SICK CHILDREN
HOW WORKING MOTHERS COPE

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AIFS Early Childhood Study
Paper No. 2

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CONTENTS

AIFS Early Childhood Study

1 Introduction 1

2 Caring for Sick Children 4

3 Attitudes to Sharing the Care of Sick Children 10

4 Mothers’ Feelings About Care Arrangements 12

5 Making the Care of Sick Children Easier 16

6 Case Studies 22

7 Care of Sick Children Overseas 27

8 Conclusions 29

List of References 32
LIST OF FIGURES

Figure 1  Carer of sick child in pre-school years  6

2  Feelings about sick child arrangements in pre-school years  14

3  How to make sick child care easier for working mothers (pre-school)  19

4  Current carer of sick child when mother scheduled to work  20

5  How to make sick child care easier for current working mothers  21
EARLY CHILDHOOD STUDY

The AIFS Early Childhood Study focuses on issues concerning pre-school children. It was carried out by the Institute in conjunction with and funding support from the Children’s Services Office of South Australia and the Office of the Family in Western Australia. A grant from the Commonwealth Department of Community Services and Health enabled us to extend the number of second stage interviews.

Early childhood is an important stage of development, with the greatest physical, intellectual, social and emotional progress occurring in the first five years of life. The care of children during this time is therefore critical to their future growth as well-adjusted, healthy people.

Until the 1980s, most Australian children under five years old were cared for at home by their mothers. These days, due to social and economic changes in society, the mothers of pre-school children are increasingly entering the paid workforce and leaving their children in the care of others.

Many of these children are cared for in child care centres or family day care schemes; others are cared for informally by relatives, neighbours or friends. Others still are in the care of privately employed baby-sitters, housekeepers, or nannies.

But whether children are cared for at home or away from home, it is important that they receive care that not only keeps them physically safe and emotionally healthy, but also enables them to participate in a modern society that requires stable, independent, literate and educated citizens.

The aims of the Early Childhood Study are to:
• provide a comprehensive picture of Australian mothers’ experiences of raising children in a variety of circumstances (in metropolitan areas), from birth until the first year at school, whether the mother had a job for some of the time or whether she remained at home with the child;
• examine the relationship between different types of child care and the development of child competence (cognitively, socially and emotionally) by their first year at school.

The study was designed, first, to describe and to examine the relationship between a broad range of family factors, child characteristics, and different patterns of caring for children, and second, to examine the competence of the children in the study by their first year at school.

The study has two complementary stages. Stage One consists of a mailed-out questionnaire to mothers of children in the first year of school. Data collected includes general information on child care used in the pre-school years, the mother’s current work status and her average hours of paid work for each year since her child’s birth, the average hours that the child was in the care of others for each year from birth, the mother’s use of and satisfaction with child health services, an assessment of the child’s competence, and basic social and economic information about the family. A total of 8456 mothers took part in this stage of the study (5619 in Melbourne, 1386 in Adelaide and 1451 in Perth).

Information collected in Stage One enabled the smaller Stage Two sample of 728 mothers to be selected on the basis of the forms of care they had used for their pre-school children. The selected mothers were interviewed about the particular child who was the focus of the study, their family, their reasons for working or not working and, if they worked, how they managed home and work responsibilities. Mothers’ reasons for choosing different forms of child care, and information on the health and wellbeing of mother and child were also obtained.

Papers from the study comprise most of the publications in this series, but commissioned papers on related issues are also included.

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1

INTRODUCTION

One of the most marked changes affecting children in the last decade has been the increasing numbers of mothers entering the workforce, particularly mothers of pre-school children. In June 1989, the rate of participation of mothers with children in the newborn to four-year-old age group reached 44 per cent, of which 27.3 per cent were working part-time, 13.5 per cent full-time and 3.2 per cent were unemployed. Maternal workforce participation rates increase as children get older; in 1989, it was 67.9 per cent for mothers of children in the 5–14 age group, with 34.7 per cent of mothers working part-time, 29.4 per cent full-time and 3.8 per cent unemployed (ABS 1989).

Women in the paid workforce are often seen as a modern phenomena but this is not so. Women have always worked, and there have been times in the past when most women worked. Before the Industrial Revolution, both men and women took care of children as they went about their work. It was not until the 19th Century that increasing numbers of women remained outside the paid workforce and at home caring for their children.

The separation of home and work that occurred with industrialisation led to the isolation of middle-class mothers in the home and set the scene for the idealisation of motherhood that occurred in the latter part of the 19th Century (Dally 1982). The mother who stayed at home with her children became the ideal, although it was more difficult for those on low incomes to manage this (Zelizer 1985, Ochiltree and Edgar 1981).
Women’s workforce participation has become imperative in recent years as many families now need two incomes to keep up with the cost of living and to bring up their children. In Stage One of the Australian Early Childhood Study, it was found that the child care arrangements of working mothers during their child’s pre-school years were varied, with more mothers using informal care than formal (Ochiltree and Edgar 1991). In the last few years, the Federal Government has increased the number of places in formal child care (family day care and centre-based care) but the need has far outstripped availability, particularly for infants and toddlers. Compromise, making-do and ingenuity were often needed when arranging child care, and frequently arrangements changed over the years. Some children had many carers over the pre-school years, while others had few changes.

An added problem for working mothers is the care of children who are sick during the mother’s usual hours of work. Australia has no mandated leave allowing parents to care for their sick children; mothers in the workforce have to solve the problem as best they can. Kahn and Kamenman (1987:190), referring to the United States where the situation is similar to that in Australia, sum up the difficulties thus:

> When enumerating the problems of managing work and family life, working parents frequently list the difficulties of coping with the need for emergency child care right after talking about their child care problems generally. Many parents, even when they manage to find an affordable, reliable, and satisfactory child care arrangement, still speak with a kind of horror when they describe their fears about a child getting sick on a work day. While most employers permit time off when an employee is ill, very few companies specifically allow the use of those same sick days to care for an ill child. Furthermore, many employees who would return to work after the acute phase of a child’s illness is past cannot do so because they are unable to make arrangements for their child to be cared for while convalescing. Sometimes, even if able to take some days off, an employee has to be present at his/her job ‘for a little while’ or ‘for an important meeting or task’ and cannot make a care arrangement.

A study in Berkley, California, found that ‘83 per cent of working parents had no adequate solution for the problem of
providing child care when the child was ill' (Ozanne-Smith 1988:6). This is a serious problem for many families where both parents work, but particularly for the parents of pre-schoolers, as infants and pre-school children are more vulnerable to infection than older children, and their vulnerability is increased if they are in group care (Cross 1988). Estimates are that infants are likely to be sick nine or ten times a year, and pre-school children six or seven times a year (Jordan 1986, Ozanne-Smith 1988).

When a child presents symptoms, parents may find it difficult to decide if the child is really ill, and, if so, whether the illness is mild or severe. These decisions are particularly difficult for working women; they must decide if infants and toddlers are actually ill or whether the symptoms are due to teething or a reaction to new foods. They must not only consider whether the illness is mild or serious but whether it is still developing or has progressed as far as it is going to. Working mothers must often make these decisions in a hurry when the child becomes sick in the night or has symptoms first thing in the morning.
2

CARING FOR SICK CHILDREN

The Institute’s Early Childhood Study provided an opportunity to find out how working mothers had coped with the care of their pre-school children when they were sick during working hours. Of the 728 mothers interviewed in Stage Two of the study, 591 had been in the paid workforce at some time between the birth of the child and the time that child started school. However, not all these mothers were in the workforce at the one time, and some mothers were in the workforce for short periods only. The employment of mothers with pre-schoolers may be intermittent rather than continuous due to several factors: the birth of another child, casual employment and difficulties in finding work, difficulties in finding child care or the costs, other family factors and mothers’ beliefs about who should care for young children.

Approximately two-thirds of the mothers who had worked at some time in the pre-school years and who were not working in the child’s first year of school had one or more younger children; 42 per cent of those who were in the workforce at some time in the pre-school years and who are working now that the sample child is at school also have at least one younger child. (The sample for this stage of the study was chosen from mothers in Stage One, who had returned their questionnaires and who had also agreed to be interviewed. Sampling was based on the length of time children spent in non-parental care in the pre-school years, usually because their mothers were working, with a comparison group of mothers who remained at home with their children.)
Mothers who had worked at any time during their child’s pre-school years were asked several questions about how they managed care of the child if he or she was sick while they were working. They were asked: ‘In the years before [your child] went to school, who usually looked after [him/her] if [he/she] was sick at a time you usually worked?’, ‘How did you feel about the arrangements you made for your sick child?’ and ‘Can you suggest anything that would make it easier for mothers in the workforce if they have a sick child?’

Figure 1 shows that mothers were the primary carers of sick children — more than half of the mothers usually took time off work if their child was sick; less than a fifth of the children remained in their normal care arrangements, and relatives helped out in less than a fifth of cases. Fathers played a relatively minor role in caring for sick children.

Mothers’ responses to this question of who looked after their sick children were also examined to find out if there were any differences between the care of those children who were in long hours of non-parental care compared with those who were in short hours. Mothers were divided into three groups depending on the length of time that children were usually in non-parental care over the years.

The first group consisted of mothers who had used non-parental child care for long hours at least for some of the time, while the second group consisted of those who had used non-parental care for short hours only. There was also a small group of 23 mothers who, although they had been in the workforce, had not used any non-parental care. These parents had cared for their own children by dovetailing shifts so that the father could take over from the mother when she went to work, or because the mother could care for her own child (or children) while she worked; for example, where she was a family day care worker.
Figure 1: Carer of sick child in pre-school years

- Mothers taking time off
- Relatives
- Usual care arrangements
- Fathers taking time off
- Mothers with flexible work
- Friends/neighbours

Percentage of mothers working pre-school
The pattern of care for sick children remained very much the same for these groups as for the whole group in Figure 1, with the exception of families where child care was provided by the parents although both were in the workforce; in 14 per cent of these families, the father usually cared for sick children compared with 6 per cent of fathers where children were in short care only and 8 per cent of those in some long care.

The actual replies to this question by mothers in the different categories makes the situation clearer. When the replies of mothers who usually cared for their sick children were examined, it was found that although some had no one else to rely on, many mothers did not always care for their sick children; many also used other carers (including fathers) as well. The decision about who should care for the child often depended on the perceived severity of the illness, whether other carers were available, and sometimes on the amount of personal leave the parents had left to take.

'I took time off work, although one of the family day carers would care for him when he was mildly sick.'

'I'd always take time off to look after him — even if it meant loss of pay. Nanna sometimes helped if he was not too sick.'

'I would take them to work if it was a minor illness, and put them in the back room and have them play under the big table and not move from there all day. If seriously ill, as when Sam had operations, then I took time off work.'

'One of us (husband and wife) would not go to work that day — generally me.'

'My husband and I took it in turns depending on who had sick leave owing. We still do that.'

Almost a fifth of mothers usually relied on relatives, mostly grandparents, to help out if their child was sick. However, if the child was very ill, the mother would provide care.

'It was a relative usually. When Erin was sick I had no choice — I had to get Mum or Dad down from the country. Doctors won't
give you time off to look after your child. Or you have to take a
"sickie". It's a really horrible situation but you've really got no
choice.'

'My mother minded her. It depended on how sick she was. If it
was more than just a cough, I would stay home.'

'His grandmothers would come — both lived nearby. I looked
after him at first but I couldn't get any more time off work — I'd
had six weeks off before July, and they intimated that it was
either the job or the child. We had to make a compromise.'

About 14 per cent of mothers said that they used their usual
child care arrangements if the child was sick. Many of these
mothers had their children cared for informally and this
made it easier when the child was sick.

'If she was sick, the babysitter would still take care of her.'

'Grandmother took care of Roger regardless of illness.'

'The nanny would take care of her.'

The few mothers who had children in formal care and used
the usual arrangements managed quite differently.

'I gave her antibiotics and quickly tried to make her better and
sent her to her care. I had little choice. It was very hard to get
leave. The child was often ill and often caught things off other
kids in care. I couldn't complain. I had nowhere else for my sick
child.'

'In family day care she wasn't sick. During her creche year, they
had a sick room.'

A few mothers were able to care for their sick children
themselves without taking time off work because of the
flexibility of their working hours. These mothers were
usually working part-time or casually or had some flexibility
built into their working hours.

'I could stay at home because work was flexible, a temporary job.
I looked after my own child as I was only working one day a
week to help out a friend.'
"Working for the Government, I could take flexitime."

"He just stayed home — but he didn’t get sick much. I could change the days I worked."

To sum up, while fathers played some part in caring for sick children, mothers took the primary responsibility — deciding how ill the child was, making arrangements accordingly and generally orchestrating the situation. Less than 10 per cent of fathers usually cared for sick children, although they sometimes supplemented care by mothers. Some mothers had little choice but to care for the sick child themselves; others had some choice because the father or relatives (usually grandmothers) helped, or because they were working part-time or casually and could change the times that they worked; sometimes the usual carer (often informal care) continued to care for the sick child, or in rare cases there was a place for sick children provided by the centre. Some mothers sent their children to their usual care even though they were sick because they had no other option.
3
ATTITUDES TO SHARING THE CARE OF SICK CHILDREN

Mothers’ attitudes to sharing the care of sick children with fathers was found to be largely at odds with what actually occurred when children were ill. All mothers, whether they were working at the time of interview (in the child’s first year of school) or not, were asked to indicate their attitude to the following statement which was included in a general attitude scale: ‘If a child gets sick and both parents are working, the man should be just as willing as his wife to stay home from work and take care of the child.’ Mothers could indicate if they strongly agreed, agreed, disagreed, or strongly disagreed.

Almost half the mothers (47.5 per cent) strongly agreed with the statement, and another 42 per cent agreed; only 9 per cent disagreed, and 2 per cent strongly disagreed. However, there was a significant difference (Chi-square (3)=37.9, p<.00) in the responses of mothers in the workforce at the time of the interview and those who were not, with working mothers more likely to strongly agree with the statement (56 per cent) than those who were not working (34 per cent); working mothers were also less likely to disagree or strongly disagree than mothers who were not in the workforce.

A Canadian study also found that while attitudes to sharing the care of sick children had changed, mothers continued to be the person who usually stayed home with the child. ‘The behavioural realities reflect a traditional division of labour.
While people say that men and women should share equally in caring for children, in fact when a child is ill and when parents work, it is the mother who is by far the most likely to stay home from work to care for the sick child. This is true whether she works part or full-time outside the home ...

In terms of actual behaviour, a traditional division of labour is still much in evidence when trade-offs between paid employment and child care are necessary’ (Northcott 1983:393).

It is interesting to note this discrepancy between action and attitude but it is likely to have as much to do with the workplace as with fathers’ attitudes and willingness to care for sick children. As Kahn and Kamerman (1987:190) point out: ‘For many parents, an ill child means that whichever parent has the "less important job", or the more flexible job, or the more sympathetic boss or supervisor, will stay home.’ Fathers are more likely than mothers to be working full-time and to earn higher wages, while mothers are more likely to be in part-time or in casual employment and to earn less than their husbands; mothers therefore are more likely to be seen as having the ‘less important job’ and this will reinforce traditional sex roles in caring for sick children. Nevertheless, it is also likely that employers are more likely to accept mothers caring for sick children rather than fathers taking time off from work.
4

MOTHERS' FEELINGS ABOUT CARE ARRANGEMENTS

Figure 2 shows that most mothers were happy about the arrangements they made to care for their sick children. This may appear to be at odds with the difficulties many faced in making these arrangements, but most mothers felt the main thing was that their child was safe and well cared for.

'I thought that was necessary.' (mother who took time off)

'It was a relief to be able to spend time with the child.' (mother who took time off)

'I had no hesitation about going to work.' (when father took time off)

'Fine. I thought it was ideal. She didn't have any serious illness. It was far better with the nanny than if she was at a child care centre.' (when the nanny minded the child)

'I was happy with them. It worked well.' (when the child's grandmothers minded the child)

'I don't remember feeling at all guilty about it, I had such trust in the sitter.' (paid sitter)

Just more than a tenth of the mothers reported feeling guilt and internal conflict over the arrangements they had made for the care of their sick child.
'I felt awkward. I felt responsibilities to work and the child — "torn" is more the word. That's the big bug-bear of working if you have children, especially if they're not very ill. You take time off and half-an-hour later they're up and running around and you get annoyed with them. I think working mothers tend to send their kids back quicker than others. If they recover quickly when they do stay at home, next time you send them to care — and then get a telephone call saying your child is sick. The problem is in the morning when the child says they are sick and you have only ten minutes to make a decision about what you're going to do.' (when mother took time off)

'I was always the one taking time off from work with Danny being sick, so I was always under stress from the work area as well as being in a situation where I also had to look after my son. I was quite happy to look after my son but I always lost wages so that was another hardship, especially if I lost wages and I'd utilised my sick pay.' (when mother took time off)

'I would worry. I'd ring up and check several times to see how he was.' (when father took time off)

'I felt guilty about having to lie to employers, but happier that a parent instead of a stranger was caring for her.' (when parents took own sick leave, uncertificated)

Almost 10 per cent of mothers felt they had made the best arrangements possible under the circumstances but that it had not been easy or always convenient.

'Both my sister and my mother were superb with him, but in terms of inconvenience it was a real hassle. I had to go out of my way before getting to work and that was after organising it — neither of them were sitting at home waiting to look after him.' (sister or mother)
Figure 2: Feelings about sick child arrangements in pre-school years

- Quite happy
- Guilty, internal conflict
- Best available
- Prefer care by mother
- Parents should share care

Percentage of mothers working pre-school
'Not very happy at all. It's all I could do — hope for the best.'
(usual carer)

'I was satisfied, but I feel the workforce doesn't cater for children in any way at all. It caters for men. In the industry where my husband works, there are no allowances whatsoever for anything to do with children — no on-site arrangements or anything.'
(grandparents)
The third question asked of mothers who had worked in their child's pre-school years was if they had any suggestions that would make it easier for working mothers when they had a sick child. Figure 3 shows the categories into which these suggestions fell. (As some mothers made more than one suggestion, the percentages add to more than 100 per cent.)

Almost three-quarters of the suggestions concerned the workplace: leave from work (41.2 per cent), more understanding and support from employers and flexibility in the workplace (25.1 per cent), and work-based child care with facilities for sick children (7 per cent). The following are quotes from mothers whose suggestions were related to the workplace:

'More flexible sick leave arrangements — additional leave for parents with young children.'

'It boils down to the employer. They must realise that mothers have to work and allow them to take off so much time each year to care for a sick family member — say, four days special leave with pay. Where a longer time is needed, for chicken pox for example, mothers should be allowed to take time without pay for the period the doctor states.'

'Employers should be more understanding towards mothers with young children. Mothers and fathers should be able to take special sick leave — with or without pay — for when a child is sick.'
'Society views this from the wrong angle — they resent women taking maternity leave. They see it as giving women a paid time off instead of a scheme established to assist the child — it's for their sake. Similarly, they should provide sick leave, not for the mother's sake but for the child's sake.'

'There should be a certain number of days per year for when you have a sick child. I don't know how people do it. I have a friend who goes to work when she's sick so she can have her days free when her child is sick.'

'You should be allowed to say your child is sick without being penalised for it.'

'One of the major things is the facility to go home when your child is ill. This needs to be easy and acceptable, and you should not have to lie to use your own sick leave for your child's illness.'

'There should be sympathy and understanding from the workplace. Perhaps you could turn up, say, at 11am instead of taking the whole day off. Often the child needs to be organised or given time to see how they are.'

'You should get time off. It should be exactly like sick leave for workers. It should be given as an extra on top of your own sickness entitlement, or else greater flexibility with holidays. The way my work was, I couldn't get leave without going through lots of people and virtually experiencing an inquisition. That shouldn't be. You should be able to just say "my kids are sick" and get leave without heaps of paper work.'

Although one-fifth of mothers said they had no suggestions about ways to make it easier to care for sick children, their responses clearly revealed the belief that sick children should be with their mothers.

'I feel if a child is very sick, he needs his mother to be with him.'

'I cannot make a suggestion but I reckon the family comes first. If ever I have a sick child, I might skip work and attend to my child first.'
'I don't know what to suggest. I think that when you have a sick child, you want to be at home with that child. I think that's something you and your partner have to come to terms with in your relationship. It has to be dealt with in each relationship.'

As can be seen in Figure 3, there were also a number of other suggestions, such as child care centres with special facilities for sick children, workers who could care for sick children in the child’s own home, and even one mother who suggested an 'adopt a granny' program.

Some mothers who remain at home or work very little during the pre-school years join the paid workforce when their children go to school. At the time of interview, children in the study were in their first year of school and nearly two-thirds of mothers (62 per cent) were in the paid workforce. All mothers were asked: 'Who cares for your child when he/she is sick and you are scheduled to work?' This was a 'tick the box' question but mothers could indicate more than one carer. Figure 4 shows that almost a third of mothers cared for their children themselves without help from others; in a third of families, mothers provided some care for sick children but were also assisted by partners, relatives and other people. Fathers (partners) alone provided less than 10 per cent of sick child care, but in almost a quarter of families, fathers, along with mothers and others, provided sick child care. The pattern of care of sick children differed little from that of the pre-school years, with mothers continuing to take the primary responsibility.

As some of these mothers had not worked in the pre-school years, they were asked again for any suggestions that would make it easier for working mothers to care for sick children. The pattern of suggestions shown in Figure 5, not unexpectedly, is very similar to those suggested by mothers who had worked when their children were pre-schoolers.
Figure 3: How to make sick child care easier for working mothers (pre-school)

- No suggestions
- Leave from work
- Understanding employers
- Emergency creche facilities
- Hire home child care worker
- Work-based child care
- Support from friend/relative

Percentage of mothers working pre-school
Figure 4: Current carer of sick child when mother scheduled to work

- Mother only
- Partner only
- Relative only
- Neighbour, non-relative
- Other only
- Mother & partner
- Mother, partner & others
- Mother & others, not partner
- Partner, others, not mother

Percentage of mothers working in child's first school year
Figure 5: How to make sick child care easier for current working mothers

- No suggestions
- Leave from work
- Understanding employer
- Emergency creche facilities
- Work-based child care centre
- Flexible working hours
- Hire home child care worker
- Support of friend/relatives

Percentage of mothers working in child's first school year
Caring for sick children is not an isolated issue for employed mothers during the pre-school years. Rather, it is one aspect of the difficulties often involved in arranging child care. The arrangements vary considerably depending on: family income and the costs involved in child care, the age and number of children, the availability of informal care by relatives or others, the availability of places in formal child care, whether the mother works part-time, full-time or does shift work, and also, to some extent, mothers' beliefs about the care of young children.

The following case studies, taken from the Institute’s Early Childhood Study, give some idea of the variety of child care arrangements in the pre-school years and the difficulties faced by some working mothers. These cases not only show how the care of sick children fits into the total child care picture, but they also demonstrate the interplay of the factors mentioned above which affect child care arrangements and the extent to which mothers have choices.

**Peter**

Peter’s parents are European migrants who had been in Australia for 16 years. When they arrived, Peter’s mother was pregnant with his older brother and all they had was a suitcase and $5 in cash. Peter was six years old at the time of the interview and his older brother was 16. His mother was a shop assistant who had returned to work full-time
when Peter was nine months old, and his father was a plumber. His mother said she had returned to work because ‘we were building here and I needed the money’. Peter was cared for at first by a friend who had previously cared for his elder brother, and then by his grandmother when she arrived from Europe for six months. When she left, he went to a local, private creche.

When asked about care when Peter was sick, his mother said: ‘Sometimes my husband would take time off or I would take sick leave. If he just had a runny nose he would go to creche anyway, or infected ears — go to creche.’ However, she said: ‘I sometimes felt awful sending him when he wasn’t well. He had a lot of trouble with his ears.’ She had no suggestions that would make it easier for working mothers when their children were sick other than ‘not to work if they can afford it; it is best to stay with the kids’.

The family now owns a comfortable home and Peter’s mother works part-time. She regrets that she had to spend so much time away from Peter when he was younger. Peter has not been sick since he started school but his mother will stay at home with him if this happens.

Paul

Paul’s mother returned to work full-time when he was ten months old. She worked full-time because her employer would not allow her to work part-time. Paul was placed in family day care because his parents did not like centre-based care with more than one carer and imposed routines. Nevertheless, Paul had five different carers before he went to school. His mother has had another child who was 18 months old at the time of the interview. During the period that she was off work for the birth of the second child, she was able to care for Paul herself but she has now returned to the workforce. When she first went back, a friend looked after both children until there were places for them in family day care.
If Paul was sick during working hours, both parents shared the care, but his mother said the split was ‘probably 25 per cent husband, 75 per cent myself. We haven’t a big problem here really as both of us have sick days, rostered time off and time owing. But I envy next-door — a couple who have grandparents for their children, who are younger in age and more physically able’. Paul’s mother had nobody to fall back on in an emergency. Arrangements she had made when Paul was sick made her feel ‘uneasy’ as far as work was concerned. ‘I remember the time the doctor put "fatigue" on my certificate. I wasn’t sick but he had to give a reason. Admitting to fatigue is like admitting that you can’t cope with your job. It rebounded. The chief executive came down to discuss my position; it was tantamount to getting the "push". You should be able to ask for time off for sick children and not be made to feel guilty.’

When asked for suggestions that would make things easier for mothers with sick children, she said: ‘I think the idea of family leave should be universal. This could be used for a multitude of problems, for example, to go to specialists. Dads should get it too.’ Paul’s mother also said that she thought sick children needed their own mothers and that family day care mothers should not have to look after them.

Janine

Janine’s mother has worked part-time in the local pharmacy since before Janine was born. Janine also has a five-year-old sister. Her mother worked part-time because if she had worked full-time, the costs of child care for two children would have taken up most of her salary. Over the years, Janine and her sister were cared for in the homes of several different family members, by friends, and by their own father at home; arrangements have depended on the availability of carers at the particular time. No costs have been involved but sometimes it has been difficult to make arrangements. At one stage, another woman babysat the
children in their own home and their mother paid for this care by babysitting for the other woman.

If Janine was sick, she was usually cared for by one of her grandmothers. Her mother did not have any suggestions on how to make caring for sick children easier for working mothers; 'There's no answer and no remedy', she said. She found that she had benefited from having the little bit of extra money, some independence and intellectual stimulation; however, in the last couple of years, she has worked shorter hours than she did when Janine was younger. Since Janine started school, her mother has mostly cared for her if she has been ill.

Daniel

Five-year-old Daniel has a sister who is two years older and both his parents lecture in tertiary institutions. Both parents were in their late thirties when the first child was born and they were well established financially and owned their home outright. Daniel's mother was in the paid workforce before Daniel was born and took maternity leave around the time of his birth. He was three months old when she returned to work full-time because of existing work commitments and because her profession is important to her. Daniel was placed in a private creche close to his mother's workplace. He was there about 20 hours a week in the first year and the hours were increased as he got older.

Daniel's mother preferred creche care for Daniel as his sister was already attending and he would be with other children. His mother selected a creche close to her workplace and was satisfied that it offered a suitable structured program and was run by people who knew what they were doing. If Daniel was sick at a time when she was working, his mother took time off although it did not happen often. His mother said that one problem with the creche was increased exposure to infection. (It should be noted that it is easier for a university lecturer to take time off than for some '9 to 5' workers; aside from student
contact hours, work can often be done at home.) Daniel’s mother was happy with the quality of the creche and Daniel appeared to be quite happy there. He had been able to attend kindergarten as an extension of the creche program.
Illness in young children is a problem for many Australian mothers in the workforce as there are no statutory provisions enabling them to legitimately take time off work to care for their children. There are a number of European and Scandinavian countries that provide leave, which is often paid (but at varying rates), for mothers and sometimes fathers if their children are sick (Kamerman and Kahn 1981, Nasman and Falkenberg 1989). The Swedish leave provisions are the best known and most generous; they consist of paid parental leave (90 per cent of usual salary) for up to 90 days per year to care for sick children. A doctor's certificate is required after seven days and most families take only about eight days per year (Kindlund 1989, Broberg 1988). This leave can also be used if the usual carer is ill.

The United States and the United Kingdom, like Australia, have no statutory leave provisions for the care of sick children although some employers make their own arrangements. Special leave in Britain is discretionary and may be used in some instances to allow a mother time off to care for a sick child. Some local authorities and some firms have a set number of special leave days, or leave to care for sick children; special leave may be either paid or unpaid depending on the employer (Cohen 1988). Kahn and Kamerman (1987:191) list the following policies that have been implemented by some employers in the United States
to ease absenteeism caused by parents caring for sick children:

- Employees may use their own paid sick leave to take care of an ill child, or in some cases, an ill dependent such as an elderly parent.

- Employees may use their paid personal days for personal emergencies, including the illness of a child.

- Employees are allowed a specific number of paid days off, in addition to their own sick leave, to take care of an ill child.
8 CONCLUSIONS

The majority of employed mothers in Stage Two of the Institute's Early Childhood Study wanted some change in the workplace or their working conditions that would make it easier to care for sick children. Many wanted either some special form of leave or the right to officially take their own sick leave, while others wanted employers to have more understanding of their situation. The most straightforward solution would be a policy of mandated leave which can be taken by either parent. The average number of days taken by Swedish parents to care for sick children (about eight per annum) indicates that the number of working days lost through such a system is not enormous, bearing in mind that many parents are already taking leave by various other means.

Parental leave to care for sick children is also in keeping with International Labour Organisation (ILO) Convention 156, Workers with Family Responsibilities, which was ratified by Australia in March 1990, and which states in Article 3:

With a view to creating effective equality of opportunity and treatment for men and women workers, each member shall make it an aim of national policy to enable persons with family responsibilities who are in engaged, or wish to engage, in employment to exercise their right to do so without being subject to discrimination and, to the extent possible, without conflict between their employment and family responsibilities.

29
Existing difficulties in the care of sick children when both parents are employed are clearly indicative of the conflict between family responsibilities and employment.

Parental leave best suits the needs of sick children as well as the needs of parents. According to Fredericks, Hardman, Morgan and Rodgers (1986), the following criteria are at the top of the list when assessing which different forms of child care meet the needs of sick children: (i) care is best when provided by someone the child already knows and (ii) when it is provided in a place the child already knows, where he or she feels comfortable.

The European Childcare Network (which consists of 12 countries including the United Kingdom) for the Commission of the European Communities recommends that

‘there should be leave for family reasons, to enable parents to take time off work to undertake essential parental duties, including the care of sick children; taking children to medical appointments; settling children into new child care arrangements ... (the report) propose(s) a period of ten days leave per parent per dependent child would be an appropriate period, with the possibility of transfer of entitlement between parents, and a double entitlement for lone parents' (Phillips and Moss 1989:41).

Nevertheless, there are times when mothers require additional assistance for their sick children. Some mothers in the Early Childhood Study suggested emergency creche facilities for sick children and others suggested health care workers to care for children in their own homes. Both are available in other countries so that mildly ill children, convalescent children, and those whose parents cannot care for them themselves have alternatives available (Fredericks and others 1986).

In the United States, there are a number of schemes catering for sick children, mostly paid for by parents. There may be some in Australia also, although attempts to find any have so far proved fruitless. These schemes include: hospital care in a special section set up for the care of sick children on a daily basis; care integrated into the regular program at the child care centre stressing hygiene techniques to prevent
cross infection; care in centres using a sick bay or a family day care home specially set up for the care of sick children from a particular centre, or for mildly ill children from the general community; agency provision of specially trained staff who care for children in their own homes, or an aide who works in a particular centre who takes the sick child to his or her own home and cares for them there (Fredericks and others 1986). Before the parental leave scheme that now exists in Sweden, some local councils employed 'samaritans' who looked after sick children in their own homes (Leijon 1968).

Sick children are a problem for many families where both parents are employed. Some parents have no one to fall back on in an emergency. If they cannot care for their children themselves, they must send them to their normal care although they are unwell. Even where available, care in special centres or by specially trained staff in the child's own home are all likely to cost money (sometimes in addition to the cost of usual care) and are likely to be beyond the resources of many families. The most comprehensive solution to the problem is some form of official parental leave that does not jeopardise parents' employment.
REFERENCES


Kindlund, S. (1989), Personal interview by Gay Ochiltree with the Deputy Assistant Under-Secretary of State, Stockholm.


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