs that may require modifications to the educational and rehabilitation plan. In this article, the term school-family partnership refers to planned, co-responsible cooperation between teachers and parents to support the child's development (Desforges, Abouchaar, 2003). Parental involvement, on the other hand, is understood as active participation in the child's education and rehabilitation, including contact with the school, monitoring progress and participating in decisions about learning (Henderson A., Mapp, K. L, 2012).

However, playing this role involves significant organisational and emotional demands, which can lead to a considerable amount of work and numerous sacrifices. Families are often forced to change their daily schedule, giving up some of their professional or social activities in order to meet the requirements of caring for and treating their child. As Malarewicz-Jakubów A. (2015) points out, families of children with disabilities often experience chronic stress and psychological strain, which results from constantly supervising the therapy and education process and worrying about the child's future.

In addition to organising therapy, the family is also responsible for creating favourable conditions for development at home, which includes, among other things, adapting the living space, providing appropriate educational and rehabilitation materials, and monitoring the child's progress in learning and therapy. The contemporary approach to rehabilitation and education emphasises that ‘the unique involvement of the family in the therapeutic process has a direct impact on the effectiveness of rehabilitation and educational activities’

(Ornacka, Wałek, 2013). Such support is essential not only in physical terms, but also emotionally and socially, where the family helps the child to develop a sense of security, acceptance and a positive self-image.

Karwowska M. (2011) also notes that the family of a child with intellectual disability is a beneficiary of social assistance aimed at facilitating their everyday life. Contemporary social support systems offer a range of services designed to relieve families of some of their care responsibilities and improve their quality of life. However, as the author emphasises, despite the availability of various forms of support, the family plays an important role in this process, as it must create an atmosphere conducive to the child's development and provide them with a sense of stability and continuity in therapy and education. The social support and institutional assistance that families of children with disabilities receive are essential, but they cannot replace the role played by the family itself. The situation of a child with a disability is closely linked to their family, and how the family copes with challenges has a huge impact on how the child will develop, what their self-esteem will be like and how they will cope with social integration. In this context, both external and internal support within the family is crucial, as only the harmonious complementarity of these two aspects offers a real chance of success in raising and rehabilitating a child with a disability. Previous studies confirm that planned cooperation between the school and parents correlates with greater motivation to learn, better results and higher student attendance (Desforges, Abouchaar, 2003; Henderson A., Mapp K. L., 2002). At the same time, the literature indicates that effective cooperation in inclusive education requires systemic support, accessibility of information and good coordination of specialists (Woynarowska B., 2017; Kowalczyk, A., Gilga, M., Jurek, T., 2012). Due to the complex nature of the issue and the wide range of studies on families raising children with disabilities, this article uses a narrative literature review, described in the following paragraph.

The review is narrative in nature. The source material was searched for in the years 2000–2025 in the following databases: Google Scholar, CEJSH, BazHum, as well as in the resources of public institutions such as the Ministry of Family, Labour and Social Policy (MRPiPS), the Central Statistical Office (GUS) and the State Fund for Rehabilitation of Disabled Persons (PFRON). The search process used keywords in Polish and English, including: rodzina dziecka z niepełnosprawnością (family of a child with a disability), wsparcie rodzin (family support), rehabilitacja i edukacja dzieci niepełnosprawnych (rehabilitation and education of children with disabilities), disability family support, child disability education, inclusive education, family engagement.

The analysis included scientific publications, reports by public institutions and expert studies on the situation of families raising children with disabilities in a social, educational and therapeutic context. Only sources in Polish and English with empirical basis or references to statistical data were taken into account. Popular science materials, unreviewed materials and materials without references to data sources were excluded. The selection of literature allows for a combination of theoretical approaches with practical analyses, taking into account the systemic and institutional context. The review is limited by the possibility of partial bias in the selection of sources and the lack of complete data for some years, resulting from differences in reporting by public institutions. Despite these limitations, the summary allows us to capture current trends in the system of support for families of children with disabilities in Poland.

Support for families of children with disabilities

The financial benefits system in Poland is a pillar of social policy, ensuring the basic security of people who are permanently or temporarily unable to work, senior citizens and individuals in difficult financial situations. The fundamental instruments of support are pensions, social benefits and allowances for people with disabilities. Among the key solutions is the disability pension, intended for people who, as a result of illness or injury, have lost their ability to work, provided that they meet certain insurance period criteria (Malarewicz-Jakubów, 2017). In cases where the required length of service has not been achieved, those concerned may apply for a social pension.

The structure of the pension system in Poland is based on social insurance, but in many cases the amount of benefits does not correspond to the actual cost of living. A significant problem is the insufficient indexation of pensions and disability benefits, which often fails to compensate for the rising cost of living. This poses a particular challenge for older people and people with disabilities, whose opportunities to earn additional income are severely limited (Ministry of Family, Labour and Social Policy, 2023). In addition, people requiring care can count on a care allowance, but in many cases its amount proves to be far from sufficient, especially in rural areas where access to additional institutional support is severely limited (Central Statistical Office, 2024).

The system of reimbursement for medicines and medical equipment, supervised by the National Health Fund (NFZ), provides access to treatment for chronically ill and disabled people, covering subsidies for prostheses, hearing aids, wheelchairs and other compensatory devices (Waszkielewicz, 2008). Despite its advantages, the system is criticised for its complicated administrative procedures, long waiting times and difficult access to services, especially in rural areas. The shortage of specialist facilities, long waiting times for consultations and the lack of mobile support points lead to significant territorial disparities (Ministry of Family, Labour and Social Policy, 2023). In addition, despite the expansion of the list of reimbursed medicines, the availability of certain preparations remains limited in smaller towns (Ombudsman, 2022).

Providing transport for pupils, including children with disabilities, is one of the key elements of education policy. Specialised means of transport are available in cities, often equipped with facilities adapted to the needs of people with reduced mobility. Local authorities finance transport and carers, ensuring the safety and comfort of pupils (Komorowska, Kozłowski, 2021).

In rural areas, the situation is completely different. The lack of adequately equipped vehicles, limited financial resources of municipalities and an insufficient number of educational institutions force parents to organise transport on their own. Many pupils have to travel long distances, which significantly affects their daily comfort and the time they have for learning and rest (Ombudsman, 2022).

The disparity in access to social assistance benefits between urban and rural areas remains one of the most significant structural problems. While residents of urban agglomerations can benefit from extensive support infrastructure, rural residents often struggle with limited access to medical, rehabilitation and educational services (Kowalczyk, Gilga, Jurek, 2012).

The insufficient number of healthcare facilities, the lack of specialist treatment centres and limited access to institutional assistance lead to the social exclusion of a significant part of the population. An important course of action should be to intensify programmes supporting rural communities, develop telemedicine and expand the range of distance learning opportunities (Ministry of Family, Labour and Social Policy, 2023).

The education system should play a key role in the process of social inclusion by providing appropriate support mechanisms for people with disabilities and those in difficult life situations. It is important to implement modern curricula and teaching methods tailored to the individual needs of students (Surma, 2019). At the same time, it is necessary to raise public awareness of the available forms of support, which can be achieved by intensifying information activities, workshops and training programmes aimed at parents and carers (Ornacka, Wałek, 2013). The family plays a fundamental role in the social support system. In order to increase its potential, solutions that relieve the burden on carers, such as tax relief, the development of self-help groups and counselling programmes, should be implemented. The Respite Care Programme is an example of an effective initiative, but its scope should be significantly expanded (Ministry of Family, Labour and Social Policy, 2023). The social support system in Poland requires comprehensive reforms, including the elimination of regional inequalities and improved access to benefits. Key areas for change include the development of education, support for families and the strengthening of local initiatives. Investments in social infrastructure and modern technologies can significantly improve the quality of life of people in need of support.

Challenges for families of children with disabilities

Families of children with disabilities face a number of difficulties resulting both from caring for the child and from the reactions of the social environment. These challenges include managing emotions, organising everyday life, ensuring appropriate conditions for the child's development, and actively seeking institutional support (Barłóg, 2019; Karwowska, 2011). Another important aspect is the perception of these families by society, which can contribute to reinforcing negative stereotypes and perpetuating prejudices. There are numerous stereotypes in society associated with families of children with disabilities. They are often perceived through the prism of the limitations associated with caring for a child, rather than through the prism of their capabilities and achievements. As Livi (2003) points out, in the media and in everyday life, these families are often portrayed as ‘victims’, which limits the full perception of their situation. This type of narrative can lead to the marginalisation of their needs and problems, while ignoring their ability to overcome difficulties.

In the media, children with disabilities are often portrayed as symbols of suffering and sacrifice, which rarely takes into account the fact that these families also have their successes and joys (Wojciechowski, 1990). The social perception of families with disabled children can also lead to their isolation. Otapowicz et al.

(2016) point out that these families often face social exclusion, which may be the result of a lack of understanding and unfriendly attitudes on the part of those around them. Such attitudes can negatively affect their quality of life, as well as the self-esteem of parents and children.

Furthermore, the quality of life of a family with a disabled child also depends on support from social institutions. Barłóg K. (2019) notes that the role of parents in the educational and rehabilitation process is crucial, and their involvement in their child's development changes not only their child's life, but also the situation of the whole family. However, it is worth emphasising that despite the enormous commitment of families, they often face difficulties in accessing specialist help and support from the health and education systems.

Summary

An analysis of the literature and available data indicates that an effective support system for people with disabilities requires close cooperation between the family, school and public institutions. External forms of assistance cannot replace the role played by the family, but should systematically support it. In practice, this means the need to create local models of cooperation covering education, care and rehabilitation.

- In the area of education, it is recommended to introduce regular meetings (case conferences) with the participation of the family, teachers and specialists to coordinate therapeutic activities and monitor the child's progress. Schools should also provide parents with access to information and educational materials to facilitate the continuation of therapy at home.

In the area of social policy, it is necessary to expand relief programmes, such as ‘Respite Care’, and to ensure a minimum standard of accessibility of support services in every municipality. This support should include both psychological and logistical assistance.

- In the local context, cross-sectoral cooperation between schools, social welfare centres, non-governmental organisations and local authorities should be promoted. In rural areas, mobile teams of specialists and teleconsultations may be an effective solution, while in cities, integrated family support centres may be more appropriate.

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DOI: https://doi.org/10.31392/UDU-nc.series19.2025.49.05
УДК 364.4:364-787:355.01

А.О. Запітецький
a.o.zapitetskyi@udu.edu.ua
https://orcid.org/0009-0009-2509-318X

РОЛЬ РЕАБІЛІТАЦІЙНИХ ЦЕНТРІВ у ВІДНОВЛЕННІ ЖИТТЄВОЇ САМОСТІЙНОСТІ ОСІБ З ІНВАЛІДНІСТЮ ВНАСЛІДОК ВІЙНИ

У статті досліджено роль реабілітаційного центру як ключової інституції у відновленні життєвої автономії осіб з інвалідністю, набутою внаслідок війни. Актуальність теми зумовлена зростанням кількості людей з бойовими та цивільними травмами, які потребують не лише медичного відновлення, а й комплексної підтримки для повернення до активного та самостійного життя. Проаналізовано сучасні підходи до реабілітації, що базуються на біопсихосоціальній моделі та передбачають поєднання медичних, психологічних, соціальних і професійних втручань. Особливу увагу приділено діяльності міждисциплінарної команди фахівців, яка забезпечує цілісність реабілітаційного процесу та розроблення індивідуальних програм відновлення з урахуванням індивідуальних особливостей, воєнного досвіду та особистісних ресурсів людини. Розкрито значення залучення родини, громади й соціального оточення як чинників підтримки та мотивації до самостійності. Охарактеризовано вплив сучасних реабілітаційних технологій, допоміжних засобів, цифрових рішень і тренінгів навичок незалежного життя на підвищення рівня автономії та якості життя осіб з інвалідністю. Визначено умови ефективної соціальної та професійної реінтеграції, зниження залежності від сторонньої допомоги та формування активної громадянської позиції. Наголошено на важливості безперервного моніторингу результатів реабілітації, міжсекторальної взаємодії та адаптації послуг до індивідуальних потреб кожної людини в умовах тривалих наслідків війни.

Ключові слова: соціальна реабілітація, реабілітаційний центр, особи з інвалідністю внаслідок війни, комплексна реабілітація, реінтеграція, якість життя.

Постановка проблеми. Повномасштабна війна в Україні спричинила значне зростання кількості осіб з інвалідністю, зокрема серед військових і цивільного населення, що актуалізує питання їхнього довготривалого відновлення та повернення до активного суспільного життя. Втрата фізичних, сенсорних або психоемоційних функцій часто супроводжується зниженням життєвої автономії, залежністю від сторонньої допомоги, соціальною ізоляцією та ускладненням доступу до освіти, працевлаштування й громадської участі. За цих умов традиційні підходи до реабілітації виявляються недостатніми, оскільки не завжди забезпечують комплексність, безперервність і персоналізацію підтримки. Особливої ваги набуває роль реабілітаційних центрів як ключових інституцій, здатних інтегрувати медичні, психологічні, соціальні та професійні послуги, спрямовані на відновлення життєвої автономії осіб з інвалідністю внаслідок війни та їхню успішну реінтеграцію в громаду. Повномасштабна війна в Україні призвела до глибоких демографічних, соціальних і гуманітарних змін, однією з