

**DETERMINING LIFE STANDARDS OF FAMILIES WITH
DISABLED INDIVIDUAL WHO GETS HOME CARE
SERVICES: SAMPLE OF AMASYA**

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Abstract

This research aimed to determine the life standards of families who benefit from home care services in Amasya. Scale of life standards is used in the study along with a questionnaire including socio-demographic information. According to January 2015 data, Questionnaires are completed with 163 families getting home care services. Analyses of the data obtained in the SPSS 21 program were made.

Considering ages of caregiver individuals, it is observed that 44.2% of caregivers are between 41 and 50 and 30.1% of them are over 56 years old. It is detected that 61.3% of the disabled individuals are female, 38.7% are male and 84% of caregivers are female and 16% are male. While 28.8% of the disabled people in the survey are married, the 29.4% never married. When the marital status of caregivers is examined, information that 90.2% of the caregivers are married is received. 68.7% of disabled people who get care services are not literate. It is seen that 81, 6% majority of the caregivers who provide care services are housewives.

As a result of the research, arithmetic average of the life standards of the families providing care services scored high with 91.

Keywords: Home Care, Amasya, Care, Life standards, Family, Disabled

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1. INTRODUCTION

To provide maintaining disabled individuals' life healthily in the society, necessitate providing disabled people care, supplement and help services within the society they live and providing them to go outside the places where they are getting care service. Countries should plan and organize the transformation process into a community-based service model efficiently by using the necessary economic infrastructure and human resources.

In case of a good infrastructure is created and resources are provided, the services that focus on society's benefit will give better results, but in this case, the possibility of rising costs will come up. States should be able to implement a variety of measures, such as awarding services to private companies, encouraging tax cuts, and providing economic support to persons with disabilities and their families to ensure that services are directly procured by them. (WHO 2011) Increasing life expectancy, decreasing fertility, developments in the field of medicine and technology, cause the elderly population to increase. The increase in the elderly population brings with it many social, psychological, cultural and economic problems related to the elderly (Daşbaşı 2011). Under the circumstances of the prolongation of life span, all world societies, on the basis of human rights; should be prepared to this multidimensional phenomenon of old age at the level of science and practice physiologically, biologically, sociologically, culturally, economically and psycho-socially (Dölek 2011)

1.1. Concept of Disability

While the concept of disability is expressed with the emphasis on the different fact points of disability by international organizations that are directly or indirectly interested in the issue such as the World Health Organization (WHO), United Nations (UN), in the national legislation the disabled individual; It is defined as an individual who has difficulties in adapting to the social life and meeting his daily needs because of loss in his physical, mental, spiritual, sensory and social skills due to any reason and needs services of protection, care, rehabilitation, guidance and support (Nergis 2013). Again by W.H.O, a classification on the concept of disability, based on the results of the disease, has been put forward, and the classification has been extensively covered in many countries (Oğultürk, 2012).

When the expressions used in disability are examined, it is seen that different concepts are used in different works mostly in the same way and that the most common ones are, disorder, disabled, defective, crippled. On the other hand, in the literature, no consensus has yet been reached on the concepts expressed in relation to the disability and different concepts have been using for a single meaning in different situations (Öztürk 2011).

When we examine other definitions about disability, the interpretation "disability is a state of being human" is seen. while It has been pointed out that almost everyone can become temporarily or permanently disabled at some point in their lives, it is emphasized that people who have been living for many years will have to face increasing difficulties in performing their functions of life (WHO 2011).

1.1. Types of Disabilities

Considering the reasons of disability, it is seen that a considerable part of these reasons are avoidable and preventable states. The state of disability is generally categorized in different ways according to its source and reasons.

1.1.1. Orthopedically Disabled

Besides physical or orthopedic disability is defined as any loss in body activities at normal age, it is stated as Impairment (Oğultürk 2012). Orthopedic disability, in other words, also indicates the situations caused by the injury of the central nervous system states as a result of accidents or diseases during birth or during the future life of the individual along with the genetic factors (Gündoğdu 2014).

1.1.2. Visually Disabled

In the literature, visual disability; It is defined as the type of obstacle that occurs in the eye, which is expressed as ocular disease and occurs in any of the nerves, tissues and muscles that constitute the eye. Visually disabled people are expressed in two groups as "the ones visual loss is high" and "the ones can not see at all". as a result of all treatments, the person seeing with two eyes is referred between 1/10 and 1/30 and the ones who cannot continue their lives without being dependent on some special tools are referred as low vision. However, individuals who are

living in the light of the information they get with the help of hearing and touch senses, seeing with two eyes after all treatments defined as 1/10 and the ones who have less than 20 ° angle of sight and not having the chance to benefit from their vision in normal life activities are defined as blind (Erdoğan 2013).

1.1.3. Hearing and Speech Impaired

Hearing loss in case of failure of one of the functions required for hearing is called hearing impairment. The state of partially or fully loss of hearing in one or both ears of individual is accepted as hearing impaired (Aktürk 2012).

Hearing and speech disability is the state of inability to express itself for any reason and experiencing problems in the speed or fluency of the expression and the voice disorder. Those hear but can not pronounce the words, those have laryngopharyngectomies, those who need machine help to talk, stutterers, aphasia and individuals who have problems with tongue, lips and jaws are in this group of impairment.

1.1.4. Mental Disabled

Mental disability, which is another type of disability, is defined as individuals who are clearly retarded in terms of academic, social, self-care and language use compared to other peer groups. Until the 2000s, the definition of mental retardation was used more widely. After the 2000s, this concept was replaced by the concept of mental disability (Çankaya 2013).

A person with a mental disability refers to persons whose mental functioning is reversible with respect to their peers and inadequate in their adaptive behavior. The mental functions of the person are measured by various intelligence tests, and in the evaluations made with these tests, the mentally disabled people are defined as those who are determined to be fewer than 70. According to the results of intelligence tests, Normal human intelligence is considered to be 100, those with intelligence between 70 and 100 are slow learners, and those with less than 70 are defined as persons with mental disabilities (Tunç 2011).

1.2. Care Services for Disabled People

The formal care service for the disabled people in Turkey is fulfilled through Special Care Centers, informal one is fulfilled by individual relatives of the family.

1.2.1. Home Care Services

Home care services provided to disabled or elderly people are a kind of service that aims to increase the quality of life by allowing individuals to continue their lives in their own homes and social circles (www.eyh.aile.gov.tr). The home care service is a model of care given by the family members to disabled persons for a fee and it based on the conditions of the Ministry of Family and Social Policies within the framework of the Regulation on the Determination of the Disabled Persons who need care and the principle of care services (Sağlık-sen 2016).

Home care services, which have been extensively supported since 2007 in order to ensure that they receive a healthier social care and prevent them from breaking away from social life by getting care from their families, have become quite widespread nowadays and have a great share from the budget. Home care services, paid to the caregivers of the family members at the monthly net minimum wage level as part of this care; is given under the coordination of Family and Social Policy Ministry, in accordance with the conditions specified in the "Regulation on the Determination of the Disabled Persons who need care and the principle of care services" and "Turkish social service and children protection institution Law no.2828".

Home care is not a public assistance that is limited to economic support only. In addition to economic support, guidance, counseling and improvement of the quality of care are also included. For this reason, Provincial Directorate of Family and Social Policies, after the start of the care service, appoints field experts and performs supervision and guidance services every three to six months. Detailed guidance is provided to the caregiver by assessing whether the care services are fulfilled in accordance with the contract done and the regulations or not, whether the disabled person is nursed worthily to human dignity or not, and whether there is participation in social life or not, during these supervisions. In case of a negative situation observed, a report is prepared for the termination of the service and the home care service is concluded with receiving the Governor's office approval.

1.2.2. Special Care Centers

Special Care Centers operating under the Regulation on Special Care Centers for Persons with Disabilities who cannot afford their own needs without the help of another; are the centers in which the disabled persons who found to have the average monthly income according to the number of dependents that is less than 2/3 of the net monthly minimum wage, are not provided in official or private care centers if caregivers wish to do so. 159 Special Care Center which is currently serving has been operating in Turkey with capacity of 13843.

If the families who indicate to have a disabled person with a health income report in the same legal direction as the home care services and who have an income level less than 2/3 of the minimum wage per capita in the family, thought that they cannot perform the care in their homes, Ministry of Family and Social Policies makes this services carried out by the professionals in private or formal care centers. If the families who have a disabled person in the same legal direction as the home care services and who have less than 2/3 of the minimum wage per capita in the family with a health income report, cannot perform the care in their homes, the Ministry of Family and Social Policies, It is carried out by professionals in care centers. The process of placement of persons with disabilities in private care centers is also monitored by the Provincial Directorates of Family and Social Policies in a similar way as the home care service, examination and evaluation is carried out after the application, then if it is seemed appropriate the report is prepared, then, after the Governor's Office's approval disabled person stay at the first admissions units a month or so, after that, they are sent to an appropriate care center. The Ministry pays a fee of twice the minimum wage for the care of each disabled person to the Special Care Center. Special Care Centers are also regularly audited by a commission established under the presidency of the Deputy Governor and efforts are made to ensure that the quality of care services is high.

Basic Concepts of Care

Relative: The concept of relatives used within the scope of Disabled Home Care services, states; spouse, each children, spouses of children, mother and father, grandchilds and their spouses, siblings and siblings' spouses, children of siblings and their spouses, mother and father of

spouses, siblings of spouses and their spouses and siblings, uncles and spouses of uncles, children of the uncles and their spouses, aunts and their spouses, the aunts' children and their spouses of the elderly / disabled people in need of care(Social Work Terminology).

Caregiver Staff: Because of a physical or mental illness / obstacle, the relative individual who needs help of the other person to see the needs of a healthy individual is defined as Caregiver staff (Karahan and İslam 2013).

Disabled In Need of Care: due to the obstacle that occurs because of various reasons, the person who needs the support of someone else to satisfy basic life needs such as dressing, eating, body cleaning, toilet needs, shopping and self-care needs and to perform physical activities that should be done at all times is stated as disabled in need of care (Social Work Terminology).

Care Services Evaluation Committee: This is the committee consisting of three different occupational groups, who decide on the status of the disabled and family who undertake the care burden on the application of the caregiver and the Disabled Health Board Report with regard to the need for care, and who decide to pay or not to pay the maintenance fee within the framework of the relevant legislation in terms of the need for care and economic situation.

Care Report: This is the report; created by the evaluation team for care services which is consisted of the three professional groups by the Provincial Directorate of Family and Social Policies, and which determines the average monthly income for the disabled according to the number of dependents or disabled in the family, and which analyzes the disabled people's state of neediness and the health and psycho-social status of their family, and which determines the shape of care services that will give to disabled individual by caregiver staff and which outline is created by the Ministry of Family and Social Policies (Social Service Terminology).

Personal Care Program: it is the plan which outline is determined by the Ministry of Family and Social Policies and consist of suggestions in accordance with requirements detected and is related to the life and care of the disabled individual who is determined which problems are

experienced as a result of the examination carried out by the evaluation team for care services and which activities they need help of someone else (Social Work Terminology)

1.3. The Relation between Disabled Individual and Life Standarts

Factors that affect the quality of life of caregivers are collected in four main groups. These are classified as primary and secondary stress factors, caregiver role factor and guiding factors. Primary stress factors described as situations such as prolongation of care period, insufficient knowledge of the individual's disability, secondary stress factors described as problems caused by the caregiver who has not enough time for himself and his family, the role of the caregiver factor described as the negative influencing of role of caregivers because of concepts such as physical diseases and race, and guiding factors described as the factors that lead to the first three problems (Gündoğdu 2014).

Today, providing the informal care services given to disabled people who are in need of care due to disability or old age by a relative in the context of the home care service model, considered as an approach that is more humanistic and more relevant to the requirements of the age, and makes it possible for disabled people to maintaince their life order which they are used to and to satisfy their need without detached from entourage, by this way, positively affect their life standarts and satisfactions (Genç and Barış 2015).

The relatives of disabled individuals or caregivers have to deal with the care of the disabled. At the same time, caregivers have to deal with their own emotional tension, fatigue and depression. This situation causes emotional pressure on family members and decreases quality of life. All these negativities experienced by caregivers negatively affect the quality of life of the disabled (Gemalmaz 2007).

Many families with a disability and caregiver function may face many difficulties in terms of psychological, material, family and social environment relations. In addition, the responsibility of caring for the disabled individual can lead to changes in the family and can negatively affect the family's participation in the social life, namely the quality of life of the family and the disabled person (Cangür et al 2013).

Disabled families who have the responsibility to care for disabled people need professional support along with their spiritual needs such as friendship, friendship and feeling they are not alone. This social support can be widely taken from all relatives, from the immediate environment or from the psychological counseling groups. While social support makes families who care for disabled individuals can understand that they are not the only ones have disability and makes individuals who face the same problem supported by each other emotionally and socially, with the help of this support positive developments are provided in their level of anxiety and their life standarts (Coşkun ve Akkaş 2009).

2. METHOD

In this section, the aim of the study are presented its importance, model, universe and sample, data collection tools used, data collection, data evaluation, ethics of the research as headings.

2.1. Purpose of the research

In this study, by examining the Social Home Care Services and the Care of Disabled in Home Care System given by the Ministry of Family and Social Policies, directorate general of services for persons with disabilities and the elderly and directorate general of social assistance; it is aimed to investigate the quality of life of families who have disabilities and benefit from these services in the sample of Amasya.

2.2. Research universe and sample

The study is carried out with family members who give care services to disabled people in need of severe care in Amasya by method of survey and interview. As of January 2015, there are 2560 family members (informal caregivers) who benefits from the home care service and are registred on database of social services of Amasya and Merzifon Social Service Centers which are affiliated to Amasya Family and Social Policies Provincial Directorate. The research was limited to Amasya province, its districts and central villages.

The population of the study consists of 2560 families who live in the districts of Amasya and Merzifon, Gümüşhacıköy, Suluova, Hamamözü, Taşova and Göynücek. The following formula was used to determine the sample size and it was concluded that the most 163 households could

represent the universe as a result of the calculation. in conclusion which is expressed that it can be able to represent the research, 163 families who accepted the research were investigated within the scope of the research.

2.3. Data Collection Tools Used in Research

This research is a descriptive research and a three - part questionnaire which is prepared as a data collection tool is used. In the first part of the survey; demographic characteristics related to the disabled; in the second part, demographic characteristics of the person who care to the disabled person; in the third part, "Beach Center Family Life Quality Scale" is used.

2.4. Evaluation of Data in Research

The data collected in the research is transferred to the computer system and the data are checked first then the data are corrected. The data obtained from the study are analyzed by using SPSS 21.0 package program. In order to explain the analyzes obtained from SPSS program, frequency distributions, arithmetic means, standard deviations are obtained, Mann Whitney U and Advanced Kruskal Wallis-H test are applied with Student's T test.

3. FINDINGS

3.1. Demographic Findings Concerning People With Disabilities And Carers Assessed In The Study

The study included 163 individuals in the 0-13 age group, 15 in the 14-25 age group, 15 in the 26-50 age group, and 113 in the 51 age and above group. The 0-13 age group and the 14-25 age disabled group accounted for 9.2% of the study, while the 26-50 age disabled group had 23.3% of the study and 69.3% of the disabled people aged 51 and over. When we look at the ages of the relatives of the family looking at the disabled people by using the home care services for the disabled, 3.1% of them are 18-25, 22.7% of them are 26-40, 44.2% of them are 41- 55 and the 30.1% of them are 56 years or older. 61.3% of the disabled individuals benefiting from home care services are women and 38.7% of them are men. When the gender of caregivers is examined, it is seen that 84% of the caregivers are women and the remaining 16% are men. While 28.8% of the disabled individuals in the study are married, 29.4% are unmarried. In addition, it was found that 1.2% of the individuals with disabilities were divorced and spouses of

40.5% of disabled persons are died. When we look at the marital status of caregivers, 90.2% of the individuals who receive the care fee are married, 7.4% are single, 0.6% are divorced and 1.8% have lost their spouses. 68.7% of disabled people who benefit from care services are not literate. 26.4% are primary school graduates. 1.8% of them graduated from primary school and 2.5% of them were high school graduates. The ratio of university graduates is determined as 0.6 according to the research. When individuals who take care of their disabled relatives are evaluated, 7.8% of caregivers are illiterate. 61, 3 of caregivers graduated from primary school. It is seen that 12.9% of caregivers are graduated from secondary school, 6.1% are high school graduates and 1.8% are university graduates. While 52.1% of individuals with disabilities used green cards, 47.9% did not use green cards. Considering the social security of caregivers, it is seen that 66.9% of caregivers who give care service within home care services have any social security, 33.1% of caregivers do not have social security, 20.9% of caregivers also benefit from green card service, and 78.5% do not benefit from the green card service. While 39.9% of the disabled individuals who have been visited within the study have received a three-month disability pension under the law no.2022, 60,1% do not receive this pension. 53.4% of people with disabilities who benefit from home care services do not work in any job. 27.6% were housewives and 16% were retired. While 1.2% of the disabled individuals who are covered by the study stated that they are workers and 1.8% of them stated that they are farmers. It is seen that 9.8% of the caregivers are retired, 0.6% of them are civil servants, 3.7% of them are workers, in a large measure like 81.6% of them are housewives and 4.3% of them are farmers. While 16% of the disabled individuals who are given care services benefit from special education services, 84% do not go to any special education services. In the study conducted in Amasya, 73,6% of people with disabilities are physically or bodily disabled, 1,8% of them are spiritual and 24,6% of them are mentally disabled. The degree of disability in the report of the disability board of 2.5% of the persons with disabilities is 51% to 60%, the degree of disability of 41.7% is between 61 and 80, the degree of disability of 25.8% is between 81 and 90, and the remaining 30%'s degree of disability is between 90 and 100%. it is seen that 12.3% of disabled individuals have been disabled due to the prenatal reasons, 12, 9% of disabled individuals become disabled during birth process, 5.5% of them have been disabled due to accidents, 49.1% of them have been disabled depending on illnesses, 19.6% of them depending on the age of the old, last 1% of them have been disabled due to the wrong treatment. While 61.9% of the

individuals benefiting from home care services need only one of the support types, 14.7% of them need two types of support at the same time, 14.1% of them need three of the support types at the same time, and 9,2% of them need all of the four types of support . In addition, when the types of support are considered separately, 39.9% of the individuals with disabilities feel the need to support only for their self-care needs, besides 9.8% of the disabled need to support for physical movement, 6.7% of them need to support for social skill and security, 5.5% of them need to support for households, 5,5% need to support for both meeting self-care need and physical movement, 4.3% of them need to support for self-care needs, social skills and security, 3.1% need to support for household and housewifery in addition to self-care needs, 0.6% of them need to support for being able to work together with houseworks, 1.2% of them need to support for housework and social skills, and 4.9% of need to support for houseworks, movement and self-care all together, 9,2% need to support for social skills and household together with self-care needs.

it is seen that 8% of individuals who gives care services to their disabled persons have been giving this service for one year, 18.4% of them have been giving for two to three years, 40.5% of them have been giving for four to eight years, 7.4% of them have been giving for nine-to-ten years, 25.8% of them have been giving this service for over 11 years. considering the duration of receiving a home care fee of individuals who give care service to their disabled, it is seen that 22.1% of them have been receiving for one year, 22.1% of them have been receiving for two years, 17.2% of them have been receiving for three years, 38.6% of them have been receiving the care fee for more than four years from Provincial Directorate of Family and Social Policies. While 62% of the disabled people who are given care services and also benefitting from home care services next to their family have their private room, 38% of them do not have a private room. considering whether is there suitable regulation in home environment, it is seen that a special regulation in the house they live in is done to make life easy for 51.5% of disabled people who is in need of care and benefit from home care services, while there isn't any regulation for disabled individual in the home of remaining 48.5% of them.

it is seen that care services is given by their spouses to 15.3% of caregivers who have disabled individuals and get home care services , by their mother to 26.4% of them,by their father to 1.2%

of them, by their brother 7.4% of them, by their brides to 25.8% of them , by grandchildren to 6,7% of them, by their daughter to 12,9% of them, by their son to 3,7% of them and by spouses of their granddaughter to 0,6% of them. it is seen that 8% of individuals who are providing care services to disabled persons have been providing this service for one year, 18.4% have been providing for two to three years, 40.5% have been providing for four to eight years, 7.4% have been providing for nine ten years, 25.8% have been providing for over 11 years. considering the duration of receiving a home care fee of individuals who give care service to their disabled, it is seen that 22.1% of them have been receiving for one year, 22.1% of them have been receiving for two years, 17.2% of them have been receiving for three years, 38.6% of them have been receiving the care fee for more than four years from Provincial Directorate of Family and Social Policies. considering the household income of the individuals who provide care services for the disabled people, it is seen that 6.1% of the households' income is between 0 and 500 TL; income of 17,2% is between 1501 and 2000 TL, income of 30,1% is between 1501 and 2000 TL, income of 4,9% is between 2001 and 2500 TL, income of 3,7% is between 2501 and 3000 TL and income of 2,5% is more than 3001 TL . considering income per capita in caregiving families it is seen that per capita income of 7,4% is between 0-100 TL, of 21,5% is between 101-200 TL, of 30,7% is between 201-300 TL and of 21,5% is between 301-400 TL, and the per capita income of 19% is more than 401 TL. Considering the income sources of the individuals who provide care services to individuals with disabilities, it is seen that 2.5% of the incomes are provided from the salaries, 87.1% are from the agricultural products, 9.8% are from the trade activities and 0.6% are from the rent payments. Considering residential status of individuals who offer care services for individuals with disabilities within the scope of home care services, it is seen that 74.8% of them are residing in their own homes, 20.2% of them are tenants, and 4.9% of them residing a home which is belong to their relatives without paying. According to the survey, considering the first-aid and home-care training status of the caregivers, it is seen that 90.2% of them which is a large number of caregivers have not received first-aid training, and 9.8% of the caregivers have received first-aid education; considering the home care education, it is seen that almost all of the caregivers who provide home care services have not received education on home care, and only 8.6% of caregivers have received education on home care. Considering the question of where to dial in the emergency for caregivers who provide care services to the disabled people, 89.6% of caregivers stated that they knew which numbers to dial in emergency

situations, while 10.4% said they did not know where to dial in emergencies. When the regional address status of the disabled people and their caregiver families is evaluated, it is seen that the families who receive home care services from the Amasya Provincial Directorate of Family and Social Policies and 22.1% of the disabled people reside in the city center, 32, 5% of them reside in villages and 45,4% of them reside in the district centers.

Findings about caregivers' quality of life

In the second part of the inventory used in the study, Beach Center Family Life Quality Scale is examined and the socio-demographic data of caregivers who give care service to disabled individual within the survey and their attitudes towards scale dimensions are analyzed and evaluated.

Within the scope of home care services, the life quality of caregivers who give care service in Amasya scored high with their average point 91,17. As a result of the tests conducted it is found that there are no significant differences between caregivers' gender status, age status, marital status, job status, degree of proximity to the disabled person, income status, first aid knowledge, status of education on home care , status of knowledge on emergency and caregiver's burden. On the other hand, it has been concluded that there is a significant relationship between caregivers' domicile, caregiving periods, education levels and caregiving burdens, and as the education level decreases, as the conditions of the domicile have deteriorated, as the maintenance period increases, the caregiving burden increases.

SONUÇ

it is determined that 61.3% of people with disabilities who participated in the study and benefited from home care services are found to be women, 38.7% of them are men while 84% of caregivers are women and the remaining 16% are men.

While 0-13 age group and 14 -25 age disabled group participated in the study accounted for 9.2% of the study, 26-50 age disabled group accounted for 23.3% of the study, disabled people who are 51 and above accounted for 69, 3% of the study. considering demographic characteristics of the family members who provide care services to the disabled individuals, it is seen that 3.1% of them are aged 18-25, 22.7% of them are aged 26-40, 44.2% of them are aged 41-55, and 30.1% of them are aged 56 and above.

Considering the marital status variables of the disabled individuals who are given family care services within the scope of home care services, it is found that 28.8% of them are married, 29.4% of them unmarried. In addition, it was found that 1.2% of the individuals with disabilities are divorced and 40.5% of them lost their spouses. Most of the caregivers are married.

While it is seen that 68, 7% of the disabled individuals interviewed within the scope of the study are not literate, 26.4% of them are literate or primary school graduates; considering the education status of caregivers, it is found that 17.8% of caregivers are illiterate.61, 3% of caregivers are graduated from primary school. 12.9% of caregivers are graduated from secondary school, 6.1% of caregivers are high school graduates and 1.8% of caregivers are university graduates. While 52.1% of the disabled people meet the health expenses and treatment costs with green card, 39.9% of them receive their three-month disabled fee given by the Law No. 2022.

As a result of the research, it was revealed that the quality of life of families who have been receiving wages in return for providing care services from the Provincial Directorate of Family and Social Policies of Amasya is high.

As a result of the analyzes, the increase in the level of education, the fact that the caregiver has received home care or first aid education leads to a higher quality of life in the city center. The

gender, age, marital status, education level of the caregiver, the degree of closeness to the disabled person, the duration of care, economic status and whether or not he knew how to act in emergencies did not have a meaningful relationship with quality of life. As a result of the analyzes, it is seen that the increase in the level of education, the fact that the caregiver has received home care or first aid education or living in the city center leads to a higher quality of life. As a result of the tests conducted it is found that there are no significant differences between caregivers' gender status, age status, marital status, job status, degree of proximity to the disabled person, income status, first aid knowledge, status of education on home care , status of knowledge on emergency and life standarts.