

Article

# Well-Being of Parents of Children with Disabilities—Does Employment Status Matter?

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**Abstract:** Being a parent of a child with a disability brings with it special burdens, e.g. extraordinary caregiving responsibilities, which can have a negative impact on other areas of life and the well-being of parents in general. The aim of this study is to examine the differences in various aspects of well-being and social support between parents who are employed in addition to having caregiving responsibilities, unemployed parents, and parents who are formal caregivers (they receive financial support to care for their child). The online survey included 165 unemployed parents, 467 employed parents (273 full-time and 194 part-time), and 182 formal caregivers. Multivariate analyses of covariance (MANCOVAs) showed that both full-time and part-time employed parents had higher levels of life satisfaction, global health, and social support than unemployed parents, when controlled for the child's level of disability and the parents' level of education. Formal caregivers and unemployed parents did not differ significantly in the variables of well-being or social support. Our results suggest that a social measure introduced in Croatia to facilitate parents of children with disabilities to work have a positive impact on parental well-being, and that social support from society for unemployed parents and formal caregivers needs to be improved.

**Keywords:** parents of children with disabilities; caregivers; employment; well-being; social support



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## 1. Introduction

The birth of a child with a disability is a factor that largely determines and changes the course of life for the parents and the entire family (Brennan et al. 2020). The expected typical developmental trajectory, in which children become more independent as they grow older, is often not true for children with difficulties; rather, the child's difficulties and dependence on parents may increase over time (Brennan et al. 2016; Lewis et al. 2000). Daily life is more unpredictable than that of parents of typically developing children, and is characterised by specific stressors of an emotional, financial, cognitive, and physical nature (Gothwal et al. 2015). Parents of children with disabilities in a given context become rehabilitation therapists, caregivers, co-ordinators of rehabilitation treatment, and advocates of children's rights, all this in addition to their usual roles in daily life (Slišković et al. 2022).

### 1.1. Social Support and Well-Being

In facing the new roles of parenting a child with disabilities, parents need more social support from the environment, as they look for sources of support that appear specifically with the birth of a child with disabilities (stronger support from the healthcare system and the education system, the support of the social community in the integration of the child, etc.). However, research shows that social support is sometimes less extensive for parents of children with developmental disabilities than for parents of children without disabilities (Klarin et al. 2020; Martinac Dorčić and Ljubešić 2009). In contrast to a family with a child with typical development, where the extended family often helps care for the children (Sonenstein et al. 2002), this help is less available for a child with difficulties

because, in certain cases, family members are not trained to do so and are sometimes less motivated to help, especially if the child has behavioural problems (Brennan et al. 2020; Rosenzweig et al. 2008). Some parents of children with disabilities experience social isolation, which further affects their well-being (Gérain and Zech 2019; Kimura 2018). In addition, parents of children with disabilities have fewer formal sources of support available to them, as preschool and school programs are less accessible or adapted to children with disabilities, and institutions sometimes refuse to co-operate because they are unable to deal with the child's challenges (Erickson Warfield 2001; Gilliam and Shahar 2006). In general, caring for children with disabilities requires more time and resources than caring for children without disabilities (Cantero-Garlito et al. 2020). Coping with the described specific stressors associated with raising a child with disabilities is associated with lower levels of health and well-being among these groups of parents than among parents of children without disabilities (Al-Kuwari 2007; Brehaut et al. 2009; Di Giulio et al. 2014; Hung et al. 2010; Marquis et al. 2019).

### 1.2. Employment among Parents of Children with Disabilities

In this study, the focus is on the well-being of parents of children with developmental disabilities and social support, but from the perspective of evaluating the importance of employment in their lives. Namely, one of the life roles that is greatly affected by the birth of a child with a disability is the role of the employee. The increasing financial expenses for the child's treatment and rehabilitation, especially in the case of severe impairments, put pressure on the parents of a child with difficulties to make a greater financial contribution and to work, and, on the other hand, the increased need for care and participation in various rehabilitation treatments and examinations further complicates the fulfillment of a work role (Ombla et al. 2023).

Research suggests that it is more difficult for parents of children with developmental disabilities to balance family and work responsibilities than for parents of typically developing children, and that their employment may be associated with lower levels of health and well-being (Gérain and Zech 2018; Brown and Clark 2017). On the other hand, some research suggests the opposite result, that employment itself is a distraction from the complex family environment and thereby promotes parental well-being (Gérain and Zech 2018; Morris 2014). Whether a parent will continue to work after the birth of a child with difficulties depends on a whole range of factors from the personal, family, work, and social spheres and their interaction (Slišković et al. 2022). A Norwegian longitudinal study (Wondemu et al. 2022) found that caregiving for children with disabilities has negative effects on parents' labour market participation, work hours, and earnings, and these effects are more pronounced for mothers than for fathers. The negative impact of caregiving on employment is stronger the more severe the child's disability. The authors, therefore, suggest that policy makers should provide a solution to support caregivers, especially mothers, who are unable to work due to caregiving responsibilities.

### 1.3. Formal and Informal Caregivers

The social rights available to parents of children with disabilities, as a form of formal support, play an important role in enabling their work. In each country, the rights of children with disabilities and their families are regulated by law; in Croatia, it is the **Maternity and Parental Benefits Act (2013)** and the **Social Welfare Act (2013)** that regulate these rights. In the Republic of Croatia, there are several rights that make it easier for parents of children with developmental disabilities to find a job, and, in this context, the right to work part-time to care for children should be mentioned. Those who are exercising this right to work part-time are receiving a full salary (as if they were working full-time), with half of the salary financed by the employer and the other half by the state, and they have all the rights from the pension and healthcare system. Another parental right that can be used by parents whose child has multiple severe impairments (level 4—the highest level of disabilities in at least two spheres of functioning) is the right to be a parent

caregiver. The parent formally becomes a caregiver and receives compensation from the state. This study compares the differences between employed parents (those who work full-time and those who are exercising their right to work part-time), caregiver parents, and unemployed parents in terms of levels of social support and well-being. In this context, caregivers are referred to as formal caregivers because they are recognised as such by the state and receive compensation for doing so. However, this differs from the term "formal caregiver", which, in other studies, refers to a person with healthcare training whose job is to provide care (Häusler et al. 2017). The reason formal caregivers are called this in our study is because the other two groups of parents included in this study are also caregivers, but in an informal way, which does not mean that they differ quantitatively or qualitatively from formal caregivers in the care they provide, only that formal caregivers receive financial compensation.

#### 1.4. The Present Study

Finally, the aim of this paper is to examine the differences in different aspects of well-being (life satisfaction, mental health, and general health) and social support between three groups of parents: employed parents, formal caregivers, and unemployed parents.

The research to date consistently shows that parents of children with disabilities have lower levels of well-being (Di Giulio et al. 2014; Hung et al. 2010; Lučić et al. 2017; Marquis et al. 2019; Shenaar-Golan 2016; Smith and Grzywacz 2014), require higher levels of social support (Slišković et al. 2022), and often receive less support than parents of children without disabilities (Klarin et al. 2020; Martinac Dorčić and Ljubešić 2009). There is also agreement that working parents of children with disabilities experience higher levels of stress and difficulty in fulfilling their job responsibilities (Wondemu et al. 2022), and that it is more difficult for working parents who have a child with disabilities to balance these personal and professional responsibilities (Brown and Clark 2017). Less clear, however, is the relationship between well-being and fulfillment through work, that is, the function that employment has on their well-being in the context of their specific daily lives (Slišković et al. 2022).

The starting point for this study is the lack of research in the field on the relationship between the employment status and well-being of parents of children with disabilities. The results of the few existing studies are not coherent, as this is a complex issue in which the well-being of this group of parents depends not only on working conditions, but also on a range of individual and family conditions (gender, education, and child's level of difficulty), as well as on the availability of childcare services that fall under special support (Ejiri and Matsuzawa 2019; Slišković et al. 2022), which highlights the importance of additional research examining the relationship between the role of employment and well-being. The first hypothesis of this research is based on the findings of the few previous studies that have examined the relationship between the employment status and well-being of parents of children with disabilities.

Although the review study by Brown and Clark (2017) showed that work–family balance is significantly more difficult for parents who have a child with a disability than for parents of children without disabilities, some authors point to the positive effects of employment and fulfilling professional duties on the well-being and health of working parents of children with disabilities, as work satisfies their needs for achievement and sociability, makes them feel valuable, and gives them a break from the problems of daily life (Di Giulio et al. 2014; Morris 2014; Omla et al. 2023). In addition, employment contributes to a better financial situation for the family, which is an undeniable advantage given the higher costs of such parenting. Therefore, we hypothesised that employed parents would have higher levels of life satisfaction, physical health, and mental health compared to unemployed parents and formal caregiving parents. We also hypothesised that they would have greater social support enabling and supporting their work role, which is consistent with research by Scott (2018) who emphasised the need for social support from society and employers in enabling and facilitating the work role of mothers of children with disabilities.

A caregiving parent has a formally recognised job related to the care of a child and receives financial compensation for it ([Social Welfare Act 2013](#)), but this “work” does not mean a break from daily life. Compared to them, unemployed parents are also involved in the care of their child, but they do not receive compensation for it. Based on the findings on the importance of financial security and its effect on well-being ([Yanagisawa et al. 2022](#)), it is hypothesised that formal caregivers have higher well-being than unemployed parents. We were additionally interested in whether full-time and part-time working parents differed in various aspects of well-being and social support. Based on previous research (e.g., [Morris 2014](#)) that full-time employment is associated with higher well-being, we assumed that full-time working parents in our study would have higher levels of well-being and social support than part-time working parents. In all of the comparisons described, we considered two important variables: the child’s level of impairment and the parent’s level of education, because each of these variables can separately influence parental well-being ([Brannan and Heflinger 2006](#); [Wondemu et al. 2022](#)). Therefore, we statistically controlled for their effects to gain a clearer insight into the differences among three groups of parents of children with disabilities who differ by employment status in well-being and social support.

## 2. Materials and Methods

### 2.1. Participants

The participants in this study were parents of children with disabilities. Participation in the study was voluntary, and the inclusion criteria were that the person had a child/children with disabilities under 19 years of age living with him/her in the household and that they were residents of the Republic of Croatia. After excluding incomplete responses in the final sample, 814 parents remained, most of whom were mothers ( $n = 759$ ; 93%). The age range of participants was 22 to 66 years ( $M = 40.61$ ;  $Sd = 6.20$ ). Most participants (55%) had a high school diploma, 13% had a baccalaureate degree, 26% had a university degree, 4% had a PhD, and 3% of participants had completed only elementary school. When asked how satisfied they are with the family’s financial situation, 6% of participants answered “completely dissatisfied”, 15% “mostly dissatisfied”, 43% “moderately (dis)satisfied”, 29% “moderately satisfied”, and 7% “completely satisfied”; 78% of participants were married, 10% were living in a partnership, 9% were divorced, 1.7% were single, and 1% were widowed.

Regarding the number of children, the majority of participants (45%) had two children, 21% had one child, 23% had three children, while 11% of participants had more than three children. Most participants (89%) had one child with developmental disabilities, 9% had two children with developmental disabilities, and 1% had three or more children with disabilities.

Regarding the child’s level of difficulty, most participants were parents of a child/children with the most severe level of impairment (53%), 31% had a child with severe impairment, 11 with moderate, and 6% with mild level of impairment. The sample included only the parents of those children whose impairment severity was officially classified according to [The Unique Body of Expertise Act \(2016\)](#) and [Regulation on Expertise Methodologies \(2017\)](#). According to the above laws, the severity of impairment is classified into 4 categories, from mild to most severe. Sample was heterogenous regarding the type of child difficulty. Data on children’s difficulties are presented here as a percentage. It should be emphasised that 53% of children have multiple impairments, e.g., difficulties in two or more domains, so the following percentages do not sum to 100 percent. The incidence of difficulties was: physical impairment (29%), visual impairment (14%), hearing impairment (7%), voice, speech, and language disorders (36%), deafblindness (1%), intellectual difficulties (33%), disorders from the autism spectrum (30%), mental disorders (3%), developmental disorders not defined in this list (25%), and chronic diseases in children (16%).

Finally, regarding employment status, participants were unemployed ( $n = 165$ ; 20%), employed ( $n = 467$ ; 57%; 273 worked full time, and 194 part time), or caregivers (formally regulated) ( $n = 182$ ; 22%).

## 2.2. Instruments

Measurement instruments were used that concerned the general well-being of the individuals. Specifically, *health status* was assessed with the item “Rate your health status on a scale from 1 to 5 (1—poor; 3—good; 5—excellent)”.

Life satisfaction was assessed with the unidimensional life satisfaction scale (Komšo and Burić 2016; adapted version of the SWLS, Diener et al. 1985). The scale consists of 5 items that measure global cognitive assessments of life satisfaction ( $\alpha = 0.897$ ). The scale was validated in the study by Komšo and Burić (2016) on a Croatian sample and the authors report adequate validity, sensitivity, and reliability of the scale. Reliability in research of Komšo and Burić (2016) was ( $\alpha = 0.87$ ), and reliability in this study is also high ( $\alpha = 0.897$ ). Respondents are asked to indicate the level of agreement with each statement on a 7-point scale (1—strongly disagree to 7—strongly agree). An example of an item is: “My life is close to what I consider ideal”. The total score is the sum of the responses to all five statements, with higher scores indicating greater satisfaction.

Mental health was assessed using the Croatian version of the Brief Mental Health Inventory (Slišković 2020). The validation study by Slišković (2020) showed that the scale is a sensitive, valid, and reliable instrument for measuring mental health. It consists of five questions measuring general mental health. Reliability in Slišković’s (2020) study was ( $\alpha = 0.83$ ), while reliability in this study was  $\alpha = 0.891$ . For each item, subjects are asked to rate the frequency of the described condition in the past month (from 1 = constantly to 6 = never). The domains of the questionnaire include anxiety (“How often were you very nervous?”), depression (“How often did you feel discouraged and sad?”), general positive affect (“How often were you happy?”), and behavioural/emotional control (“How often did you feel so depressed that nothing could cheer you up?”). The total score is the sum of the scores on all items, with a higher score indicating a higher level of general mental health.

An adapted version of the Family Social Support Scale (Milić Babić 2010) was used, which measures two aspects of social support: 1. the number of available sources of support, and 2. perception of the level of support from available sources in the environment. The adapted version used in this study measured 18 possible sources of support (e.g., spouse, parents, co-workers, professional helpers, etc.). Participants had the opportunity to mark those sources of support that were not available to them. All sources of support marked as “not available” were added together and then subtracted from 18, i.e., the total number of possible sources of support. This gives the total number of available sources of support. The number of sources ranges from 0 (no social support sources) to 18 (very many social support sources). For each source of support, respondents rated the degree of support received from that source on a Likert scale (ranging from 0—no support at all to 4—very much support). The sum of the scores indicates the level of perceived support (the range of scores is from 0 to 72). A higher score means that parents perceive the level of support to be better. The research of Milić Babić (2010) shows a good psychometric property of the scale. The scale is unidimensional and has high reliability ( $\alpha = 0.843$  in this research), while the reliability in the research of Milić Babić (2010) was  $\alpha = 0.85$ .

## 2.3. Procedure

This study used a quantitative, correlational, online cross-sectional design to collect data from a large number of parents of children with disabilities who differed in employment status. Research was approved by the Ethics Committee of the Department of Psychology of the University of Zadar. The link to the online questionnaire was forwarded to all institutions that deal with children with developmental disabilities and their parents in the course of their professional activities, which were asked to forward invitation to the

parents of children with disabilities. Thus, the invitation to the survey and the link to the questionnaire were sent to the e-mail addresses of: Croatian Social Welfare Institute, kindergartens, primary and secondary schools, the Ministry of Labour, Pension System, Family and Social Policy, various associations gathering people with difficulties and/or disabilities, special hospitals and other health institutions dealing with rehabilitation, etc. The link was additionally disseminated through social networks. Participation in the survey was anonymous and voluntary, and participants could choose not to complete it at any time. On the first page of the online questionnaire was a description of the purpose of the research, a description of how the results of the survey would be administered and how anonymity would be ensured (group data analyses for scientific and professional purposes only; no collection of other information that might compromise anonymity), the name of the ethics committee that approved the research, and the researcher's contact information. When the participant clicks on the option "I continue to fill in the questionnaire", he/she consents to the research. Participants could send their questions or comments to the researcher through the email provided or the Facebook page created for the research.

#### 2.4. Data Analysis

Survey data were analysed by SPSS program (ver. 27) (IBM, Chicago, IL, USA). The first step in analysing the data was to calculate the basic descriptive parameters and the skewness and kurtosis of the dependent variable to determine if normality assumptions were violated.

To achieve the objectives of the study, that is, to examine whether parents of children with disabilities who are employed, not employed, and formal caregivers differ in the variables of well-being and social support, two one-way MANCOVAs were conducted using a general linear model, followed by Bonferroni post hoc tests. Covariates were child difficulty level and parent education level. MANCOVA is a quantitative analysis method derived from regression analysis and analysis of variance that allows for the improvement of group comparisons by statistically controlling for confounding variables (Miller and Chapman 2001). The reason for conducting a MANOVA with these data is that the severity of the child's disability and the educational level of the parents are proven factors that influence parental well-being (Brannan and Heflinger 2006; Wondemu et al. 2022), and only when we control for their effects, using them as covariates, can we more accurately assess the impact of our independent variables (employment, unemployment, and formal status of caregiver) on parental well-being and social support. Preconditions for running MANCOVA, which were checked before both analyses, are normal distribution (assessed by skewness and kurtosis values), equality of variances (assessed by Levene statistics), equality of covariance matrices (assessed by the Box test), independence of errors, and equality of regression slopes between groups (assessed by graphical representation in SPSS) (O'Brien 1992). In the first MANCOVA, the independent variables were three groups of parents who differed by employment status (employed, unemployed, and formal caregivers), and the dependent variables were well-being variables (life satisfaction, mental health, and general health) and social support variables (number of sources and amount of support received). The covariates were the severity of the child's difficulties (1—mild to 4—most severe; if a parent has more than one child with disabilities, the severity was assigned according to the child with the more severe disability) and educational level (1—primary school, 2—secondary school, 3—undergraduate level, 4—graduate level, and 5—postgraduate level), and the MANCOVA statistically controlled for their influence on the dependent variables. In the second MANCOVA, the independent variable was the working hours of the employed parents (full-time/part-time), and the dependent and covariate variables were the same as in the first analysis.

### 3. Results

To address the research objective, the results section examined the differences in well-being and social support between employed, unemployed, and formal caregiver parents of

children with disabilities, controlling for the effects of confounding variables. The overall results suggest that employment has a positive impact on the well-being of parents of children with disabilities and is associated with higher social support.

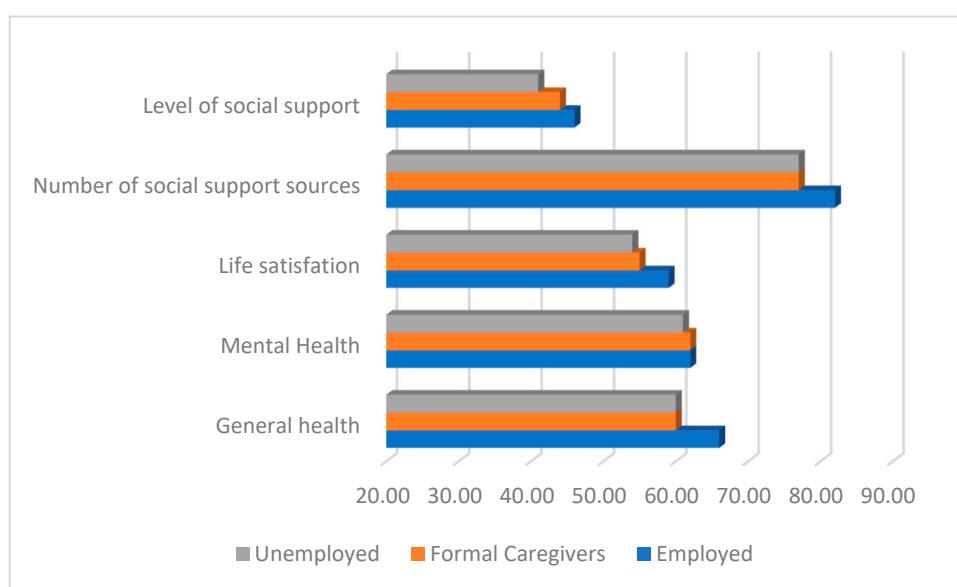
It can be seen from Table 1 that all values of skewness and kurtosis are low (skewness: 0.03–1.24; kurtosis: 0.09–1.77), indicating that the normality of the distribution is not violated for all studied variables. All studied variables have slightly above-average values, except for the level of social support, whose values are slightly below average, and the number of sources of social support, which is significantly above average.

**Table 1.** Descriptive parameters of the variables studied for parents of children with developmental disabilities, differentiated by employment status: employed ( $n = 467$ ), unemployed ( $n = 165$ ), and formal caregiver ( $n = 182$ ).

Variables	Employment Status	M	Sd	Obtained Range	Theoretical Range	Skewness	Kurtosis
Age	Employed	41.17	6.07	23–66		0.30 (0.11)	0.25 (0.23)
	Unemployed	40.39	6.34	22–58		−0.03 (0.19)	−0.12 (0.38)
	Formal caregiver	39.39	6.22	22–55		−0.23 (0.18)	−0.14 (0.36)
General health	Employed	3.30	1.04	1–5		−0.28 (0.11)	−0.42 (0.23)
	Unemployed	2.97	1.07	1–5	1–5	0.02 (0.19)	−0.71 (0.38)
	Formal caregiver	2.98	0.97	1–5		0.02 (0.18)	−0.39 (0.36)
Life satisfaction	Employed	20.78	6.97	5–34		−0.46 (0.11)	−0.54 (0.23)
	Unemployed	18.98	7.12	5–35	5–35	0.01 (0.19)	−0.65 (0.38)
	Formal caregiver	19.27	6.72	5–35		−0.03 (0.18)	−0.63 (0.36)
Mental health	Employed	18.71	4.36	5–30		0.48 (0.11)	0.14 (0.23)
	Unemployed	18.21	4.77	5–29	5–30	0.25 (0.19)	0.05 (0.38)
	Formal caregiver	18.66	4.39	5–30		0.24 (0.18)	0.36 (0.36)
Social support: number of available sources	Employed	13.89	2.28	5–17		−1.24 (0.11)	1.24 (0.23)
	Unemployed	13.04	2.43	4–17	0–17	−0.89 (0.19)	0.67 (0.38)
	Formal caregiver	13.31	2.37	3–17		−1.22 (0.18)	1.77 (0.36)
Social support: received level	Employed	33.17	11.92	0–64		0.08 (0.11)	−0.31 (0.20)
	Unemployed	29.33	11.87	3–62	0–72	0.31 (0.19)	−0.29 (0.38)
	Formal caregiver	31.75	11.52	5–64		0.40 (0.18)	−0.09 (0.36)

After establishing that the assumptions for conducting the analysis are met, a one-way MANCOVA was conducted to compare the groups of parents, differentiated by employment status (employed, unemployed, and formal caregiver), on levels of well-being variables (life satisfaction, mental health, and general health) and levels of social support (number of sources and level of support received) after controlling for the severity of their child's difficulties and level of education.

The general results showed that there were statistically significant differences between the groups of parents with different employment status and the combined dependent variables after controlling for the child's difficulties and level of education:  $F_{(10, 1610)} = 3.34$ ,  $p = 0.000$ , Wilks'  $\lambda = 0.960$ ,  $\eta^2 = 0.021$ . The results also showed a significant effect of the child's degree of disability (covariate)  $F_{(5, 805)} = 4.78$ ,  $p = 0.000$ , Wilks'  $\lambda = 0.971$ ,  $\eta^2 = 0.029$ ; (power = 0.980) and level of education (second covariate)  $F_{(5, 805)} = 4.17$ ,  $p = 0.001$ , Wilks'  $\lambda = 0.974$ ,  $\eta^2 = 0.025$ . Considering the significance of the overall tests, the next step was to examine the main effects of each variable. The adjusted means (converted to percentages by formula: adjusted mean/maximum theoretical score) of the dependent variables in relation to employment status are shown in Figure 1.



**Figure 1.** Adjusted mean scores (transfer to percentages) for each dependent variable by employment status of participants.

**Life satisfaction.** The MANCOVA results showed that the main effect of employment status was statistically significant ( $F_{(2, 809)} = 4.02, p = 0.018, \eta^2 = 0.010$ ). The Bonferroni post hoc comparison test revealed that only employed parents had higher life satisfaction compared to unemployed parents ( $p = 0.017$ ), while formal caregivers and unemployed parents did not differ significantly in life satisfaction ( $p = 0.848$ ).

**General and mental health.** General health status differed significantly between parent groups ( $F_{(2, 949)} = 3.80, p = 0.023, \eta^2 = 0.009$ ), and the post hoc Bonferroni test revealed that employed parents reported a significantly higher level of health than unemployed parents ( $p = 0.028$ ) but not higher than formal caregivers ( $p = 0.270$ ), while formal caregivers and unemployed parents did not differ significantly ( $p = 0.965$ ). Mental health did not differ significantly between parents with different employment status ( $F_{(2, 809)} = 1.32, p = 0.267, \eta^2 = 0.003$ ).

**Social support.** For both aspects of social support, MANCOVA revealed statistically significant differences between parents with different employment status: number of sources of social support ( $F_{(2, 809)} = 8.88, p = 0.000, \eta^2 = 0.021$ ) and level of social support received  $F_{(2, 809)} = 8.18, p = 0.000, \eta^2 = 0.020$ ). Post hoc Bonferroni tests revealed that employed parents had a significantly higher number of social support sources compared to unemployed parents ( $p = 0.001$ ) and compared to formal caregivers ( $p = 0.004$ ), while unemployed parents and formal caregivers did not differ significantly in the number of social support sources ( $p = 0.998$ ). However, in terms of the received level of social support, only employed parents differed significantly from unemployed parents, who had the lowest received level of support ( $p = 0.000$ ), while formal caregivers and unemployed parents did not differ significantly ( $p = 0.546$ ).

In the second MANCOVA, after determining that the preconditions for the analysis were met, we examined whether working parents who work full-time differ from those who use the right to work part-time on the variables of well-being and social support. The results show a non-significant effect of work hours on general well-being and social support when controlling for the child's level of impairment and the parents' educational level ( $F_{(5, 459)} = 2.06, p = 0.069, \eta^2 = 0.022$ ).

#### 4. Discussion

The main question of this study was: does employment status play a role in the well-being and social support of parents who have children with disabilities? In general, we can answer yes: employment status does matter. The results of the study show that

employed parents are healthier, more satisfied with their lives, have more sources of social support, and receive higher levels of social support than unemployed parents, but not compared to formal caregivers (except for the number of sources of social support, where employed parents had more sources than caregivers). Since the results are also obtained when controlling for the child's level of difficulty and the parents' level of education, two factors that have a great impact on well-being (Erickson Warfield 2001; Porterfield 2002; Wondemu et al. 2022), we can say that formal employment has a positive impact on parents' well-being. Higher levels of social support among employed parents is the expected finding, as higher levels of social support are one of the most important ways for parents to keep their jobs. Rosenzweig and Huffstutter (2004) reported that 48% of parents caring for children with severe mental health problems quit their jobs, and 27% of them reported that the main reason for quitting was caregiving responsibilities. The previous literature (Brannan and Heflinger 2006; Wondemu et al. 2022) also showed that the child's level of impairment and the parent's level of education can separately influence parental well-being. Greater impairment implies a greater need for care and, thus, a greater impact on the parent's psychophysical health. A higher level of education implies better socioeconomic status, which affects psychophysical health, greater motivation to work, fulfillment in a professional role, etc. The child's level of impairment and parent's level of education were significant covariates in our research indicating a similar effect as described in the well-being of parents. But, after controlling for their effects, the social support network is one of the most important factors affecting a person's ability to work. In the study by Ombla et al. (2023), some of the participants indicated that the ability to work was made possible by the child's participation in school or preschool programmes and the employer's flexibility to adjust work hours to accommodate the child's school schedule. Work schedule flexibility has been described by many researchers as an important factor in successfully balancing parenting and work (Brennan et al. 2007; Emlen 2010; Stewart 2013). On the other hand, a parent may continue to work if he or she has someone to take over caregiving responsibilities for a period of time (e.g., partner, own or partner's parents, relatives, friends, etc.). The reason why some of the formal caregivers and unemployed parents do not work is probably related to social support (Brannan et al. 2022), which is lower for them than for employed parents (Wondemu et al. 2022). One of the explanations why employment has a positive impact on well-being might be related to the spillover effect, where the positive effects of the workplace also spill over to the personal domain (Hanson et al. 2006; Morris 2014; Tiedje et al. 1990). Work also has a socialising component that includes the opportunity to receive additional social support from colleagues and the boss. As shown in this study, working parents have more sources of social support than unemployed parents and formal caregivers. Work can also provide a brief respite from caregiving responsibilities and problems. Fulfilling the job role also has a protective effect on well-being (Di Giulio et al. 2014).

Interestingly, there was no difference between full-time and part-time employed parents in adjusted well-being and social support scores after controlling for the effects of the severity of the child's disability and the parents' educational level. Thus, it appears that employment plays a protective role in well-being, regardless of whether it is part-time or full-time. This result is very important considering that 42% of employed parents in our sample exercise their right to work part-time. In this sense, the observed statistically non-significant difference between full-time and part-time working parents means that the measure introduced by the Croatian government, which gives caring parents the opportunity to work part-time, actually promotes the well-being of parents. The non-significant difference between part-time and full-time parents is consistent with Erickson Warfield's (2001) study, which found that mothers of children with disabilities who worked full-time were exposed to the same demands and reported the same level of stress as mothers who worked part-time.

Mental health was the only variable that did not differ significantly among the group of parents with different employment status. A possible explanation for the lack of differences

between the employed, unemployed, and formal caregivers in terms of mental health could be related to our sample, which consists mainly of women. [Artazcoz et al. \(2004\)](#) found that the effects of unemployment on mental health in the general population depend on a person's family responsibilities and that these effects are differentially distributed between genders. For men, family responsibilities increase the negative effects of unemployment on their mental health, whereas for unemployed women, family responsibilities have a buffering effect on well-being. On the other hand, the results of other studies of the mental health of parents with children with disabilities related to employment status are not consistent. [Morris \(2014\)](#) compared the mental health of employed and unemployed parents of children with disabilities and found that mental health was better only for employed mothers of older children, but not for employed mothers of younger children or for fathers ([Morris 2014](#)). It may be that parenting children with disabilities is very challenging for all parents, regardless of employment status, and that mental health, like outcomes, depends on many factors from different domains and how they interact (e.g., personality traits, coping strategies, child age, etc.) ([Slišković et al. 2022](#)).

Even assuming that formal caregivers have higher well-being than unemployed parents, this hypothesis is not confirmed. In all comparisons, there were no differences between these two groups of parents. We hypothesised that the higher well-being of formal caregivers could be due to the financial stability of this formally regulated caregiver status. However, even though the status is formally regulated, it does not serve a function like a regular job or career ([Wondemu et al. 2022](#)). One of the problems for caregivers is also the lack of public recognition and the perception that they are undervalued by the community, which leads them to isolate themselves ([Akintola 2010; Moosa-Tayob and Risenga 2022](#)). This lack of public recognition and undermining by the community could be characteristic of both the formal caregivers and the unemployed parents in our study. Another explanation for why the financial support that formal caregivers receive does not affect their well-being can be found in the research of [Wondemu et al. \(2022\)](#). The author found that, although Norway provides financial support to parents of children with disabilities, this support is not high enough to compensate for job loss ([Wondemu et al. 2022](#)), and the amount of financial support depends on the severity of the disability, the type of care required, and the workload required to provide care. In Croatia, financial support for formal caregivers does not depend on the severity of the disability, as it is the same for all formal caregivers ([Social Welfare Act 2013](#)). This could be one of the reasons why life satisfaction is not significantly higher for formal caregivers than for unemployed parents. For some parents, the financial compensation is not sufficient for all of the child's needs (for example, if the child requires orthopaedic devices that need to be adjusted to the child's size and changed frequently, an additional amount of money is needed that goes far beyond the financial support that the formal caregiver receives).

The importance of informal caregiving in general is recognised in most Western countries due to the deinstitutionalization process and the increasing demand for care for family members, children with difficulties, or the elderly ([Angothu and Chaturvedi 2016; Benjak 2011](#)). Governments are becoming increasingly aware of the amount of money needed to care for those in need when informal caregivers are not available. They are also becoming aware of the impact of this commitment on caregivers' labour productivity and are, therefore, offering models of financial support for caregivers. They adapt these models to their laws and society, and some variants of financial support can be found in England, Germany, the USA, the Netherlands, France, etc., in addition to Croatia ([Angothu and Chaturvedi 2016](#)). In our study, we found no differences between unemployed and formal caregivers in terms of well-being and social support. This could be due to a high level of caregiving burden without relief opportunities. Working parents, according to our findings, have higher levels of social support, which likely allows them to work, and work likely serves as a break and relief, among other things. The need for a short break from caregiving and the availability of respite care is well-documented in the literature, and this social right has already been implemented in the policies of some countries (e.g., United

States and Germany). In Germany, for example, family caregivers are entitled to four weeks of respite care per year (Angothu and Chaturvedi 2016). One of the reasons for the lower well-being of parents of children with disabilities in comparison with parents of children without disabilities is the stress of caregiving. The adjustment to caregiving and its associated stress occurs in several phases. In the first phase, caregivers feel a sense of purpose, joy, and enthusiasm for caregiving. Over time, this is followed by a phase of boredom that transitions to a phase of exhaustion, in which caregivers become tired and caregiving becomes a burden. This fatigue may lead to burnout, where caregivers feel depressed, detached, and exhausted (Angothu and Chaturvedi 2016); they suffer from guilt, anxiety, insomnia, headaches, etc. (Theofilou 2012). All these together affect their professional and social functioning (Angothu and Chaturvedi 2016) and could also lead to a poorer quality of care for their children (Moosa-Tayob and Risenga 2022). To prevent caregiver burnout, it is important to increase social support by increasing the availability of respite care. Norinder et al. (2017) found that better-prepared caregivers provide better care, and suggest that training and preparing caregivers to provide care is one way to increase the quality of care and, also, improve caregiver well-being. Some countries, for example, Germany, offer training programmes to improve the skills of caregivers (Norinder et al. 2017), and strengthening competences can have a beneficial effect on well-being. Leutar and Oršulić (2015) emphasised the need for increased co-operation with professionals (rehabilitation educators, social pedagogues, psychologists, and school physicians) in Croatia as a basis for the successful training of various caregiving skills among parents of children with disabilities. A similar conclusion about the need for increased co-operation between parents and professionals from different systems is brought forth by Šarčević Ivić-Hofman and Wagner Jakab (2023) in the context of improving the information for parents about the rights of their children with disabilities. In addition to the practical implications already described, the strongest implication from this research should be based on the positive role of employment in the life satisfaction and physical health of parents of children with disabilities. In other words, policymakers, employers, and the broader social environment should work to make workplaces more flexible (Stewart et al. 2022) and encourage part-time employment among this group of parents, consistent with Scott's (2018) proposal. To achieve this, parallel efforts should be made to increase social support in the community (Sellmaier et al. 2020) and improve communication between parents and experts.

#### *Advantages and Limitations of the Study*

The advantage of this study is that it included only the parents of children who had an officially and objectively classified level of difficulty. Moreover, it is one of the few studies in Croatia that deals with the working role of parents with disabilities. Our results show the efficiency of social measures introduced by the Croatian government to enable parents of children with disabilities to better reconcile work and family life, and can serve as a starting point for the development of new social policies in Croatia.

The shortcomings of this study are related to the study design, which was a cross-sectional study, and included a nonprobabilistic sample of parents who voluntarily participated. Excluding incomplete responses can also be a source of bias. Because of the cross-sectional design, we cannot say with certainty that the differences found in the outcome variables are due to employment status itself and not to other variables that we did not include/control. An important limitation of this study is the fact that, similar to other studies, the sample was mainly composed of women, reflecting their greater commitment and motivation to participate in research, especially on this topic. For this reason, the results obtained are not generally applicable to men. The above limitation is important because of the differences between mothers and fathers in family, parenting, and work roles, which more often follow the traditional distribution pattern in which the father is the breadwinner (Di Giulio et al. 2014). The work role of the father is less disturbed by the birth of a child with a disability, compared to the mother, who takes on the role of a caregiver to a

greater extent and whose work role is more distracted by parenthood (Slišković et al. 2022; Wondemu et al. 2022). In addition, the study was conducted online, so it is possible that parents with a lower level of education, who do not use information technology, were not included in this study and, therefore, the results could be biased. One of the shortcomings is also the fact that we included parents of children with different difficulties, which probably resulted in our effect sizes being very small, which is also the case in other studies where the heterogeneity of difficulties was included in the study design.

## 5. Conclusions

Working parents of children with disabilities are healthier, more satisfied with their lives, and have better social support than unemployed parents. Working parents and formal caregivers did not differ significantly in any aspect of well-being, but working parents had a higher number of social support sources compared with formal caregivers, but not the overall level of social support received. There were no differences in well-being and social support between full-time and part-time working parents. Unemployed parents and formal caregivers did not differ in any of the well-being and social support aspects.

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