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RESEARCH & TRAINING CENTER FOR PATHWAYS TO POSITIVE FUTURES

# Resolving Work-Family Issues of Parents Raising Children with Disabilities: A Human Resource Training Intervention

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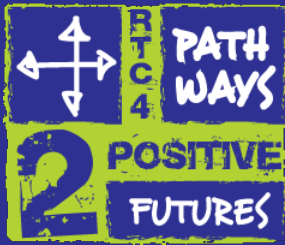
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# Work-Life Integration Project

**Overall Goal:** *To improve awareness and access for families raising children/youth with disabilities to employment based supports that promote work-life integration--participation in the workplace while permitting them to take part in family and community life and roles.*

Objectives:

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



# Work-Life Integration Project Phases

Work funded through the Research and Training Center on Family Support and Children's Mental Health (2004-2010)

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



# Work-Life Integration

- Refers to the degree to which people are able to find a functional and satisfactory level of assimilation in their work and personal lives (Lewis, Rapoport, & Gambles, 2003).
- Is affected by disclosure, stigmatization, and flexibility arrangements experienced by parents raising children with mental health difficulties or other special needs (Rosenzweig et al., in press).
- Depends on the availability of community resources and the demands for both families *and* workplaces (Voydanoff, 2005).



# Work-Life Challenges

- In the U.S., approximately 9% of employees care for children or youth with disabilities (Perrin et al., 2007).
- Working caregivers of children/youth with disabilities experience **exceptional care responsibilities** and deal with:
  - Health/mental health care
  - Special education arrangements
  - Inclusive child care
  - Health related crises
  - Care responsibilities that continue into young adulthood (Brennan, Rosenzweig, & Malsch, 2008).
- Because of exceptional care responsibilities, employed caregivers often seek supports at the workplace (Rosenzweig & Brennan, 2008).



# Workplace Supports for Caregivers

- Parents seek informal supports from co-workers and supervisors.
  - Informal flexible work arrangements
  - Coverage at times of crisis
  - Social support as they struggle to meet family and workplace demands.
- When they need formal supports, they often approach human resource (HR) professionals (Rosenzweig et al., in press).
  - Extended flexible work arrangements
  - Work adjustments or modification of duties
  - Use of Family Medical Leave (FMLA).



# Business Case for Flexible Work Arrangements (FWA)

- Flexibility is a cross-domain concept: workplace flexibility, family flexibility, and childcare flexibility are 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 has been well-established at both the individual and organizational level (Kelliher & Anderson, 2010; Pitt-Catsoupes & Matz-Costa, 2008).



# Workplace 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 may not access FWA if they expect a negative reaction by co-workers and supervisors and are aware of stigmatization and a negative workplace culture (Kossek, Lewis, & Hammer, 2010; Lewis, Kagan, & Heaton, 2000).



# HR Knowledge of Disabilities

- HR professionals' knowledge and skillful implementation of workplace supports and benefits can help create an organizational culture that accepts employee diversity—including cultural, disability, and family differences (Unger & Kregel, 2003).
- HR professionals may lack knowledge of demands on employees who care for dependents with disabilities, although they may have had training on and experience with including employees with disabilities (Rosenzweig et al, in press).



# HR Self-Efficacy

- Because of difficulties with communicating about sensitive family issues with employees, such as potentially stigmatizing family demands, HR professionals may lack confidence that they can successfully negotiate with employees around workplace supports (Rosenzweig et al., in press).
- 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).



# The HR Intervention Study

- In partnership with KPMG, LLC, an international business consulting corporation with over 40,000 employees, our research team undertook a training intervention with the goal of improving workplace support practices of human resource professionals.
- Based on 15 years of prior research, we constructed and field tested a training manual, and developed slides, probe questions, scenarios for discussion, and other training materials (Rosenzweig, Malsch, Brennan, Mills, & Stewart, 2010) .



# Training Objectives

At the conclusion, participants will be able to:

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?*



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# Training Modules

1. Definitions and Terminology
2. Prevalence
3. Exceptional Caregiving Responsibilities
4. Employee Challenges
5. Key Policies
6. Employee Strategies and Supports
7. HR Professionals: Support Dilemmas
8. Layers of Organizational Support



# Training Methods

- HR professionals from multiple sites across the United States received online invitations to participate in the two-session training.
- Each two hour session was delivered through an online interactive training platform and included:
  - didactic material encompassing 4 of the 8 modules in the training manual,
  - interaction through group activities,
  - participant polls, and
  - knowledge-check questions.



# Evaluation Questions

We had three major evaluation questions for this training study:

1. Does training increase *HR knowledge* about disability care and supportive HR practices?
2. Does training bolster *HR self-efficacy* to carry out supportive HR practices?
3. Will prior disability training and less HR experience predict greater gains in HR knowledge and self-efficacy?



# 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 T1 and T2 intervention sessions.
- Participants were overwhelmingly female (80%), the majority identified as White (75%); 11% were Black/African American, 8% Hispanic/Latino, and 6% Asian/Pacific Islander.
- 69% had a four year college degree, 23% had a graduate degree while 8% had either a two year college degree or some college.
- Participants averaged 10.53 years of HR experience ( $SD = 6.35$ )
- 69% had prior disability awareness training, and 17% had American with Disabilities Act (ADA) training.



# Outcome Measures

• ***HR Self-Efficacy***: Participants were asked to rate 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 and averaged to create the HR Self Efficacy Scale.

• ***HR Knowledge***: 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 to create the Total Knowledge of Disability Care Index.



# NEDV Measures

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

- ***Business case for flexibility:*** 15 item scale rating organizational reasons for granting flexible work arrangements such as “improves employee retention” and “decreases employee absenteeism.” In prior research with n =555 HR professionals, Cronbach’s alpha = .95 (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—Questions 1 & 2

<b>Trained Items</b>	<b>T1 Mean (SD)</b>	<b>T2 Mean (SD)</b>	<b>t test for paired means</b>	<b>d</b>
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
<b>Untrained Items</b>				
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:* \*  $p < .001$



# Regression Results—Question 3

Multivariate regression analyses examined whether no prior disability training and less HR experience were associated with greater gains in self-efficacy and knowledge scores.

- Only the regression predicting knowledge reached statistical significance,  $F(2, 56) = 4.17, p < .05$ , explaining 13% of the variance.
  - Less HR experience was significantly associated with greater gains in knowledge ( $\beta = -.28, p = .03$ ).
- Having no prior disability awareness training was associated with greater knowledge gains at the trend level ( $\beta = -.21, p = .09$ )

# Discussion



- Training can prepare HR professionals for more productive dialogs about sensitive family issues, and help them to feel confident that they can carry out best practices.
- The study highlights the valuable collaboration of social workers and major corporations in efforts to increase the workplace inclusion of exceptional caregivers.



# 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.



# Expansion of the Inclusion Movement



**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.**



# 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.



# Future Research and Training Efforts

- The training intervention should be replicated using a RCT design.
- We are working with professional organizations 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.



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# Additional resources

Project Website:

[http://www.rtc.pdx.edu/pgProj\\_4work-life.shtml](http://www.rtc.pdx.edu/pgProj_4work-life.shtml)

Pathways to Positive Futures Research and Training Center Website:

<http://www.pathwaysrtc.pdx.edu/index.shtml>

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<http://www.ohsu.edu/xd/health/services/cancer/index.cfm>

Presentation is available at:

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