

# Mothers of Young Children with Special Health Care Needs: Maternal Well-being and Engagement in Work

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## Rationale

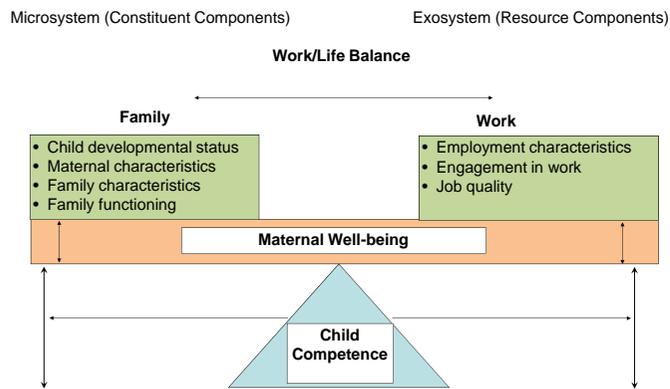
There is a need to evaluate the real and opportunity costs in caring for a child with special health care needs in the Australian context. This research sheds light on important issues for mothers when caring for children with special health care needs. These care responsibilities may have positive or negative consequences on the social, emotional and economic outcomes for these mothers and their families. It is an important policy concern to examine how these care responsibilities affect women's engagement in the workplace and also their well-being.

## Research questions

- Study 1:** What are the characteristics of children who have special health care needs in Australia and the socio-demographic characteristics of their mothers and families?
- Study 2:** Are there differences in the health and well-being, quality of relationships and the social support of mothers whose children do and do not have special health care needs?
- Study 3:** Are there differences in the employment and work experiences of mothers whose children do and do not have special health care needs?
- Study 4:** What are predictors of the well-being of mothers who have children with special health care needs across the period when the children make the transition to school?

## Theoretical and conceptual framework

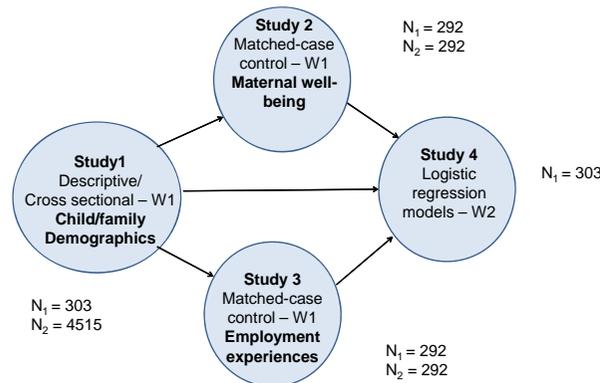
The social ecological theory of Bronfenbrenner (1984) and the work of Zubrick et al. (2000) on human and social capital is used to inform the conceptual framework developed for the research. The conceptual framework summarises the 'balancing act' that mothers of children with special health care needs need to make in order to maintain equilibrium between the microsystem and the exosystem.



## Study methodologies

### Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)

- Kindergarten cohort of 4983 children aged 4 years at recruitment into the study at 2004.
- Child and family data (Parent 1 questionnaire) from Wave 1 (2004) and Wave 2 (2006) for a subsample of children identified as having special health care needs.

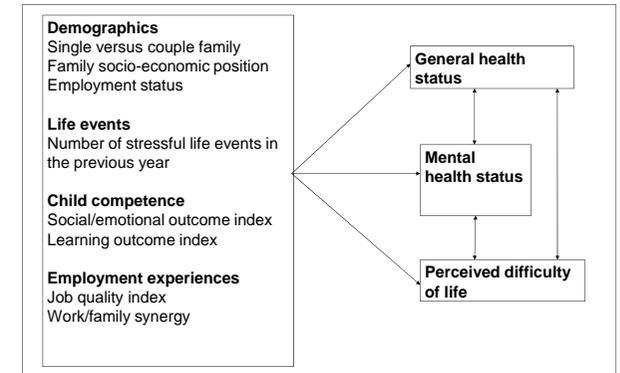


## Results: Studies 1, 2 and 3

- Study 1:**
- Children who have special health care needs were found to have poorer social, emotional, and physical health.
  - There were few differences in family demographics between families who have a child with special health care needs and families with a typically developing child.
- Study 2:**
- Mothers of children with special health care needs were found to have poorer general health, poorer mental health, and poorer sleep quality.
  - Mothers perceived their lives to be more difficult.
  - Compared to mothers of children who were typically developing, mothers of children with special health care needs perceived their partners as less supportive and reported receiving less support from members of their family.
- Study 3:**
- With regards to differences in job characteristics and job quality, there were few differences between mothers of children with special health care needs and mothers of children who were typically developing.
  - Significant differences emerged between the two groups with regards to work-family balance. Fewer mothers with children with special health care needs reported that work had a positive effect on family functioning.

## Results: Study 4

Mothers' well-being was explored using predictors of well-being (general health, mental health and perceived difficulty of life) as the children make the transition to school when aged 6-7 years (Wave 2 data 2006).



- Mothers' general health, mental health and perceived difficulty of life were more positive when they had fewer stressful life events.
- Mothers' mental health and perceived difficulty of life were more positive when their child had better social-emotional skills.
- A better socio-economic position was positively related to improved general health and mental health.
- Mothers were more likely to have good general health if they reported positively on work-family balance.

## Conclusions and implications

- A social-ecological approach emphasizes making changes to multiple environments. A transformed focus would help support services and providers address the needs of mothers in an integrated and client centred way, promoting better outcomes for them and their families.
- A family's financial stress could be minimised by facilitating mothers' participation in paid employment or increasing government assistance and income support.
- Health care providers and service providers can better encourage and support mothers by developing and using coping strategies that are creative, meaningful, effective and specific to families. Improved practices may help promote maternal well-being by helping mothers reduce challenging child behaviours, find positive coping mechanisms, and engage in paid employment, with fewer restrictions.
- Educators need to be well informed when teaching children who have special health care needs. This should be grounded within pre-service teacher training and extend to the professional development opportunities provided in schools and other educational sites.

This project is supported through the Australian Government's Collaborative Research Networks (CRN) program.