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Empowerment practice in families whose child has a developmental disability in Serbian context

Keywords: family; empowerment; service system; attitudes; community/political; knowledge

Introduction

Family dynamics and living patterns of its functioning change significantly after the birth of a child whose development deviates from the expected (Axelsson, Granlund, & Wilder, 2013; Milićević, 2015). When families do not have sufficient capacity and resources to maintain a balance between extra caregiving demands associated with their child's needs and maintaining the quality of family life, they can consequently be seen as vulnerable (Christian, 2010).

Family empowerment implies a process whereby families empower themselves by acquiring knowledge, skills and resources that enable them to gain control over their own lives and activities of daily life (Curtis & Singh, 1996; Singh et al., 1995). Hence, empowered families strive for a greater control over their own life decisions and greater independence in making important decisions related not only to their child's development and functioning, but also to the entire family, which is one of the important goals of the concept of family empowerment. (Turnbull, Turnbull, & Erwin, 2014; Van Haren & Fiedler, 2008)

Families are involved in planning further actions, as basis for later, more active involvement in making decisions about selecting and applying different types of child-focused interventions available. (Nachshen, 2005; Singh et al., 1995; Sukkar, Dunst, & Kirkby, 2017). Empowerment principles promote family strengths, its competencies and decision-making capacity (Van Haren & Fiedler, 2008). In this way, parents develop problem solving skills to overcome present situation independently, as well as developing skills they will need in future. (Graves & Shelton, 2007). By adopting empowerment as a strategy, parents can help not only their own children but also empower other families in the situation similar to theirs (Sukkar et al., 2017). Therefore, empowered families strive for greater control over their lives and greater independence in making important decisions about their child's development and functioning, as well as the family as a whole, which is one of the essential goals of this concept (Van Haren & Fiedler, 2008; Turnbull et al. 2015).

Empowerment is viewed as a collaborative process in which professionals and family members actively participate as equal partners. Accordingly, professionals and parents work together to get

the best outcomes for their child and family (Singh et al., 1995). In this regard, it is the responsibility of professionals to restructure the service system so that families can access necessary services and resources required. In spite of the increased number of community-based services providing family empowerment in Serbia, the results of the National Report on Social Inclusion and Poverty Reduction (2014) indicate that there is an insufficient availability, uneven distribution as well as the lack of these services. Therefore, the Serbian Government's Social Reform Program, focuses on increasing support to families at risk and the development of non-institutional services in the community (Government of Serbia, 2016). The action plan for achieving the stated goal envisages the establishment of family support centers in order to protect a child's best interests through strengthening his/her biological family. Services currently available to families of children with developmental disabilities include: day care centers for children with developmental disabilities, respite services, occasional care services, informal parent self-help groups, family service associates as well as telephone counselling and support services for parents. However, it is important to point out that some of these services are only available at certain locations since they are project funded (UNICEF, 2018).

Situational analysis of services for babies and young children with disabilities in the Republic of Serbia showed that parents are in the situation where they usually manage on their own or find different types of help in the health system that their child can receive. They face problems related to referrals, appointments and non-compliance with deadlines. In addition, the analysis showed that a large number of parents still do not know which services exist and how to receive them ("Situational analysis of services for babies and young children with disabilities in the Republic of Serbia," 2018).

When it comes to a pediatric nursing practice, it is crucial to create a partnership with the child's parents and family within the context of caring for child's health and his/her well-being. (Christian, 2010). From the perspective of parents, this collaboration provides a partnership in child's nursing and their involvement in child's care in addition to a greater competence in their own roles (Arabiat, Whitehead, Foster, Shields, & Harris, 2018; Curley, Hunsberger, & Harris, 2013). Nurses play a significant role in the early identification of developmental delays in children, introducing the family to medical facilities available and community-based resources, as well as supporting examples of best practices and nursing in the first days and months of life ("Situational analysis of services for babies and young children with disabilities in the Republic of Serbia,

"2018). Thus, they play a significant role in the team of experts in the process of empowering family.

Family empowerment is not only oriented to parents' and children's personal judgments, but also to the wider community and political environments in which the family is actively involved (Sukkar et al., 2017).

Therefore, the purpose of this study was to evaluate the extent to which the parents of children with developmental disabilities as compared to parents of typically developing children feel empowered and the way that their empowerment manifests itself.

Methodology

The research was carried out in the form of a descriptive / analytical and comparative cross-sectional study, by interviewing parents of children with developmental disabilities and typically developing children. The overall convenience sampling comprised a total of $n = 99$ parents, that is, 57.6% were parents of children with developmental disabilities and 42.4% were parents of typically developing children.

Setting and procedure

With regard to the formation of the appropriate sample, contact was first established with the Children with Developmental Disabilities Associations and Preschool or School Institutions they attend. Correspondingly, contacts were made with a total of 15 different institutions from 4 cities of the Autonomous Province of Vojvodina, located in the north of the Republic of Serbia. A total of 9 (60%) institutions gave their informed consent to participate and their permission to access potential participants.

The data from each institution were collected over a four-week period. Within that time period, researchers themselves collected completed questionnaires which were returned in sealed envelopes (provided by researchers). A total of 204 questionnaires was distributed, and 144 of them were returned (with the response rate of 70, 5%). After distributing the sample according to the age in both groups, as well as excluding incomplete questionnaires, a final sample of 99 (68%) participants was selected.

Sample characteristics

The sample included parents of children from ages two to six and a half years. The average parents' age was 34 years ($SD = 5.52$) in mothers and 37 years ($SD = 5.98$) in fathers. The sample comprised mainly parents having boys (57.6%). According to the type of developmental disability,

the most common were parents of children with motor impairments (48%), intellectual disability (18%), speech and language disorders (16%), autism (8%) and others (10%). The average age of the children was 56 months (SD = 19.76), with the youngest child being 2 and the oldest 8 years old.

Responses were provided mainly by mothers (75%), who have a college or a university degree (51%). Furthermore, respondents failed to respond to sociodemographic questions such as the marital status and the level of education. Parent demographic data are presented in Table 1.

Table 1

Parent demographics

	Parents of children with developmental disabilities	Parents of typically developing children	χ^2	p	
Total	57 (57.6%)	42 (42.4%)	0.11	0.73	
Parents' educational level					
	Mother	Father	Mother	Father	
Without elementary schooling	-	1 (1.7%)	0 (0%)	0 (0.0%)	11.91
Elementary schooling	12 (21.0%)	11 (19.4%)	0 (0%)	0 (0.0%)	
Secondary education	18 (31.6%)	20 (35.0%)	15 (35.7%)	20 (47.6%)	11.57
College education	5 (8.8%)	6 (10.5%)	6 (14.3%)	7 (16.7%)	
University degree	19 (33.3%)	16 (28.0%)	21 (50.0%)	15 (35.7%)	0.02* between fathers
Missing data	3 (5.3%)	3 (5.3%)			
Parents' marital status					
Married	30 (52.6%)		35 (83.3%)		
Divorced	1 (1.8%)		1 (2.4%)		
Unmarried	5 (8.8%)		3 (7.1%)		0.76
Single parent	2 (3.5%)		1 (2.4%)		
Missing data	19 (33.3 %)		2 (4.8%)		0.85

Research instrument

For this study, the Family Empowerment Scale – FES was used as a research instrument. (Koren, DeChillo, & Friesen, 1992). FES was originally developed for parents of children with emotional disabilities (Koren et al. 1992), but it was later found that this scale was suitable for measuring empowerment not only in the population of typically developing children (Vuorenmaa et al., 2014), but also in parents of children with chronic conditions (Segers et al., 2017; Segers et al., 2019) and different types of developmental disabilities (Banach et al., 2010; Kalleson et al., 2020; Nachshen et al., 2005; Singh et al., 1995). The original FES has been used in several countries and different cultural contexts (Segers, 2017; Wakimizu et al., 2011; Whitley et al., 2011), as well as in developing countries (Bakker & Van Brakel, 2012).

The Family Empowerment Scale consists of 34 items that measure the parents' own sense of their empowerment in terms of a two-dimensional framework through which two dimensions are measured: the level of empowerment (family, service system, community) and the way it is expressed (attitudes, knowledge, behaviors) (Singh et al., 1995). The family subscale refers to how parents experience and assess their capacity to manage day-to-day situations and caregiving demands associated with their child's needs. The service system subscale refers to how parents perceive their own role and their capacity to mediate their child's services in various institutions and by different professionals, including also interactions with service providers to meet their child's needs. On the other hand, the community subscale refers to parents' own perception to advocate changes related to the services that the child receives through influence on legislative bodies, policy changes and all those who influence services for both children with developmental disabilities and their families.

With regard to the second dimension, it refers to how empowerment is expressed in the form of attitudes, knowledge and behaviours. Attitudes refer to what parents feel and believe, while behaviours primarily refer to what parents actually do for their child in general. Knowledge indicator relates to parents' actual cognitions and what they can potentially do to meet their child's needs. Responses were distributed on a Likert - type scale, ranging from 1 = fully disagree to 5 = fully agree, where a higher score indicates relatively more empowerment in each respective area. If there were missing items (up to 3) to questions 1 – 5, the subscale score was then calculated by adding the item scores for that subscale and dividing this number by the maximum score possible

for the items considered. If questions were not applicable, the respondents could choose “Not Applicable” option.

According to previous studies, the content and construct validity of FES found to be acceptable (Curtis & Singh, 1996; Segers et al., 2017; Singh et al., 1995) and Cronbach’s Alpha ranging from 0.81 to 0.94 (Hayslip, Smith, Montoro-Rodriguez, Streider, & Merchant, 2015; Kalleson, Jahnsen, & Østensjø, 2019; Koren et al., 1992; Segers, van den Hoogen, van Eerden, Hafsteinsdóttir, & Ketelaar, 2019). Given the good psychometric properties of the scale, its widespread use in the world and the fact that it has not been applied in the Serbian context, we decided to use FES in our study. As the questionnaire was copyrighted, permission was obtained from the Regional Research Institute for Human Services; Research and Training Center for Pathways to Positive Futures; Portland State University. Furthermore, the questionnaire was translated in accordance with the guidelines presented by Beaton (Beaton, Bombardier, Guillemin, & Ferraz, 2000).

The conceptual framework of the FES scale is suitable for use in Serbia, i.e., each of the three domains of this scale comprising family, service system and wider community are suited for being assessed and monitored by parents in Serbia, in addition to parental knowledge about it, their attitudes and behaviors. Moreover, the benefits of using this tool in our country are reflected in its results-based implementation, which makes it possible to plan the improvement of services that would contribute to the increased parental empowerment.

Ethical Considerations

The study was approved by the Ethics Committee of the Faculty of Medicine, University of Novi Sad (Decision No. 01-39/363/1). At the meetings held in each of these institutions parents were informed of the purpose, the method and means by which the data are to be collected and anonymity guaranteed for the data obtained. Additionally, there were no incentives to parental participation in the study, and all parents were guaranteed that (none)-participation in the study would not affect their child and family. Thus, they completed the self-report questionnaire, and the return of the questionnaire was taken as implied consent.

Statistical Data Processing

The SPSS 20.0 software package was used for data processing. For the purpose of analyzing and describing sampling structure in relation to the relevant variables, representations of the frequency and percentage for that particular category were used. Descriptive statistics

methods were used to measure central tendency (arithmetic mean), and measures of variability (standard deviation) in order to summarize the major numerical characteristics of observations. Additionally, non-parametric Mann-Whitney U test was applied for comparative statistics comparing the statistics, given that the results of the Kolmogorov- Smirnov test indicated non-harmonic data distributions. In the tests used, statistically significant differences were observed outside the 95% confidence interval ($p < 0.05$). To measure the reliability across the whole scale, the Cronbach's alpha coefficient was used as a measure of internal consistency. The coefficients of at least 0.80 were considered acceptable.

Results

Reliability of the FES

The questionnaire was shown to have a satisfactory level of reliability in terms of internal consistency determined by Cronbach's Alpha coefficients, ranged from 0.73 – 0.86 for the three subscales across both participant groups. In parents whose children had some developmental disabilities, the coefficients ranged from 0.79 to 0.90 and in parents whose children had no developmental disabilities, the coefficients ranged from 0.62 to 0.81 (Table 2). The reliability of the Family Empowerment Scale was supported through computation of Cronbach's alpha coefficient which was found to be 0.84 for the whole scale, indicating high reliability of the instrument used for further data processing.

Table 2

Reliability of the FES

Subscale	Number of Items	Cronbach's alpha		
		1	2	The entire sample
Family	12	0.81	0.62	0.73
Service System	12	0.79	0.72	0.75
Community	10	0.90	0.81	0.86
Total	34	0.88	0.78	0.84

1= parents of children with developmental disabilities; 2= parents of typically developing children

Analysis of results obtained with the instruments applied

The mean scores across all items, obtained from the whole sample, ranged from 1.66 to 4.45 (Table 3). Parents generally expressed agreement with the statements presented. Looking at the sample as a whole, each subscale score indicates the highest level of agreement for the Family item subscale (Mean = 3.93; SD = 0.58), slightly lower with those comprising Service System

items (Mean = 3.74; SD = 0.58) and the lowest with those within Community subscale (Mean = 2.85, SD = 0.91). In the Community domain, item scores are lower than those in the aforementioned domains and relate to establishing relationships with decision makers and service providers either locally or outside their territories. In the Community domain, our respondents ranked as lower their level of knowledge and behaviors related to the possibility to collaborate and acquire understanding about their rights and influence, they have on community members to implement community – based services that provide their child and family with needed supports.

Table 3

Parents’ responses on the FES (n=99)

Levels of empowerment	The way that empowerment is expressed	Items	Means	SD
Family	Attitude	4. I feel confident in my ability to help my child grow and develop.	4.45	0.66
Family	Attitude	9. I feel my family life is under control	3.82	0.90
Family	Attitude	21. I believe I can solve problems with my child when they happen.	3.56	1.01
Family	Attitude	34. I feel I am a good parent.	4.17	0.81
Family	Knowledge	7. I know what to do when problems arise with my child.	3.79	0.90
Family	Knowledge	16. I am able to get information to help me better understand my child.	3.89	0.91
Family	Knowledge	26. When I need help with problems in my family, I am able to ask for help from others.	3.82	1.01
Family	Knowledge	33. I have a good understanding of my child’s disorders.	3.10	1.84
Family	Knowledge	2. When problems arise with my child, I handle them pretty well.	3.84	0.87
Family	Knowledge	27. I make efforts to learn new ways to help my child grow and develop.	4.30	0.86
Family	Knowledge	29. When dealing with my child, I focus on the good things as well as the problems.	4.35	0.71
Family	Knowledge	31. When faced with a problem involving my child, I decide what to do and then do it.	4.07	0.82
Service System	Attitude	1. I feel that I have a right to approve all services my child receives	3.85	1.08
Service System	Attitude	18. My opinion is just as important as professionals’ opinions in deciding what services my child needs.	3.74	1.02

Service System	Attitude	32. Professionals should ask me what services I want for my child.	2.99	1.24
Service System	Knowledge	5. I know the steps to take when I am concerned my child is receiving poor services.	3.53	0.92
Service System	Knowledge	11. I am able to make good decisions about what services my child needs.	3.96	0.76
Service System	Knowledge	12. I am able to work with agencies and professionals to decide what services my child needs.	4.15	0.85
Service System	Knowledge	23. I know what services my child needs.	3.74	0.92
Service System	Knowledge	30. I have a good understanding of the services system that my child is involved in.	3.56	1.03
Service System	Behaviours	6. I make sure that professionals understand my opinions about what services my child needs.	3.43	1.09
Service System	Behaviours	13. I make sure I stay in regular contact with professionals who are providing services to my child	4.23	0.77
Service System	Behaviours	19. I tell professionals what I think about services being provided to my child.	3.64	1.09
Service System	Behaviours	28. When necessary, I take the initiative in looking for services for my child and family.	4.31	0.83
Community	Attitude	3. I feel I can have a part in improving services for children in my community.	4.41	1.24
Community	Attitude	17. I believe that other parents and I can have an influence on services for children.	3.38	1.16
Community	Attitude	25. I feel that my knowledge and experience as a parent can be used to improve services for children and families.	3.18	1.20
Community	Knowledge	10. I understand how the service system for children is organized.	2.92	1.25
Community	Knowledge	14. I have ideas about the ideal service system for children.	3.19	1.22
Community	Knowledge	22. I know how to get agency administrators or legislators to listen to me.	2.05	1.57
Community	Knowledge	24. I know what the rights of parent and children are under the special education laws.	2.56	1.50

Community	Behaviours	8. I get in touch with my legislators when important bills or issues concerning children are pending.	1.66	1.51
Community	Behaviours	15. I help other families get the services they need.	3.12	1.27
Community	Behaviours	20. I tell people in agencies and government how services for children can be improved.	2.09	1.51

The Mann Whitney U test was performed to compare whether responses obtained using the Family Empowerment Scale were given by parents of children with developmental disabilities or parents of typically developing children (Table 4). With regard to statistically significant differences in responses, they have been found mostly in the Family domain (on 5 out of 12 items). Differences have been shown to be related to attitudes, knowledge and behaviors, which indicates that there is a lower level of family empowerment among parents with developmental disabilities. Within Service System and Community domains, the difference has been shown on one item, expressed through lower scores on the measures of knowledge as assessed by parents of children with developmental disabilities when it comes to taking an active role helping their child.

Table 4.

Differences between groups in terms of need to be empowered

Levels of empowerment	The way that empowerment is expressed	Items		N	Mean Rank	Mann-Whitney U	p																																																																								
Family	Attitude	4. I feel confident in my ability to help my child grow and develop.	1	96	40.60	693.00	0.00																																																																								
			2	55	60.00			Family	Attitude	9. I feel my family life is under control	1	42	42.72	797.00	0.03	2	55	58.51	Family	Attitude	21. I believe I can solve problems with my child when they happen.	1	42	41.54	730.500	0.00	2	56	60.11	Family	Knowledge	16. I am able to get information to help me better understand my child.	1	42	44.94	920.500	0.04	2	56	55.58	Family	Knowledge	33. I have a good understanding of my child's disorders.	1	41	43.06	905.500	0.00	2	56	58.67	Family	Behaviour	29. When dealing with my child, I focus on the good things as well as the problems	1	41	44.64	904.500	0.03	2	56	55.98	Service System	Knowledge	5. I know the steps to take when I am concerned my child is receiving poor services.	1	42	43.90	874.500	0.02	2	55	55.68	Community	Knowledge	22. I know how to get agency administrators or legislators to listen to me.	1	42	42.97
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Discussion

Family empowerment is a multidimensional construct which has been viewed as important by both professionals and parents, suggesting that empowerment is one of the most important aspects of support. Parental support reflects the strengths that family possess to analyze and respond to children's needs in order to improve their quality of life; maintain social connections and encourage parents to interact with families who share similar problems, as well as to promote their own leadership abilities and implementation of their ideas (James & Chard, 2010; Van Haren & Fiedler, 2008). Modern pediatric care recognizes the vital role that family plays in the delivery of child care. The basic premise behind this concept is that family plays a key role in a child's development. Empowered families can create environment that can foster emotional and cognitive development of their children, influencing their child's progress related to all aspects of child's emerging sense of self and social identity (Pallone, Dembo & Schmeidler, 2014). Families whose attitudes are considered negative and inappropriate, lacking knowledge and behaviors based on an approach that does not focus on solving their child's problems, will negatively impact their capacity to get involved in providing adequate help and support for their child's basic needs. On the other hand, family empowerment brings about positive changes in a child's functioning and significant improvements in their behavior, manifested in greater children's involvement in school and community activities, as well as in reducing their chronic absence from school (Graves and Shalton, 2007). Accordingly, researches have confirmed that the quality of life of children is significantly improved across all domains following family empowerment intervention (Minooei, Ghazavi, Abdeyazdan, Gheissari, & Hemati, 2016).

Our research results show statistically significant difference in the responses among group of parents. Specifically, high scores on the Family and Service System subscales suggest greater levels of agreement with the presented statements. However, the results obtained show higher mean rank scores of individual items in parents of typically developing children, which indicates higher empowerment compared with parents of children with developmental disabilities. The research results indicate that the greatest need for support in the Family domain is linked to broken family members' relationships and inadequacy for the roles they are expected to play, as well as avoidance coping problems and negative emotions.

The reason for this could be the changing family dynamics in parents of children with developmental disabilities. The review of literature , as well as practice-based data suggest that

parents of children with developmental disabilities, in comparison to parents of children without developmental disabilities, have a higher rate of divorce, reflecting the presence of physical and mental health symptoms and illnesses, as well as disharmonic family functioning (Risdal & Singer, 2004; Seltzer, Floyd, Song, Greenberg & Hong, 2011). A wide range of different social conditions and characteristics of the families (stress, poverty, divorce, mental illnesses) may have different consequences to children's developmental outcomes entailing additional parenting support needs (McCubbin & Patterson, 1982).

Considering other research results in Serbia, it can be concluded that this finding is not surprising. Namely, the available data indicate that the largest percentage of families of children with developmental disabilities use day-care services and a financial support (National Organization of Persons with Disabilities of Serbia (NOOIS), 2017). Supportive services related to recognition of the parental role and the child, as well as the termination in relation to the child's diagnosis, are most often missing, i.e., there are no generally available forms of psychological support to parents of children with developmental disabilities in Serbia (Rajić & Mihić, 2015). Moreover, other research in Serbia shows that 30-40% of parents of children with developmental disabilities show irresolution regarding the diagnosis, which indicates a great need for support in this field (Krstić, 2013; Mihić et al., 2015). Then, due to the relatively low availability of various support services within the social protection system in Serbia, parents of children with developmental disabilities indicate that their children are most often raised by extended family members (44%) and neighbors (16%) and point out that they are most often left to themselves and rely more on themselves and informal sources of support than on social protection services (NOOIS, 2017).

It should be kept in mind that family is one of the factors that affects child functioning, but we must not neglect the influence of Service System, Community and Political environment. The analysis of the previously mentioned subscales shows no differences between the comparing groups, indicating that parents make use of other resources and capacities within the same domain that they use, to provide as much support as possible for their child. On the items of Service System and Community subscales related to knowledge about their child's rights, as well as about behaviors in relation to services for their child and cooperation with other families, parents of children with developmental disabilities have higher average scores. Such results could be interpreted by the fact that parents of children with developmental disabilities are more focused on

actively seeking rights and support for their child. They are often in the position to pursue further information regarding both their family and children rights, opportunities given to their children, to become more informed on the community-based resources available, thereby being more aware of their rights and opportunities. Since these parents are more often members of different parent associations, they are able to share their experiences and knowledge with others and thus give support to each other. Also, the results show that parents of children with developmental difficulties to a greater degree emphasize the importance for cooperating with professionals and legal decision makers in order to provide the appropriate information regarding meeting their child's and family's needs. Nurses and service providers play a role in providing assess to various information, counseling and training in order to encourage the development and understanding of the child's needs, sharing knowledge and skills to motivate the family to influence solving problems on their own. Although the patronage/ community nursing service is available to families in Serbia, and it has been intensively worked on to ensure additional training, they are still mainly focused on nutrition, breastfeeding, physical care of mother and child, growth and development monitoring, vaccination status, without employing active listening skills with a family, counselling, providing referral to professionals who can help them understand the diagnosis, family relationships, problem solving and the like (Radojković, 2014). Patronage / community nurses working in Serbian Health Care Services face a number of challenges, such as – an insufficient number of an engaged nursing workforce, unfavorable age structure, inadequate field service distribution, as well as shortcomings regarding coordination and cooperation with other services (Matijević et al., 2006), but also with the lack of basic knowledge about intellectual disabilities, Down syndrome and similar conditions (Popović & Kovačev, 2014). All of the above mentioned can contribute to interpreting our research results, but it also suggests the needs for improving this field of service in the Republic of Serbia.

Furthermore, nurses play a crucial role in enhancing quality of life for children and families. This can be partly achieved by encouraging family members to remain closely connected to each other within the community and political level, by focusing on actively engaging family through community services available for collaboration. The ways in which nurses provide services vary depending on life circumstances of each family, as well as their needs.

At the service systems level, it is very important to familiarize the available family-centered services, which can be of a great importance for developing collaborative working

between pediatric nursing and other support services. Also, family actively participate in policy-making and thereby exert influence over the authorities, upon which, to a greater extent, depend provision of services to these families. This is primarily related to encouraging the active parental engagement in the selection and delivery of services that their child needs. Similar results were obtained by the authors who have conducted research in Japan (Wakimizu, Fujioka, Yoneyama, Iejima & Miyamoto, 2011) suggesting that empowerment of the Japanese family is lower than that of families in other countries. They concluded that lack of knowledge about the support system, as well as a lower level of awareness of self-efficacy in family members and caregivers is positively correlated with their research results.

With regard to the analysis of the second subscale dimension and the way that empowerment is expressed, the greatest support needed was reported within changes in attitudes, then knowledge and behaviors, as well as by strengthening community capacity.

It is essential for parents to have positive attitudes as well as the capacity to focus on family and child strengths rather than problems, because only such families can be able to provide their child with adequate help and support. They should feel that the nurse perceives in the same way their strengths, resources available to them, and their concerns, and thus being ready to plan and work together with them. This, however, requires certain efforts from both nurses and the family. Accordingly, it is important for parents to create a picture of positive parenting as well as encouraging them to take the initiative in child-related services, to influence their self-confidence as it relates to the options available to them, because in this way professionals make parents be aware of their own competencies which is the basis for acquiring knowledge and adequate behavior. Moreover, parents need to be empowered with the knowledge through provision of accurate and timely information about the condition of their child, the ways in which their child develops and what to expect from their child's further development, as well as learning about the services they can receive, and acquiring adequate skills to overcome obstacles they face. An important component of this dimension is the impact that empowerment has on the parents' behaviour alone, their active engagement in achieving support rights, the development of social policies, and taking initiative in making decisions concerning their children. Cunningham and associates (Cunningham, Henggeler, Brondino, & Pickeler, 1999) showed that the level of empowerment itself is related to achieving parental goals, improving their dyadic relationships,

strengthening family cohesion, and improving caregiver supervision of a child (Cunningham, Henggeler, Brondino, & Pickrel, 1999).

Limitations of the Study

Although this cross-sectional study provided insight into strengths of families caring for children with developmental disabilities, we can say that in order to reach generalized conclusions it would be necessary to obtain data from respondents from different regions of the country. This ensures that different parents' experiences obtained in other cities and institutions can be summarized. In addition, the results could be linked to factors other than those influencing or explaining the results thus obtained, such as: types of support resources available to family, the type of disability the child has, the place the child receives support from, whether the child has been provided with some kind of support service, or not. This opens up opportunities for further examination and finding ways to empower families.

Conclusions

The results obtained through research show lower empowerment levels in parents of children with developmental disabilities than in parents of typically developing children. Thus, to enable parents to be adequately engaged in providing help to care for their children and meet their needs it is necessary to empower both parents and community-based resources. Strengthening community-based resources, such as the establishment of family support centers, the provision of accommodation and childcare services in addition to the support and counseling for parents is possible if resources are evenly distributed throughout the country and available to all families. Family empowerment contributes to a greater parental interest in their child's specific needs, as well as service systems that can be of great help. By empowering parents, we ensure a strengthening of their parenting competencies, which will lead to parents' increased interest in their child's needs. Parental support is possible by providing parents with all the information required to ensure their child's care and development, by changing their attitudes, and acquiring knowledge about the actions they can take if they are not happy with the way professionals deliver services. Also, nurses and other professionals are expected to change their own attitudes and ensure the acceptance of parents and families working together as partners and collaborators for the child's benefit. Nurses' and other professionals's collaboration with parents ensures true understanding and recognition of resources surrounding child, and creates an opportunity to create a safe and stimulating environment for his/her learning and development.

Conflict of Interest Statement

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