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# Work-Life Integration for Families Having Children with Mental Health Disorders

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# Movement of Family Carers into the Workforce

In US and other countries with a liberal model of family policy (Briar & O'Brien, 2003; Esping-Anderson, 1990; Gauthier, 1996) increasing number of family carers are entering the workforce:

- need for two incomes,
- initiatives to reduce income assistance,
- includes mothers of young children, and parents of children with disabilities. (Rosenzweig, Bradley, Huffstutter, & Brennan, 2005).

# Workforce Participation Is Affected by Children's Care Needs

- Survey of Children with Special Health Care Needs estimated that:
  - 20% of US households include children with one or more medical or behavioral conditions requiring special interventions.
  - Of these households 13.5% spent 11 or more hours a week coordinating health care for their children.
  - Nearly 1 in 3 cut back work or stopped working due to their children's needs. (Child and Adolescent Health Initiative, 2004).

# The Social Ecology of Families that Have Children with Disabilities

- Culturally-appropriate supports can:
  - Build up the resilience of families;
  - Prevent escalation of parent stress; and
  - Help families to be full participants in their societies, preventing social exclusion (Friesen & Brennan, 2005; Friesen & Koroloff, 1990).
- However, families who have children with special health needs or disabilities struggle to find supports in the community (Freedman, Litchfield, & Warfield, 1995; Heymann, 2000, Kagan, Lewis, & Heaton, 2001, Kendall, 1998; Rosenzweig, Brennan, & Ogilvie, 2002).

# Our Research Focus

Two major research questions:

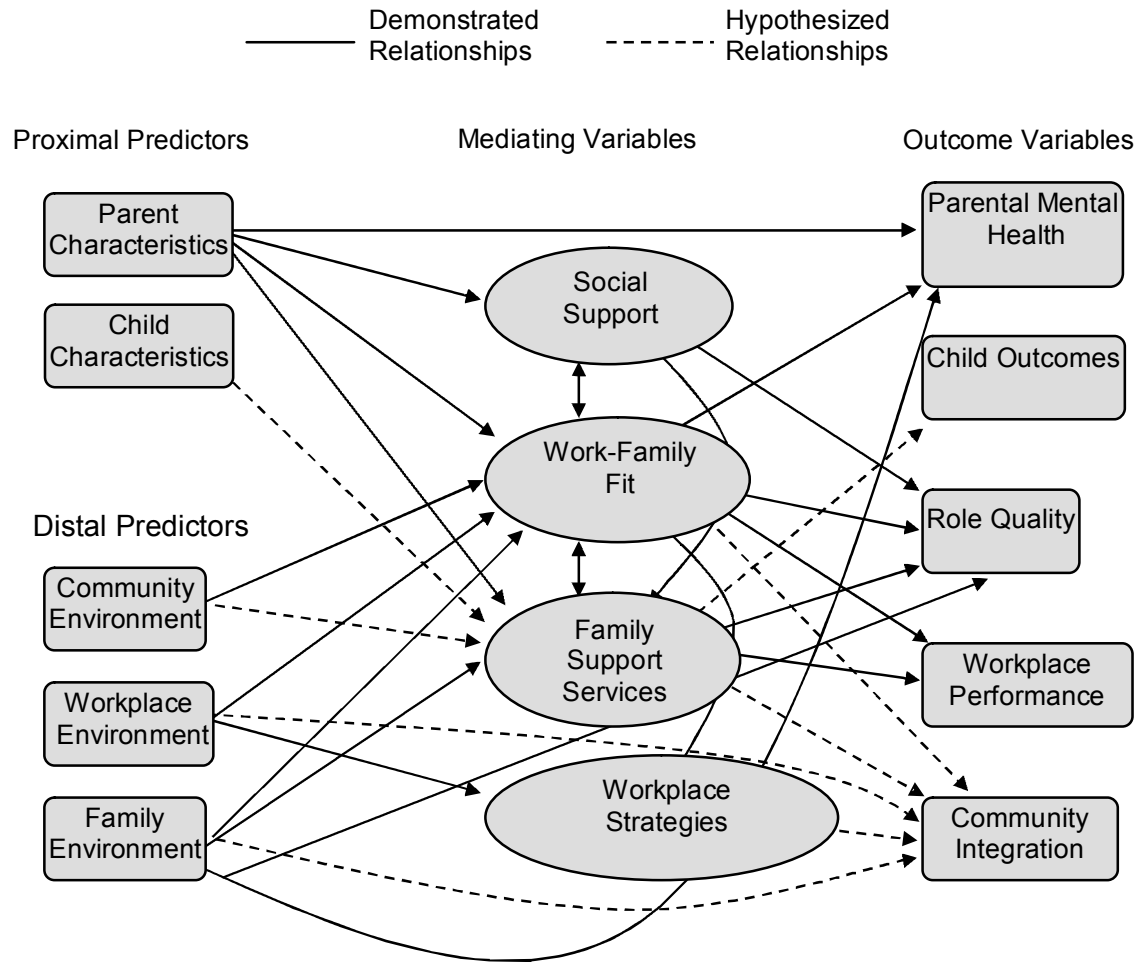
1. What are the challenges experienced by parents of children with emotional or behavioral disorders as they enter the workforce and struggle to maintain employment?
2. What are the supports they need to successfully integrate work and family responsibilities?

# Conceptual Framework

- Work-life integration—the degree to which a person is able to successfully combine paid work with other aspects of personal life (Lewis, Rappaport, & Gambles, 2003)
- Work-family fit—extent to which the employed parent realizes the various components of his or her adaptive strategy (Barnett, 1998).
- Community Integration—family members are not just physically located in a community, but they take on key roles and participate in community activities. (National Center for Dissemination of Disability Research, 2004).

# Conceptual Framework

- Family supports—constellation of formal and informal services and tangible goods that are determined by families (Federation of Families for Children's Mental Health, 1992).
- Workplace supports and strategies—work adaptations, services, and benefits provided by employers to meet family needs.



*Figure 1. Conceptual Model of Factors Influencing Work Life Integration for Employed Parents of Children with Serious Emotional Disorders*

# Work-Life Integration Challenges

- Six key areas challenge of have been identified:
  - Workplace adjustments
  - Financial strain
  - Limited child care arrangements
  - Inadequate education and transportation services for children with mental health challenges
  - Few resources for home management
  - Stigma.

# Family Support and Social Care

- Three major areas of support for families and for social care interventions are:
  - Child care
  - Respite services
  - Family support services

# Child Care as Family Support

- Children with mental health disorders are often excluded from child care settings due to their behavior (Gilliam, 2005, Emlen & Weit, 1997).
- Children with mental health challenges can be successfully included in child care settings with mental health supports (Brennan, Bradley, Allen, Perry, & Tsega, 2005).
- Adequate child care arrangements predict parent's participation in the workforce (Brennan & Brannan, 2005).

# Respite Care as Family Support

- Respite care is a service which provides a break for family caregivers through temporary relief from caring for a child with disabilities (Bruns & Burchard, 2000).
- Respite care permits family caregivers to:
  - Catch up with work duties
  - Have recreational time with other family members.
  - Have reduced levels of stress (Jivanjee & Simpson, 2001)And to
  - Take care of children in the home, rather than in residential treatment settings. (Boothroyd et al., 1998; Webb, 1990).

# Family Support Services

- Natural supports can be found from friends, neighbors, and community members—but these usual sources often are exhausted due to child's behavior.
- Formal and informal supports are available through peers and mental health professionals in
  - family support organizations
  - mental health agencies.
- Services need to be family-designed, and family-driven to have "whatever it takes" to assist the family to function well. (Friesen, 1996).
- Family support can lessen caregiver strain, thereby promoting workforce participation (Brennan & Brannan, 2005).

# Workplace Challenges

- Challenges to adequate employment include:
  - insufficient workplace support
    - written policies
    - workplace culture
    - stigma
  - limited flexibility
    - response to child crisis
  - lack of relevant community-based resources
    - resources absent or inaccessible
  - personal stress
- Workplace flexibility alone is not sufficient for work-life integration.

# Workplace Support

*Workplace Support* incorporates flexibility in work arrangements, supervisor support, supportive workplace culture, positive coworker relations, respect in the workplace, and equal opportunity for workers of all backgrounds (Bond, Galinsky, & Swanberg, 1998)

# Employment Strategies

- Parents utilize specific strategies to enhance work-life fit:
  - seek jobs in “family-friendly” organizations, including benefit packages and flex arrangements
  - restructure career direction and employment, including relocation
  - disclose within the workplace about child’s mental health status
  - negotiate reciprocity with supervisors and co-workers

# The Family-Friendly Workplace

*A family-friendly workplace* is one that acknowledges and responds to the work and family responsibilities of its employees. There are four interrelated components:

- Benefits, policies, and programs
- Workplace culture and climate
- Workplace relationships
- Work processes, systems, and structures that sustain family-friendly practices (Pitt-Catsoupes, 2002)

# Restructuring Employment

*Faced with inflexibility of job demands or schedules and lack of child care resources, parents frequently must alter their employment or leave the workforce completely. Gaining job flexibility is a central focus in the restructuring strategy.*

## **Restructuring strategies include:**

- Relocation to another community to enhance job opportunities, child care options, or school programs
- Shift in career focus or type of employment, including self-employment
- Reduce number of hours employed, full-time to part-time
- Reschedule when and/or where hours are worked, including: flex-schedule, telecommuting, job sharing

# Disclosure of Child's Mental Health Status

- Disclosure is very individual and personal. Only the parent knows the scope of the family situation and the job situation.
- A parent's decision about whether or not to tell the supervisor or coworkers about a child's mental health disability is complicated and has associated risks and benefits.
- Benefits from disclosing may include increased support, improved work-family fit, increased use of benefits.
- Costs from disclosing may include: stigmatization, job insecurity, or job loss.
- Disclosure may be made by choice or by necessity.  
(Rosenzweig & Huffstutter, 2004)

# Reciprocity and Negotiation

- Workplace reciprocity refers to the relational process of mutual exchange between the parent/employee and the immediate supervisor or coworkers resulting in costs and benefits to both the parent and the workplace.
- Parents negotiate with supervisors and coworkers to gain support and flexibility.
- Reciprocity involves negotiation and accountability from all persons involved.
- Reciprocity and negotiation may be formal or informal.  
(Rosenzweig & Huffstutter, 2004)

# Future Research Directions

- Cross-country comparisons of national policies supporting work-life integration for caregivers of children with mental health challenges (description, and outcomes).
- Studies examining the role of human resources professionals in providing workplace adjustments and benefits that support employment of family caregivers.
- Training intervention studies to gauge the effects of instructing human resources staff about workplace challenges and strategies.

# Policy implications

- Federal incentives to employers:
  - Increase support when family member has a disability that may require workplace flexibility (e.g., work hours, use of sick and family leave);
  - Specifically require (and support) intermittent leave for workers whose family members have disabilities.

# Policy implications

- Federal child care policy:
  - Incentives to centers and family care providers to train staff, increase staffing to promote inclusive child care;
  - Require inclusion (such as 10% children with disabilities required in Head Start);
  - Tax incentives to parents so they can pay higher rates for special services for their children with disabilities.



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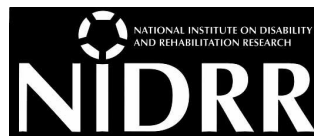
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