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Julie M. Rosenzweig
Portland State University

Lisa Maureen Stewart
Portland State University

Eileen M. Brennan
Portland State University

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A University-Corporate Partnership: Improving Workplace Supports for Employed Parents of Children with Disabilities

Julie M. Rosenzweig, Portland State University

Lisa M. Stewart, California State University Monterey Bay

Eileen M. Brennan, Portland State University

Work and Family Researchers Network Conference

New York City, NY

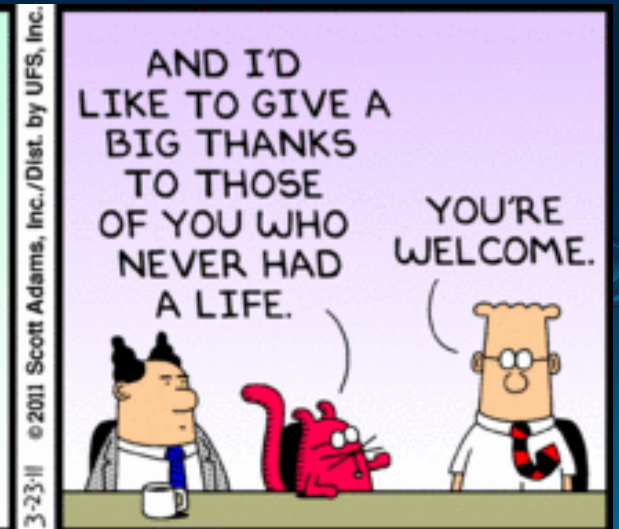
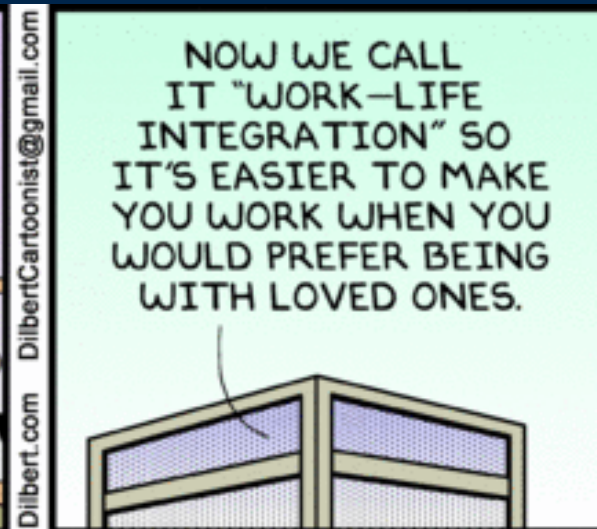
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Dilbert.com DilbertCartoonist@gmail.com

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The Work-Life Integration Project

Overall Goal

To improve awareness and access to employment-based supports that promote work-life integration for families raising children/youth with disabilities.

Objectives

- To identify human resource (HR) policies and practices that support employees with exceptional caregiving responsibilities for children and youth.
- To provide information and resources to HR professionals about best practices that support employees caring for children with disabilities.

Project Phases

- Phase I: Caregiver Workforce Participation Study
- Phase II: Focus groups: Parents
Human Resource Professionals
- Phase III: Work-Life Flexibility & Dependent Care Survey
- Phase IV: Design & provide training to HR professionals
- Phase V: Resource development for families
& businesses

A word cloud featuring various terms related to neurodevelopmental and mental health conditions. The words are arranged in a non-linear fashion, with some appearing in larger, bolder fonts than others. The colors of the words range from light gray to dark brown. The terms include:

- Needs
- Disability
- Autism
- Delay
- Syndrome
- ADD
- Developmental
- Challenged
- X
- Aspergers
- ADHD
- Visually
- Special
- Fragile
- Physical
- Disabled
- Impaired
- PDD
- Learning

The Need for Training: Prevalence

- 9.2% of households (*U.S. Census Bureau, 2005*).
- 15.1% of U.S. children under 18 have special health care needs (*2009-10 CSHCN National Survey*).
- 58.8% of CSHCN 18 months-17 yrs:
feeling anxious or depressed, acting-out, fighting, bullying or arguing, making and keeping friends
- 2.8 million (5.2 percent) of school children have disabilities in 2010 (*U.S. Census Bureau*).
- Families of children with disabilities are more likely to live below the poverty line (*The Beach Center*).

The Need for Training: Employed Caregivers

- **9-10% of employees** have children with special needs (*Center for Health Care Policy*).
- **Quit jobs, reduce hours, or change jobs** (*Brennan & Brannan, 2005; Porterfield, 2002; Rosenzweig & Huffstutter, 2004*).
- **38.5% of parents of children with disorders** cut back or stopped working due to their child's special health care needs (*DHHS, 2008*).
- Seek help from their employers.
 - **10-15% of requests** concern of raising a child with special needs (*Ceridian LifeWorks Services*).
- **Face difficult disclosure decisions & stigmatization** (*Rosenzweig, et al., 2010*).

Human resources

Human resources
vital function
corporate environment
is also the name
responsibility for
individuals (i.e.

Need for Training: HR Professionals

- **Lack of knowledge** about disabilities (*Wankoff, et al., 2010*).
- **Face dilemmas** (*Rosenzweig, et al., 2011a*).
 - Protect & support employees: confidentially versus equity
 - Protect & support organizations: FRD lawsuits skyrocket (*Still, 2006*).
- **Need communication strategies** to bridge personal-professional dilemmas (*Rosenzweig, et al., 2011b*).

Exceptional Caregiving Responsibilities

- Exceptional caregiving responsibilities differ from typical:
 - time spent arranging care
 - ongoing parental responsibilities-childhood into young adulthood or beyond
 - frequent, intense, and crisis-driven care needs
- Exceptional caregiving responsibilities include:
 - Health/mental health care
 - Special education arrangements
 - Inclusive child care
 - Health related crises

(Brennan & Rosenzweig, 2008; Lewis, Kagan, & Heaton, 2000; Porterfield, 2002; Roundtree & Lynch, 2006)

Workplace Support Seeking

- Seek **informal supports** from co-workers & supervisors.
 - Informal flexible work arrangements
 - Coverage at times of crisis
 - Social support as they struggle to meet family & workplace demands.

- Seek **formal supports**, through HR professionals.
 - Extended flexible work arrangements
 - Work adjustments or modification of duties
 - Use of Family Medical Leave (FMLA) or provisions through Americans Disabilities Act (ADA).

(Rosenzweig et al., 2011)

The Business Case for Flexibility

- Flexibility in the work/family/childcare system is necessary to maximize work-life integration (*Emlen, 2010*).



Employee-driven workplace flexibility permits family members to have a degree of autonomy to control work location, timing, and/or process (*Eaton, 2003*).

The business case for flexibility is well-established at both the individual and organizational level (*Grzywacz, Carlson, & Shulkin, 2008; Kelliher & Anderson, 2010; Pitt-Catsoupes & Matz-Costa, 2008*).

Organizational Culture

- The workplace culture of an organization consists of the assumptions, beliefs, and values held in common by employees regarding the extent to which their organization should support the work-family fit of its members (*Thompson, Beauvais, & Lyness, 1999*).
- Employees unlikely to access FWA if risk of negative reaction by co-workers & supervisors; or aware of stigmatization, negative workplace culture (*Creike, Cohen, & Single, 2003; Goshe, Huffstutter, & Rosenzweig, 2006; Kossek, Lewis, & Hammer, 2010*).

HR Knowledge

- Knowledge & skillful implementation of workplace supports & benefits helps create a culture that accepts employee diversity—including cultural, disability, and family differences (*Unger & Kregel, 2003*).
- Might lack knowledge of exceptional caregiving responsibilities, even if received training about & experience with employees with disabilities (*Rosenzweig et al., 2011*).

HR Self-Efficacy

- Perceived self-efficacy is concerned with people's beliefs in their capabilities to exercise certain skills in a specific domain and attain certain outcomes (*Bandura, 2006*).
- HR professionals may lack confidence that they can successfully negotiate with employees with exceptional caregiving responsibilities around workplace supports (*Rosenzweig et al., 2011*).
- Communication competence is anchored in disability knowledge & collaboration strategies (*Rosenzweig et al., 2011*).

The Training Intervention Study

Our Partner: KPMG, LLP

- An international audit, tax and advisory firm, 145,000 professionals, including more than 8,000 partners, in 152 countries.



- Abilities in Motion (formerly Disabilities Network)
 - *To foster an environment that supports partners and employees who have a disability, or who have a child or other dependent with special needs, as they build their careers at KPMG. The network's goal is to raise awareness among all our people about the unique needs and talents of individuals with disabilities, helping to ensure all partners and employees feel accepted, valued and treated fairly.*

Training Objectives

1. Analyze the current legal and policy issues impacting employers of parents of children with special needs
2. Explore the business case for changed practices, including reduced liability, decreased costs, and increased productivity, effectiveness and satisfaction
3. Examine the work experience and coping strategies of working parents of children/youth with special needs, including coping with instability and disruption, concerns regarding stigma and disclosure, and strategies for resilience
4. Select appropriate intervention strategies leading to reduced liability, decreased costs and improved effectiveness while avoiding misunderstanding and conflict
5. Practice inclusion interview techniques to assist employees and managers in developing actionable solutions

Children/Youth with Disabilities: Their Parents are YOUR Employees

Training Manual and Workbook

*It's so hard to find a
child care provider
who understands my
child's special needs.*

*I hope I don't get another call from
the school this week...How many
times can I leave early before my
supervisor and coworkers want to
know what's really going on?*

*I would be SO grateful to
have a flexible schedule...*

*How am I going to get
my child to that doctor's
appointment?*



**Julie M. Rosenzweig, Anna M. Malsch,
Eileen M. Brennan, Kathryn L. Mills, & Lisa M. Stewart**
Work-Life Integration Project, Portland State University

Training Areas

- **Module 1:** Definitions and Terminology
- **Module 2:** Prevalence
- **Module 3:** Exceptional Caregiving Responsibilities
- **Module 4:** Employee Challenges
- **Module 5:** Key policies
- **Module 6:** Employee Strategies & Supports
- **Module 7:** HR Professionals' Support Dilemmas
- **Module 8:** Layers of Organizational Support

Definitions and Terminology

1

DEFINITIONS

Introduction

Disabilities affecting children take many forms and significantly shape the way families live in their communities. It is likely that there are employees in your organization who are striving to meet their job responsibilities while also caring for children or adolescents with a disability. But what are the different types of disabilities that children and adolescents may experience? To better address the needs of employed parents of children with disabilities, it is necessary to understand what is meant by the concept of “disability” and related terms.

Objectives

By the end of Module 1, you will be able to:

1. Describe the different terms used in reference to the concept of disability.
2. List the various categories of disabilities that affect children and adolescents.
3. Identify some of the most common types of disabilities affecting children and adolescents.

- *How are children's disabilities conceptualized?*
- *What are the different terms used to define and describe differences in health and mental health functioning?*
- *What are some of the most common types of disabilities affecting children and adolescents?*

Each Module Includes

Introduction
Objectives
Core Information
Take-Aways
Action Plans
References

Training Materials & Delivery Method

- Participants given training manual & online pretest survey one week in advance
- Delivery of the training occurred online in a synchronous training environment
 - Learning checks (for CEUs)
 - Live questions (phone in, instant message)
 - Online breakout groups
- Training two place in two sessions
 - Session 1 covered Modules 1-4
 - Session 2 covered Modules 5-8
- Training concluded with administration of online post-test survey

Research Questions

1. Does training increase HR knowledge about disability care and bolster HR self-efficacy to carry out supportive HR practices?
2. Will knowledge about disability care, HR self-efficacy, familiarity with community resources, a positive workplace culture, & a belief in the business case predict the HR professionals' likelihood to grant workplace flexibility after the training?
3. Do participant characteristics predict training outcomes?

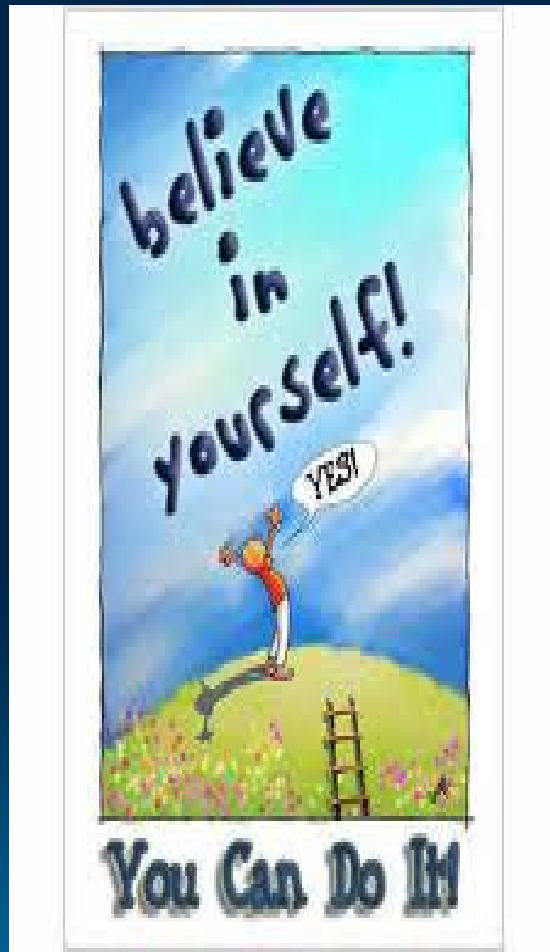
Study Design

- Prior to the first session, (T1) participants completed online survey that included knowledge, attitudes, self-efficacy, and demographic questions.
- After the second training session (T2) participants completed an online post-test survey that repeated all items, except demographic items.
- The quasi-experimental study included *non-equivalent dependent variables* (NEDV; see Trochim, 2006) assessing:
 - belief in the business case for flexibility (Brennan et al., 2007) and
 - workplace culture (Bond et al., 2003).

Participants

- Of the 90 HR professionals who were based in the U.S., 64 (71%) completed both intervention sessions
- 80% female
- 75% White, 11% Black/African American, 8% Hispanic/Latino, & 6% Asian/Pacific Islander
- 69% 4-year degree, 23% graduate degree, 8% 2-year degree or some college
- Averaged 10.53 years of HR experience ($SD = 6.35$)
- 69% prior disability awareness training, & 17% had ADA training

Outcome Measures



HR Self-Efficacy Scale

Participants rated their level of confidence in carrying out 13 inclusion practices using a scale that ranged from 0 = “very little confidence” to 100 = “Quite a lot of confidence” (Bandura, 2006). Items were summed & averaged.

Total Knowledge of Disability Care Index

Participants answered 16 multiple choice questions on training content which were developed for this study. Correct items were assigned a score of 1 and incorrect 0. Scores were summed.

Outcome Measures

Familiarity with Community Resources Scale

Participants indicated their level of familiarity with each resource by selecting a number ranging from 1 = “very unfamiliar” to 5 “very familiar”. Items were summed and averaged.

Likelihood to Grant Flexible Work Arrangement Scale

Participants responded on a scale of 1 = “very unlikely to approve request” to 5 = “very likely to approve request” the likelihood that a flexible work arrangement would be approved within their organization based on the reason indicated. Items were summed and averaged; separate analyses were conducted for three subscales: physical health, mental health, and child care (*Huffstutter, 2007*).

NEDV Measures

Non-equivalent dependent variables (NEDV) thought to be as subject to internal validity threats as outcome measures

Business Case for Flexibility Scale

15 item scale rating organizational reasons for granting flexible work arrangements such as “improves employee retention” and “decreases employee absenteeism” (Brennan et al., 2010).

Workplace Culture Scale

Combined 4 items from the Work-Family Culture Scale (Bond et al., 2003) and 5 items from the Health Promotive Workplace Culture Scale (Huffstutter, 2007).



Results: Question 1

Trained Items	T1 Mean (SD)	T2 Mean (SD)	t test for paired means	d
HR Knowledge	7.20 (2.27)	9.12 (2.17)	5.89*	.88
HR Self-efficacy	50.67 (21.73)	75.28 (14.91)	8.81*	1.32
Untrained Items				
Business Case for Flexibility	4.08 (0.53)	4.20 (0.56)	1.78	.21
Workplace Culture	3.68 (0.59)	3.77 (0.53)	1.88	.16

Note: * $p < .001$

Results: Question 2

Variables	FWA for Physical Health	FWA for Mental Health	FWA for Child Care	Total Likelihood
Knowledge of Dependent Care	.260*	.185	.176	.497***
Knowledge of Disability Care	-.075	.049	-.035	-.027
Familiarity: Community Resources	.176	.236*	.239	.320**
HR Self-Efficacy	.323**	.284*	.219*	.295*
Workplace Culture	.424***	.378**	.512**	.533**
Business Case for Flexibility	.383***	.385***	.394***	.440**

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Results

Question 3

Simultaneous regression analyses were used to determine the relative contribution of length of time in current job, length of time in HR, and the trained and untrained predictors on knowledge of dependent care at T2, total knowledge of disability care at T2, and HR self-efficacy at T2,.

- 42% of the variance in knowledge of dependent care at T2 was explained by the 3 predictors in the model, $F(3,60) 16.39, p < .001$;
 - familiarity with community resources made the largest positive and significant prediction, followed by knowledge of dependent care at T1.

Results: Question 3

- Only 7% of the variance in the knowledge of disability care at T2 scores was explained by the predictors $F(1,62) 5.98, p < .01$.
 - Participants' total knowledge regarding disability care at T1 was significantly and positively associated with total knowledge regarding disability care at T2.
- 33% of the variance in HR self-efficacy was explained by two of the predictors $F(2,57) 14.83, p < .001$;
 - knowledge of dependent care at T1 significantly and positively contributed to the variance in HR self-efficacy
 - length of time in current job was significant and negatively related to HR self-efficacy

Results: Question 3

Predictors of Outcomes at T2	Knowledge Dependent Care (β)	Knowledge Disability Care (β)	HR Self Efficacy (β)
Length of time in current job	--	--	-.33** (.14)
Length of time in HR	--	--	--
Took KPMG diversity training	--	--	--
Knowledge of dependent care T1	.31** (.15)		
Knowledge of dependent care T2		--	.43*** (.21)
Knowledge of disability care T1		.30* (.08)	
Familiarity: community res. T2	.54*** (.34)	--	--
Workplace culture	.17 ^T (.05)	--	--
Business Case for Flexibility	--	--	--

Note. ^T < .10. * p < .05. ** p < .01. *** p < .001.

Discussion

- Training about sensitive issues in organizational environments can be successfully delivered through online training platforms.
- Training methods can include interactive exercises which help build employee self-efficacy.
- Understanding the relationship between knowledge-building and increasing self-efficacy can assist in shaping additional trainings about employed parents of children/youth with disabilities in organizational settings.
- HR self-efficacy appears to be developmental, building both on prior knowledge of dependent care and job tenure.

Discussion

- Findings concur with literature that culture & the business case have a strong relationship with FWA.
- Knowledge of disability care was not significantly related to likelihood to grant FWA for child and dependent care suggesting that other factors may be influencing HR decisions.
- More knowledge of community resources relevant to exceptional caregiving responsibilities and work-life integration for parents of children with disabilities may influence self-efficacy and likelihood to grant FWA for these employees.
- The role of stigmatization and issues of equity may be barriers to HR endorsing likelihood to grant FWA to employed parents of children with disabilities, even in the face of knowledge.

Study Limitations

- Because of organizational constraints, it was not possible to perform a randomized trial of this training intervention.
- The corporation that served as our partner in the study has a long-standing disability inclusion initiative, and nearly 70% of the HR professionals who participated in the study had prior training on disability awareness.

Conclusions

- As workplaces strive to include and retain workers with disabilities among their employees, it is important to advocate for those employees who give care for dependents with special health/mental health needs.
- HR professionals are in a strategic position to dispel negative stereotypes and stigmatization regarding employed parents of children/youth with special needs. Training can assist in building inclusive workplace culture.
- Professional organizations need to include content on employees providing exceptional caregiving for children and youth in pre-service and in-service trainings for HR and Work-Life professionals.