



# Parental employment, child health and wellbeing

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This summary reports findings from a qualitative study exploring the links between parental employment and child health. The research was carried out by the NCB Research Centre, and was commissioned by the UCL Institute of Child Health as part of a broader project, “In what circumstances can parental employment improve child health?”, funded by the Public Health Research Consortium<sup>1</sup>.

Through eliciting parental narratives on employment and child health, and particularly on relationships between child health and decision-making about work, the study aimed to explore the mechanisms through which relationships between parental employment and child health arise.

## Methodology

Data were gathered from in-depth interviews with parents between October 2012 and May 2013. The NCB Families Research and Young Researchers Advisory Groups contributed to the design and interpretation of the study. Approval for the research was obtained from the UCL ethics committee.

The sample included 25 mothers and two fathers from low income families with an annual household income below £25,000, most below £22,000. All had at least one child aged between 6 months and 7 years, and lived in London. Purposive sampling was used to obtain a diverse sample in relation to family size, care arrangements, child age and disability/ SEN, ethnicity, family structure, employment status and working hours.

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<sup>1</sup> Hope, S., Pearce, A., Whitehead, M., & Law, C. (2014). Family employment and child socioemotional behaviour: longitudinal findings from the UK Millennium Cohort Study. *Journal of Epidemiology and Community Health*, 68 (10), 950-957. doi:10.1136/jech-2013-203673

# Key findings

## Parenting and child health

- **Children's emotional wellbeing was as prominent in parents' thinking as their physical health.** Alongside happiness, key issues which dominated discussion were diet, exercise, development, confidence and social skills. 'Being there' for children was a recurrent theme: mothers highlighted the importance of quality time to enable bonding with babies, provide security for older children, and support learning.
- Minor illness in childhood was considered normal, and health problems were evaluated in terms of the extent to which they caused distress, interfered with daily life, and were understood or under control. Challenges described by parents included fussy eating, sleep problems, and speech and language delay. In some cases, children were receiving extra help at nursery or school, though not all of them had been formally identified as having special educational needs.
- **Respondents were familiar with public health messages around nutrition and physical activity.** They described making efforts to ensure their children had a balanced diet, and led an active life, though the costs of healthy food and taking part in activities were presented as barriers for some.
- **Some mothers were more confident than others in relation to looking after children's health, though some described 'motherly instincts' as helping.** Even parents who described themselves as less confident recognised their expertise in relation to their own children. With some exceptions, fathers' roles were portrayed as supportive, not equal, particularly in relation to children's health.
- **Most commonly, external advice and support came from women's mothers.** They were credited with teaching 'proper' cooking and guiding them through health-related tasks, such as bathing, weaning and evaluating symptoms.
- **Some mothers reported benefitting from courses and advice provided by Children's Centres.** These were also places where mothers exchanged tips with other parents - whose support they described as invaluable. Good nurseries, childminders and schools were felt to promote children's health. In the

main, this involved providing healthy menus, opportunities for exercise, and supporting children's learning and social skills, though information provided for parents was also appreciated.

- **The extent to which respondents felt supported by health services varied.** Health visitors' sensitivity and the trust they were able to inspire seemed to be an important factor, alongside any practical assistance they were able to offer. Although some described helpful, accommodating GPs, others recalled considerable difficulty in obtaining appointments or accessing specialist treatment.

## How mothers reconcile their roles as parents and workers

- **Mothers' decisions about employment were influenced by whether and under what circumstances they believed a 'good mother' could share her responsibilities.** In our sample, there was a consensus that in the first year, full-time parental care was best for children. Past the age of one, mothers' narratives were more likely to be dominated by the acceptability of different carers, their ability to promote children's wellbeing, and how much time it was acceptable for a 'good mother' to be away from her children. Once they reached the age of three, it was accepted as the 'norm' for others to do more childcare. The 'child-free time' that mothers had when children started pre-school was a trigger for some to think about employment, but 'being there' could mean limiting working hours for some, even when children were older.
- **Mothers' work decisions were strongly influenced by the availability of suitable childcare.**
- **Fathers were typically considered to be as good as mothers at caring for children, except those few former partners described as disengaged or violent.** Some families had 'shift parenting' arrangements whereby parents worked different hours so that one of them was always home to care for children, and for some, this was the only acceptable option. It also served to limit, or avoid, spending on formal care. However, there were fathers whose working hours meant they did little or no childcare, limiting mothers' own work options.

- **Grandparents or other family members were seen as providing the 'next best thing' to parental care – usually free.** They were trusted and it was considered desirable for them to bond with the children. The extent to which mothers relied on family care generally related to practical constraints, such as whether they lived close by, had work or other caring commitments, or were physically fit.
- **Formal childcare providers were viewed more favourably in some cases than others.** Nursery classes were consistently seen as providing stimulating early education for 3 year olds, whereas day nurseries and childminders were seen by some as services for working parents, and not necessarily benefitting children, particularly babies and toddlers.
- **The importance of secure bonds with individual adults was emphasised by some of those relying on childminders.** Others believed there were 'good' and 'bad' day nurseries and childminders, and evaluated them using criteria such as the quality of interaction between children and staff, nutrition, hygiene and support for children's development.

**'Yeah, they [the children] were very happy. That was my biggest factor, how do they relate with the staff? Let me see if they warm up. And there was one lady there that was brilliant and she treated my daughter like she was her own.'**

(Father in paid employment)

- **The conceptualisation of a 'good mother' was mediated by how paid work was viewed in relation to mothers' self-esteem, emotional wellbeing and financial independence.** Mothers with a strong orientation towards work reported greater conflicts in balancing parenting with employment.

**'I do laugh when I get the wage slip and think that's what I earned, it was like 24 years, 23 years ago.... But it's about the health and wellbeing of my child. Emotionally and physically I want to be there for him and now I'm going to go into teacher training and be a teacher so that I can be with him for those 13 weeks of the holidays.... I know that I'm going to make his dinner.... I'll prepare his uniform. I'll sort him out and then I might have to sit up all bloody night doing work, but as long as I know that I'm doing it all I will.'**

(Mother in paid employment)

- **Difficulties related to childcare costs, family-friendly employment practices, sacrificing pay or status, and missing out on key developmental milestones.** However, even among mothers who associated being a 'good mother' with staying at home, pragmatic factors, such as the cost and availability of childcare, played a part in decisions to work.

## How decisions about work affect children's health

- **Mothers' narratives around employment and childcare decisions centred on 'doing the right thing' for their families.** Some arrangements were seen as good for children, while others were stressful but justified as ultimately beneficial, for example through increasing household income.
- **Mothers described adopting strategies to combat problems associated with their decisions.** If struggling financially because they were not working, they sought out free activities, or cheap but nutritious food; if unhappy with nursery menus, they provided a packed lunch.
- **Mothers saw more explicit links between parental employment and children's emotional wellbeing,** compared to their physical health. This was mediated by mothers' own wellbeing; paid work was important for mothers' mental health and wellbeing fostered 'good' mothering.
- **Mothers' perceptions of what was good for children included having working role models, inspiring a work ethic and desire to achieve.**

**'I was making friends through work... having adult conversations and doing something for myself. I wasn't just mum. I was me again... I think was good for me – and obviously if I'm happier and calmer then it passes on, doesn't it, to the kids.'**

(Lone mother, in paid employment)

- **The experience of the parents of children with long term health problems who wanted to work was rather different.** For mothers of disabled children, providing care, liaising with services, and attending hospital appointments had limited the paid work they could do, or even ruled out employment altogether.

- **The benefits of employment were contingent on successfully balancing work and family life.** Essentially, this meant finding jobs that allowed mothers sufficient time and energy to fulfil their parenting role, and not having to sacrifice too much in terms of pay, status or job satisfaction.

## Conclusions and implications

While mothers varied in their attitudes to and decisions about paid employment, all saw protecting their children's health as key to being a 'good mother'. Accordingly, their choices were strongly influenced by what they believed children would benefit from or cope with.

The extent to which children could benefit from maternal employment depended on mothers securing the right working and caring arrangements. Parents believed there was scope for improvement in relation to financial support, enabling a parent to stay at home in a child's first year of life; ensuring parents could work flexibly and take time off when children are ill; and better and cheaper childcare provision.

Much of what parents suggested in relation to family-friendly working is covered by employment legislation. However, our sample included many parents in a weak labour market

position (e.g. with low qualifications, low skill levels) and, as noted elsewhere<sup>2,3</sup>, ability to secure family friendly working arrangements can partly depend on having a strong labour market position. Indeed, some seemed to be faced with a choice of: a) working arrangements that could result in high levels of stress for mothers and children; or b) not working or accepting a job which 'fitted with the children' but was at a lower level and less well paid than they might have expected on the basis of their qualifications and experience.

The experiences and suggestions of parents in our sample suggest firstly that Children's Centres might be made more accessible to working parents and to those with children over the age of five. Second, with mothers describing limited information from childcare providers, there may be potential for nurseries and childminders to become more involved in health promotion with families. Finally, more flexible opening hours in health services might assist parents in paid work.

You may be interested in reading the following NCB research summaries:

- Young children's well-being: Domains and contexts of development from birth to eight
- The next best thing to being at home: Parents' views of quality in home-based childcare settings

These are available at: <http://www.ncb.org.uk/what-we-do/research/research-findings/summary-series>

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- 2 La Valle, I., Arthur, S., Millard, C. and Scott, J. (2002) *Happy Families? Atypical work and its influence on family life*. Bristol: Policy Press.
  - 3 La Valle, I., Clery, E. and Huerta, M. C. (2008) *Maternity rights and mothers' employment decisions*. London: Department for Work and Pensions.



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