

Title Quality of Care for Children with a Disability

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A survey called "Quality of Care From A Parent's Point of View" questioned parents about current child care, mostly in paid arrangements. Included was a subsample of 56 parents of children age three or older who said "Yes, my child has an emotional or behavioral problem that requires special attention." Comparing them to 420 parents who had children age three or older and who said "No" to that question, we found that the 56 parents scored significantly lower in the flexibility they had in their job and work schedule, and in the family flexibility gained from shared responsibilities at home. Other employed parents with low work and family flexibility would have compensated by finding unusual caregivers they could rely on for above-average flexibility. This was not possible for the parents of behaviorally difficult children whose special needs required extra effort, who needed more attention, and who were 20 times more likely to have had a caregiver who quit or let them go because of behavioral problems. Without the needed flexibility from work, family, or caregiver, these parents reported significantly lower quality of child care on scales measuring several facets of quality: (1) warmth and interest in my child; (2) rich activities and environment; (3) skilled caregiver; (4) caregiver accepting and supportive; (5) child feels safe and secure; (6) child getting along socially; and (7) high risk care in terms of health, safety, and well-being.

It is important to recognize that a representative sample of families in the population yields a preponderance of family alternatives to the use of paid care, and this is especially true of families with children having emotional and behavioral disabilities. However, the findings reported are from samples of parents who mostly entered the child-care market in search of paid care. Of our 56 children age three or older, 40% were in family day care, 35 % in centers, 10% with relatives, and 10% at home with a non-relative. This was closely similar to the comparison sample. However, the disability sample was disproportionately comprised of parents without a spouse or partner (57% vs. 38%) who have little alternative but to use paid care.

TABLE 1

Some other sample differences	Disability	Comparison
Median household income	\$22,500	\$32,500
Mean household income	\$30,142	\$42,923
Median age of child	6	4
Sex of child	65% boys	49% boys

Although the household incomes of the disability sample were lower, the amount spent on child care was not.

Table 2 details the magnitude of difference between the disability sample and the comparison sample by type of disability and description of special needs. All differences were significant at P=.000 by Chi Square test.

TABLE2

Disabilities and Special Needs of Children Who Do or Do Not Have Emotional or Behavioral Problems.
(All children age three or older)

Item	% Yes for SED Kids N=56	% Yes for Non-SED Kids N=420	# of Times More for SED Kids
My child has an emotional or behavioral problem that requires special attention.	100	0	-
My child has a health care need that requires extra effort.	26.8	6.4	4
My child has a physical disability that requires special attention.	28.6	2.4	12
My child has a learning disability that requires special attention.	46.4	3.8	12
My caregiver feels that my child's needs are quite demanding.	37.5	4.8	8
I've had caregivers who quit or let my child go because of behavioral problems.	41.1	2.1	20
My child's special need require a lot of extra effort.	50.0	2.9	17
My child is fearful of new situations.	50.0	21.0	2
My child needs more attention than most children.	57.1	8.1	7
My child can be quite difficult to handle.	76.8	10.0	7

Discussion: The findings about work-family-caregiver flexibility and quality of child care have wide generalizability. The patterns within the larger sample (N=862) showed that each type of child care that parents choose is associated with a different "flexibility solution," if not from family, then from caregiver. Even high-quality centers score significantly lower than average on caregiver flexibility, but are taken advantage of by parents who have enough work-family flexibility. Relatives, family day care, and in-home paid care by non-relatives tend to afford higher than average flexibility. Consumer choices are highly adaptive to circumstances. Parents don't just pick child-care arrangements at random; they try to choose what they need.

However, if parents are not successful in creating a flexible solution for themselves, then they report lower quality of care. Highest perceived quality of care is associated with flexibility from all three sources: work, family, and caregiver; and low quality of care with low flexibility from all sources.

These general findings help to explain why our 56 parents of children with emotional or behavioral problems reported lower quality of care than the comparison group. They were more likely to be single parents, so they reported less family flexibility. They were less likely to have resources for unpaid care within the family. They needed work flexibility but tended not to have it. To compensate for low work and family flexibility, they needed unusually high flexibility from a caregiver. Average caregiver flexibility would not be enough for any parent in their circumstances. In addition, their children's child-care needs were especially demanding, frequently requiring more attention than most children. For these parents trying to find responsive care in the child-care market, it is not surprising that they reported lower quality in the care that they found.

Half of them said the care they had was just what their child needed (50% vs. 68%), and 7 out of 10 said they would choose that care again (71% vs. 85%). It is perhaps remarkable that half of these parents could report so much success, but the results are not good enough. They need extra community support and assistance with the extra difficult tasks they face in arranging child care. Comparisons of the quality-of-care scores on the several scales were t-tests using Levene's test for equality of variances, $p < .05$.

Notes: For more information about the study, description of the entire sample, content and reliability of the scales, related findings, and the Oregon Child Care Research Partnership, see my Home Page: <http://www.teleport.com/~emlenart>

REFERENCES

For a representative distribution of the types of child-care that Oregon families use, see reports from the biennial Oregon Population Survey sponsored by the Oregon Progress Board: Child Care Works ... When We Work Together: Data for Community Planning. 1994 Oregon Population Estimates & Survey Findings. Salem, OR: Employment Department, Child Care Division.

Also, see Emlen, Arthur C. and Paul E. Koren, "Estimating Child-Care Demand for Statewide Planning," 1993 Proceedings of the Government Statistics Section of the American Statistical Association, pp. 77-82.

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