

Working from Home and Parental Wellbeing: Evidence from Families with Children with Disability in France

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Abstract

Parents of children with disabilities face substantial challenges balancing paid work and caregiving, often reporting lower wellbeing and more constrained employment opportunities. This study investigates whether working from home (WFH) moderates the “disability penalty” in subjective wellbeing (SWB) among French parents. Using data from the 2024 Familles et Employeurs (FamEmp) survey (N = 5,261), we estimate multivariate OLS models of SWB, measured by the WHO-5 index (0–100), as a function of having a child with a disability, frequency of WFH (never, ≤1 day/week, ≥2 days/week), and standard sociodemographic controls. We further examine interaction effects between disability and WFH and stratify analyses by public and private sector to capture workplace culture differences.

Results show a pronounced wellbeing penalty for parents of children with disabilities, particularly in the private sector. Working from home is associated with lower wellbeing overall, suggesting that remote work may heighten work–family conflict by extending working hours and blurring home–work boundaries. However, the interaction terms reveal a compensatory effect: for parents of children with disabilities, regular WFH substantially mitigates the wellbeing penalty, especially among private-sector workers. These preliminary findings highlight the dual nature of WFH—as both a potential source of strain and a key coping resource for caregiving parents. Future analyses will explore gender and socioeconomic heterogeneity and assess selection into WFH. The study contributes to understanding how flexible work arrangements intersect with family demands and social inequalities in post-pandemic France.

Introduction

Parents with a child with a disability face a unique set of pressures that extend beyond the immediate caregiving burden. A robust body of research demonstrates that the presence of a child with disability is associated with higher parental stress, worse mental health, and reduced life satisfaction compared to parents of children without disabilities (Scherer, Verhey, & Kuper, 2019; Busch & Barry, 2007, Balbo, & Bolano 2024). These disadvantages translate into labour market penalties: parents, particularly mothers, are more likely to reduce their working hours, exit employment, or experience stalled career progression when a child requires intensive care (Powers, 2001; Porterfield, 2002; Vinck & Van Lancker, 2020). These findings align with the broader “child penalty” literature, which shows

long-term and gendered consequences of parenthood on labour market outcomes (Kleven, Landais, Posch, Steinhauer, & Zweimüller, 2019a; Kleven, Landais, & Søgaaard, 2019b). Yet, despite these well-documented patterns, little is known about how employment conditions might moderate the disability penalty, especially in national contexts such as France, where distinctive labour market institutions and welfare support measures interact with changing models of work.

Over the last few years, the labor market has been characterized by one particularly salient factor: the rise of “working from home” (WFH). WFH has expanded rapidly in France over the past decade, boosted by digitalization and, more recently, by the COVID-19 pandemic. While only around 3% of employees worked remotely in 2017, this share rose above 20% in 2021, with more than a third of employees teleworking at least part of the week (Banque de France, 2021; RFI, 2021). After this Covid-boost, the proportion of employees using WFH has not increased further, stabilizing at about 20%, with a mode of two days a week worked remotely (Insee, 2025). This share remains below the average across the E.U. (OECD, 2023). The French legal framework defines WFH as voluntary and reversible, requiring equal rights for remote and in-office workers (CMS, 2023), and has introduced innovative protections such as the 2016 *droit à la déconnexion* (right to disconnect), obliging firms to limit digital work intrusions into personal life. Alongside telework, flexible scheduling systems such as *forfait-jours* contracts and negotiated working-time arrangements further expand temporal flexibility, though their real-world effects remain contingent on workplace culture and gender norms (DARES, 2022; Insee, 2023).

In the general population, WFH in France has been associated with self-reported satisfaction in workers’ work-life balance, especially for women and for parents, but not to mental health outcomes such as depression (Reboul et al., 2023). This mismatch between perceived beneficial impacts of WFH on work-life balance but no observable positive impacts on mental health might be due to several issues. First, those who decide to use the option of WFH might be a selected sample, because stigma associated to this practice, which also may bring about higher opportunity costs. In the UK, the introduction of the right to request flexible work arrangements, while appreciated by parents, did not lead to a significant increase in flexible work arrangements for fathers, as work cultures did not promote this practice, and among mothers, it did not link to better mental health outcomes (Avendano and Panico, 2018). In France, on the one hand, formal policies and laws such as the “right to disconnect” (2017) would signal an acceptance of flexible work models. However, studies suggest that French workplaces continue to show cultural barriers to flexible work arrangements, such as presenteeism, hierarchical and control-oriented management styles, and risk-averse supervisory practices (Aguilera et al., 2016). As a result, adopting flexible work practices might not bring mental health and wellbeing benefits. Second, selection may reflect the great heterogeneity of the offer and use of flexible work practices in France, particularly in the private sector, with firm characteristics such as sector, firm size, proportion of unionized workers etc. creating very different rates of WFH across sectors. For example, even when restricting to managerial roles, the use of WFH varied from 18% in liberal professions such as law to 77% in the communication sector (Askenazy et al., 2025).

This study aims to uncover how WFH could moderate the relationship between child disability and parental wellbeing, and whether their effects are uniformly positive, negative, or heterogeneous across social groups¹. It does so by leveraging a unique new dataset, the *Familles et Employeurs* (FamEmp) survey launched in 2024 in France, which collects detailed information on both employees

¹ More information on the survey: <https://famemp.site.ined.fr/en/>

and their employers, with an oversample of families raising children with disabilities. This allows us to investigate whether working from home moderates the relationship between having a child with disabilities and workers' mental health and wellbeing.

The potential consequences of "working from home" are theoretically ambiguous. On the one hand, remote work can reduce commuting time (Bailey & Kurland, 2002), provide autonomy over task scheduling (Dockery & Bawa, 2018), and help balance paid and unpaid work. For parents of children with disabilities, these benefits may be particularly valuable, enabling them to respond more easily to medical appointments, school meetings, or caregiving crises. On the other hand, WFH is also associated with longer working hours (Arntz, Dengler, & Heß, 2022), greater spillover into evenings and weekends (Christensen, 1987), blurred boundaries between family and professional life (Tremblay, Paquet, & Najem, 2006), and social isolation (Gajendran & Harrison, 2007). For caregivers who already experience high stress, these risks may amplify rather than mitigate the mental health burden. The net effect of WFH on parental wellbeing in households with a child with disability is therefore an open empirical question.

Research Questions

This study aims to reply to the following research questions:

1. How does raising a child with a disability affect parental wellbeing and mental health in France, relative to parents of children without disabilities?
2. Is there any selection among those who decide to work from home?
3. Are parents of children with disabilities more or less likely to work from home?
4. Does WFH mitigate or exacerbate the likely negative association between child disability and parental wellbeing? Specifically, does the opportunity to work from home moderate the "disability penalty" in terms of stress, life satisfaction, and work-family conflict?
5. Do these relationships differ by parental gender, education, or household resources? For instance, do mothers and fathers benefit differently from WFH? Is WFH more effective for parents without access to paid help or institutional supports?

At the time of writing this extended abstract we do not have access to the employers' questionnaire on employers' policies and workplace culture, which will be available imminently. We will therefore be able to include further variables in our analyses that tap into work culture, such as the proportion of women in the direct work environment of the respondent, the proportion of people working from home; the proportion of fathers who take paternity leave. We will also control and/or stratify for variables such as employment sector; respondent seniority; type of contract (permanent or fixed-term). As a proxy of workplace culture, we can use the distinction between private and public sector, with the second being on average a more family-friendly environment.

Data and Measures

The analysis draws on the first wave of the Familles et Employeurs (FamEmp) survey, a new longitudinal study launched in 2024 by INED. The survey follows more than 40,000 working-age individuals (20–65 years) and includes matched employer data for employees in firms with at least 10 workers (Fontaine et al., 2023). FamEmp is particularly well suited to this study, as it oversamples families with children with disabilities and provides several complementary measures of disability,

including both the Global Activity Limitation Indicator (GALI) and indicators of administrative recognition such as those issued by the MDPH or eligibility for the AEEH.

The survey offers a broad set of wellbeing indicators, including the WHO short well-being questionnaire, a life satisfaction scale ranging from 0 to 10, and additional measures of stress and work–family balance. Equally important, it collects detailed information on employment conditions. For employed respondents, the questionnaire includes modules on WFH practices².

The empirical strategy will rely on multivariate regression models to examine the association between child disability, employment conditions, and parental wellbeing. Mediation and moderation analyses will be used to assess the mechanisms at play, while matching techniques such as inverse probability of treatment weighting (IPTW) and propensity score matching (PSM) will be applied whenever possible to strengthen comparisons between families with and without a child with disability.

In this preliminary set of analyses, we estimate a series of multivariate OLS regression models to examine variation in subjective wellbeing (SWB), measured using the WHO-5 wellbeing index (range 0–100). The key explanatory variables capture whether the respondent has a child with a disability and the frequency of working from home (WFH), categorized as: never, occasionally (one day or less per week), and regularly (two or more days per week). Control variables include age, gender, education, working sector, and number of children.

To assess the combined effect of disability-related caregiving and remote work on wellbeing, we include interaction terms between having a child with a disability and the frequency of WFH. In a final step, we stratify the sample by employment sector (public vs. private) to explore whether workplace culture and flexibility moderate the observed relationships. Results are presented in Table 1.

Given the focus of this study, the analytical sample is restricted to parents whose partner is also employed and whose youngest child is between 0 and 11 years old. This yields 5,261 respondents, of whom 4.9% (N = 258) report having a child with a disability.

Preliminary and Findings

Table 1 Well-being (WHO – 5 index) of working parents as a function of child disability and WFH. Multivariate linear regression model.

Variable	Base model	Interaction having a child with disability*WFH	Working in the public sector, with interaction	Working in the private sector, with interaction
Child with disability	-6.635*** (1.285)	-7.732*** (1.496)	-6.348*** (2.353)	-8.424*** (1.912)

² To assess the richness of the questionnaire on this topic, we attach here an extract of the relevant section. Please note that the original questionnaire was administered in French, and the version presented here is an author-translated adaptation.

Working from home (ref: never)				
WFH occasionally (≤ 1 d/wk)	-3.454*** (0.779)	-3.475*** (0.796)	-4.470*** (1.707)	-3.266*** (0.902)
WFH 2+ days/week	-1.817** (0.803)	-2.235*** (0.819)	-0.225 (2.312)	-2.573*** (0.881)
Public sector	-1.599*** (0.614)	-1.576*** (0.614)		
Interaction Effect				
Working from home occasionally * child with disability		0.320 (3.640)	7.208 (6.305)	-2.281 (4.298)
Working from home 2+ times * child with disability		9.964*** (3.440)	11.389 (10.009)	10.255*** (3.783)
Demographics				
Gender: female	-5.820*** (0.532)	-5.838*** (0.532)	-6.743*** (1.103)	-5.560*** (0.607)
Age	-0.088* (0.046)	-0.089** (0.046)	-0.061 (0.100)	-0.096** (0.052)
No. of children	0.478 (0.346)	0.498 (0.346)	1.101 (0.740)	0.275 (0.390)
Education (ref: primary)				
Lower secondary education	0.869 (1.557)	0.878 (1.557)	3.519 (3.170)	0.317 (1.766)
Upper secondary education	-0.290 (1.477)	-0.310 (1.477)	1.426 (2.803)	-0.727 (1.694)
Tertiary education	1.079 (1.417)	1.071 (1.417)	2.958 (2.600)	0.645 (1.638)
Intercept	69.456*** (2.218)	69.524*** (2.216)	64.258*** (4.452)	70.575*** (2.530)
N	5261	5261	1267	3994

Note: Robust standard errors in parentheses. $p < 0.10$ *; $p < 0.05$ **; $p < 0.01$ ***

We hypothesize that parents raising a child with a disability experience a substantial wellbeing penalty compared to other parents. Consistent with this expectation, our results show that having a child with a disability is associated with significantly lower subjective wellbeing (SWB), as measured by the WHO-5 index (Table 1). This negative association is particularly pronounced among workers in the private sector, who are likely to face less flexible and less family-friendly working conditions.

Working from home (WFH) is also associated with lower levels of wellbeing overall. Both occasional (≤ 1 day per week) and regular (≥ 2 days per week) WFH are linked to a reduction in the WHO-5 index, suggesting that remote work may intensify work–family conflict. Possible explanations include longer working hours, blurred boundaries between work and personal life, and increased expectations from employers.

However, the interaction terms in Models 2–4 reveal an important moderating role of WFH for parents of children with disabilities. For this group, working from home—particularly when done regularly—appears to mitigate the negative wellbeing effects associated with disability-related caregiving responsibilities. The positive and significant interaction coefficients indicate that WFH can act as a protective factor: providing greater temporal flexibility and enabling better integration of work and caregiving duties. This compensatory effect is especially evident among workers in the private sector, where such flexibility may otherwise be limited.

Overall, these preliminary findings suggest a nuanced relationship: while WFH is generally linked to lower wellbeing, it can have beneficial effects for parents of children with disabilities by alleviating some of the constraints and stresses of managing dual roles.

We further anticipate that access to WFH opportunities is not evenly distributed. Such arrangements are likely to be concentrated among higher-educated parents in white-collar occupations, reflecting structural inequalities across sectors and job types. At the same time, we recognize that the uptake of WFH may involve perceived stigma or implicit penalties, leading some workers—particularly those in higher positions—to forgo remote work opportunities due to career-related opportunity costs. Future analyses will examine these potential selection mechanisms in greater detail.

We also expect the observed relationships to vary across social groups and family structures. Gender and socioeconomic differences are likely to be particularly salient: mothers, for instance, may benefit less from WFH arrangements given enduring gendered expectations around caregiving and household responsibilities. Planned heterogeneity analyses will explore these differential effects by gender, education, and parity.

Overall, this research seeks to advance understanding of how the expansion of WFH practices in France intersects with the additional demands faced by families raising children with disabilities. In doing so, it contributes to ongoing debates on whether flexible work arrangements serve to alleviate or reinforce existing social inequalities

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Appendix – Selected Survey Questions on Working Time Flexibility and Telework
(Translated from French)

Working time flexibility

1. Can you decide by yourself the start and end times of your working day?
 - Yes, entirely
 - Yes, within certain limits
 - No, they are mainly determined by your employer, clients, tasks to perform, or legal constraints
 - Don't know / No response
2. How far in advance do you know your working hours (or work schedule)?
 - Less than a week in advance
 - Between one week and one month in advance
 - More than a month in advance
 - Don't know / No response
3. In the event of a personal or family emergency, can you be absent from work for a few hours?
 - Yes, without needing to request leave
 - Yes, but only after requesting leave
 - No, it is impossible
 - Don't know / No response

(For self-employed) In the event of a personal or family emergency, can you be absent from work for a few hours?

- Yes
- No, it is impossible
- Don't know / No response

Telework and working from home

1. Do you currently practice telework in your job (i.e. performing tasks that could have been done at the employer's premises, from another location during usual working hours)?
 - Yes
 - No
 - Don't know / No response
2. If yes, how often do you telework?
 - A few days or half-days per month
 - One day per week

- Two days per week
 - Three or four days per week
 - Five days per week or more
 - Don't know / No response
3. What are the main reasons why you telework? (Multiple answers possible)
- It is imposed by your company or required by the nature of your job
 - To reduce commuting time
 - To better organize your family life
 - For health reasons or disability
 - Because you work better (e.g., calmer, fewer interruptions)
4. Where do you usually telework?
- At home, in a room where you can isolate yourself
 - At home, in a shared room
 - Elsewhere than at home
 - Don't know / No response
5. On days when you telework, do you have the possibility to adjust your working hours (for personal or family constraints)?
- Yes
 - No
 - Partly
 - Don't know / No response
6. Compared to when you work on site, when teleworking do you work:
- Longer hours
 - Fewer hours
 - Neither more nor fewer hours
 - Don't know / No response
7. Compared to when you work on site, when teleworking can you decide how to organize your tasks:
- More freely
 - Less freely
 - Neither more nor less freely
 - Don't know / No response
8. Do you carry out part of your professional activity from home, outside of formal telework arrangements?

- Yes
- No
- Don't know / No response

If yes, how often?

- A few days or half-days per month
- One day per week
- Two days per week
- Three or four days per week
- Five days per week or more
- Don't know / No response