

Parent-Only Care in Australia: What it is and Why it Matters

Emma Phillips

Paula Baron, La Trobe University (School of Law)

Paper Series 1706



Parent-only care in Australia

What it is and why it matters

Emma Phillips and Paula Baron

This article is concerned with parent-only care. Recently, there has been much in the media about increasing women's workforce participation¹ and the related issue of child care.² These discussions largely assume that parents are prepared to outsource their child care. But this assumption does not apply universally. To date, the views of parent-only carers have not been raised.

Parent-only care occurs when parents care for their own children and do not outsource their care to formal or informal care providers (Baxter, 2004; Cobb-Clark, Liu, & Mitchell, 2000; Gray, Baxter, & Alexander, 2008). Parent-only care can occur where one parent or neither parent is employed in the workforce, irrespective of family composition. The salient feature is the absence of non-parental care.

At present, 67% of children under 3 years are in formal child care, averaging 14 hours per week spent in care (Australian Bureau of Statistics [ABS], 2005; NATSEM, 2007). Yet studies show that the majority of mothers would prefer to care for their young children at home if they

could afford to do so (Dux & Simic, 2008). These preferences seem unlikely to change imminently. From her qualitative study of the views of Australian youths, Pocock (2006, p. 187) concluded that: "private familial child care is likely to remain a strong preference in future households based on the perspectives of young people in our focus groups and parental attitudes in Australia". Yet presently there is a very limited body of literature on parent-only care and an even more scant body of literature on parent-only care in the context of workforce participation.

This article seeks to commence a discourse about parent-only care and to create a conceptual and academic space for exploring factors relevant to this phenomenon. Who are the parents providing parent-only care? How do they define their role? What drives their decision to provide parent-only care? How does parent-only care impact on participation in the workforce?

In order to answer these questions, the article presents the findings of empirical qualitative

Studies show that the majority of mothers would prefer to care for their young children at home if they could afford to do so.

research. This was conducted as part of doctoral research that comprised in-depth, open-ended interviews and a focus group with a purposively selected cohort of research participants. It sought to explore the experience of parent-only care of young children and the effect of their parenting on labour force participation in Australia. This article, which explores the meaning and significance of parent-only care for the research participants, is the first in a proposed series of articles. The following articles in this series will explore the meaning and importance of labour market participation for this subgroup and the consequences associated with being outside the workforce; the socially constructed and contingent nature of work and parenting roles; the interface between parent-only care and work in the context of the so-called “separate spheres” ideology and whether this drives the decisions parent-only carers take; the rhetoric of choice and the key factors that facilitate or inhibit choice regarding labour market participation by parents of young children; the efficacy of legal and industrial measures designed to facilitate choice at the work–parenting interface and the role of the law in translating the neo-liberal concepts of autonomous choice and equality into practice at the coalface of work for parent-only carers; and proposals for moving towards the integration of work and parenting, to address the marginalisation of parent-only carers from and within the workforce.

The paper begins by outlining the relevant literature on parent-only care. It turns, then, to the original research, outlining the research methodology and the findings of the research. Finally, it provides an analysis of these findings.

What we know from the literature

To date, there has been no empirical research on the phenomenon of parent-only care at the interface with work that uses a qualitative methodological framework, in Australia or elsewhere. Recently, issues pertaining to child care, particularly the availability, cost and quality of institutional childcare, have been at the forefront of public debate and have attracted significant interest from politicians, policy-makers and social scientists (Cobb-Clark et al., 2000). There is an increasing body of largely quantitative empirical Australian research that has explored early child care usage. The Australian Bureau of Statistics (ABS) has generated various data collections on aspects of child care provision, which have been the basis for researchers to empirically assess child care policy (Cobb-Clark et al., 2000). Such research has been predominantly situated within the ambit of economic study. Its initial concern was with the issues of supply and demand and the desirability of subsidising child care. There is, however, a limited body of empirical research that is relevant to the present discussion and a small body of theoretical and reflective literature that touches on relevant issues.

Empirical research

The research findings that are most relevant to understanding the phenomenon of parent-only care are from the Longitudinal Study of Australian Children, which includes data relating to the interface between parent-only care and work in the context of dual-income parent-only care families (Gray et al., 2008). This study builds upon earlier quantitative work examining changes in child care use among partnered women (Baxter, Gray, Alexander, Strazdins, & Bittman, 2007). There are a small number of other quantitative Australian studies that have also considered this issue (Baxter, 2004; Cobb-Clark et al., 2000). This literature simply defines parent-only care as occurring when parents care for their own children and do not outsource their care to other care providers.

Qualitative research consisting of 20 in-depth interviews was conducted by Reid-Boyd in Western Australia as part of a doctoral thesis.



Reid-Boyd explored the child care debate between at-home and at-work mothers (colloquially known as the “mother wars”). The study found that, for at-home mothers, “being there” for the child was considered to involve “quantity time”, rather than “quality time”, and also to involve an emotional dimension (Reid-Boyd, 2002).

The only other empirical research relevant to the definition of parent-only care, although qualitative, was undertaken in the USA. A Texan study focused on the reasons underpinning the decision by highly educated women to leave the workforce to become parent-only carers. While this study has relevance for the motivation for providing parent-only care, it also focuses only on the views of women/mothers (Rubin & Wooten, 2007).

There is a small body of literature that has considered the relevance of time, and the categorisation of time, in the context of the care of young children. The notion that young children thrive when afforded the consistent presence and availability of the parent, rather than parent-allocated “quality time”, can be found in an American study by Rubin and Wooten (2007). This concept can also be found in some theoretical literature (Cook, 1999; Fox, 2009; Monna & Gauthier, 2008).

There is also a small amount of relevant literature on time usage. One Australian study has examined the way in which mothers employed by a hospital in Canberra synchronise their time for work and family, and the work required of these mothers to maintain simultaneous work and parenting attachments (Morehead, 2001). Quantitative Australian studies have considered parents’ time usage and reflected that parents “shift and squeeze time” to avoid a “one-for-one trade-off” between work and child care (Craig, 2007, p. 73; Craig, 2006; Kalenkoski, Ribar & Stratton, 2007, p. 353).

The reasons for the decision to provide parent-only care are discussed in some studies. Some parents undertake parent-only care on an intuitive basis—a “gut instinct”. One American study found that maternal decision-making to become a primary parent, where the woman is highly educated with an established career, can be an emotional response to becoming a mother (Rubin & Wooten, 2007). Other studies have found that parent-only care is undertaken because of the perceived best interests of the child (Hand, 2005; Reid-Boyd, 2000). Longitudinal qualitative research in the UK examined the determinants of first-time mothers’ intentions about work and child care and their experiences during the three years after the birth of their child. It highlighted the



“very strong belief” of parent-only carers that this was the best thing for their child, although many considered being a parent-only carer was not ideal for them personally (Houston & Marks, 2005). An American study also found that freedom, flexibility, a more peaceful “less hectic” household, a sense of security for the child and peace of mind for the parents that the child was “safe and happy” were key considerations driving highly educated mothers to choose parent-only care (Rubin & Wooten, 2007).

A third reason for undertaking parent-only care is the parental desire not to “miss out” on a significant part of their child’s early childhood (Hand, 2005; Hand & Hughes, 2004; Reid-Boyd, 2002). In their study of the experience of highly educated mothers who stayed home with their children full-time, Rubin and Wooten (2007) found that participants ascribed great value to being present for the child’s milestones. This notion was intertwined with a belief in the value of the consistent presence of a parent during the child’s formative years.

The literature suggests parent-only carers define themselves primarily as a parent, with their working status secondary to this. A qualitative study on welfare reform in the US context has noted the cognitive prioritising of mothering over working, both in terms of self-definition and pragmatic strategies for managing dual mothering and working roles (Cooney, 2006).

Lastly, the empirical research reflects a perceived stigma associated with parent-only care. The isolation experienced by parent-only carers of young children is documented in qualitative literature conducted in other jurisdictions (Rivieres-Pigeon, Seguin, Goulet & Descarries, 2001; Zimmerman, 2000). Parent-only carers can experience what in the

A reason for undertaking parent-only care is the parental desire not to “miss out” on a significant part of their child’s early childhood.

Qualitative studies have recorded the emotional difficulties parent-only carers face in terms of loss of identity, self-esteem and independence.

literature is termed a “loss of identity” (Rubin & Wooten, 2007, p. 342; Madaras, 1999). This is recorded by Zimmerman (2000) in the context of the lack of societal support and validation for full-time parents. The low level of value and respect attributed to the work involved in bearing and raising children and caring for a family and home environment, and the lack of supports offered to mothers at home full-time with their children, can cause mothers to lack self-esteem, confidence (Pocock, 2005) and identity (Rubin & Wooten, 2007). Other qualitative studies have recorded the emotional difficulties parent-only carers face in terms of loss of identity, self-esteem and independence.

Theoretical and reflective literature

There is now a substantial body of research documenting parental (usually maternal) perspectives on child care selection and the types of child care available (Duncan, Edwards, Reynolds & Alldred, 2004; Early & Burchinal, 2001; Hand, 2005). This research provides insight into parental perspectives on the advantages and disadvantages of different types of care options yet does not provide insight into the perspectives of those parents who do not use child care.

There is a limited body of Australian qualitative research exploring mothers’ views of and use of child care that provides some insight into the perspectives of parent-only carers with respect to child care. One branch of the

work and family literature highlights the way in which mothers’ views on what constitutes “good” mothering shape their decision-making as to whether to use child care (Himmelweit & Sigala, 2004; Probert, 2002).

A slightly larger body of relevant qualitative research has been conducted overseas. Research in the UK has explored maternal decision-making as to the use of child care. Duncan et al. (2004) examined child care choices among women and challenged the assumption that child care is seen, by both policy-makers and parents, primarily in economic terms, concluding that the child care choices made by parents are based on consideration of their children’s needs, their own needs and the balance between the two. A subset preferred to avoid using formal child care where possible due to their belief that such care could not provide the “one-to-one” emotional care they wanted for their children. Himmelweit and Sigala (2004) explored the interface between mothering identity and mothering behaviour and the way in which this affects the choices a subset of mothers made with respect to child care, as well as the internal and external constraints limiting mothers’ decision-making.

In the USA, qualitative research has examined the key factors influencing choices by dual-earner couples about child care, classifying parents on the basis of their parenting ideology and examining the way in which this shapes their decision-making with respect to child care (Hertz, 1997).

In summary, there has been limited empirical or theoretical research on parent-only care and no research on parent-only carers and their workforce participation.

Research methodology

The key aim of this research was to gain some insight into the lived experiences of parents at the interface of care and work, with particular interest in comparing these lived experiences to the relevant research literature. The intellectual framework for the research was descriptive phenomenology, which involves the exploration of the lived experiences of people in an open-ended, in-depth way to understand and gain insights on a phenomenon from the insider’s subjective perspective (Liamputtong & Ezzy, 2005; Merriam, 2009; Spiegelberg, 1975; Van Manen, 1990).

The original research was comprised of 22 in-depth, open-ended interviews with a purposive sample of parent-only carers of young children (birth to 3 years of age); and a focus group.



The research participants were enrolled through a combination of self-identification³ and snowball methods. The research cohort represented a diversity of ages, geographical localities throughout Queensland, occupations, employment sectors, family sizes and types, socio-economic positions and cultural origins.

The focus group was convened to extend the purposive data collection across a broader participant base, exploring whether the issues documented in the in-depth interviews resonated with further participants in a group setting. The individual interviews were conducted by telephone. All participants were physically present for the focus group.

The interviews and focus group were digitally audio-recorded and transcribed verbatim. The transcripts were coded using qualitative research software (NVivo8) as the first step of the qualitative data analysis, and the data was then thematically analysed.

In presenting the research, a descriptive, narrative account dominates, with the exact words of participants quoted to give insight into their experience and ensure the integrity of the process (Liamputtong & Ezzy, 2005; Mayan, 2009; Merriam, 2009). This is described as “perceptual description”, whereby the reader is provided with the direct experience of participants (Holloway, 1997). Participant insights are then set within the context of relevant insights from the literature.⁴

Research findings

Many of the core components of parent-only care articulated by the research participants—such as their desire to provide a secure, stimulating and happy environment for their child—would likely be similar to those identified by any parents speaking of good or exemplary parenting approaches and are not definitive of, or exclusive to, parent-only care. What distinguishes the parent-only care model from other care approaches is the lack of outsourced childcare.

The participants’ articulation of the phenomenon of parent-only care

Parenting as the primary role

The language of parent-only carers in the research study was strongly child-centric. The majority spoke of determining what they perceived was best for their child and prioritising this:

This is my job now. (P14)

I see my time at home with him as my job. (P11)



One way in which a minority of families providing parent-only care structure their work and caring arrangements is to share parenting. While it is outside the scope of this article to present the full findings of the empirical research, shift-parenting is one way in which parent-only care can be provided, where this is practically and financially viable.

The meaning of “home”

While many participants spoke of being a parent-only carer in language reminiscent of the traditional “stay-at-home mother”, it became clear through the research process that, for all participants, “home” was an acronym for the physical proximity of parent and child. Having their child with them, whether they were at home, at work or engaged in domestic, recreational, cultural or community activities, was being “at home” for the participants.

The prioritisation of time

A core component of parent-only care identified by the majority of participants was time:

[It’s] the time component ... the parent that spends most of the time caring for the kids. (P21)

The person that looks after the children the majority of the time. (P1)

For most participants, the quantity of time spent with their child was very important. One participant explained:

The way that we view parenting is that we had the children to be their parents and for us putting them in child care where somebody looks after them more than we did was not effective parenting. Not to us, you know. We wanted to have an input into growing them and nurturing them and for us that meant looking after them full-time. (P2)

Having their child with them, whether they were at home, at work or engaged in domestic, recreational, cultural or community activities, was being “at home” for the participants.

Participants spoke of the importance of being around the child to nurture them physically, emotionally and spiritually.

Availability, responsiveness and the importance of “being there”

Many participants considered that availability and responsiveness to their child were related issues. One participant noted: “[parent-only care] is about consistency, which is one thing, but it’s also about the level of responsiveness you can give to your child” (P12).

“Being there” for the child, to support the child’s physical and emotional needs, was paramount. As one participant reflected: “... just being there for him for whatever he needs me for” (P18). For the majority of participants quality and quantity of time were not distinct:

I don’t think there’s anything else that was more important than spending my time with her. I’d leave my job, my friends, my life ... [parenting a child is] more important than all those things. (FGP3)

We’re like a little team ... we do everything together. (P19)

I’m the one that looks after her almost all the time. I’m the one she’s with the five days a week while my husband’s at work ... Then it flows onto the night-time parenting as well, when she wakes in the night she calls out for me ... Then on the weekend it flows onto that as well—you seem naturally to be the first one to react when they need help. (FGP4)

Engaging in the world of the child

Another important facet of parent-only care for the research participants was teaching and

playing with the child and engaging in their world:

I’m there to play with him and to look after him. (P11)

Being a stay-at-home parent, I think children really appreciate and enjoy that and learn and grow. (P15)

[T]he prime focus has been spending time with the kids and being there with them to help them develop ... teaching them and so on. (P21)

Responsibility for the whole development of the child

Decision-making about the child and taking on “the responsibility of raising the child” (P7) were also key themes. Participants spoke of the importance of being around the child to nurture them physically, emotionally and spiritually.

For many participants, intertwined with this responsibility for the child was the facilitation of the child’s early life experiences, instilling and modelling core family morals and values and building emotional strength and resilience in the child. One participant expressed this in terms of instilling their “morals and their values” in the child (P7); another in terms of being a “role model” for their child (P9) and a third in terms of “modelling the behaviour you want to see in your children” (P14). This was in addition to the more pragmatic aspects such as the health, clothing and feeding of the child. One participant simply concluded that parent-only care is “to really raise your children [yourself]” (P7).

Findings on the motivation to provide parent-only care

The discussion of parent-only care is greatly enriched by an examination of the motivations for providing parent-only care, as they explain its essence. The meaning of parent-only care is illustrated by the participants’ motivations for choosing to parent in this way.

Source of motivation to provide parent-only care

The motivation to provide parent-only care can come from a number of sources. It can be intuitive or instinctive, learned (imitation of, or determination to distinguish, their parenting from the parenting they received as children) or from philosophical enquiry or education. Other significant considerations include what is perceived best for their child, breastfeeding, the desire to not “miss out”, belief in the importance of early childhood experiences and beliefs about the alternatives to parental care, in particular a reluctance to use institutional



child care. For many participants, all of the above-mentioned influences were significant.

Some participants spoke of their “gut instincts as mothers” (P1) tending against separation from their child; being with their child was “instinctive” for them (P12). Others reported an emotional response that over-rode their other plans: “it was mainly an emotional thing” (P3). For others, the instinct was consequential of their own childhood experience: “my mum stayed home with us ... I think that was really nice ... I guess it’s because of my mum, it’s what my mum did for us when we were young” (P13).

For others, their childhood experience informed their parenting decisions in a reactive way:

I see [parenting] as my job because when I was growing up my mum didn’t have a lot of time for us. [I: And so you’ve defined your mothering in opposition to that?] Yes, I have. (P11)

For some participants, the decision to provide parent-only care followed a struggle to reconcile their instinct with culturally-embedded preconceptions of full-time motherhood:

I think my instincts were telling me to stay home but I had a lot of preconceived ideas about motherhood, some of which were culturally embedded and some based on my own family origin. Sort of negative thinking about being a stay-at-home mother. (P14)

Some participants expressed surprise at their strong desire, following the birth of their child, to ensure the child received parent-only care: “I had never contemplated that I’d be a stay-at-home mum. I’ve got a psychology degree, I did sociology, I’d probably call myself a feminist” (P1). Similarly: “I’m very much a career woman. I never saw myself as a stay-at-home mum” (P20). Other participants noted the stark contrast between their expectations pre-child and their decision-making after the child was born:

It never entered my head not to go back to work ... I was all set to go back to work, I’d booked [child] into day care and everything. And then I just couldn’t do it [laughs]. It was real surprise for everyone involved, including myself. But I couldn’t go back to work ... [after the child was born decision-making was] very different. (P3)

For some participants, it was always their conscious, considered decision to provide parent-only care and this decision was made simultaneously with the decision to have a child:

Mine was a conscious choice ... I was happy to stay and be the [parent-only carer]. (FGP4)



I used to be an au-pair and that was my first experience of handling children. So for me, I didn’t want somebody else to look after my children. (FGP2)

Attachment and bonding

Forming a strong bond or connection with their child was a paramount consideration for research participants. As one participant explained, there is a “very close bond ... very strong attachment” between a parent-only carer and their child (P12). Another participant similarly spoke of the “very deep emotional connection” she had with her child as a parent-only carer (P11).

Some participants attributed this to their professional knowledge and experience. A psychiatrist participant noted: “I think it was influenced by my knowledge of child development and attachment” (P20). Another, trained as a clinical psychologist, said:

I think part of it is just is my role, my job role part of it, is seeing the effects where there isn’t a good childhood and a good primary attachment with the caregivers and just how messed up people can be if they don’t have a good solid grounding as a person. (P14)

Best for their child

A further consideration mentioned by a majority of participants was the desire to provide what they perceived was best for their child. One participant explained this simply in terms of “putting the kids first”:

It would be nice just to go off or be involved in something else and to walk out the door at the end of the day and to forget about that and to come home. But of all the options we looked at, nothing was beneficial for the kids. (P1)

Other participants spoke of this in terms of wanting to give their children the “best start”.

Forming a strong bond or connection with their child was a paramount consideration for research participants.

A further factor motivating participants to provide parent-only care was the desire to be with their child and to not “miss out” on their early childhood.

All of the participants who raised this issue considered that the best start for their child was to be continuously cared for by a parent:

I really do want to give him the best start in life. Which comes back to my reason for not putting him in day care. (P11)

I think it's part of my personality about wanting to give them the best start in life, and I have fairly unrelenting standards on myself. A lot of professional women have those. So it's very important to me ... I think for the first part of their life, home-based care is best, certainly in my experience. (P15)

Breastfeeding

Breastfeeding was a key factor in providing parent-only care for the majority of participants:

While you're breastfeeding you really need to be close to them. (P15)

It's easier to breastfeed when you're home. You're there, it's easier and it's available. You've got your own time frames. (P8)

There's been the breastfeeding, the full dependence of [child], I've needed to be the primary available to her. (P16)

Not missing out

A further factor motivating participants to provide parent-only care was the desire to be with their child and to not “miss out” on their early childhood. Some participants couched this desire in terms of specifically not wanting to miss out on “firsts” (first steps, first words),

but for the majority of research participants, the sentiment was more general—it was simply about wanting to be with their young child: “I don't want to be away from them. It's really about spending time with them” (P10).

Belief in the importance of early childhood experiences

Most participants expressed a belief in the importance of early childhood experiences for children, and an acknowledgement of the limited duration of early childhood parenting. For many, this awareness significantly informed their decision-making about work:

My work is always going to be there, but these little kids are only going to be little for a very short time in the whole scheme of things. (P14)

It's such an important time in his life. And they grow up so quickly as well. (P13).

Some participants noted the sensitivity and vulnerability of young children as paramount to their decision-making, contrasting the needs of pre-school children with school-aged children who were perceived to benefit from increased socialisation and independence.

For many participants, this belief in the importance of early life experiences stemmed from knowledge of the literature on early childhood and child development:

There's a whole raft of outcomes that are influenced by early life experience. (P20)

Looking at child development and everything, there was absolutely no way I was going to put my child in a child care centre. (P1)

I've done a lot of reading ... that has been a very strong influence on me. (P12)

Certainly the evidence that we've read, they should just be with their parents. (P18)

Unwillingness to outsource child care

The participants' stated unwillingness to outsource the care of their child was strongly linked to the age of their child, expectations and experiences with early child care and perceived benefits and adverse features of child care. One participant observed that this is the “age of child care” (P2). The desire to avoid use of formal child care was expressed by many participants as a key impetus in their decision to provide parent-only care.

For the majority, the reluctance to use formal child care was two-pronged. Firstly, it comes from the desire to provide parental care and avoid outsourcing the care of their child for the reasons stated above. The majority of research



participants believe that parental care trumps non-parental care, irrespective of the quality of the child care, during the first three years of life.

Secondly, reluctance to use formal childcare comes from an assessment of the problematic endemic features of formal child care. These include the perceived poor quality of care generally provided, the high infant-to-carer ratios, the length of time spent in care, concerns about leaving a young (perhaps non-verbal) child in the care of adults with whom a familiar and trusting relationship has not been established and concerns about the potentially adverse longer-term consequences of child care.

As the main alternative to parental care, avoiding using child care was one of the most frequently posited reasons behind the decision to provide parent-only care. It was a “driving force” (P2).

That was the only decision that we had to make. Do we want to put the kids in child care? Yes or no. And for us it was a no. And then we worked our lives around that basically. We would have done whatever we had to do not to put them in child care ... [Child care] might work for other people, but it's not for us. (P2)

Avoiding [putting child in child care is] really important to me. (P12)

I wouldn't put [child] in day care ... I just couldn't leave him. (P19)

As detailed above, a strong value for many participants was what was perceived “best for their child”. In the context of their desire not to use child care:

For us [child care] just wasn't right, [child care] wasn't about putting our kids first, being home with them. (P1)

It was very important to me to actually raise my own children. (P7)

We just really couldn't imagine her being happy and as well looked after in formal day care. (P22)

One participant, who regretted her inability to provide parent-only care as a consequence of her job requirements, said in regard to her present centre-based child care arrangements: “I don't think it's ideal to be honest. If I won lotto and didn't have to work, I would not put the children in child care. I think it's better to have parent care” (P4).

The concern with the use of formal child care was specifically in the context of early child care (for children under 3 years old). Many participants considered there to be a stark contrast between the effects of child care on young and older children:

When they're so young I don't think it's beneficial in any way. When they get a bit older, yes, but now it's really



just somebody minding them, they're not really getting anything from it I don't feel at that age. At some point children need to learn to interact with other children in different situations, but I don't think ... it's necessary when they're really young. (P17)

I think by the time they're a bit older and the bits of their brain that regulate emotions have grown a bit more and they can cope with situations on their own a bit more, that's a different conversation. (P12)

A small number of participants were driven to provide parent-only care because of their perception of the lack of “good quality” child care available. The majority were of the view that for young children, child care was not optimal or equivalent to parental care, irrespective of the quality of the care:

I wouldn't put them in child care even if they were really good quality child care centres. Because under 3, I really think they need their parents to raise them. (P6)

This desire to be the one to raise their children was the core motivation behind the reluctance to outsource care, although other factors associated with child care were identified:

He hasn't enjoyed [child care] ... he found it very overwhelming to be away from me ... [after nine months in care at the same centre] he still cries every time we drop him off ... it's horrible ... today, someone wasn't actually holding him when we left and so he runs to the door. And you just feel terrible ... he's just so much happier when we had that long stretch with no child care [while on holidays] ... it felt like he's happier in himself and I feel like he's developing better ... I don't think it's really the place as such but I think it's just being in a child care environment ... And all of it, I think, boils down to, I think he's too young for it ... overall, I don't feel like it's benefited him in any way at this point in his life ... [working] does come at that cost—dropping him off at child care is just awful because he doesn't like it. (P17)

Unwillingness to outsource the care of their child was strongly linked to the age of their child, expectations and experiences with early child care and perceived benefits and adverse features of child care.

Many participants reported feeling “abnormal”, “strange”, “unusual”, a “bit of a freak” and “isolated” by their decision to provide parent-only care.

The stigma of parent-only care

Finally, many research participants reported experiencing stigma as a consequence of being parent-only carers. Many participants reported feeling “abnormal”, “strange”, “unusual”, a “bit of a freak” and “isolated” by their decision to provide parent-only care. This was a sentiment expressed by highly educated, professional participants and non-tertiary educated participants alike. One participant observed:

My group of friends, we are unusual in the fact that we have decided to stay home, and that is really not the norm these days. Everyone goes back to work ... People are like: “what do you mean your kids aren’t in day care?” They’re really shocked ... And everyone looks at you like you’re a bit of a freak if you’re a full-time mum ... like there’s something wrong with you that you stay at home. (P3)

This issue was also discussed at length in the focus group. One comment made by a participant and affirmed by others was about the feelings of difference and isolation associated with the decision to provide parent-only care beyond the initial period of the child’s infancy:

When you get to that 12-month mark when most people do go back to work after their maternity leave, you do get a lot of peer pressure, which I don’t think is intentional, as to how come you haven’t gone back to work. It’s almost like the people who did go back to work make you feel a little bit guilty about staying at home ... That’s the one thing I do notice about

when you really decide to be the primary carer, it’s after everybody else has gone back to work and you’re still at home. (FGP5)

One participant reflected on the isolation of providing parent-only care in a climate in which two-income families is the norm:

We’re the abnormal people in our circle of friends, because all of our friends are professionals ... and I am the only person at home ... I found it the most isolating experience of my short life thus far ... it was very difficult. (P2)

Discussion

The research findings both confirmed existing understandings about parent-only care and provided new insights. The discussion is divided into these two categories.

Research findings confirming existing understandings

The research finding that a core feature of parent-only care is “being there” for the child resonates with the theoretical literature. Much child development literature has emphasised the developmental importance for children of a parent “being there”, in terms not only of physical presence but emotional presence and being attuned to the child’s changing developmental needs (Fox, 2009). Cook and Willms’ review (Bowes, 2005, p. 420) emphasised the correlation of time and incidents of positive activities including laughing, playing, talking and reading with children.

Another factor that emerged from the participants’ stories as integral to their decision-making is the opportunity to form a strong relationship with the child. This finding is significant as while there has been a wealth of research on bonding and attachment in the context of early child development, this has been limited to the theoretical literature.

It is acknowledged that considerations associated with bonding and attachment have been fraught with controversy, touching as they do upon issues including the appropriateness of early child care; traditionalist, religious and feminist discourse on the roles of women and mothers and men and fathers; and “mother wars” between those with different perspectives (Beneveniste, 1998; Dux & Simic, 2008; Pocock, 2006; Stephens, 2005; Williams, 2000). The concern of this article is not to explore the polarities of this debate. Rather, as descriptive phenomenological research, it is capturing the experience of parent-only care from the participants’ perspective.



The research finding that parents are motivated to provide parent-only care as they consider it beneficial for their child, when compared with the other types of care available, also resonates with the theoretical literature. Concerns with the quality of child care available in Australia are well-documented in the literature. These concerns have been heightened by the rapid growth in the privatised child care industry in the past decade, with demand for formal child care outstripping supply and creating a seller's market (Pocock, 2006). Pocock (2006, p. 154) stated that: "How children are cared for and educated in their infancy and preschool years ... leaves a deep imprint and long-term social and economic costs". Press (2006) concurred, arguing that early childhood care experiences are critical to longer-term development. Shonkoff and Phillips (2000, p. 219) cited the "profound" effects of early care on brain development.



A further factor that emerged from the empirical data as significant to the decision to provide parent-only care is breastfeeding. For research participants, the desire to breastfeed their child correlated with a strong reluctance to be physically separated from their child. This resonates with the analysis by Gray et al. (2008) of the Longitudinal Study of Australian Children, which showed that families in which a child was being breastfed was 14% more likely to use parent-only care.

In the literature, the prescriptive and descriptive stereotyping (cognitive bias) against mothers is recorded (Burgess & Borgida, 1999; Still & Williams, 2006). The social judgment of the "choices" women make about work and parenting is also well documented (Grimshaw, Murphy, & Probert, 2005).

New research findings

There are a number of key findings documented in this research study that have not previously been explored in the extant literature. One of these is that those providing parent-only care fall within two groups: primary parents and shift-parents. There are a number of core features of parent-only care common to both groups. These core features, as articulated by the research participants, include an understanding of the importance of the time spent with the child, prioritising parenting as their primary "job" or "role", recognising that the parent's presence is important for the child, being available for the child where needed, engaging in the child's world, being able to respond to the child's changing needs and taking responsibility for the child.

The qualitative literature has not considered the source of motivation to provide parent-only care. The research findings represent the first step in documenting this phenomenon from the perspective of a subset of Australian parents. The findings document that there are different sources of motivation to provide parent-only care, and provide insight into these factors.

Some scholars have recently challenged the delineation between "work" and "home" in a way that opens up the potential for the integration of children into the workplace. However, the meaning of "home" from the perspective of parents of young children has not been explored to date. The finding that "home" for parent-only carers is descriptive of the togetherness of the parent and child, rather than the now dated notion of a stay-at-home parent isolated from public life, is significant.

As outlined above, many of the research participants spoke of their perception that there is a stigma attached to parent-only care. In other contexts, the literature documents that one of the ways in which the plight of those outside the mainstream in any socio-political spectrum is oft addressed is to stigmatise and blame that group. The research findings suggest that parent-only carers are subject to a similar type of stigmatisation, yet to date there is no literature that makes this link with respect to this phenomenon. As noted earlier, the perspectives of parent-only carers with respect to child care have not previously been documented. However, a number of the findings of this research affirm the more general literature on early child care. The research finding that the reluctance by parents

The finding that "home" for parent-only carers is descriptive of the togetherness of the parent and child, rather than the now dated notion of a stay-at-home parent isolated from public life, is significant.

Parent-only care was highly valued and prioritised by the participants; parenting was seen by many as their “job” for the duration of their child’s early childhood.

to use formal child care for young children can stem predominantly from concerns about the child’s experience while in care resonates with contemporary Australian research into child care. A 2005 study conducted by the University of Queensland documented that the primary consideration for many of the parents surveyed lay not with the affordability or accessibility of child care, but with concern for their child’s welfare (Dux & Simic, 2008). Recent research by the Australian Institute of Family Studies documented the concerns held by Australian mothers about the quality of care provided in formal child care centres and the way in which this factor helped shape their decision-making about whether or not to use child care (Hand, 2005).

Limitations

Pragmatic limitations associated with the doctoral work necessitated that enrolment of research participants was in response to an advertisement, supplemented by snowball methods. This method of enrolment is consistent with established qualitative standards, yet necessarily limits the cultural diversity of participants (those with fluency in English and confidence articulating their views on this topic would more likely volunteer their involvement) and also increases the likelihood that the participants had significant concerns

which they sought to document through their involvement, which may have influenced the data obtained.

While the greatest efforts were made to attain diversity among participants, the sample of interviewees and focus group participants were predominantly middle-class female professionals from nuclear families. This is unsurprising, given that this is consistent with the general demographic profile of those seeking to integrate parent-only care and work. There is a need for further research exploring the experiences of parent-only carers who are not socio-economically well positioned or highly educated, as these factors have a significant impact on choice at the interface of parent-only care and labour market participation.

Further, despite that the focus of the thesis was on parent-only caring by mothers and fathers, the research participants, consistent with demographic trends, were all mothers. By documenting the findings of these participants, we do not seek to privilege mothering. Our understanding of parent-only care would be greatly enriched by hearing the voices of the fathers who provide such care, as well as the voices of parents from non-nuclear families.

Conclusion

This article has documented qualitative research findings on the meaning of parent-only care and the mothers’ reasons for providing parent-only care. There was a strong consensus in the data that at the heart of parent-only care was the value of time. Being there for the child, availability and responsiveness to the child were considered as integral and related aspects of this time commitment. The strong attachment and bond that was seen to develop from this was strongly respected by participants and there was an understanding of the child’s reliance on them. Parent-only care was highly valued and prioritised by the participants; parenting was seen by many as their “job” for the duration of their child’s early childhood. The requirements of this job included taking on the responsibility of raising the child, which involved scaffolding their emotional development and resilience as well as looking after the child physically; teaching and playing with the child; and engaging in their world and being a role model for the child, which included guiding the development of core family values.

Key reasons why participants provided parent-only care were stated to be an intuitive response (this often only crystallised after the birth of



the child); attachment and bonding with the child; that parent-only care was considered optimal for their child; breastfeeding; not wanting to miss out on any part of their child's early childhood; belief in the importance of early childhood experiences and awareness of the fleeting duration of early childhood; and their perception of, and strong wish not to use, the available alternatives to parental care during the child's first three years of life. This is not to suggest that participants romanticised parent-only care—many participants spoke of the difficulties of parent-only care, particularly in the context of labour market participation. Yet it was considered that the duration of early childhood parenting is very brief and the benefits for children great, as one participant philosophically concluded:

Three years isn't a long time to invest in someone ... and that three years is really important, that will make a difference to how they view the rest of their life. And how they are able to handle the things in their life for the rest of their life depends to a big extent on how those first three years are managed. (P12)

In recent times, there has been a strong focus on increasing rates of workforce participation in Australia. This agenda has particularly targeted groups such as women with young children, who have had lower than average rates of workforce participation. To this end, the efficacy of measures such as paid parental leave have been cast into question and discussions about the availability, cost and quality of formal child care for young children are continually reignited. These discussions are largely circular and fail to move beyond the assumption of outsourced child care to hear the voices of a significant but presently marginalised group who have the desire and ability to contribute to the labour market but are not prepared to outsource the care of their young children. It is time for the voices of parent-only carers to be heard in this debate.

Endnotes

- 1 Recently, the federal government argued for the necessity for increasing female workforce participation based on the latest Intergenerational Report, which suggested that if Australia can get its female participation rate up to Canada's level, the country's GDP could be a permanent \$25 billion higher. See further Emma Griffiths, *Intergenerational Report: Population projected to near 40 million in "ageing boom"*. ABC online <www.abc.net.au/news/2015-03-05/population-projected-to-near-40-million-in-ageing-boom/6282674>.
- 2 The government released the Productivity Commission's final report into the child care sector last month. The commission, which was briefed by the government to make suggestions within existing child care funding, recommends that the government's multiple child care payments are rolled



into one means-tested subsidy and that funding is based on an hourly rate, benchmarked against the median price of various types of child care.

- 3 Participants were invited to respond to advertisements in magazines, newsletters and Internet forums likely to attract the attention of participants meeting the criteria; further participants were enrolled from the networks of those participants who self-identified.
- 4 In attributing authorship of quoted text, each participant is numerically denoted (for example, P1 for Participant 1; FGP1 for Focus Group Participant 1). Verbatim dialogue is presented with the participant's statements preceded or followed by a 'P', 'FGP' or 'I' (Interviewer).

References

- Australian Bureau of Statistics (ABS). (2005). *ABS Cat No 4402.0*. Canberra: ABS.
- Baxter, J. (2004). *Increasing employment of partnered mothers: Changes in child care use*. Paper presented at the Australian Population Association Conference, Canberra.
- Baxter, J., Gray, M., Alexander, M., Strazdins, L., & Bittman, M. (2007). *Mothers and fathers with young children: Paid employment, caring and wellbeing* (Social Policy Research Paper No 30). Canberra: Department of Families, Community Services and Indigenous Affairs.
- Beneveniste, J. (1998). *Woman, work, child: Women talk about balancing work and family*. East Rowville, NSW: Simon & Schuster.
- Bowes, J. (2005). Emphasizing the family in work-family research: A review of current research and recommendations for future directions. In S. Poelmans (Ed.), *Work and family: An international research perspective*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Burgess, D., & Borgida, E. (1999). Who women are, who women should be: Descriptive and prescriptive gender stereotyping in sex discrimination. *Psychology, Public Policy and Law*, 5, 655–692.
- Cobb-Clark, D., Liu, A., & Mitchell, D. (2000). Reassessing the role of child care costs in the work

Many participants spoke of the difficulties of parent-only care, particularly in the context of labour market participation. Yet it was considered that the duration of early childhood parenting is very brief and the benefits for children great.

There was a strong consensus in the data that at the heart of parent-only care was the value of time.

- and care decisions of Australian families. *Australian Bulletin of Labour*, 26(4), 279–297.
- Cook, P. (1999). Rethinking the early child care agenda. *Medical Journal of Australia*, 170, 29–31.
- Cooney, K. (2006). Mothers first, Not work first: Listening to welfare clients in job training. *Qualitative Social Work*, 5, 217–235.
- Craig, L. (2006). How employed mothers in Australia find time for both market work and childcare. *Journal of Family and Economic Issues*, 28(1), 69–87.
- Craig, L. (2007). *Contemporary motherhood: The impact of children on adult time*. Aldershot: Ashgate.
- Duncan, S., Edwards, R., Reynolds, R., & Alldred, P. (2004). Mothers and child care: Policies, values and theories. *Children and Society*, 18, 254–265.
- Dux, M., & Simic, Z. (2008). *The great feminist denial*. Melbourne: Melbourne University Press.
- Early, D., & Burchinal, M. (2001). Early childhood care: Relations with family characteristics and preferred care characteristics. *Early Childhood Research Quarterly*, 16, 475–497.
- Fox, I. (2009). *Meeting children's needs for a stable caregiver*. Interview with Attachment Parenting International, Teleseminar, 25 August 2009.
- Gray, M., Baxter, J., & Alexander, M. (2008). Parent-only care: A child care choice for working couple families? *Family Matters*, 79, 42–49.
- Grimshaw, P., Murphy, J., & Probert, B. (Eds.). (2005). *Double shift: Working mothers and social change in Australia*, Beaconsfield, Vic.: Circa.
- Hand, K. (2005). Mothers' views on using formal child care. *Family Matters*, 70, 10–17.
- Hand, K., & Hughes, J. (2004). Mothers' reflections about work and family life. *Family Matters*, 69, 45–49.
- Hertz, R. (1997). A typology of approaches to child care: The centrepiece of organizing family life for dual-earner couples. *Journal of Family Issues*, 18(4), 355–385.
- Himmelweit, S., & Sigala, M. (2004). Choice and the relationship between identities and behaviour for mothers with pre-school children: Some implications from a UK study. *Journal of Social Policy*, 33(3), 455–478.
- Holloway, I. (1997). *Basic concepts for qualitative research*. Oxford: Blackwell Science.
- Houston, D., & Marks, G. (2005). Working, caring and sharing: Work-life dilemmas in early motherhood. In Houston, D. (Ed.), *Work-life balance in the 21st century* (p. 80). London: Palgrave Macmillan.
- Kalenkoski, C., Ribar, D., & Stratton, L. (2007). The effect of family structure on parents' child care time in the United States and the United Kingdom. *Review of Economics of the Household*, 5(4), 353–384.
- Liamputpong, P. & Ezzy, D. (2005). *Qualitative research methods*. Oxford: Oxford University Press.
- Madaras, E. (1999). Journeys inward: Portraits of three women's growth through the entry into motherhood. *Dissertation Abstracts International*, 60(6), 3002B.
- Mayan, M. (2009). *Essentials of qualitative inquiry*. Walnut Creek, CA: Left Coast Press.
- Merriam, S. (2009). *Qualitative research: A guide to design and implementation*. New York: John Wiley & Sons.
- Monna, B., & Gauthier, A. (2008). A review of the literature on the social and economic determinants of parental time. *Journal of Family and Economic Issues*, 29(4), 634–653.
- Morehead, A. (2001). Synchronizing time for work and family: Preliminary insights from qualitative research with mothers. *Journal of Sociology*, 37(4), 355–369.
- NATSEM. (2007). Honey, I calculated the kids ... it's \$537,000: Australian child costs in 2007, *AMP/NATSEM Income and Wealth Report*, 18.
- Pocock, B. (2005). Australian mothers in 2004: Awaiting a decent work/care regime. In Grimshaw, P., Murphy, J., & Probert, B. (Eds.). *Double shift: Working mothers and social change in Australia*. Beaconsfield, Vic.: Circa. (p. 19).
- Pocock, B. (2006). *The labour market ate my babies: Work, children and a sustainable future*. Leichhardt, NSW: The Federation Press.
- Press, F. (2006). *What about the kids? Policy directions for improving the experiences of infants and young children in a changing world*. NSW Commission for Children and Young People, Queensland Commission for Children and Young People and the National Investment for the Early Years.
- Probert, B. (2002). "Grateful slaves" or "self-made women": A matter of choice or policy? *Australian Feminist Studies*, 17(37), 7–17.
- Reid-Boyd, E. (2000). Being there: Mothers who stay at home. Paper presented at the 7th Australian Institute of Family Studies Conference, Sydney.
- Reid-Boyd, E. (2002). Being there: Mothers who stay at home, gender and time. *Women's Studies International Forum*, 25(4), 463–470.
- Rivieres-Pigeon, C., Seguin, L., Goulet, L., & Descarries, F. (2001). Unravelling the complexities of the relationship between employment status and postpartum depression symptomatology. *Women & Health*, 34, 61–79.
- Rubin, S., & Wooten, H. (2007). Highly educated stay-at-home mothers: A study of commitment and conflict. *The Family Journal*, 15, 336–345.
- Shonkoff, J., & Phillips, D. (Eds.). (2000). *From neurones to neighbourhoods: The science of early childhood development*. Washington, DC: National Academic Press.
- Spiegelberg, H. (1975). *Doing phenomenology*. Leiden: Nijhoff.
- Stephens, J. (2005). Cultural memory, feminism and motherhood. *Arena Journal*, 24, 69–83.
- Still, M., & Williams, J. (2006). A legal perspective on family issues at work. In Pitt-Catsouphes, M., Kossek, E., & Sweet, S. (Eds.), *The work and family handbook: Multi-disciplinary perspectives, methods, and approaches* (p. 315). Mahwah, NJ: Lawrence Erlbaum Associates.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. New York: State University of New York.
- Williams, J. (2000). *Unbending gender: Why family and work conflict and what to do about it*. Oxford: Oxford University Press.
- Zimmerman, T. (2000). Marital equality and satisfaction in stay-at-home mothers and stay-at-home fathers. *Contemporary Family Therapy*, 22, 337–354.

Dr Emma Phillips is Systems Advocate with Queensland Advocacy Incorporated and **Prof. Paula Baron** is Associate Pro-Vice Chancellor (Coursework), College of Arts, Social Sciences and Commerce at La Trobe University.