

QUALITY OF LIFE OF THE FAMILIES WITH CHILDREN WITH DISABILITY IN REGIONS OF LATVIA

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ABSTRACT

Quality of life characterizes the conditions of human existence, the level of satisfaction of needs. Children with disability restrict ability of the families to meet their needs. Parents of these children quite often are limited in their employment and education opportunities, and their resources, they meet with restrictions in all areas of life. Such a situation has developed not only because of the socio-economic situation in the country, but also due to the lack of interest and inadequate support. The aim of the paper is to analyse the family quality of life of the families with disabled children with in regions of Latvia. Empirical data were obtained by structured interviews with 272 families. The research shows that the situation of the families with disabled children differs in different regions of Latvia. Families are supported by the state and municipalities, but the support in the areas of emotional, physical and social well-being does not recompense the influence of special needs of the disabled children on the family quality of life.

KEYWORDS: *quality of life, family quality of life, family needs.*

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Introduction

Nowadays in the most developed countries the research of quality of life has become the pivotal issue of all social reports that reflects not only the effectiveness of social policies, but also the country's population welfare and the factors influencing. Research oriented toward analysis of quality of life provides an opportunity to determine the developmental tendencies of state social policy and assess the effectiveness of current policy not only in different social areas, but also within the context of different social groups. Since the goal of social policy is to ensure particular standard of quality of life to those groups of society that do not possess sufficient resources or are in danger of losing the resources necessary to meet their needs, for example, families with children with disability, many studies that analyse the quality of life allow us to assess whether the support provided by the state matches the needs in the area of quality of life. The topicality of the family quality of life research is made stronger by the socio-economic crisis; as a result of it, the quality of life of many families connected to the meeting of their basic needs declines due to the lack of resources. Due to this crisis the families that once enjoyed the quality of life that matched their needs are forced to seek help in social services.

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So it can be concluded that the research of family quality of life is crucial in order to reflect on family's ability to meet their needs, while the possibility for families to meet the needs largely depends on the support provided by the state, municipalities, NGOs and the society as a whole. So in making the social policy guidelines that are connected to the support for families the state must focus on supporting those families whose access to the resources is for various reasons limited. For example, opportunities to use the means for meeting the basic needs for families with children with disability are often affected by the factors connected to the specifics of these children (Baldwin et al., 2004; Warner, 2006; Seligman, 2000).

Problem. The research shows that the quality of life of the families with children with disability is often affected by conditions that are connected to the meeting of these needs which in turn restricts ability of these families to meet their needs. Parents of these children quite often are limited in their employment, as well as education opportunities that interdicts the necessary resources for these families to meet their needs, as well as get involved in cultural life of the community, create social contacts, and ensure life condition adequate to the family needs. Such a situation has developed not just because of the socio-economic situation in the country, but also due to the disinterested disposition of the society towards the phenomenon of special needs and the limited capacity of the state to provide the necessary support. As the research shows the quality of life of families with children with disability differs in the regions of Latvia not only because of differences in the possibilities of families, but also in support provided by local governments.

Purpose. The purpose of the paper is to analyse the family quality of life of the families with children with disability in regions of Latvia.

Object. The quality of life of the families with children with disability.

Tasks:

- To give the theoretical explanation of family quality of life.
- To describe the support to the families within the context of the state policy.
- To study the family quality of life of families with the children with disability in the context of quality of life domains.

Methods. To gather empirical data quantitative methodology was used, as most appropriate method a structured interview was chosen. Interviews with families with children with disability were conducted in 2012. For more detailed characteristic of the sample see table 1.

Table 1. Characteristic of the sample

	Number of families with children with disability (01.01.2012)	Volume of stratified proportional sample with 6 % error	Number of interviewed families	Number of interviewed families (%)	Calculation of the weight of sample
Vidzeme region	938	35	39	14	0.9
Riga region	1180	43	43	16	1
Riga	1593	58	58	21	1
Zemgale region	985	36	46	18	0.8
Latgale region	1215	45	45	16	1
Kurzeme region	1098	40	41	15	0.98
Total	7009	257	272	100	

The sample (n) of the research is 272 families with children with disability in Latvia. Every regional administrative unit (village or town) was sampled using the principle of mechanic selection: according to the previously arranged list every other administrative unit was chosen for the study.

1. Theoretical explanation of the family quality of life

The concept of quality of life as a category of sociological research was first included in the journal "Sociological Abstracts" in 1979. However, as the authors of quality of life research summary Karl F. Shussler and Gene A. Fishers have pointed out, "...the concept of good life is as 'old' as the civilization itself; only it had many other names, for example, 'happiness'..." (Shussler, Fisher 1985: 130).

Quality of life is usually understood as the conditions of human existence: material provision, safety, accessibility of health care, education opportunities, and opportunities of personal growth, the state of environment, social relationships in the society, and freedom of speech and an opportunity for citizens to affect political decisions. Quality of life is determined in all areas and aspects of human existence: nature, family, work, social order, education, recreation etc. (Белкин 1999: 21). Referring to David Phillips' explanation of quality of life, the quality of life requires that basic material and social needs of people are met and that they have sufficient autonomy to choose to enjoy life, to participate in the activities of the society as citizens of the society with high level of civil integration, social reconciliation, trust and other integrative norms, including justice and equality in a physically and socially sustainable environment (Phillips, 2006: 242). Regina Berger-Schmitt and Heinz-Herbert Noll define quality of life as a combination of subjective wellbeing and objective life conditions where the latter includes all aspects of life situation that essentially affect individual's wellbeing (Beck, et. al., 2001). Also it is possible to analyze the quality of life using different indicators and on different levels: micro, mezo and macro levels, that is on individual, group and societal level (Stepčenko, 2006). Joseph Sirgy believes that quality of life can be studied on four levels – individual level, family level, and community/regional and society level (Sirgy, 2001).

Family quality of life, just like quality of life in general is multidimensional by nature and reflects interaction of different areas and their influence of family life; for this reason it becomes possible to study it in the context of different approaches. Professor Robert Schalock believes that family quality of life is connected to the study of the areas featuring family wellbeing and defines it as a dynamic understanding of family wellbeing, collectively and subjectively defined and informed by the family members where individual and collective needs interact, but scientist Denise Poston defines family quality of life as conditions where family needs are met and family members are free to do what they really deem important. (Wang, 2004: 145) The conclusion then is that there isn't a single definition of family quality of life since there are different approaches to defining and interpreting quality of life; they determine the specifics of quality of life research and the range of areas that form it. Definition of family quality of life by Denise Poston is used in the research.

The research of family quality of life, on one hand, is associated with identification of family needs; on other hand, it is associated with the analysis of opportunities for satisfaction of family needs; this analysis has to do not just with the opportunities of families to meet their needs, but also the factors that affect the use of those opportunities. All the components that constitute equality of life are inter-related and affect family quality of life as a whole, since, for example, poor infrastructure in the neighbourhood where family resides can aggravate family's opportunities no provide the necessary material, physical and sometimes also social and emotional wellbeing (Behnke, 2004). According to the family needs that includes, emotional, material, physical and social needs (Krūzmētra, 1993: 24) it is possible to single out four areas where family needs are met; satisfaction of these needs make up the family quality of life. For example, the area of social wellbeing includes all aspects associated with the opportunities to meet social needs, for example need for social contacts, activities of self-realization; in turn the area of emotional wellbeing describes the interaction among the family members and their opportunity to gain emotional support. The area of physical wellbeing characterizes ability of family to function physically and fulfil the functions necessary for the society, but material wellbeing describes the financial opportunities of the family (Turnbull, et al., 2004).

Table 2. Areas and indicators of the family quality of life

Area of material wellbeing	Area of social wellbeing	Area of physical wellbeing	Area of emotional wellbeing
Income Economical security Employment Social assistance Possibility to satisfy the family needs	Social contacts Attendance of cultural events Involving in the action of the various organizations Involving into sport, educational activities Municipality/state support in an area of social wellbeing Possibilities of self-realization	Housing Education Health care Municipality / state support in an area of physical wellbeing Providing with technical facilities Availability of the transport Leisure time, relaxation	Emotional stress Municipality / state support in an area of emotional wellbeing Attitude from others

Source: Summers, et al, 2005; Poston, et al, 2003

The quality of life of the families with the children with disability is often affected by conditions that are connected with the meeting of special needs of children, availability of the necessary resources, getting involved in cultural life and self-realisation possibilities as well as environment accordingly to special needs of children. So the conclusion can be drawn that when conducting a study focused on family quality of life it is important not just to analyse the areas that describe family quality of life, but also the factors affecting it, which most of the time is not done.

2. The state and municipal support for ensuring quality of life

One of the ways how society can support the families with a child with special needs in order to improve the quality of life of the family is to create the social policy that is adequate to the needs of these families and would be focused on providing of support to those families that face difficulties in the area of availability of resources. State and municipal support to these families play a crucial role in the meeting of their needs.

The family policy of the Republic of Latvia originally is formed according to the concept of “The Guidelines of State Family Policy for 2011–2017”. The goal of the guidelines is to promote the establishment, stability and wellbeing of families and to encourage fertility. The principle of the support that is adequate to family needs is postulated as one of the main principles of the state policy in the area of family; it includes the system of state and municipal support, increasing its availability in the most crucial moments depending on state and needs of families (Ģimenes valsts..., 2011: 7). So it can be stated that the main principle of the document implies the family policy fitting family needs; yet this document does not reflect all the problems families face in the area of meetings their needs (Ģimenes valsts..., 2011: 62).

The state provides families with two types of support – social assistance that includes material support and support in the area of social services. In the area of social assistance, families with children with disability are entitled to family state allowance (EUR 11.38 a month for first child; 22.76 for the second child and EUR 34.14 a month for the third child) and supplement to the family state allowance for disabled children (EUR 106.72 a month) (MK noteikumi Nr 1517 2009). If a child needs special care, the state provides child-care benefit (EUR 213.43 a month), as well as transport refund. In addition to the state support for families with children in the form of different benefits, there is also personal income tax relief for the dependants.

The state supplied social services for families with children with disability include provision of technical aids and annual rehabilitation in the rehabilitation centre “Vaivari” (MK noteikumi Nr 1529 2013). Also a service of an assistant is available for 40 hours a month. It is provided by municipality and financed by the state. As assistant can be one of the child’s parents, in this case a salary (EUR 1.71 an hour) is paid.

The municipality supplied social services include social care and rehabilitation. Families with children with disability are entitled to the support in the area of social services that include consultations of a psychologist, consultations of a social worker, home care, and day-care centres for disabled children, rehabilitation for children with mental disorders (Sociālo pakalpojumu... 2002). Municipalities provide social assistance for families mostly when family is not able to meet their need on their own. Then the municipal social workers assess family income and grant them “needy” or “low-income” family status which serves as basis for providing adequate material support.

A family can be recognized as “needy” if its average monthly income during the last three months per each family member has been less than EUR 128.06 and if:

- it does not own savings in cash, negotiable securities or real estate;
- it has not entered into a maintenance contract;
- it is not a recipient of services of long-term social care or social rehabilitation or is not imprisoned;
- a person has registered in National Employment Agency as unemployed or job seeker (MK noteikumi Nr 229 2010).

A family can be granted the status of “low income family” if average monthly income exceeds EUR 128.06, but is less than determined by a municipality (Par pašvaldībām, 1999).

In case family income matches the requirement for granting the poor family status, families regardless of whether they have children with disability or not are entitled to receive social assistance from the municipality; it includes:

- benefit to ensure minimum guaranteed income level (GMI benefit) – EUR 49.80 for the family member (MK noteikumi Nr. 550 2009: 5);
- housing benefit;
- benefit in a case of emergency;
- other benefits for meeting family’s (person’s) basic needs (Sociālo pakalpojumu..., 2002: 35).

In connection with normative acts, municipalities must first provide social assistance to the “needy” families and when the requests of these families for material support have been met, can provide material support to the families that have been granted the “low income” status.

3. Quality of life in the regions of Latvia

The territory of Latvia is divided into six territorial units that include Latgale region, Kurzeme region, Vidzeme region, Zemgale region, Riga region and the capital city Riga.

3.1. Quality of life in the area of material wellbeing

As research data show more than 70 % of the interviewed families have income lower than the minimum of income per person in the county (EUR 128.06). Latgale region and Kurzeme region have families with the lowest monthly income. Almost half of all the interviewed families from Latgale region and Kurzeme region has a monthly income does not exceed EUR 96.76.

Quite significant differences in the structure of family monthly income are observed in both rural and urban territories. As the research data show, families residing in urban areas have bigger monthly income per family member comparing to the families residing in rural areas. 43 % of the families residing in rural areas have monthly income that corresponds with the first quartile, while 33 % of the families have monthly income that corresponds with the third and fourth quartiles. Calculating the Chi-square test, it can be concluded that place of residence affects the monthly income of families, since p-value is 0.0001. The research results show that monthly income of the families residing in cities is comparatively larger and municipalities are more easily able to support the families with low-income status since there are fewer of those families comparing to rural areas; thus, town municipalities are able to support other disadvantaged families. It shows

that architects of family support policy should consider the structure of monthly income of the families residing in rural and urban areas.

Families face a lack of financial means regardless of their income in all areas of their life; nevertheless, it is possible to single out areas where it is more difficult for the low-income families to meet their needs: usually it has to do with the basic needs, for example food, clothing and footwear, health-care for adult family members, housing repair and purchase of household items, including electrical appliances, furniture, and also attendance of cultural events. Families with average income up to second and third quartiles have problems in the area of utilities. More than 90 % of the interviewed families face financial difficulties in the area of health care. For example, 98 % of the families residing in Riga believe that they are not able to provide all necessary health services for their family members.

Even though the amounts of state support are not big, they promote economic safety for 79 % of the interviewed families. When analysing the influence of the satisfying the special needs of disabled children on the financial safety provided by the state, it can be concluded that the support provided by the state is more essential for the families with children who need full care or continuous sitting and promotes their safety than for the families with children who do not need or need a help.

The meeting of child's special needs mostly limits the families with children who needs full care and, as the study shows, there are families that are not affected by the meeting of child's special needs because they have very little finances and do not spend much money on meeting child's special need; or there are some families that can afford anything they need. It tells us that the field of family social policy that concerns children with disability should re-evaluate and consider both the specifics of child's special needs and the type of necessary care, and the material support must be designed according to it.

A bit more than half of the interviewed families with the income less than EUR 128.06 has obtained a needy family status but in 47 % of cases, municipalities have denied granting the low-income status to the families, or families do not know that their income fits the requirements for granting the low-income status and have not applied for it in social services. The largest number of families whose income meets the requirements for getting a needy family status is in Latgale region – it is 86 % of all the interviewed families from Latgale region; the needy status was granted to 45 % of these families. There is also large number of families in Kurzeme region and Riga region with a monthly income under EUR 128.06: it is 76 % of all interviewed families of these regions. The needy status has been granted to 47 % of these families in Riga region and to 54 % of these families in Kurzeme region. The largest numbers of the families whose income meets the requirements and who has actually received needy family status reside in Riga.

The types of material support for families in all regions of Latvia are housing relief, GMI allowance, allowance for medical services and free lunches; there are some other types, for example, Christmas allowance for disabled children and extraordinary allowance for special cases. As the study shows, transport recompense and care benefit are usually received by the families residing in Riga. The rest of allowances are given by other municipalities; nevertheless, Riga has taken the leading position in the area of providing material support; it tells us that Riga has the most means for providing material support for the population.

As the study results show, the families residing in Riga are the most satisfied with their financial situation in comparison to all other regions; it is not surprising since these families have the highest income comparing to all other regions. (Fig. 1) Families residing in Vidzeme region consider their financial situation as fairly good. But the families residing in Latgale region, Kurzeme region and Zemgale region consider their financial situation to be bad. In all of the regions, large percentage of families assess their financial situation as satisfactory, which tells us that they have resigned to the situation and have learned to meet their needs with the resources available to them and are satisfied with their situation. Large amount of respondents are satisfied with their financial situation; that shows that families are learned to satisfy the needs with disposable financial resources.

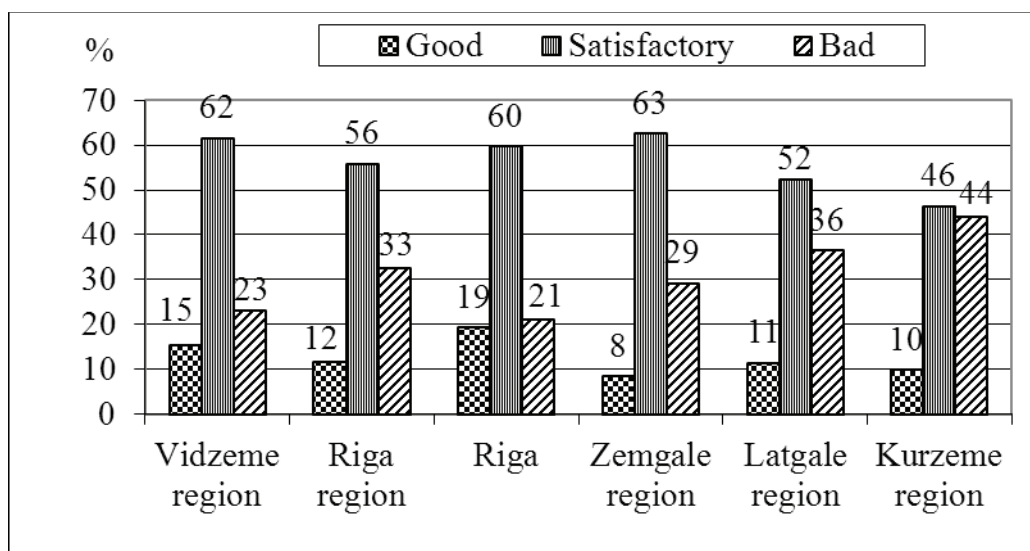


Figure 1. Evaluation of the family's financial situation in regions (%)

The conclusion then is that the material wellbeing of the families is affected by many factors that often do not depend on the families alone; they depend on the socio-economic situation in the country, living place, as well as the specifics of special needs of disabled children.

3.2. Quality of life in the area of social wellbeing

Involvement of the families with children with disability in cultural activities is affected by many factors that are associated not just with financial opportunities, but also child care, lack of time, as well as environment accessibility and lack of transportation. As the study shows, attendance of cultural events are most affected by the lack of financial means, since the families with limited financial resources first need to meet their basic needs and only then can meet the other needs.

The largest number of families (58 %) whose adult members do not remember when they attended some cultural event has income that fits in the first quartile, but the largest number of families whose adult members have attended some cultural event during the last month has income that fits in the fourth quartile. It tells us that the financial status of families affects the attendance of cultural events; yet when viewing calculations of Chi-square test (p -value is 1.29) it can be concluded that the monthly income of families is not the factors that has significant impact on the attendance of cultural events by adult family members. Possibly, adults from the families with lower income do not have any desire to attend cultural events.

The study shows that lack of time, a distance to the place where events take place as well as interest in the event are the factors affecting the attendance of cultural events by families regardless of the specifics of disabled children. The special needs of disabled children also affect involvement into cultural activities since children often are not able to sit and concentrate for a long time; also they get agitated seeing multitudes of strange people. Some families mark out difficulties in the area of transportation. More than a third of the adults in Kurzeme region do not remember when the last time they attended a cultural event was. Also, in Vidzeme region, adults are very passive in getting involved in cultural activities. The most active are the adult family members from Riga city and Riga region. Obviously, the most important factor in the area of attending juvenile cultural events is personal interest and motivation to attend cultural events and to get the children involved as well. They are the least likely to attend cultural events; nevertheless, 17 % of families with disabled children that need full care parents do not remember when their children attended some kind of cultural event. 22 % of the parents of these children have attended some cultural event during the last or previous two years. Calculating the statistical significance of percentage difference (p -value), the conclusion is that the specifics connected with the special needs of disabled children do not affect the activity of families in

cultural area. It indicates that attendance of cultural events largely depends on the personal interest of parents to get involved in cultural life and not on the special needs of disabled children and the ability to meet them.

Family quality of life is largely affected by the social contacts. Families mostly choose those social contacts that match up to their needs and interests: in a wider variety of social contracts there is a greater opportunity for these families to find support when it is the most needed. Families with disabled children mostly contact their friends and relatives; they rarely contact neighbours, colleagues and other people, for example, workers of different organizations.

Families form their social wellbeing not only with the help of friends and relatives, but also through getting involved in different self-improvement and self-realization activities. As the study shows, children are more likely to get involved in sports activities than the adult family members. Families in Vidzeme region and Kurzeme region are more active in getting their children involved in sport: it is more than a half of all families from Kurzeme region and Vidzeme region. The smallest numbers of children involved in sport activities reside in Riga, Zemgale region and Latgale region. In turn, the adult family members from Riga city and Vidzeme region are the most active in the area of sport activities. The most passive in that sense reside in Zemgale and Riga region. Yet adult family members are more active in getting involved in the activities of different organizations than sport activities. The most active are the ones residing in Riga city, Zemgale region and Riga region.

As the study shows, the families residing in Zemgale region, Latgale region and Kurzeme region are the most active in getting their children involved in different activities of self-development and self-improvement. The families residing in Vidzeme region are the most passive in encouraging their children's involvement in different activities; it indicates that this region lacks activities that fit the needs of these families. The adult family members are the most active in this sense in Riga region; they are the most passive in Kurzeme region. The social wellbeing of these families is also described by the accessibility of different education opportunities for disabled children, since the satisfaction of the family needs is subject to the satisfaction of the special needs of disabled children that often is associated with education.

3.3. Quality of life in the area of emotional and physical wellbeing

Physical wellbeing is a prerequisite of the provision of quality of life for children with disability, since physical wellbeing includes such areas as suitability of housing and environment to the family needs, also mobility and accessibility of health care. As the study shows, majority of the families live in residences with dwelling space of less than 15 m² on a family member. According to the statistical data, in 2012 average floor space on 1 person was 35 m² (Dzīvojamais fonds..., 2012). It signifies that families with disabled children live in dwellings that are smaller than average. As the study shows, most of the interviewed families live in two-room lodgings; even larger number of families live in a single-room lodgings, for example, in Riga city and Riga region; it indicates that these families do not have real opportunity to have rest and that children with disability do not have their own room.

The family quality of life is affected by amenities in the housing, especially if there is a need to satisfy special needs of children that need full care. The study indicates that largest number of families with housing with all amenities reside in Riga and Riga region. A little than third of families in Kurzeme region occupy housing without any amenities; it means that their lodging does not fit the special needs of disabled children. The families there are not able to take a shower or a bath; there is no hot water and central heating in the lodging, also the toilets often are located outside. Proportionally large number of the interviewed families has such lodgings in Latgale region and Zemgale region. As the study data show, families than live in urban areas have dwelling with amenities more often than the ones living in rural areas. Only 8 % of the interviewed families that live in towns have dwelling with no amenities, for example, the source of water and the toilets are outside; there is no hot water inside and no chance to have a wash. In comparison, 30 % of the interviewed families from rural areas face the same problem. There are quite many families in all regions of Latvia that

occupy housing with partial amenities: these places are without central heating and sometimes no hot water, – almost half of the families from rural areas and 21 % of the families from towns same the problem.

Housing amenities have a lot to do with the opportunity to satisfy the special needs of disabled children, but housing amenities alone do not create adequate environment to satisfy the special needs of children that need full care. These children need the lodging to be adapted to the specifics of their needs that requires reconstruction of housing and special equipping to provide a way for the children to move around in wheelchairs, take showers or baths, have a room for exercise units and a special type of bed. As the study shows, the majority (72 %) of the interviewed families with disabled children that need special adaptation of housing to their special needs do not occupy that type of housing. Situation is the worst in Latgale region; 82 % of the families with disabled children do not occupy housing adapted for their special needs.

The study results show that majority of the interviewed families are generally satisfied with their lodging and consider it to be satisfactory or good; yet 25 % of the families residing in Latgale region, Zemgale region and Kurzeme region believe their housing to be inadequate. Usually they substantiate this opinion by the lack of amenities, as well as bad condition of the dwelling. The highest assessment to their dwelling was given by the families from Riga city and Riga region.

As a result of the health care reform, the families from the most remote areas experience difficulties in the area of accessibility of health care services, especially if a family does not own a personal vehicle. The study shows that the families from all regions face various difficulties in the area of health care, for example, financial difficulties, inaccessibility of specialists and experts, remote location of health service providers, as well as low quality of health care and indifferent attitude from doctors. It is especially Latgale region and Kurzeme region where the families experience the inaccessibility of necessary specialists; also health care service providers are located a long way from their residence. Low quality of health care services is an issue that the families from Riga and Vidzeme region are the most concerned about.

Most families believe the health care to be acceptable; yet it can be concluded that almost 25 % of the families from Latgale region consider the health care available to them to be bad. The calculations of statistical significance of percentage differences indicate that the assessment of health care is affected by the type of care the disabled children need (p-value is 0.00044). Significant differences are observed among the families with children that need full care and the families whose children need little or no assistance.

The families whose children need full care face different problems that could be reduced by an opportunity to have an assistant. As the study shows, families from all regions equally feel the lack of professional assistance. This lack is felt the most by the families in Riga city and Zemgale region; and it is felt the least in Kurzeme region, which indicate that the families from these regions have resigned to the situation and have gotten used to difficulties.

The quality of life of the families with disabled children is largely affected by the availability of technical aids. The lack of technical aids for disabled children denies them the opportunity to move; also available technical aids do not always match the special needs of disabled children, for example, orthopaedic braces or wheelchairs are too small or low-grade. The study shows that the greatest lack of technical aids is experienced by the families from Kurzeme region and Latgale region. The smallest numbers of families whose children experience the lack of necessary technical aids reside in Riga and Vidzeme region. It can be concluded that the families face this problem in all regions and it tells of the gaps in social policy.

Social agencies provide not only psychological support, but also in-house care and other services. In-house care is the least used service, - during the last year it was used by only 5% of the interviewed families; this service wasn't used by any of the families from Kurzeme, Latgale and Vidzeme regions which indicates that this service is not offered in these regions or that the families lack the necessary information about it. During the last year day care centres have been used by 14 % of the interviewed families; most of them reside in Latgale region. Also rehabilitation in day care centres is practised in all regions, even though families are really passive in using this service – only 20 % of the interviewed families have used it. This service is the most popular among the families in Riga, but the least popular in Zemgale and Kurzeme region. Describing

their experience with obtaining the support from municipal social services, families mentioned both positive and negative attitude of the social workers. Among the negative experiences were insensitivity, dishonesty and humiliation they felt from social workers. Families, mostly in rural areas, mentioned some cases when social workers were providing the support not to the families in need, but to their friends and acquaintances. Families admitted they lack information about the types of support from municipalities and the terms of obtaining it. It is mostly connected to the fact that families do not have access to the Internet and the only source of information about the types of support is social service. Nevertheless, as the study results show, not always social services present precise information about the terms of this support. Some of the families pointed out that social workers do not respect the principle of confidentiality. But it must be said that 67 % of the families assess the support provided by municipalities as good and satisfactory.

Conclusions made as a result of the study of family quality of life are substantiated by the subjective assessment of family quality of life (see Fig. 2) The study results show that more than a half of the interviewed families from all the regions of Latvia consider their quality of life to be either satisfactory or good. For example, almost a third of the interviewed families from Kurzeme region reside in lodgings without basic amenities; yet 86% of these families consider their quality of life to be good and satisfactory.

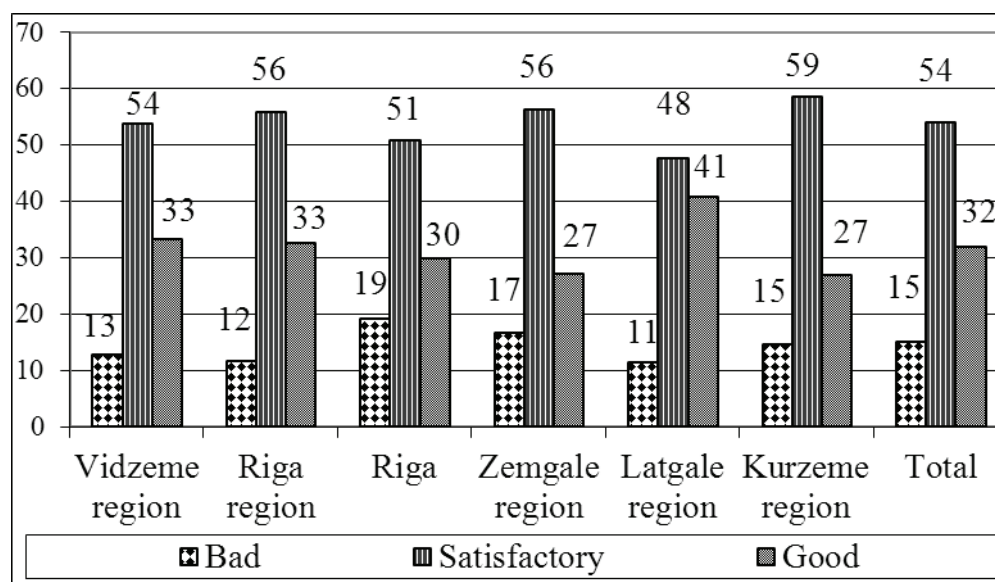


Figure 2. Assessment of subjective wellbeing of families by regions (%)

Assessment of subjective family quality of life by the type of care does not significantly differ among families with children who need different types of care to meet their needs. The factors affecting family quality of life impact not only quality of life, but also the assessment of quality of life.

Material provision that is designed to meet all family needs increase the chances that family will assess their quality of life as being good or very good by 2.5 times. Material provision that is designed to meet the basic family needs increases the chance that family quality of life would be considered to be bad or very bad by 2.4 times. Also, formal social contacts increase the chances that family quality of life will be assessed as good or very good by 2.1 times. The regression analysis shows that the factor featuring conditions adequate for family relaxation and self-realization increase family quality of life assessment by 2 times. Yet family quality of life is not impacted by such factors as community based and kinship based social contacts, unity and intimacy within the family, and living conditions sufficient for meeting the basic needs. Only one factor significantly affects the assessment of the quality of life: it is the factor of material provision designed for meeting all of the family needs. It indicates that the families whose material provision allows them to sufficiently meet all of the family needs tend to assess their quality of life as satisfactory. The analysis reflects

that if the material provision is designed to meet not just the basic needs, but also all the other needs, then the probability that under the influence of this factor the families would give positive assessment of their quality of life would be sixteen times bigger than with all the other factors.

Conclusions

The quality of life is described by individuals' satisfaction with the current life conditions that meet the needs in all the areas affecting their everyday life. Family quality of life reflects the conditions through which family needs are met and family members have opportunity to do what is important to them. Family quality of life is characterized by the areas as emotional, physical, financial and social wellbeing.

Family quality of life with disabled children is affected by the availability of resources necessary to meet their needs. The resources necessary to meet their special needs depend on the type of child's functional disorder and the suitable care.

These are the types of material support that the families receive from the local government in all regions of Latvia: housing allowance, GMI allowance, medical service allowance and free lunches. Care allowance and transportation recompense (from the municipality) is provided to the families residing in Riga. Also the families residing in Riga can rely on the allowance for meeting the special needs of the disabled children, since other municipalities mostly provide the allowance for the needy families, regardless of the needs.

The support in the areas of emotional, physical and social wellbeing does not recompense the influence of special needs of the disabled children on family quality of life, since available support is either suitable to the family needs or these families face different obstacles in receiving the necessary support.

As the research shows, family quality of life is characterized not by objective life condition, but by subjective satisfaction of families with their living conditions; so often families are used to 'bad' living conditions and assess their quality of life as satisfactory or even good. And vice versa; some families enjoy fairly good living conditions, yet they are not satisfied with their quality of life as not matching their needs and desires.

Families residing in capital city Riga have better living conditions, financial situation and support than families residing in Latgale, Vidzeme, Riga, Zemgale or Kurzeme regions. So families residing in capital city have higher objective quality of life than families residing in other territorial unit, but do not have higher subjective quality of life.

Family quality of life in the context of quality of life domains:

Material wellbeing: more than 70 % of the interviewed families have income below the average income per one household member in the country. The financial support from the state promotes the economic security of 79 % of the respondents.

Emocional wellbeing: 50 % of the families experience emotional tension. This tension is mostly caused by the satisfaction of special needs of a disabled child.

Physical wellbeing: more than a half of the interviewed families face the problems with the accessibility of medical doctors and lack of finances. The state provides the necessary technical aids to the children with disability; yet 51 % of families do not have access to these aids. Technical means provided by the state sometimes do not match the need; for example, orthosis and/or wheelchair is too small and of bad quality. 71 % of families have not received support for accommodating the dwelling to the special needs of children.

Social wellbeing: parents are overall satisfied with children's education; yet they point to several faults, for example, indifference of teachers towards the quality of education and the fact that adequate education for the children with disability is not obtainable at the place of rural residence.

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ŠEIMŲ, AUGINANČIŲ NEIĞALIUS VAIKUS, GYVENIMO LATVIJOS REGIONUOSE KOKYBĖ

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Santrauka

Gyvenimo kokybė – tai žmogaus egzistencijos sąlygos, jo poreikių patenkinimo lygis. Vaikai, turintys negalią, riboja šeimų galimybę patenkinti poreikius. Šių vaikų tėvų užimtumo ir švietimo galimybės bei išteklių gana dažnai riboti, galima sakyti, kad ribojamos visos jų gyvenimo sritys. Tokia situacija susiklostė ne tik dėl socialinės ir ekonominės padėties šalyje, bet ir dėl nepakankamo domėjimo tokiomis šeimomis, paramos joms trūkumo. Straipsnio tikslas – išanalizuoti šeimos, auginančios neiğalius vaikus Latvijos regionuose, gyvenimo kokybę. Empiriniai duomenys surinkti iš 272 šeimų, taikant struktūruotą interviu. Tyrimai atskleidė, kad neiğalius vaikus auginančių šeimų situacija įvairiuose Latvijos regionuose yra skirtinga. Specialių poreikių turinčių vaikų šeimas remia valstybė ir savivaldybės, bet emocinės, fizinės ir socialinės gerovės srityse paramos nepakanka.

PAGRINDINIAI ŽODŽIAI: *gyvenimo kokybė, šeimos gyvenimo kokybė, šeimos poreikiai.*

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