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PARENTAL COMPETENCIES OF MOTHERS OF VISUALLY IMPAIRED CHILDREN RECEIVING EARLY DEVELOPMENT SUPPORT*

Introduction: The arrival of a visually impaired child often changes the functioning of the entire family, but it also affects the parents' ways of acting, their control mechanisms and their sense of self-efficacy. Their internal and external resources as well as their parental competencies will determine the effectiveness of therapies in the field of early development support.

Research Aim: The aim of the study was to determine the level of parental competencies of mothers of children receiving developmental support, in this case children with impaired vision.

Method: The study included a group of 37 mothers of children with visual disabilities receiving early development support. The Parental Competencies Test (*Test Kompetencji Rodzicielskich*, TKR) by Matczak and Jaworowska (2017) was used to assess the level of parental competencies. In addition, a questionnaire for parents.

Results: The study showed that the surveyed mothers with children with visual disabilities are characterised by an average level of granting freedom to their children, they set realistic requirements, teach and explain the behaviours. They are also characterised by an average level of commitment, i.e. they are interested in their child, show positive feelings and acceptance of the child's behaviour, are supportive and ready to provide the necessary help. Within the range of scales indicating the occurrence of mistakes, it can be stated that in the scales of rigour, permissiveness, overprotectiveness and helplessness, the examined mothers achieved average results.

Conclusions: Although the presented results indicate a tendency for the surveyed mothers to educate themselves, it would certainly be necessary to consider the creation of a support network, prevention programmes and training cycles, thanks to which these mothers would have the opportunity to improve their parenting competencies and to learn how to eliminate their mistakes.

Keywords: parental competencies, early development support, visual disability

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INTRODUCTION

The first attempts to describe the concept of “parental competencies” were made in the 1980s, and the authors of the concept were Belsky, Robins and Wendy (1984, after: Jackiewicz and Białecka-Pikul, 2019). According to the researchers, the construct that is

competent parenting is a parenting style that enables acquiring the ability to effectively cope in one’s place of residence. Its sources should be sought in the personal resources of the parent, the child, social sources of stress and the support received. It is very important that there is a certain relationship between the parent and the child. Competent parenting is parents adapting to the psychophysical abilities of the child, as well as to developmental tasks in accordance with the developmental stages, and the achievement of significant developmental results.

The drawback of such an explanation of the concept of competent parenting is that, although it takes into account developmental acceptance, it does not explain what specific competences the parent should have.

This task was undertaken by Teti and Huang (2004). In their view, parental competence is the ability to bring a child closer to achieving developmental outcomes considered important in a given culture. It consists of three elements: parental warmth, control and the quality of communication.

Jackiewicz and Białecka-Pikul (2019) emphasise that parental competencies are a certain skill that becomes apparent during communication with a child and that changes or can be trained. On the other hand, Matczak and Jaworowska (2017) are convinced that it is a certain disposition of parents that is of great importance in developing children’s autonomy, self-efficacy and self-regulation.

When a child with a visual disability arrives in the family, his or her parents need support not only institutional, but above all in terms of supportive, rehabilitative and psychological interventions. They have to learn how to fulfil their new social roles. For a parent of a child with a visual disability, it is very difficult to understand the specifics of the child’s functioning, emotions, reactions, behaviours and limitations. Fear and frustration, apathy, discouragement and doubt often appear. The diagnosis, which is often inconsistent with expectations, can lead to depression, isolation from the child and rejection (Souza-Silva et al., 2021). In such situations, the early development support (early intervention) team performs a very important role (Walkiewicz, 2018). It is a group of interconnected preventive, diagnostic, therapeutic, medicinal and rehabilitative interventions, and the subject can be both the child and his or her immediate family (Konarska, 2010). Such a therapy is provided to children with visual disabilities (from birth to the time of starting school). For children up to the age of 3, classes are held at home, and after this period at an institution.

In the family-centred paradigm, it is assumed that all participants in the process are partners, and parents should be treated as experts (Twardowski, 2014; Chrzanowska, 2015). By participating in the process of rehabilitating their child with visual impairment, parents improve their parenting competencies, thanks to which it is easier for them to understand their own and their child's emotions, teach them appropriate and desirable strategies for coping with difficult situations, but also facilitates their adaptation to new situations. Parents should, therefore, be equipped with such competencies that the requirements they set are tailored to their young children with visual disabilities, that motivation to act is carried out by means of persuasion, empathy, that they are involved in the child's affairs and show acceptance, as well as that they introduce appropriate rules at home.

The concept of parental competence is relatively new, and few studies have been conducted in this area concerning parents of children with disabilities. Most analyses in this field pertain to parents with non-disabled children or those with disabilities such as hearing impairment (Olempska-Wysocka, 2022), raised in blended families (Skarbek and Kierzkowska, 2022). Among the few studies on the parental competencies of parents of children with visual impairments were conducted by Boldinova and colleagues (2022). Out of a group of 229 Russian parents, nearly 60% of them have the need to enhance their knowledge in the area of visual impairment, acquire information about various parenting strategies, ways to develop independence and autonomy in small children unable to use vision.

Defining the parental competencies of mothers with young children with visual impairments is significant because they directly influence not only the development of the children and their adaptation to disability but also affect the well-being of the entire family and its quality of life (Castañeda et al., 2016; Lupón et al., 2018). By studying parental competencies, scientists and specialists, including typhlopsychologists and tyflopædagogues, can more effectively support families by helping to build stronger and more positive relationships between parents and children, which is crucial as children with limited use of visual information may require, for instance, additional emotional support and greater understanding from their parents. Scientific knowledge in the field of parental competencies of mothers of children with visual impairments can also contribute to the development of preventative programs, best practices, and interventions aimed at equipping parents with knowledge, competencies, and skills.

RESEARCH AIM AND QUESTION

The aim of the study was to determine the level of parental competencies (understood as the parents' ways of acting to shape the child's independence, self-regulation, effectiveness and ability to cope with various complex social situations) of

mothers of children receiving developmental support, in this case children with impaired vision. This is particularly important as knowledge in this area can help in better understanding the specific needs of families with a young child with a visual impairment. It may also allow for the better development of training programs and support programs for families raising a young child with a visual impairment, thereby improving their quality of life. Raising a child with a visual impairment comes with enormous challenges, which is why support for parents is so crucial in teaching the child autonomy, and treating them as subjects should be a priority.

The following research questions were also formulated:

1. What is the level of parental competencies of mothers whose children have been provided with early development support?
2. What is the level of parental competence of mothers whose children have been included in early developmental support due to visual impairment in areas of strictness, permissiveness, overprotectiveness, helplessness?
3. What are the most popular special classes attended by children with visual disabilities in early development support?
4. What kind of support do mothers with visually impaired children receive as part of early development support?

RESEARCH METHOD AND SAMPLE CHARACTERISTIC

Due to the quantitative nature of the research, the research method used was a diagnostic survey using two tools. The first one was the Parental Competencies Test (*Test Kompetencji Rodzicielskich*, TKR) by Matczak and Jaworowska (2017). Its aim is to determine the level of parental competence, which is treated as a way of dealing with a child who is supposed to develop a sense of autonomy, self-regulation and sense of effectiveness. This tool consists of 30 tasks in the form of short stories about different behaviours of children of different ages. Each story is assigned three parent's behaviours, and the respondent's task is to assess how likely it is that he or she would behave in such a way. He or she evaluates the likeness on a four-point scale. In addition to the parental competencies scale, the tool includes four additional scales that can be used to assess the tendency to make mistakes. It is a scale of rigour, permissiveness, overprotectiveness and helplessness.

The reliability coefficient of this scale for the described test is Cronbach's alpha of 0.91, and for the other scales from 0.83 to 0.68. The accuracy of the tool is very high (Matczak and Jaworowska, 2017).

The second tool used was a questionnaire for parents concerning the type and quality of assigned special classes, provided psychological and pedagogical support, the time of diagnosis and commencement of rehabilitation, the support provided, membership in a foundation, and the child's difficulties. The questionnaire

consisted of 32 questions, both open-ended and closed-ended. The filling time is more or less 10 minutes.

STATISTICAL DATA ANALYSIS PROCEDURE

The study involved 37 mothers of children with visual impairments, who received early development support. The research is a part of a wider project [“Parental competences and the shaping of autonomy and sense of efficacy in parents of children undergoing early development support and normal development”; project carried out together with Dr Magdalena Olempska-Wysocka (Adam Mickiewicz University, Poznań)].

These studies were conducted from October 2018 to November 2021 in Central Poland in randomly selected centres. In accordance with the methodological principles of the social sciences, an apparatus for sampling using the draw method was developed. A list of all centres and institutions providing early childhood development support activities throughout Poland has been prepared. Then, the institutions were randomly selected, and after obtaining consents from their directors and consents from parents, surveys were conducted.

The study involved 37 mothers with children diagnosed with visual disabilities who participated in early development support classes. They were mothers of 23 girls (62%) and 14 boys (38%). Of these children, 8 (21%) were 4 years old, 15 (40%) were 5 years old and 14 (38%) were 6 years old. Each of the children had a special education certificate due to a diagnosed visual disability and was provided with public institutional care.

Ten (27%) mothers lived with their children in cities with 100,000 to 500,000 inhabitants, and 27 (73%) in cities with more than 500,000 inhabitants. The study group did not include people living in small towns or villages. Whereas, taking into account education, there were 25 (67%) mothers who had completed higher education and 12 (33%) with secondary education.

The majority of the surveyed mothers, as many as 16 (44%), were in the age range of 31–35 years. The second largest group was mothers aged 36–40 years – there were 11 (30%) of them. The age of 6 (16%) surveyed mothers was in the range of 25–30 years, 3 (8%) in the range of 41–45, and one (2%) was 46 years old. Twenty-four (64%) children were raised in a complete family, 10 (27%) in a single-parent family, and 3 (9%) lived in a blended family.

RESULTS

The collected empirical material in the field of individual variables is presented in Table 1.

Table 1.

Descriptive statistics for individual scales of parental competencies in the group of mothers of children with visual disabilities receiving early development support

Variables	M	SD	min.	max.	k	s
Competencies	119.70	6.27	104	136	0.665	0.220
Rigor	63.35	7.26	45	74	0.057	-0.587
Permissiveness	33.35	3.69	25	41	-0.156	-0.015
Overprotectiveness	62.32	6.49	45	73	0.141	-0.758
Helplessness	34.05	3.79	28	43	-0.486	0.179

M – arithmetic mean; *SD* – standard deviation; min. – the smallest result obtained; max. – the highest score obtained; *k* – kurtosis; *s* – skewness (distribution asymmetry coefficient)

Source: Author's own study.

The *Competencies* scale “measures parenting skills manifested in behaviours that represent an average level of control, engagement and organisation” (Matczak and Jaworowska, 2017, p. 41). Research analyses show that the mean result obtained by the mothers was $M = 119.70$ (with a standard deviation of $SD = 6.27$). With regard to the standards of the tool, this result is at the level of average scores (upper limit of 4 sten). In the study group, the minimum score was 104 points and the maximum score was 136. The kurtosis value is greater than zero, which means that we are dealing with a positively skewed distribution (leptokurtic distribution).

The four scales, which will be characterised one by one, will refer to the mistakes that mothers make in the process of upbringing. Being aware of one's mistakes is important because it allows changing the behaviour and choosing the right coping strategies.

The *Rigor scale* examines a parent's tendency to be overly controlling combined with low emotional involvement. The mean score obtained on this score scale $M = 63.35$ (with a standard deviation of $SD = 7.26$) indicates that mothers achieve an average score compared to the standard (upper limit of 5 sten). The minimum score was 45 and the maximum score was 74. In the case of this subscale, the values of skewness and kurtosis are close to 0, which may indicate that the distribution of this variable is similar to the normal distribution.

Another scale is *Permissiveness*, which measures the parents' tendency to provide their with child excessive freedom to take actions that may prove dangerous to the child. Permissiveness is also a manifestation of trust in the child, which comes from faith in his or her maturity and reasonableness, or educational optimism.

The analysis of the results shows that in the range of the examined scale, the mean score of mothers with visually impaired children covered by early development support was $M = 33.35$, with a standard deviation of $SD = 3.69$, indicating, in relation to the norms, an average result (upper limit of 5 sten). The minimum score

is 25 and the maximum score is 41 points. In the case of this subscale, the values of skewness and kurtosis are close to 0, which may indicate that the distribution of this variable is similar to the normal distribution.

The penultimate scale is the *Overprotectiveness* scale, which offers the opportunity to assess the parents' tendency to get too involved in the child's affairs, and this manifests itself among others in increased anxiety, concern for safety, as well as excessive helping and relieving. This scale also indicates strong control, which consists not in making demands, but in limiting the child's independence.

The analysis of the results shows (Table 1) that in terms of *Overprotectiveness*, the mean result in the studied group of mothers of children with visual disabilities receiving early development support was $M = 62.32$, with a standard deviation of $SD = 6.49$, indicating, with reference to the norms, an average result (upper limit of 5 sten). The minimum score is 45 and the maximum score is 73 points.

The last of the examined scales is the *Helplessness* scale. It provides an opportunity to assess tendencies to structure the child's experience and to organise the educational process. The analysis of the results shows (Table 1) that in terms of *Helplessness*, the mean result in the study group of mothers of children with visual disabilities receiving early development support was $M = 34.05$, with a standard deviation of $SD = 3.79$, indicating, with reference to the norms, an average result (upper limit of 6 sten). The minimum score is 28 and the maximum score is 43 points.

In order to complete the picture, an analysis of individual questions from the questionnaire was carried out on the type and quality of assigned special classes, provided psychological and pedagogical support, the time of diagnosis and initiation of rehabilitation, the support provided, membership in a foundation and the child's difficulties.

It is worth noting that the average age of receiving a certificate on the need for special education for children is 2 years and 3 months, and the average time of receiving an opinion on the need for early development support is 2 years and 8 months. This means that most of the children had serious visual disorders requiring the use of appropriate optical and non-optical aids, adapting the home to the needs and capabilities of the child. Such early therapy is also important for mothers themselves, as it allows them to gain knowledge about care treatments at home, self-service, appropriate arrangement of the home itself so that it is safe for a child who has vision problems, equips them with strategies for coping with various difficult situations. On the other hand, it is worrying that only ten (27%) mothers have been informed that they can go to a psychological and pedagogical counselling centre in order to obtain help and a possible diagnosis of their child. It turns out that only nine (24%) children with visual disabilities were to a rehabilitation camp.

With regard to the frequency of special and therapeutic classes attended by children diagnosed with visual impairment, it turns out that 12 (32%) of them have classes with a physiotherapist planned only once a week, three (8%) of them

twice a week, as many as 22 (60%) mothers emphasised that their children do not have classes with a physiotherapist planned at all in the therapeutic program

The surveyed mothers claimed that 24 (65%) children had classes with a pedagogue once a week, and one (3%) child twice a week. Again, as in the case of classes with a physiotherapist, as many as 12 (32%) mothers claimed that they do not have this type of activity at all.

Twenty-six (70%) children have classes with a speech therapist once a week, eight children twice a week, and according to the surveyed mothers, two (5%) do not have classes with such a specialist at all. The surveyed mothers declared that 25 children meet with a psychologist every week during classes, and as many as 12 do not attend this type of classes at all. According to the surveyed mothers, 24 (65%) children attend such classes once a week, six (16%) twice a week and seven (19%) did not attend such classes at all.

The arrival of a visually impaired child at a home definitely affects the quality of parental roles. It affects the psychophysical well-being of the mother, as she is generally more burdened with care than the father, and the process of raising and conducting systematic therapy of the child requires the involvement of greater resources. Without the support of others, it would be difficult for her to carry out the tasks entrusted to her. The study shows that 24 (65%) mothers received such support, 11 (30%) did not, and one (5%) mother was unable to provide a clear answer. The surveyed mothers unequivocally indicated that the most frequently provided support was informational support, consisting in obtaining information about child care treatments or data on which centres to seek help from. Twenty-three (62%) mothers declared that they have received instrumental support, 13 (35%) – emotional support, and seven (19%) – material support. It is worth noting that only 13 (35%) mothers talked about emotional support. It is particularly important because the first period of adaptation to a child's disability is the most difficult time. A mother often struggles with negative emotions, she is unable to cope with difficulties and changes that occur in her life. In the following years, this support should be tailored to the needs of mothers (Twardowski, 2010).

The surveyed mothers declared that they received the greatest support from a psychologist (nine responses, 24%). Most likely, such a result is due to the fact that in the diagnostic process he or she is one of the first persons from the team assessing the child's disability in the psychological and pedagogical counselling centre. The surveyed mothers emphasised that the people who willingly provided them with support, especially at the initial stage after hearing the diagnosis, were a pedagogue (six indications, 16%), a sensory integration therapist (six indications, 16%), an educator in the preschool group (six indications, 16%), a speech therapist (four indications, 10%). On the other hand, ophthalmologists (one indication, 2%) and optometrists (one indication, 2%) were the least likely to provide support.

Twenty-seven (73%) mothers said they had a good time working with the specialists. They offered guidance, listened, asked about the child's progress, successes and failures at each visit. Seven (19%) mothers believed that there was no cooperation between them and the specialists who took care of their children, and two mothers found it difficult to express their opinion in this regard. On the one hand, 25 (67%) mothers received guidance from therapists for their daily work with children. On the other hand, 11 (30%) claimed that they had not received such advice.

Mothers were also asked what they had the most difficulty with in raising their children. It turns out that only five (13%) mothers answered this question. The most difficult thing for them is to overcome their fear of the future, the worsening of their child's disability, their sense of insecurity and unpredictability. For three (8%) mothers, it is troublesome and at the same time stressful that their child does not know how to wait for his or her turn, only screams, that they cannot predict the child's reactions, hence they give up many activities they share with their child. Also, the child's refusal to perform the act, disobedience and the character of their child are other characteristics that can negatively affect the relationship and bond with the child.

It is also worth noting that it is the mother who spends the most time with her child. She is the one who often has to prevent difficult situations, take him or her to specialist classes as part of early development support, talk to therapists, remember about medical appointments, etc.

DISCUSSION

A study of parental competencies of mothers with visually impaired children allowed to determine the average level of assessment of their own skills on the following scales: competencies, rigour, permissiveness, overprotectiveness and helplessness.

Studies have shown that mothers have an average level of parental competencies. They provide an average level of freedom to their children, make realistic demands, teach and explain the behaviour. Also, what characterises them is the commitment at an average level, i.e. they are interested in their child, show positive feelings and acceptance of the child's behaviour, offer support and are ready to provide the necessary help.

It is quite important for mothers to have competencies because they provide them with the feeling that they know what to do, they know the various ways of dealing with their child. The presented results show that the surveyed mothers are characterised by an average commitment to improving their children's ability to increase their knowledge about visual disability, which may translate into the use of coping strategies in complex educational situations. That is why it is so impor-

tant for parents with young children with visual disabilities to attend training, talk to therapists, so that their interventions will make sense and the level of development of the children will increase (Perkins et al., 2013).

Of great importance in the process of upbringing is the proper performance of the parental role by the parent of a child with a visual disability. According to Będowska-Heine (2003), the role a parent assumes will determine his or her goals, choices and actions. The birth of a child with a disability is often a huge stressor, but also a challenge for the family in economic and social terms. It is in such families that mothers are more likely to be exposed to stressors. The main stress factor is the child's behaviour, but also the bond between the mother and child.

The ambiguity of the obtained research explorations devoted to stressors negatively affecting their psychophysical well-being and the fulfilment of parental roles may result from heterogeneous groups, different research techniques, cultural conditions and institutional support provided. A review of foreign studies shows that some researchers (among others, Tröster, 2001; Sola-Carmona et al., 2013; Sakkalou et al., 2018) are of the opinion that mothers of visually impaired children have an increased tendency to experience parental stress, and the greater the stress, the more often the level of helplessness in the mothers increases. On the other hand, research by, among others, Kara et al. (2023) shows that the level of depression and anxiety in mothers of visually impaired children is similar to that of mothers of children without disabilities. This should be explained by the fact that mothers of children with visual disabilities are exposed to chronic stress and learn to adapt and cope with various requirements and difficult situations.

Stress will adversely affect the perception of one's children. Interestingly, in the analyses (studied, among others, Peeters et al., 2014), it was noted that it is the parents who are less convinced that their children with visual disabilities can undertake various new activities on their own than the children themselves. In an attempt to explain these results, the researchers propose to take into account the tendency to interfere with almost every activity, despite the children's irritation and nervousness.

In order to reduce the amount of stress experienced by mothers of children with visual disabilities receiving early developmental support, it is necessary to take care of the formation of a secure attachment style. This safe relationship, equipping parents with substantive knowledge, and reinforcing appropriate behaviours can have a positive impact on both the development of a young child with a disability, his or her relationship with his or her mother and contribute to the development of appropriate behavioural strategies in the mother (Bakermans-Kranenburg et al., 2003; Dale et al., 2018).

There is a very fine line between being overprotective and adequately encouraging and challenging the child to the best of their abilities. Overprotectiveness is characterised by an excessive tendency for the parent or both parents to protect the child (Holmbeck et al., 2002). In the case of parents of visually impaired children,

there is a common tendency to develop an overly protective attitude, and too much control limits the development of children (Wawrowska, 2011).

Parents of young children with visual impairments may have a tendency to do too much for them, because they are concerned about whether their child is independent enough to perform a given activity safely. This approach can cause children to develop a sense of insecurity and fear of being harmed. The more experiences a child with a visual disability has with independent movement and mobility, the more willing they are to take on new challenges. On the other hand, when parents want to make it easier for the child to function, they provide them with everything, the child has no motivation to be active (Stuart et al., 2006; Visagie et al., 2017). It should also be emphasised that doing everything for the children by parents inhibits the development of their self-determination and independence, which negatively affects the understanding of themselves, their own emotions and the emotions of other people and limits peer contacts. The development of autonomy in a child with a visual disability is important because it teaches decision-making and making choices in adult life. Self-determination and self-regulation as forms of behaviour regulation begin to take shape in infancy, and the time of development falls on childhood; therefore, parents of children with visual disabilities should be aware of how important it is to take care of the comprehensive development of the child, including the creation of opportunities for independence (Cho and Palmer, 2008).

The negative consequences of parental overprotectiveness are also visible in the social sphere of children with visual disabilities (Eguavoen and Eniola, 2016). Overprotective parents may unconsciously limit contact with other children for fear of being rejected by their peers. Due to such limitations, children do not have the opportunity to take part in natural social skills learning, and their bonds and relationships with their peers are negligible (Pinquart and Pfeiffer, 2011). It also turns out that as a result of greater isolation, children with visual disabilities will be more passive and less likely to make individual decisions.

To sum up, excessive overprotectiveness can lead to excessive dependence on others and dependency in adulthood. Therefore, not allowing children to be self-reliant and independent blocks their development and desire to acquire knowledge. In terms of protecting and criticising their visually impaired child, they are at an average level. It is interesting that the surveyed mothers have a slight tendency to be inconsistent in setting adequate requirements for their children with visual disabilities, a tendency to give in to the child and to downplay failures. Such an approach may be the result of a sense of guilt, anxiety, helplessness, despair and not coming to terms with the child's disability. The stress that accompanies parents also limits their acquisition of competencies.

It should be emphasised that the results obtained by the mothers of visually impaired children covered by early development support on the Permissiveness

scale may indicate that, on the one hand, mothers want to offer their children as much freedom as possible, allowing for activities that are not always safe and appropriate. On the other hand, they trust their children who, therefore, will learn to make decisions on their own, explore their surroundings, learn about the capabilities of their bodies, which in the case of children with visual disabilities is extremely important.

It follows that parents of children with visual impairments may manifest a tendency to an increased sense of helplessness, frustration, lack of attachment, guilt, lower self-esteem and self-blame. This is mainly because they do not really know what factors influence behavioural change in their children. Aggressive behaviours and emotional lability are factors that cause anger, irritation or nervousness. Parents often do not know how to read their children's nonverbal messages. This is another factor that weakens the relationship between the parent and child. It happens that mothers of children with visual disabilities have negative expectations of their children. Such an approach may result from a perceived lack of self-efficacy in educational proceedings, a lack of confidence in one's own abilities, low self-esteem (Smyth et al., 2014).

In order for parents to develop their parenting skills and adapt to their new parenting roles, it is necessary to adapt to being a parent of a child with a disability. It is influenced by, for example, the way in which information about the diagnosis is conveyed (Pisula, 2007), its ambiguity (especially in the case of ophthalmological diagnosis), and the understanding of the information contained in the psychological and pedagogical documentation. Such situations can lead to ambivalent feelings towards the child and sometimes rejection (Osik, 2000; Wawrowska, 2011).

It should also be emphasised that the so-called rehabilitation education is very important in the process of early support for the development of children with visual impairment and in the acquisition of parental competencies by parents (Konarska, 2010). This model emphasises that at the initial stages, the most important thing is to undertake educational and rehabilitative activities that are primarily focused on providing assistance in meeting basic needs, teaching parents how to perform basic care activities and gradually moving on to improving parental competencies related to, among others coping with negative emotions, going through successive stages of adaptation to the child's disability, changes in parents' expectations regarding their child, skilful use of parents' personal and external resources (Osik, 2000; Konarska, 2010; Wawrowska, 2011).

The surveyed mothers emphasised that it was very important for them to obtain appropriate support: instrumental, emotional, material, and the person who most often helped the mothers was a psychologist. Families with a visually impaired child experience crises among other increased anxiety about the future (Sola-Carmony et al., 2013). Therefore, it is very important that the support is not provided by an expert imposing his or her opinion, but is mainly aimed at

strengthening and activating parents, offering them knowledge about the specifics of the functioning of children with visual disabilities, and through their competencies (Skórczyńska, 2006; Konarska, 2010; Wawrowska, 2011; Sidor-Piekarska, 2012; Walkiewicz, 2018).

Classes with a psychologist are very important for the proper development of a child with a visual disability. It is often the case that the task of this specialist is not only to help the child but also the parent, who often needs support on many levels. Shock, disbelief, disagreement with the diagnosis confirming the child's disability is a factor that often inhibits the parent's adequate attitude towards the child. In addition, ignorance of the specifics of the functioning of people with visual disabilities intensifies the concern about the child's development and future. It is also worth noting that parental stress has a very negative impact on the psychophysical well-being of parents with a small child with limited visual abilities, which, in turn, translates into reactions and relationships in the family. It is thanks to psychologists and psychiatrists that parents can be equipped with adequate knowledge about the functional consequences of visual disability, strategies for coping with difficult situations and ways of working. The more they know how to play and how to exercise with their child, the lower their level of anxiety and parental stress. In order for a child with a visual impairment to progress through the developmental stages and reach milestones, it is essential to properly integrate sensory data. In the case of children with visual impairments, the channels through which the child provides himself or herself with information and discovers the world are primarily the sense of touch, hearing, vestibular and proprioceptive systems. The latter two sensory channels are often important in children with limited visual abilities because they perform an important role in independent learning to walk, postural stabilisation, somatognosia, in acquiring adaptive reactions, integration of infant reflexes, orientation in space (Poggrund and Fazzi, 2002; cf. Kucharczyk, 2017). That is why it is so important to diagnose sensory processes early and possibly start therapy conducted by a certified specialist who knows the specifics of this group of children.

It is concerning that a large portion of children with visual impairments do not attend sessions with a rehabilitator. Many children with visual disabilities have a number of difficulties that result from delayed development of the motor level, among others, difficulties in controlling the movement of the head, head bent 30° downwards, incorrect body posture, nervous jerky movements (up to 8 to 10 months), failure to cross the midline of the body, 30% of blind children have reduced muscle tone, difficulties in adopting the right body position (Fazzi et al., 2010; Halle-mans et al., 2011; Wagner et al., 2013; Czerwińska and Kucharczyk, 2019). It seems, therefore, that conducting classes with a physiotherapist at the infant and post-infant stage should be mandatory. In addition, such activities would provide the mothers with the feeling that their child is being professionally cared for.

In conclusion, the topic of parental competencies of mothers of children with visual impairments is extremely important in the therapeutic process of the child and affects the quality of life of the family, including the well-being of individual family members. It contributes to the understanding of techniques and methods used by mothers of children with visual impairments to foster independence, self-regulation, efficacy, and coping skills in various complex social situations in their children. With this knowledge, specialists can organize appropriate training for parents of young children with visual impairments, enhancing their competencies and skills, but also for teachers and therapists, teaching them proper methods of conduct. Such trainings ensure that all interventions are family-focused and adopt a holistic approach. The extent to which a mother of a child with a visual impairment receives support will influence her emotional and psychological functioning, which in turn will affect her ways of dealing with her child.

CONCLUSIONS

The conducted research, which is part of a larger project, was aimed at determining the level of parental competencies, understood as the dispositions of parents conditioning their use of such methods of dealing with the child that are conducive to his or her development, of parents of children with impaired vision who are subject to early development support. On average, the mothers in the study achieved an average level in terms of the measured scales – Competencies, Rigour, Permissiveness, Overprotectiveness and Helplessness. This may most likely mean that most of them are women who strive to equip their children with visual disabilities with knowledge, as well as self-regulation mechanisms. Thanks to the analysis of individual subscales, it is also possible to indicate limitations related to parental competencies, which may make it difficult to cope with various family and educational situations.

Assuming that parental competencies develop and change depending on training, work on one's reactions and strategies used, it is worth considering whether it would not be appropriate to introduce on a large scale preventive programmes for parents, thanks to which they would learn how to set adequate educational goals, ways of acting that would support their children depending on their needs and counteract disorders or adaptation difficulties. Thanks to optimal parenting competencies, a child, especially with a disability, has a chance to properly stimulate development, socialisation and autonomy in thinking and acting from an early age. Autonomy is the result of the increasing subjectivity of the child, thanks to which his or her knowledge, self-regulation skills and sense of self-efficacy increase.

STUDY LIMITATIONS

The study was conducted on a group of 37 mothers with visually impaired children receiving early development support. This is a relatively small group of mothers, thus, such studies should be carried out on an increased, numerous group so that the results of the research can be scaled to the population. A larger sample size would allow for more in-depth analyses, which were not possible with a number of 37.

A limitation of this research is the use of only one standardized questionnaire. Therefore, it would also be advisable to use additional diagnostic tools that examine other variables affecting parental competence, such as parenting styles and attitudes, emotional intelligence, and the ability to utilize personal and environmental resources in difficult situations.

It would also be valuable to examine the level of parental competence depending on the age, education of the mothers, and the number of children they have, as well as their experiences regarding whether or not they received psychological support from employees of psychological-pedagogical counseling centers or early intervention/early developmental support centers.

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KOMPETENCJE RODZICIELSKIE MATEK DZIECI Z NIEPEŁNOSPRAWNOŚCIĄ WZROKU OBJĘTYCH Wczesnym WSPOMAGANIEM

Wprowadzenie: Pojawienie się w rodzinie dziecka z niepełnosprawnością wzroku niejednokrotnie zmienia funkcjonowanie całej rodziny, ale też wpływa na sposoby postępowania rodziców, ich mechanizmy kontroli oraz poczucie samoskuteczności. Od ich zasobów wewnętrznych i zewnętrznych oraz kompetencji rodzicielskich będzie zależać efektywność prowadzonych terapii z zakresu wczesnego wspomaganie rozwoju.

Cel badań: Celem podjętych badań było określenie poziomu kompetencji rodzicielskich matek dzieci objętych wspomaganie rozwoju, w tym przypadku dzieci z uszkodzonym wzrokiem.

Metoda badań: Badaniem objęto grupę 37 matek dzieci z niepełnosprawnością wzroku objętych wczesnym wspomaganie rozwoju. Do oceny poziomu kompetencji rodzicielskich zastosowano Test Kompetencji Rodzicielskich (TKR) Matczak i Jaworowskiej (2017). Dodatkowo zastosowano także kwestionariusz ankiety dla rodziców.

Wyniki: Badania wykazały, że badane matki posiadające dzieci z niepełnosprawnością wzroku cechują się średnio przeciętnym poziomem dawania swobody swoim dzieciom, stawiają realistyczne wymagania, uczą i tłumaczą zachowania. Cechuje je również zaangażowanie na poziomie przeciętnym, tj. interesują się swoim dzieckiem, okazują pozytywne uczucia i akceptację zachowań, wspierają i są gotowe do udzielania niezbędnej pomocy. W zakresie skal wskazujących na występowanie błędów można stwierdzić, że w skalach rygorystycznym, permissywności, nadopiekuńczości i bezradności badane matki osiągają wyniki przeciętne.

Wnioski: Zaprezentowane wyniki wskazują co prawda na tendencję do zdobywania wiedzy przez badane matki, ale na pewno należałoby zastanowić się nad stworzeniem sieci wsparcia, programów profilaktycznych, cykli szkoleń, dzięki którym matki te miałyby możliwość doskonalenia swoich kompetencji rodzicielskich i uczenia się eliminowania błędów.

Słowa kluczowe: kompetencje rodzicielskie, wczesne wspomaganie rozwoju, niepełnosprawność wzroku