



MOTHERS' RETURN TO WORK AND CHILDCARE CHOICES FOR INFANTS IN IRELAND

EXECUTIVE SUMMARY

This report investigates three key research questions relating to the care of infants in Ireland: the characteristics of those mothers who take up paid employment before their infant is nine months old, and when exactly they do so; the extent and nature of non-parental childcare for infants; and the association between childcare and infant health. The report uses a large sample of mothers and infants from the nine-month Infant Cohort of the national longitudinal study of children: ***Growing Up in Ireland***.

To set the context, the report considers key features of the labour market and maternity leave and childcare policy in Ireland. The period preceding the fieldwork saw an economic boom in Ireland accompanied by a rapid rise in employment opportunities for women. Following a number of extensions to maternity leave, by 2008-2009, most mothers were entitled to six months' paid leave, and up to sixteen weeks' unpaid maternity leave. Childcare is and has been a major issue for parents and policymakers for many years now. In 2008-2009 state funding for early care and education services for pre-school children was limited, and costs were some of the highest in the OECD. There have been some policy developments since the survey, such as the Free Pre-School year, but not for the 0-2 age group.

This research found that relatively few mothers in Ireland returned to work before the infant was six months old. More specifically:

- Early returns (before 6 months) were more likely to be by self-employed mothers, young mothers or lone mothers.
- Those who returned in the 8-9 month period were more likely to be highly educated, older, Irish and mothers living in a couple.
- Those who had not yet returned at nine months tended to be low-educated mothers, and either very young or older mothers, and lone mothers.
- Highly educated mothers were more likely to return to work than low-educated mothers, but only when paid leave had ended.
- Mothers of three or more children were much more likely to have been out of the labour market prior to childbirth, and their employment rates at nine months were lower than those with one or two children.



Mothers most often cited financial reasons as the main reason for returning to work, though other reasons, such as getting out of the house and career reasons, also played a role, the latter particularly for highly educated mothers.

Almost all mothers working before childbirth took paid maternity leave; a smaller proportion also took unpaid leave, and these tended to be more privileged in terms of income and education. Relatively few mothers returned before 6 months, and a significant proportion returned to work at 6-7 months. This suggests that in Ireland, as in other countries, the duration of paid maternity leave plays a strong role in mothers' employment patterns after childbirth.

Just under two-in-five infants (39%) were in regular non-parental childcare at nine months of age. Following the pattern of return to work, most children started non-parental childcare around six months of age; at nine months, the majority (62% of those in care) were in care for less than 30 hours. Use of non-parental childcare for infants at nine months was closely related to mothers' employment. Even accounting for this, family income also played a salient role, with higher-income families more likely to use childcare. Infants from larger families were also less likely to be in non-parental care: this is also likely to be related to cost.

The report also examined differences between childcare settings in terms of use, costs and qualifications of carers. The most common main form of childcare was that provided by a relative (42%, predominantly grandparents), followed by non-relatives (31%, predominantly childminders), with centre-based care such as crèches coming third (27%). Multiple care settings were used each week for around 13% of the infants who were in any kind of regular non-parental care. Carer surveys revealed interesting differences in the care settings, with less one-to-one interaction in centre-based settings, but more books available. Many people caring for infants did not have any childcare-related qualifications. Qualification levels were highest among centre-based carers, but even here they were relatively low.

Relatives emerged as the main non-parental carer for a majority of infants in childcare; the presence of family members living nearby influenced not just the choice of relative care over other care types but also whether non-parental care was used at all. While the infants of more advantaged mothers – in terms of education and income – were less reliant on care provided by relatives, relatives (most of whom were grandparents) were an important source of childcare for low-income families and for younger mothers. Both the strong patterning of childcare choices by income – with low-income families choosing relative care even after accounting for whether family members live nearby, and also parents' own responses on financial constraints – suggest that the cost of childcare was an important factor in childcare choices.

The report also analysed infant health outcomes associated with different childcare settings. Use of a childcare centre was associated with a proportionally low, but statistically significant, increased risk of poorer overall health when compared with parental care. In addition, though there is uncertainty about the timing of infections relative to starting in childcare, infants in centre-based care were at a higher risk for infections of the respiratory tract, ear and gastro-intestinal system. In general, infants in home-based care settings (e.g. relative care or childminders) did not differ in terms of these health risks from infants still in exclusive parental care. The increased risk associated with centre-based care remained, even when adjusting for factors such as child's health at birth and family income.



This report is relevant to two important and related policy issues concerning children: maternity leave and childcare policy. Although causal conclusions cannot be drawn from these data, the evidence in this report suggests that paid maternity leave is an effective instrument influencing the duration of sole maternal care. If government’s aim were to extend the duration of sole parental care, extending paid leave would be a potentially successful policy strategy. Whether this leave should be for mothers or fathers or both is another relevant policy decision. Fathers did not benefit from leave extensions to the same extent as mothers, and the data showed that take-up of the existing provision, of unpaid parental leave, was very low.

Paid childcare for infants aged under three in Ireland is very expensive. In particular, low-income, low-educated parents were much more likely to use relative care, or no non-parental care at all. Given the role of employment in protecting low-income families from income poverty, high childcare costs are likely to act as a particular disincentive to employment for this group and have implications for income poverty. High-quality affordable childcare would also promote women’s continuity in employment, a key issue in terms of the gender wage gap.

Quality of childcare has been shown to be a key factor in child developmental outcomes, and previous research has demonstrated a clear link between carer qualifications and quality of care. To advance the quality of care, it would be beneficial to promote training and qualification of childcare workers. Given the importance of paid childminders as carers for infants in Ireland, consideration should also be given to the regulatory requirements and training supports for childminders.

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