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A PROJECTED STUDY  
OF UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY

by  
Emily Scheffer Dolbeer

WATERLOO LUTHERAN UNIVERSITY GRADUATE SCHOOL OF SOCIAL WORK

W a t e r l o o

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Presented by  
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2076

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## PREFACE

During the course of three classroom periods and two field work placements, my interest has grown concerning unwed parenthood and the social services offered. This paper, thus, completes a small trilogy: previous papers looked at unwed parenthood as a social problem, and at the historical development of social services to unmarried parents.

For the initial suggestion that this was a perplexing field, but one of great interest, I acknowledge Prof. John Cossom's influence. My research advisor, Dr. Ben Zion Shapiro, has been most helpful in sharpening the focus of this paper, especially in clarifying the pathways concept.

Two placements at the Children's Aid Society for Waterloo County, and opportunity to work with unmarried mothers, increased my concern. Also appreciated was permission to make use of a selection of case records granted by Mr. James T. Harris, director of casework services. The preliminary survey included in this report is based upon data from these records.

Acknowledgement is made also of assistance from five classmates who had worked with unmarried mothers; they read an initial draft of the questionnaire proposed as the instrument for this study and made helpful suggestions for its revision.

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## INTRODUCTION

"Illegitimacy has a long past, but a very short written history."<sup>1</sup> Research concerning illegitimacy or unwed mothers has an even shorter history. Vincent has catalogued its changing focus:<sup>2</sup>

Prior to 1930. . . theories pertaining to moral and in-born sources of behavior. . . emphasis on immorality, bad companions, and mental deficiency. . . were supported with descriptions of unwed mothers found in "rescue homes". . .

During the 1930's. . . interest in. . . environmental sources of behavior and. . . concomitant emphasis on broken homes, poverty and "disorganized neighborhoods" . . . were supported by descriptions of unwed mothers reported in domestic court files, police records, welfare agencies. . .

In the late 1930's and early 1940's. . . use of anthropological methods in community studies. . . explanation of illegitimacy as an "accepted way of life" among some subcultures. . . derived primarily from descriptions of Negro unwed mothers in the South.

In the 1940's and early 1950's. . . predominance of psychological and psychiatric theories. . . emphasis on emotional disturbance as a cause. . . concomitant with descriptions of unwed mothers studied by psychiatric social workers, clinical psychologists and psychotherapists. . . in maternity homes, welfare agencies, and out-patient clinics. . .

In the mid- and late-1950's. . . renewed interest in the sickness and saneness of the "society-as-patient" and a focus on white-collar crime, organization men, lonely crowds, payola adults, and delinquent youth among the middle classes. . . social attitudes and practices that implicitly encouraged permissive sexual

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<sup>1</sup>Vincent, "Illegitimacy in the Next Decade: Trends and Implications", Child Welfare, XLIII, No. 12 (December, 1964), 513.

<sup>2</sup>Vincent, Unmarried Mothers, 19-20; Vincent, "Illegitimacy in the Next Decade", 516.

behavior. . .accompanied by descriptions of college-educated, middle-class unwed mothers attended by physicians in private practice, and by observations that, in general, intelligence and socio-economic status of unwed mothers approximate those of females in the general population.

In the late 1950's and early 1960's, research was being influenced markedly by . . .growing criticism of the inadequate and biased sampling procedures used in previous studies. . .increasing public criticism of welfare expenditures for illegitimate children and their mothers . . .[which] helped stimulate governors' commissions, conferences, and committees to study the problem at local and state levels. . .The [United States] Federal government began offering funds for research and demonstration projects. . .These three factors are encouraging to more careful studies. . .and are discouraging to the previous tendency to provide superficial solutions and single grand theories.

Ten years ago the predominant theme in social work and related literature seemed to be that out-of-wedlock pregnancy, as seen in the agency client,<sup>3</sup> was symptomatic and purposeful, the acting out of a "dark drama" by a probably "mother-ridden" girl. For the non-white unmarried mother who made up the bulk of the problem in the United States, and who usually did not have contact with an agency,<sup>4</sup>

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<sup>3</sup>Young, Out of Wedlock, 22-23; 40-59; Ross, "The Meaning of Motherhood to the Unmarried Mother", Casework Papers--1955; Eisenberg, "Psychodynamic Aspects of Casework with the Unmarried Mother", Casework Papers--1956; May, The Meaning of Anxiety, Part II; Deutsch, The Psychology of Women, 332-336.

<sup>4</sup>Adams and Gallagher, "Some Facts and Observations about Illegitimacy", Children, X, No. 2 (March-April, 1963), 49-51; Tuttle, "Serving the Unmarried Mother Who Keeps Her Child", Social Casework, XLIII, No. 8 (October, 1962); Garland, "The Community's Part in Preventing Illegitimacy", Children, X, No. 2 (March-April, 1963), 71-72; Goode, "Illegitimacy, Anomie and Cultural Penetration", American Sociological Review, XXVI, No. 6 (December, 1961), 910-925; Billingsley and Billingsley, "Illegitimacy and Patterns of Negro Family Life", in Roberts (ed.), The Unwed Mother.



the difficulty was looked upon as socioeconomic rather than psychological. Among the voluminous writings on the subject in the intervening period are some which attempt to modify this oversimplification without detracting from application of such psychological and sociological theory as may be pertinent. Leyendecker sums it up in this way:<sup>5</sup>

We should not have any preconceived ideas about the combination of forces--internal as well as external--which resulted in a particular girl's illegitimate pregnancy. Illegitimate pregnancy or unmarried motherhood does not constitute a psychological entity in either a diagnostic, genetic, or dynamic sense.

Bernstein carries this one step farther by pointing out that a restricted point of view carries with it the possibility of limited treatment offering.<sup>6</sup> It then becomes important to consider whether any new theory has been proposed which might offer fresh insights for services to the girl who is pregnant out-of-wedlock. Bernstein and Perlman have suggested that the profession should consider crisis theory.<sup>7</sup>

#### CRISIS THEORY AND UNWED MOTHERHOOD

First applied to crisis of the order of death of a

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<sup>5</sup>Leyendecker, "Generic and Specific Factors in Casework with the Unmarried Mother", Casework Papers--1957, 115.

<sup>6</sup>Bernstein, "Are We Still Stereotyping the Unmarried Mother?", Social Work, V, (1960), 22.

<sup>7</sup>Ibid., 22-28; Bernstein, "The Maternal Role in the Treatment of Unmarried Mothers", Social Work, VIII, (1963), 58-65; Perlman, "Unmarried Mothers", in Cohen (ed.) Social Work and Social Problems, 297-298; Perlman, "Observations on Services and Research" in National Council on Illegitimacy, Unmarried Parenthood, Clues to Agency and Community Action, 40.

family member in a disaster,<sup>8</sup> crisis theory has been extended now to a wide range of common maturational and situational crises.<sup>9</sup>

Developmental crises. The development of personality proceeds by a "succession of differentiated phases, each qualitatively different from its predecessor. Between one phase and the next are. . .transitional periods characterized by cognitive and affective upset".<sup>10</sup> These crises are bio-psycho-social in nature and require social adaptation as well as role transition.<sup>11</sup>

Accidental crises. There are similar periods of upset seemingly precipitated by hazards involving the sudden loss, or threat of loss, of basic supplies: physical, psychosocial or sociocultural; or challenge arising from the opportunity for increased supplies together with increased demands upon the individual.<sup>12</sup>

Family crises. Crises in the life of a family have been postulated to occur around the loss of a member, loss

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<sup>8</sup>Lindemann, "Symptomatology and Management of Acute Grief", in Parad (ed.), Crisis Intervention.

<sup>9</sup>Parad (ed.), Crisis Intervention, 73-190, a collection of articles setting out a number of applications.

<sup>10</sup>Caplan, Principles of Preventive Psychiatry, 34-35.

<sup>11</sup>Rapoport, "Crisis-Oriented Short Term Casework", Social Service Review, XLI, No. 1 (March, 1967), 36.

<sup>12</sup>Caplan, Principles, 35.

of status or face, and addition of a member.<sup>13</sup>

The Crisis Situation. When faced with a problem that is of crisis proportion, an individual finds that the usual problem-solving mechanisms are not able to re-establish equilibrium, and greater tension is undergone for a longer time. This causes one to seek help from others, either from those with whom one has primary ties, or from those who fit in with the heightened need for authority and dependency, the formal or informal care-giving agents of the community. Crisis is a time of increased susceptibility to influence by others. The kind of help offered may affect one's choices of coping mechanisms and the outcome, either for better or worse. When the crisis is over, the person is less open to outside intervention.<sup>14</sup>

Primary, Secondary and Tertiary Prevention. Concomitant with crisis theory are the concepts of primary, secondary and tertiary prevention. Primary prevention borrows from the public health field the idea of finding and working with populations at risk, and providing either generalized institutional or specific protective devices to forestall the stress. Secondary prevention is defined as early diagnosis and prompt treatment. Tertiary prevention, limitation of disability and rehabilitation, properly begins at the time

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<sup>13</sup>Duvall, Family Development, 505.

<sup>14</sup>Caplan, Principles, 39-48.

of diagnosis.<sup>15</sup>

Application to the Girl Who Is Pregnant and Unmarried.

Pregnancy is conceived of "as a maturational crisis with emotional lability, role shifts, feelings of inadequacy, anxieties about labor, outcome, and mothering capacity, intensified passive-dependent feelings, in addition to unconscious urgencies".<sup>16</sup> If this is true for the married woman, we would expect to find an exaggerated response in the unmarried girl, who lacks the supports of husband, family and society. "When motherhood occurs outside marriage, the maternal role loses much of its definition, for although society may have prepared a girl for the role of mother, it has not taught her how to behave as an unmarried mother."<sup>17</sup> On the other hand, "if we regard pregnancy as a developmental phase in the life of woman, then we must recognize that this period of time offers an opportunity to help her integrate the experience and thus to mature emotionally."<sup>18</sup>

Looking upon out-of-wedlock pregnancy as an accidental or hazardous event crisis as well, Perlman says:<sup>19</sup>

As for crisis, there is probably none greater in life

<sup>15</sup>Parad, "Preventive Casework: Problems and Implications" in his Crisis Intervention, 285-290.

<sup>16</sup>Hazelkorn (ed.), Mothers-at-Risk, 9-10; Caplan, Concepts of Mental Health and Consultation, 44-56.

<sup>17</sup>Bernstein, "The Maternal Role", 59.

<sup>18</sup>Ross, "The Meaning of Motherhood", 88.

<sup>19</sup>Perlman, "Observations", 40-41.

than that of finding herself with an unwanted, unplanned for, personally and socially unacceptable pregnancy. The situation is a crisis because it has high emotional impact and is a turning point in her life. Even if she should give her baby away, get her figure back, and resume her life where she left off, she will carry within her the physical and psychological marks of those nine months of pregnancy. She can never feel as though she had not been pregnant and had not given birth. During the months of her pregnancy, during the hours of her delivery and afterwards, she had to defend and protect herself, to adapt, to cope, to feel and think and act in ways she had never been called upon to do before. These feelings, thoughts and actions--and the responses they called forth from persons with whom she came in contact --make their mark in the fabric of her personality.

Moreover, the girl is in a multiple-crisis position. She may face, in turn, crises with her sexual partner; family; friends; school or work situation; financial matters; medical, shelter and hospital care; all before the inevitable crisis of the birth and decision to keep or give up the baby.

Usually the pregnancy will cause a family crisis as well, as the family becomes concerned not only about the girl herself and her future, but also about possible loss of family status, and effects on other family members.

All these points of vulnerability for girl and family represent opportunities at which time a small amount of intervention may tip the scales in the direction of better resolution and potential for more effective coping with the next in the series of crises. This model also offers possibilities for all three degrees of prevention. Working through many crises with a worker's help would be conducive to formation of a relationship which, Perlman says, "is the

basic condition for building in 'psychological prevention'".<sup>20</sup>

Much of this has been implicit in work with the pregnant girl. Understanding of the biological basis for her anxiety as well as the psychological and sociological factors, attention to crucial interactions between herself and others, use of flexible procedures so that help can be timed to peak periods of stress, and maximum employment of resources of family and community for her benefit, made explicit, may result in more useful assistance to the unmarried mother.

#### A PRELIMINARY SURVEY

Maximum benefit from a crisis intervention model presupposes arrival of the unmarried, pregnant girl at the agency soon enough to work through a series of crises with the worker's help. When do they come now, and how are they referred? To get a picture of this, data was taken from the records of fifty-seven unwed mothers at a countywide Children's Aid Society. Selection was made of cases, from the files of one worker, in which the girl had already given birth, so that referral date could be placed in a particular month of pregnancy by counting back from delivery date. (The agency had originally assigned incoming cases at random to make up equivalent caseloads for the unmarried parent

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<sup>20</sup>Perlman, "Unmarried Mothers", 298. See also Hollis, Casework, A Psychosocial Therapy, 206-207.

workers.)

The age range in the sample was fifteen to thirty-eight years, with a median age of nineteen years. Forty-seven were having a first out-of-wedlock child; ten were recidivists, none of whom had been served by this agency during the previous pregnancy.

Source of referral was taken from the intake form; if a joint source was reported, each was counted as a one-half referral; e.g., a girl and mother together were tallied as one-half "self" and one-half "mother" referral.

For results, please see Table I, page 10. Nearly half the girls (47.4%) had been referred to the agency either in the last trimester of pregnancy or after delivery, at a time when, it might be presumed, they had resolved a number of crises, either for better or for worse, without casework help. A high proportion (70%) of the referrals came from informal sources, and a small percentage (30%) from the formal care-giving agents of the community.

Information was not available to refine the large category of "self" referrals (50% of the total). All this meant was that the girl herself made the initial telephone call or visit to the office. Whether she had done it at the behest of her physician, clergyman, etc., could not be determined from the available data. Many indirect referrals could be concealed in this category, or it may be that the care-givers do not realize the multiple services that the

TABLE I

SOURCE AND TIME OF REFERRAL TO AGENCY OF 57 UNWED MOTHERS

Source	Month of Pregnancy at Time of Referral									Total
	2	3	4	5	6	7	8	9	After Del.	
Self		2½	1	4½	4	4	6½	5	1	28½
Mother		1		2½			2			5½
Father		1		1			1			3
Other Relative						1				1
Friend		1			1					2
Physician	1	½	1	1	1		½			5
Clergyman	1	1		1	1		1			5
Social Worker			1			1				2
Probation Officer			1							1
Hospital									4	4
Total each Month	2	7	4	10	7	6	11	5	5	57
Referred in First Trimester	9 -- 15.8%									
Referred in Second Trimester	21 -- 36.8%									
Referred in Third Trimester	22 -- 38.6%									
Referred After Delivery	5 -- 8.8%									

TABLE II

SOURCE AND TIME OF REFERRAL TO AGENCY OF 10 RECIDIVISTS ONLY

Source	Month of Pregnancy at Time of Referral									Total
	2	3	4	5	6	7	8	9	After Del.	
Self		1					2	1		4
Mother							1			1
Social Worker						1				1
Probation Officer			1							
Hospital									3	3
Total each Month	0	1	1	0	0	1	3	1	3	10
Referred in First Trimester	1 -- 10%									
Referred in Second Trimester	1 -- 10%									
Referred in Third Trimester	5 -- 50%									
Referred After Delivery	3 -- 30%									



agency has to offer the unwed mother. Perhaps they are thinking of it as a child-placement agency, as implied in the name, Children's Aid Society, and see no need for early referral. More explicit information is needed around this.

Some girls find the agency through their own resources, or through parents or friends. The unsophisticated girl or family might be less likely to locate an agency in this way, but may need early help more than the more resourceful counterpart. More information about the pathways a girl takes on her way to the agency would have implications for the agency's reaching out in an effort to provide optimal service.

Of particular concern is the group of ten girls who had given birth to a second out-of-wedlock child. As shown in Table II, page 10, they had come to the agency even later than the total group. The records elicited little information about their previous experiences with agencies, and the current contact tended to be minimal. More information possibly could be used as a basis for planning special kinds of intervention for the recidivist.

A survey of the literature seemed appropriate at this point: to find out what social work journals are saying about the problem of early referral and adequate service, and also to see whether other care-giving agents are recognizing their responsibilities in this area.

## WHAT IS BEING SAID ABOUT THE PROBLEM

By and For Social Workers. Numerous articles include pleas for finding more effective ways of demonstrating to other professions that casework has a specialized service for unwed mothers and that early referral is important.<sup>21</sup> There are similar pleas for interprofessional and interagency collaboration in reaching out to find the unwed mother and in better serving her.<sup>22</sup> When the Children's Bureau undertook a review of research and demonstration projects, a reported important by-product in almost every case was that of "gain in interprofessional information and understanding. . . and an increase in referrals from agencies and individual professional people (doctors, lawyers, clergymen, school personnel, and others). . ."<sup>23</sup>

There is also the recognition that an agency's services should be made known to its general community. Markle says that "by far the largest percentage in any community have no knowledge of their local Children's Aid Society. No more than three or four per cent of the people in Metropol-

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<sup>21</sup>Leyendecker, 114; Adams and Gallagher, 45, 47; Verner, "Administrative Concepts in Comprehensive Services for Unmarried Parents" in National Council on Illegitimacy, Unmarried Parenthood, Clues to Agency and Community Action, 44.

<sup>22</sup>Perlman, "Unmarried Mothers", 299; Verner, 44; Millar, "Casework Services for the Unmarried Mother", Case-work Papers--1955, 91-92; Garland, 74.

<sup>23</sup>Herzog, "Unmarried Mothers--The Service Gap Revisited", Children, XIV, No. 3 (May-June, 1967), 106-107.

itan Toronto probably have a knowledge of the workings of the two societies."<sup>24</sup>

By and For Physicians. The low number of direct referrals from physicians (5 out of 57) was surprising, especially when it is inferred that most pregnant girls would seek out a physician early, if only for confirmation of the pregnancy, and that physicians are accustomed to making referrals. In a study of 150 unwed mothers conducted by the Department of Obstetrics and Gynaecology of the University of Western Ontario, it was reported that 54% saw a doctor within the first three months of pregnancy.<sup>25</sup>

A search of Index Medicus from 1964 to current date under appropriate headings yielded relatively little material from medical journals. The report of the University of Western Ontario study<sup>26</sup> makes no mention of social work, but concludes that there is need for greater medical interest in the unwed mother.

Faigel<sup>27</sup> apparently sees the physician as giving care that meets the girl's emotional as well as physical

<sup>24</sup>Markle, "Meeting the Needs of Children", Journal of the Ontario Children's Aid Societies, IX, No. 4 (April, 1966), 6.

<sup>25</sup>Wearing et al., "A Medical and Sociologic Study of the Unwed Mother", Obstetrics and Gynecology, XXIX, No. 6 (June, 1967), 794.

<sup>26</sup>Ibid., 796.

<sup>27</sup>Faigel, "Unwed Pregnant Adolescents", Clinical Pediatrics, VI, No. 5 (May, 1967), 282-284; (U.S. figure).

needs, with his role including helping her find an educational program, psychological guidance, and social work help --for her relations with family and plans for the baby. He reports that less than one in three girls are reached by social services.

A "Guide for Collaboration of Physician, Social Worker and Lawyer in Helping the Unmarried Mother and Her Child"<sup>28</sup> clearly states that a social worker has the responsibility of referring a client for early obstetrical examination, stressing to her the need for continued care, reinforcing the client's faith in the doctor, and implementing his recommendations where possible or necessary. There is no parallel exhortation to the physician. There is a directive to him not to become involved in placement of the infant if social services are available.

In a statement on collaboration prepared by staff members of Louise Wise Services, New York City, at the request of the Child Welfare League of America,<sup>29</sup> the concern

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<sup>28</sup>"Guide for Collaboration of Physician, Social Worker and Lawyer in Helping the Unmarried Mother and Her Child", Journal American Medical Association, CXCIX, No. 11 (March 13, 1967), 194-195; approved by American College of Obstetrics and Gynecology, American Academy of Pediatrics, Child Welfare League of America and U.S. Children's Bureau.

<sup>29</sup>Levitt, et.al., "News From the Field: Collaboration of Physician and Social Worker in Serving the Unmarried Mother", Child Welfare, XLI (1962), 127. One wonders how often there is disagreement between the two professionals. In the fifty-seven cases there were two recorded: a physician had selected, for one client, a maternity home that did not have tutoring arrangements, and the girl wished to continue

that a physician allow an agency to arrange adoptions is echoed, together with idea of two-way responsibility: a physician should recognize that some of an unmarried mother's needs are best met by the social worker. This, however, was published in Child Welfare.

Wessel's cogent comments<sup>30</sup> likewise probably missed their target by first being given at a Florence Crittenton Association of America meeting and then being printed in Social Work:

The physician is often the first person to whom a woman turns when pregnancy is suspected. . . .Physicians know that social agencies offer professional service to unmarried mothers. . . .Some doctors are relieved to leave the planning for housing, finance, and future care of the infant to a social agency. Others feel this is unnecessary and that it interferes with their own relationship with a patient. "After all", they say, "how can any social worker know as much about patients and their psychological needs and what is best for them as I do?" . . .When a physician refers patients to a medical colleague, he anticipates a definitive report or advice on how to proceed. Similarly many physicians expect from a social agency information that will help them deal with their patient more effectively. . . .Social workers and doctors need to improve ways of working together, so that optimal professional care is available to the patient and to the client.

By and For Clergymen. In the sample, there were as

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her education. The physician was reported to be perturbed until the worker explained the reason for change of plan, at which time the physician suggested closer collaboration in future. In the second case a physician suggested, and apparently carried out, a private adoption placement of the baby with friends of another physician, over a worker's protest of risk in this procedure.

<sup>30</sup>Wessel, "The Unmarried Mother: A Social Work-Medical Responsibility", Social Work, VIII (1963), 66-71.

many referrals by the clergy as by the medical profession. A look at the appropriate literature<sup>31</sup> indicates no apparent ambivalence on the part of this profession. A clergyman counsels, but he also refers to agency and physician, and clarification of functions and roles among them is urged. As to adoption, Terkelsen phrases it this way:<sup>32</sup>

It is to be hoped that no minister will try to function as matchmaker between babies born illegitimately and childless couples in his parish. He is as inadequately equipped for this work as the social worker is for conducting the Sunday worship service.

By and For Educators. Although they did not show up in this sample, the agency does receive referrals from school sources: social worker, principal, guidance counselor, teacher or nurse. The University of Western Ontario study<sup>33</sup> indicated that more than a third of the girls were still in school when they became pregnant, and the literature<sup>34</sup> indicates recognition of the school's favorable position for finding and directing the girl to appropriate social services. Moreover, the burgeoning special plans for continuance of an unwed mother's education provide tangible

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<sup>31</sup>Hawes, "Pregnancy Out of Wedlock", Journal of Pastoral Care, XIX (1965), 154, 157-158; Terkelsen, Counseling the Unwed Mother, 22-23; Gray, "Conscience, Guilt and the Unwed Mother", Journal of Pastoral Care, XIII (1959), 164-170.

<sup>32</sup>Terkelsen, 99.

<sup>33</sup>Wearing et al., 793.

<sup>34</sup>Kelley, "The School and Unmarried Mothers", Children, X, No. 2 (March-April, 1963), 61.

evidence that school officials are giving sympathetic attention to the problem.<sup>35</sup>

By and For Hospital Personnel. In the county served by the Children's Aid Society from which the sample was drawn, the hospitals do not have prenatal clinics, so the referrals after delivery represented the first contact with the unwed mother. In a publication setting out a hospital's obligations,<sup>36</sup> there was recognition of need for early referral to social services, and of shared responsibility with other care-giving agents in an atmosphere of "mutual understanding and respect for each other's contributions and special competence". Possible areas of disagreement are touched upon including adoption placements, whether or not a girl should see her baby if she is relinquishing it, and whether an alleged father should have visiting privileges.

#### THE RESEARCH BACKGROUND

Existing Reports--United States. While there is great interest in research on the unmarried mother in the

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<sup>35</sup>Ibid., 61-64; Biddle, "The Berean Parental, Vocational, Educational, Program--Excerpts from the Fourth Progress Report", 32-34, and Green, "A Practical Solution to a Pertinent Problem, The Abington Plan", 34-36, both in Commonwealth of Pennsylvania Governor's Council for Human Services, Background Papers, The First Statewide Conference on Children Born Out of Wedlock; Wright, "Comprehensive Services for Adolescent Unwed Mothers", Children, XIII, No. 5 (September-October, 1966), 170-176.

<sup>36</sup>American Hospital Association, The Role of Hospitals in Services to Unmarried Parents and in Adoptions, 1, 2, 8.

United States, the applicability of conclusions from these reports to the Canadian scene is problematical. A study with a sample drawn from maternity home residents might apply in some way, to one segment, of an Ontario Children's Aid Society clientele. A study of unwed mothers receiving Aid to Families with Dependent Children might draw its sample from a population quite different from that of a Canadian agency.

For example, a study<sup>37</sup> of one hundred young unwed mothers in New Haven, Connecticut, from first contact in pregnancy through a five-year follow-up, reported an 87% Negro sample. Moreover, practices may differ in ways that would affect comparability. The same study noted that supply of postpartum contraception measures was one of the services offered.

Even in one of the largest, most widely quoted studies,<sup>38</sup> with a sample that included women who saw private physicians for their medical care and had no agency contact as well as traditional unwed mother sample sources, there is room to question whether California women in 1954 are repre-

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<sup>37</sup>Sorrel and Davis, "The Young Unwed Primipara", American Journal of Obstetrics and Gynecology, XCV, No. 5 (1966), 722-725.

<sup>38</sup>Vincent, Unmarried Mothers. This was a study of more than 1,000 unwed mothers and a control group of 200 single, never pregnant women in one California county. He demonstrated, within the limits of his study, that the social, familial and personality characteristics of unwed mothers approximate the same characteristics in the general population of females of the same race and age.



sentative of women of a particular Ontario county, of Ontario, or of Canadian women in 1968.

The foregoing refers to studies that give general pictures of client characteristics and agency services. The writer was unable to locate any study of unwed mothers' pathways to agencies. She did find one study<sup>39</sup> that utilized the pathways concept in investigating specific events that led to placement of children in foster care.

Existing Reports--Canada. Hodgkins<sup>40</sup> notes: "the fact that major research in this area has been accomplished in the United States and Britain, but not in Canada, points to the need for Canadian research efforts on unwed mothers". His study, which concentrated on attitudes of unwed mothers as contrasted to those of groups of wed mothers and single college students, reported that they respond very similarly on questions dealing with attitudes toward their parents, church or school. He, too, calls attention to the "complexity of variables": "no single explanation is adequate".

Hirsch<sup>41</sup> reported on obstetrical and psychological

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<sup>39</sup>Jenkins and Sauber, Paths to Child Placement, Family Situations Prior to Foster Care. The study covered the year before a child came into care, and included data concerning primary source of referral, reasons given for need of placement, contributory reasons, family crises, family composition, etc.

<sup>40</sup>Hodgkins, "A Comparative Study of Unwed Mothers in Western Canada", The Social Worker, XXXIV (1966), 166-176.

<sup>41</sup>Hirsch, "Observations on Illegitimacy" in Laskin (ed.), Social Problems: A Canadian Profile.

characteristics of ninety-six women whom he saw at a public health clinic in Halifax. Some of his conclusions concerning the unwed mother's dependency and deficient ego might be questioned in the light of Bibring's findings<sup>42</sup> about fears, fantasies and functioning of married women pregnant for the first time, but his general conclusions are consonant with current recognition that unwed motherhood has no one basic causal explanation.

Reference has been made previously to the University of Western Ontario study.<sup>43</sup> Information was collected from the unwed mother in hospital by a standard interview concerning her family, educational and religious background, sex education and experience, medical care received, and about the putative father. Part I, background and medical care, was published in June, 1967. Part II, a comparison between unwed mothers and a group of married mothers who are similar in age and parity is projected but not yet available, as is Part III, a comparison in the obstetric behavior between the unmarried and married groups. Besides elimination of recidivists from this study, other unspecified selection was made, according to the report, therefore probably reduc-

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<sup>42</sup>Bibring, "Some Considerations of the Psychological Processes in Pregnancy", The Psychoanalytic Study of the Child, XIV (1959), 113-121; Bibring et al., "A Study of the Psychological Processes in Pregnancy and of the Earliest Mother-Child Relationship", The Psychoanalytic Study of the Child, XVI (1961), 9-72.

<sup>43</sup>Wearing et al., 792-796.

ing its pertinence to the general unwed mother clientele of a Children's Aid Society.

A number of M.S.W. theses<sup>44</sup> have dealt with unwed mothers, but nothing could be located concerning pathways or implementation of early referrals. A research project<sup>45</sup> is underway in Toronto on pathways to a psychiatric institute.

### THE RESEARCH DESIGN

The Questions. The general questions are:

What are the pathways that an unmarried mother takes to the agency?

Does she have contact with one or more formal caregiving agents of the community who could refer her to the agency earlier in her pregnancy?

In Operational Terms. The questions are:

After the unmarried mother suspected that she was pregnant, who were the persons that she turned to for possible help, up to four; in what order did she consult them; and at what time?

Did they make either a direct or indirect referral to the agency, and at what time?

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<sup>44</sup>Elkin, The Family in Canada, 144-145, refers to six of them. Toronto School of Social Work, The Research Compendium, Review and Abstracts of Graduate Research, 1942-1962, reports on six others.

<sup>45</sup>The Yorklea Study, Clarke Institute of Psychiatry, Toronto.

Definitions. Unmarried mother: "a girl or woman who is not legally married to the man by whom she has conceived a child. She may be separated, divorced, widowed, married to someone other than the child's father, or never married".<sup>46</sup>

Persons that she turned to for possible help: may be anyone, (whether formal or informal care-giver, relative, friend, etc., will be of research interest).

Time: time will be approximate, as accurately as client can remember; time will be expressed in days, weeks or months, as appropriate.

Direct Referral: letter, telephone or personal contact with the agency on behalf of an unwed mother.

Indirect Referral: telling an unwed mother that she should contact the agency.

Setting and Scope of the Project. For this project, it seems appropriate to begin with a pilot study in one agency. The countywide Children's Aid Society where the writer had two field placements comes to mind. Assuming that the necessary permission could be secured, the next one hundred girls to arrive at the agency could be the population under study. This number would be reached in approximately three to four months.

The Instrument. A questionnaire to be incorporated

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<sup>46</sup>Bernstein, "Unmarried Parents", Encyclopedia of Social Work, 797.

by the worker into the intake interview seemed the most appropriate vehicle for data collection. The worker would ask the questions and record the client's answers. This would result in a partially-structured initial interview. Consideration was given to the nature of the questions to be asked, and their congruence with the current initial interviews. They would seem to have face validity, and would probably not be a source of discomfort for a worker to ask or a client to answer in an initial interview.

Thus, it would be the recommendation of the writer that a client not be told that this was a part of a research project, but the implication be that it was part of the agency's attempt to know an individual client better in order to help her more effectively.

The proposed questionnaire immediately follows this section, on pages 25 - 32. The only piece of identifying information is the case number, placed on the face sheet to ensure that all the desired cases are reported upon; in the event a questionnaire was mislaid, it would be known which information was lacking. Since the researcher would not have access to the case records themselves, confidentiality would be maintained regarding agency material, and anonymity assured for each client's data. The questionnaire could either be completed in duplicate or, after tallying, the form returned for inclusion in the case record, so that the information contained would be available to the worker as

she proceeds with the client.

A preliminary draft of the questionnaire was submitted to five unmarried parent workers for their suggestions of omissions or unclear phraseology. It was rewritten to incorporate their recommendations.

In addition to the questions eliciting data on pathways, there are a number on various aspects of the girl's family background, living situation, education, in order that pathways for various groups of girls might be contrasted. For example, older girls might reach the agency by a different path than teen-agers; or girls living in the central city area might differ from girls living on farms (the county for which the project is proposed has in it cities, towns, villages and farm land); or girls who are still in school might show a different pattern than girls who have left school. The information of this nature, in addition, would give the agency a picture of its clientele.

## QUESTIONNAIRE: UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY-1

(To be completed by the Worker at the Intake Interview of  
an Unmarried Mother)

Case Number: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Did anyone else appear at the Agency with this Client at the  
time of this interview (even if she was interviewed alone)?

yes \_\_\_\_\_ no \_\_\_\_\_

If yes, who? \_\_\_\_\_  
(mother, friend, p.f., etc.)

(To be completed at close of this Interview)

Date of Next Interview: \_\_\_\_\_

Recommendation of Disposition of Case: \_\_\_\_\_  
\_\_\_\_\_

## QUESTIONNAIRE: UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY-2

1. Referral Date \_\_\_\_\_
2. Source of Referral \_\_\_\_\_  
(self, mother, physician, etc.--from intake form)
3. Presenting Request \_\_\_\_\_  
("adoption", help with P.F., etc.)
4. Expected Delivery Date \_\_\_\_\_
5. Age \_\_\_\_\_
6. Birthdate \_\_\_\_\_
7. Residence and Family Composition:
  - a. i city (central) \_\_\_\_\_ ii city (suburb) \_\_\_\_\_  
iii town \_\_\_\_\_ iv village \_\_\_\_\_ v farm \_\_\_\_\_
  - b. i with both parents \_\_\_\_\_ ii with mother only \_\_\_\_\_  
iii with father only \_\_\_\_\_  
iv with mother and stepfather \_\_\_\_\_  
v with father and stepmother \_\_\_\_\_  
vi with other relatives \_\_\_\_\_  
(specify: aunt, etc.) \_\_\_\_\_  
vii with friends \_\_\_\_\_  
viii alone \_\_\_\_\_
  - c. i missing father: i dead \_\_\_\_\_ ii divorced \_\_\_\_\_  
iii separated \_\_\_\_\_ iv other \_\_\_\_\_  
(specify)
  - d. missing mother: i dead \_\_\_\_\_ ii divorced \_\_\_\_\_  
iii separated \_\_\_\_\_ iv other \_\_\_\_\_  
(specify)



## QUESTIONNAIRE: UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY-3

7. e. Have you changed residence since your pregnancy?  
yes\_\_\_\_\_ no\_\_\_\_\_  
If yes, why? \_\_\_\_\_  
(concealment, no longer welcome, etc.)
- f. Number of brothers\_\_\_\_\_ number of sisters\_\_\_\_\_  
(include children adopted into family)
- g. Client's birth order position\_\_\_\_\_
8. a. Are you still in school?  
yes\_\_\_\_\_ in grade\_\_\_\_\_  
no\_\_\_\_\_ highest grade completed\_\_\_\_\_
- b. Programme taken in high school:  
5 yr.\_\_\_\_\_ 4 yr.\_\_\_\_\_ 2 yr.\_\_\_\_\_
- c. Reason for leaving school: \_\_\_\_\_  
If for pregnancy, do you plan to continue?  
yes\_\_\_\_\_ no\_\_\_\_\_
9. a. Are you working? yes\_\_\_\_\_ no\_\_\_\_\_
- b. If yes, type of work\_\_\_\_\_
- c. How long employed?\_\_\_\_\_
- d. If once employed, reason for leaving:  
\_\_\_\_\_
- e. If for pregnancy, do you plan to return?  
yes\_\_\_\_\_ no\_\_\_\_\_

## QUESTIONNAIRE: UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY-4

10. When you thought that you might be pregnant, who was the first person you went to for possible help?

How long ago? (enter on chart below)

2nd? How long ago?

3rd? How long ago?

4th? How long ago?

<u>Number</u> (1-4)	<u>How Long Ago</u> (days, weeks, months)
------------------------	--

a. Father of Baby

b. Mother

c. Father (of client)

d. Other Relative  
(specify) \_\_\_\_\_

e. Friend

f. Physician

g. Clergyman

h. School Personnel

i. Social Worker: C.A.S.  
Protection, Child Care

j. Social Worker: Other  
Agency (specify) \_\_\_\_\_

k. Hospital Personnel

l. Other  
(specify) \_\_\_\_\_

m. No One before C.A.S.  
Unmarried Parent Dept.

## QUESTIONNAIRE: UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY-5

(If already mentioned in question 10, parts a and b of the next four questions may be omitted. Please be sure to ask parts c, d and e of each question.)

11. a. Have you been to a doctor about your pregnancy?  
yes\_\_\_\_\_no\_\_\_\_\_
- b. How long ago?\_\_\_\_\_
- c. Did he say you should come to C.A.S.? yes\_\_\_no\_\_\_
- d. When did he say this? \_\_\_\_\_
- e. Did he say why? yes\_\_\_\_\_no\_\_\_\_\_reason\_\_\_\_\_  
("adoption", etc.)
12. a. Have you seen a clergyman about your pregnancy?  
yes\_\_\_\_\_no\_\_\_\_\_
- b. How long ago?\_\_\_\_\_
- c. Did he say you should come to C.A.S.? yes\_\_\_no\_\_\_
- d. When did he say this?\_\_\_\_\_
- e. Did he say why? yes\_\_\_no\_\_\_reason\_\_\_\_\_  
("adoption", etc.)
13. a. Did you talk over your pregnancy with any official  
person at work? yes\_\_\_no\_\_\_
- b. How long ago?\_\_\_\_\_
- c. Did he say you should come to C.A.S.? yes\_\_\_no\_\_\_
- d. When did he say this?\_\_\_\_\_
- e. Did he say why? yes\_\_\_no\_\_\_reason\_\_\_\_\_  
("adoption", etc.)
14. a. Did you talk over your pregnancy with any official  
person at school? yes\_\_\_no\_\_\_
- b. How long ago?\_\_\_\_\_
- c. Did he say you should come to C.A.S.? yes\_\_\_no\_\_\_
- d. When did he say this?\_\_\_\_\_
- e. Did he say why? yes\_\_\_no\_\_\_reason\_\_\_\_\_  
("adoption", etc.)

## QUESTIONNAIRE: UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY-6

15. a. Did you know, before you were pregnant, that C.A.S. works with unwed mothers? yes \_\_\_\_\_ no \_\_\_\_\_
- b. If yes, how did you find out about this?
- i newspaper, TV or radio \_\_\_\_\_ ii parent \_\_\_\_\_
- iii friend \_\_\_\_\_ iv don't remember \_\_\_\_\_
- v other \_\_\_\_\_  
(specify)
16. Do you expect that your pregnancy will cause, or has it already caused any problems with:
- a. the baby's father? yes \_\_\_\_\_ no \_\_\_\_\_
- b. your mother? yes \_\_\_\_\_ no \_\_\_\_\_
- c. your father? yes \_\_\_\_\_ no \_\_\_\_\_
- d. your brother(s), sister(s)? yes \_\_\_\_\_ no \_\_\_\_\_
- e. your friends? yes \_\_\_\_\_ no \_\_\_\_\_
- f. at school? yes \_\_\_\_\_ no \_\_\_\_\_
- g. at work? yes \_\_\_\_\_ no \_\_\_\_\_
17. Are there financial problems because of your pregnancy?  
yes \_\_\_\_\_ no \_\_\_\_\_
18. Do you have hospital coverage? yes \_\_\_\_\_ no \_\_\_\_\_
19. Do you have medical coverage? yes \_\_\_\_\_ no \_\_\_\_\_
20. a. Are you thinking about a maternity home?  
yes \_\_\_\_\_ no \_\_\_\_\_
- b. Are you thinking about a domestic placement?  
yes \_\_\_\_\_ no \_\_\_\_\_
21. a. Has anyone else in your family had an out-of-wedlock pregnancy? yes \_\_\_\_\_ no \_\_\_\_\_
- b. If yes, who? \_\_\_\_\_ when? \_\_\_\_\_

## QUESTIONNAIRE: UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY-7

22. a. Has a close friend had an out-of-wedlock pregnancy?

yes \_\_\_\_\_ no \_\_\_\_\_

b. If yes, when? \_\_\_\_\_

23. a. Is this your first pregnancy? yes \_\_\_\_\_ no \_\_\_\_\_

b. If no, how many previous pregnancies? \_\_\_\_\_

c. Dates of previous deliveries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Do you think of anything that we have not covered that might be helpful for us to know about you or your situation? (Use reverse side of page if additional space is needed.)

(This is the end of the Questionnaire if this is a first pregnancy; if not, please use a separate page 8 sheet for each previous pregnancy.)

## QUESTIONNAIRE: UNMARRIED MOTHERS' PATHWAYS TO THE AGENCY-8

25. a. Did you go to any agency during your previous pregnancy? yes\_\_\_\_\_ no\_\_\_\_\_
- b. If yes, where?\_\_\_\_\_
- c. When?\_\_\_\_\_  
(in what month of pregnancy, if possible)
- d. How long were you in contact with that agency?\_\_\_\_\_
- e. About how many interviews did you have?\_\_\_\_\_
- f. What services did they help you with?
- i maternity home\_\_\_\_\_ ii domestic placement\_\_\_\_\_
- iii medical\_\_\_\_\_ iv hospital\_\_\_\_\_ v school/work\_\_\_\_\_
- vi family relationships\_\_\_\_\_
- vii temporary care of baby\_\_\_\_\_
- viii crown wardship/adoption\_\_\_\_\_
- ix other\_\_\_\_\_  
(specify)
- g. Did the worker see any other members of your family?  
yes\_\_\_\_\_ no\_\_\_\_\_
- i mother? yes\_\_\_\_\_ no\_\_\_\_\_ ii father? yes\_\_\_\_\_ no\_\_\_\_\_
- iii brother(s), sister(s)? yes\_\_\_\_\_ no\_\_\_\_\_
- iv other\_\_\_\_\_  
(specify)
- h. Did an agency person see the father of the child?  
yes\_\_\_\_\_ no\_\_\_\_\_
- i. If yes, for what purpose?\_\_\_\_\_
- j. Did the father of the child give financial help?  
yes\_\_\_\_\_ no\_\_\_\_\_
- k. If yes, was it partial\_\_\_\_\_ or total\_\_\_\_\_
26. Is there anything else that you think we should know about your previous pregnancy? (Use reverse side of page if additional space is needed.)

## ORGANIZING THE DATA

Data would be organized around five general areas:  
characteristics of unmarried mothers who come to  
this agency;

pathways taken before referral to the agency;

timing of referrals;

implications concerning the formal care-giving agents of the community: extent they are used by unmarried, pregnant girls, whether they see agency as resource, and for what purpose (partially as seen by girls and partially by timing of referrals);

information about the recidivists and their previous experiences with agencies.

Characteristics of the Unmarried Mother Clients.

Tables would be constructed concerning such items as:

age: range, median, mode, mean;

residence and family composition, including such items as girls coming from intact versus broken families, living at home versus living alone or with friends, birth order of the unwed mothers, whether they had changed residence after they became pregnant;

school information, such as whether still in school, programme taken, plans for continuation;

work information, such as types of work represented, how long employed, plans to return after pregnancy;

first pregnancy or recidivist, whether out-of-wedlock

pregnancies among immediate family or close friends;

problems in interpersonal relationships perceived or anticipated because of pregnancies;

need for shelter as expressed by desiring maternity homes or domestic placements.

Pathways Taken Before Referral to Agency. A table would be constructed as follows: (all tables would be marked as applying to this particular study):

RESOURCES FROM WHOM RESPONDENTS SOUGHT HELP & ORDER OF CONTACT

<u>Resource</u>	<u>Order of Contact</u>			
	<u>First</u>	<u>Second</u>	<u>Third</u>	<u>Fourth</u>

Father of Expected Baby

Mother

Father

Other Relative

Friend

Physician

Clergyman

School Personnel

Social Worker at C.A.S.--  
Protection or Child Care

Social Worker at Other Agency

Hospital Personnel

Others (separate categories  
if warranted)

C.A.S. Unmarried Parent Dept.

A table also would be provided on number who knew, before pregnancy, that C.A.S. worked with unwed mothers and



sources of their information.

Timing of Referrals. A Table similar to Table I, SOURCE AND TIME OF REFERRAL TO AGENCY, of the Preliminary Survey (page 10) would be constructed. This time, however, the large self-referral group would have been refined, and either direct or indirect referrals by the care-giving agents would be tallied as coming from them.

Implications Concerning the Formal Care-Giving Agents of the Community. A table would be constructed as follows:

RESPONDENTS' USE OF FORMAL CARE-GIVING RESOURCES OF COMMUNITY

Care-Giving Agents	Number of Respondents Reporting Use of Resource
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Physicians

Clergyman

School Personnel

Social Workers at C.A.S.--  
Protection or Child Care

Social Workers at other  
Agencies (separated by Agency, if warranted)

Hospital Personnel

Others, such as Lawyers,  
if actually found

A further table would be constructed around the time lag between girls' first visits to types of care-giving agents and their suggestions of C.A.S., in the event that they do suggest the agency at all:

# RESPONDENTS' REPORTS OF TIME LAG BETWEEN INITIAL CONTACT WITH CARE-GIVING AGENCIES AND REFERRAL

<u>Type of Care-Giving Agent</u>	<u>Mean Number of Days Between Initial Contact and Referral</u>
Physicians	
Clergymen	
School Personnel	
Social Workers at C.A.S.-- Protection or Child Care	
Social Workers at other Agencies (separated by Agency, if warranted)	
Hospital Personnel	
Others, such as Lawyers, if actually found	

A table also would be prepared, for each kind of care-giving agent, setting out the reasons agents gave for going to the agency (as reported by respondents), i.e.,

## RESPONDENTS' REPORTS OF REASONS PHYSICIANS GAVE FOR CONTACTING AGENCY

<u>Reason Given</u>	<u>Number Reporting (may be more than one per Respondent)</u>
To arrange for adoption of child	
To make plans to enter maternity home	
To get financial help from the putative father	
To plan for future	
(etc., covering all reasons actually expressed for each kind of care-giving agent)	

Characteristics of the Recidivists and Information about their Previous Agency Contacts. A Table similar to Table II. SOURCE AND TIME OF REFERRAL TO AGENCY OF RECIDIVISTS ONLY, (page 10), would be constructed. Also, the characteristics of the recidivist respondents as to age, residence and family composition, school and work experience, etc., would be tallied separately to see whether there are noteworthy differences between the group as a whole and the recidivists. Their pathways, use of care-giving agents, timing of referrals, etc., would be looked at separately, also, in a search for differences. The information about service received from agencies during previous pregnancies would be charted both to see its extent and the main purposes for the services, as the girls perceived them.

Comparisons between Variables in a Search for Possible Relationships. A number of tables could be constructed, such as one comparing age and source of referral, etc. Some possibilities:

<u>Age of Respondent</u>	<u>Referral Source</u>		
	<u>Formal Care-Givers</u>	<u>Informal</u>	<u>Self</u>
Under 20 years			
20 and over			

<u>Age of Respondent</u>	<u>Timing of Referral</u>		
	<u>By Trimester of Pregnancy</u>		
	<u>First</u>	<u>Second</u>	<u>Third or After Delivery</u>
Under 20 years			
20 and over			



If, for example, it was shown that physicians see these girls approximately two months before they refer, or before the girls find the agency, then a workshop or seminar offered by the countywide C.A.S. for the physicians of the county might result in better understanding of the roles of both.<sup>48</sup> C.A.S. might explain its casework services and objectives, and ask for physicians' suggestions for improvement both of services to clients and of collaboration between physicians and social workers. Panels, "buzz" sessions and other techniques might be employed to make it a real two-way flow of information and suggestions.

Material might be prepared to aid the physician in making a referral. A simple leaflet explaining the gamut of services to unmarried mothers might be prepared for distribution by him as needed, and an additional supply made available for his waiting room if he wished.

Further seminars, as indicated, might be held for the clergymen of the county, school guidance personnel and

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<sup>48</sup>In Elizabeth Herzog, "Unmarried Mothers--The Service Gap Revisited", she reports, in connection with a review of research and demonstration projects in which there was interdisciplinary collaboration, examples of benefits: "An obstetrician exclaims with pleasure that it is a boon to know, before a girl is actually sitting in his office, what the community's social agency resources are, what the State has to offer outside the community, and what legal regulations he must be aware of in advising her about where to go. . . .A corollary to increased information is likely to be closer and more effective working relationships. . . .Closely related to increased information and more effective working relations in the reports reviewed are improvement in practices and policies for seeing that unwed mothers get the services they need. . . ." See also note 23.

nurses, and other formal care-giving agents. Similar literature should be made available for their offices. After any projected workshops, some method of following up and providing information for non-attenders should be worked out, such as sending out mimeographed minutes of the workshop and asking for absentees' recommendations, too.

If C.A.S. did undertake such an informational programme, then this research design might become the "before" part of a "before and after" study. After completions of the seminars, another one-hundred-girl-population might be investigated, and data compared, to see whether formal care-givers were then referring in higher proportion.

If findings were to the contrary: formal care-givers were referring as soon as they had contact with an unmarried mother, this would indicate that the care-givers are aware of C.A.S. as a resource.

Since there is already, from the preliminary survey, indication that girls are not getting to the agency early in their pregnancies, this would indicate, then, that they usually do not contact a formal care-giver early enough to facilitate their early arrival at C.A.S. through this pathway, and would indicate appropriateness of a reaching-out effort both toward the girl herself and toward the informal sources of referral.

This might be attempted by expanding the current listing in the classified section of the telephone directory

under "Social Service Organizations", which now merely carries name, address and telephone number, to a four or five line listing, as many small commercial organizations now employ. This could spell out the various services offered by C.A.S., and possibly be of service to other clients also, but the lines of particular concern here might read "offers help to unmarried pregnant girls" and also includes the agency's office hours plus "evenings by appointment".

A notice in the Personals column of the daily newspaper, similar to the one that Alcoholics Anonymous runs every day of the year, would be another way of getting this service to public attention. There are also news stories that might be run frequently--such as the monthly report of number of unmarried mothers served in the preceding month, for example, that would be appropriate, as would occasional larger feature stories.

Other possibilities include providing speakers for home and school association, church groups, etc., on the subject of who our unmarried mothers are, how C.A.S. can help them, and importance of sympathetic public concern for the problem. This not only would reach informal care-givers but, since such talks are reported in the newspapers, gives possible double value.

If findings were inconclusive, in the sense that the pathways were so varied that no pattern emerged, it would indicate that C.A.S. must think in terms of a "shot-gun" model

for public relations: to scatter information very widely about the community. It would not necessarily negate the value of, say, a workshop for physicians, but would mean that this alone could not be expected to result in a sizeable number of earlier referrals.

Any indications, from the project, of special high-risk groups, such as the girls who take the two-year course in high school, could suggest possible prevention-aimed programmes in connection with the schools. This particular course, for example, is flexibly designed for girls who have already repeated at least two grades in the elementary school system, and who are not strong academically. There is a large amount of practical material in the course, child care, hair dressing, etc., and it might be possible to include information about C.A.S. rather naturally, perhaps along the lines of community resources and how to use them.

C.A.S. might look to its own teen-age wards as another group with high-risk potential, and consider how it could ensure adequate family life education instruction for these girls. The whole question of finding and working with high-risk groups is receiving increasing attention,<sup>49</sup> and warrants more consideration locally. Another possibility that might be indicated by the findings would be the high-risk potential of other girls in the family where one has

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<sup>49</sup>See, for example, Caplan, Principles of Preventive Psychiatry, and Haselkorn (ed.) Mothers-At-Risk.



already become pregnant out-of-wedlock.

There is such a paucity of unmarried mother research in Canada that the report of even such a modest study as this might find a place for publication, especially in the Journal of the Ontario Children's Aid Societies. Its descriptions of unmarried pregnant girls in this agency's clientele would likely be closer to those in the 52 other Ontario Children's Aid Societies than those of U.S. studies. Research published in this journal, too, might lead to increased interest in research, expanding projects into other agencies, pooling results, etc.

Such a research project's findings could form the basis for discussion at the unmarried parent section of the annual conference of C.A.S. also. Possibly a research workshop there could highlight important areas that needed to be researched and point out possible sources of funds to support such research. Practitioners may have all kinds of questions that need researching. This School of Social Work has plans for carrying on research in a systematic way, and projects geared to improved practice would be a practical demonstration of interest in the problems of Ontario agencies.

Increased attention in journals seems to have been given recently to the use of more structured forms of recording.<sup>50</sup> The more structured form of intake interview

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<sup>50</sup>For example, Pannor, Evans and Massarik, "Stan-

with unmarried mothers that would result from use of the questionnaire in this project might be found to have value beyond the research scope and workers may wish to continue to use it, or a modified form, after the conclusion of the project. This might logically lead, too, to experimentation with the Standardized Case Recording Form or a modification of it. Its attempt to have a worker set out and order specific goals for a client has interesting implications for practice. Of course, further research would be indicated, using one group as control, and an experimental group who would receive service based upon the experimental method.

Other research possibilities include a study contrasting current methods and a crisis intervention model. In addition, information on numbers of girls living at home when they became pregnant might lead to experimentation with at least part of the service consisting of family interviews based upon implication that this is a family crisis, too.<sup>51</sup> Consideration of Bibring's findings about emotional states of married, pregnant women and relative slowness of recovery of equilibrium after delivery<sup>52</sup> might lead to research on a

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Standardized Case Recording in Casework Practice and Research: The 'SCRF' as a Tool in the Study of Unwed Parenthood". Child Welfare, XLVI (December, 1967), 569-574.

<sup>51</sup>Vista Del Mar Child-Care Service, Los Angeles, California, reports considerable success in involving families of unwed mothers and unwed fathers: Pannor, "Casework Service for Unmarried Fathers", Children, X, No. 2 (March-April, 1963), 65-70.

<sup>52</sup>See note 42.

plan of more postpartum interviews as contrasted with current practice. Recent reports on successes of crisis groups<sup>53</sup> might make research along these lines a fruitful field of consideration.

This project, if carried out, also might spark more interest in the problem of the recidivist. If she differs significantly from the characteristics of the general population of the study, this would require further attention. There are really not, in this study, two distinct groups, since the girls who are having a first out-of-wedlock child also may repeat. It is just not known at this point.

If data from this project would show, for example, that the recidivist was seen less than five times by a worker during a previous pregnancy, and that attention was devoted only to securing financial help from the putative father or toward making plans for the baby, there are implications for designing and testing alternative forms of intervention in an attempt to find effective methods of breaking the chain of repetition. In the U.S., some projects report the offering of postpartum contraceptives. Before this is adopted here, some agonizing reappraisal would have to take place. But it probably will not be considered at all until considerable research on the recidivist in Canada has taken place.

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<sup>53</sup>Strickler and Allgeyer, "The Crisis Group: A New Application of Crisis Theory", Social Work, XII (1967), 28-32.

Vincent has indicated the importance of longitudinal studies<sup>54</sup> in the problem of out-of-wedlock pregnancy. This project could form the basis for further consideration along these lines. Starting with girls who enter grade nine, studies could be undertaken following them through the next several years. Characteristics of the groups of girls who choose two, four or five-year programmes could be studied, as well as the characteristics of the smaller numbers out of these groups who later were known to become pregnant out of marriage. With the projected establishment of countywide boards of education, and an already-established countywide C.A.S., this project might be implemented more easily than at first thought, although admittedly longitudinal studies are unwieldy.

So much needs to be done in research in this field that it cannot wait for the luxury of full-time researchers and large grants. Young provides a thought-provoking conclusion for this paper:<sup>55</sup> "Social workers need to be reminded that some of the most productive avenues of research lie within the scope of their practice, given all its inevitable limitations, complexities, and biases".

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<sup>54</sup>Vincent, "Illegitimacy in the Next Decade", 516-517.

<sup>55</sup>Young, "Introduction" in Research Perspectives on the Unmarried Mother, 2.

## BIBLIOGRAPHY

Adams, Hannah M. and Gallagher, Ursula M. "Some Facts and Observations About Illegitimacy", Children, X, No. 2 (March-April, 1963), 43-48.

American Hospital Association. The Role of Hospitals in Services to Unmarried Parents and in Adoptions. Chicago: American Hospital Association, 1961.

Bernstein, Rose. "Are We Still Stereotyping the Unmarried Mother?", Social Work, V, No. 3 (July, 1960), 22-28.

\_\_\_\_\_. "The Maternal Role in the Treatment of Unmarried Mothers", Social Work, VIII, No. 1 (January, 1963), 58-65.

\_\_\_\_\_. "Unmarried Parents:", Encyclopedia of Social Work, New York: National Association of Social Workers, 1965, 797-801.

\_\_\_\_\_. "Unmarried Parents and Their Families", Child Welfare, XLV, No. 4 (April, 1966), 185-193.

Bibring, Grete. "Some Considerations of the Psychological Processes in Pregnancy", Psychoanalytic Study of the Child, XIV. New York: International Universities Press, 1959.

\_\_\_\_\_. et al. "A Study of Psychological Processes in Pregnancy and of the Earliest Mother-Child Relationship", Psychoanalytic Study of the Child, XVI. New York: International Universities Press, 1961.

Biddle, Cornelia. "The Berean Parental, Vocational, Educational Program--Excerpts from the Fourth Progress Report", in Commonwealth of Pennsylvania Governor's Council for Human Services, Background Papers, The First Statewide Conference on Children Born Out of Wedlock. Harrisburg, Pennsylvania: 1965.

Billingsley, Andrew and Billingsley, Amy Tate. "Illegitimacy and Patterns of Negro Family Life", in Robert W. Roberts (ed.), The Unwed Mother. New York: Harper and Row, 1966.

- Caplan, Gerald. Concepts on Mental Health and Consultation. Washington: U.S. Department of Health, Education, and Welfare, 1959.
- \_\_\_\_\_. Principles of Preventive Psychiatry. New York: Basic Books, Inc., 1964.
- Chaskel, Ruth. "Changing Patterns of Services for Unmarried Parents", Social Casework, XII, No. 1 (January, 1968), 3-10.
- Child Welfare League of America, Inc. Research Perspectives on the Unmarried Mother. New York: Child Welfare League of America, 1962.
- Deutsch, Helene. The Psychology of Women: A Psychoanalytic Interpretation. New York: Grune & Stratton, 1945.
- Duvall, Evelyn Millis. Family Development. 2nd ed. Philadelphia: Lippincott Co., 1962.
- Eisenberg, Morton S. "Psychodynamic Aspects of Casework With the Unmarried Mother", Casework Papers--1956. New York: Family Service Association, 1956.
- Elkin, Frederick. The Family in Canada. Ottawa: Canadian Conference on the Family, 1964.
- Faigel, Harris C. "Unwed Pregnant Adolescents", Clinical Pediatrics, VI, No. 5 (May, 1967), 281-285.
- Fellin, Philip. "The Standardized Interview in Social Work Research", Social Casework, XLIV (1963), 81-85.
- Garland, Patricia. "The Community's Part in Preventing Illegitimacy", Children, X, No. 2 (March-April, 1963), 71-75.
- Goldstein, Harris K. Research Standards and Methods For Social Workers. New Orleans: The Hauser Press, 1963.
- Goode, William J. The Family. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1964.
- \_\_\_\_\_. "Illegitimacy, Anomie and Cultural Penetration", American Sociological Review, XXVI, No. 6 (December, 1961), 910-925.
- \_\_\_\_\_. and Hatt, Paul K. Methods in Social Research. New York: McGraw-Hill, 1952.

- Gray, Paul H. "Conscience, Guilt and the Unwed Mother", Journal of Pastoral Care, XIII (1959), 164-170.
- Green, Alice C. "A Practical Solution to a Pertinent Problem, The Abington Plan", in Commonwealth of Pennsylvania Governor's Council for Human Services, Background Papers, The First Statewide Conference on Children Born Out of Wedlock. Harrisburg, Pennsylvania: 1965.
- "Guide for Collaboration of Physician, Social Worker and Lawyer in Helping the Unmarried Mother and Her Child", Journal American Medical Association, CXCIX, No. 11 (March 13, 1967), 194-195.
- Haselkorn, Florence (ed.). Mothers-At-Risk. Perspectives in Social Work, I, No. 1. Garden City, N.Y.: Adelphi University School of Social Work Publications, 1966.
- Hawes, Sheilah James. "Pregnancy Out of Wedlock", Journal of Pastoral Care, XIX (1965), 154-163.
- Herzog, Elizabeth. "Unmarried Mothers: Some Questions to be Answered and Some Answers to be Questioned", Child Welfare, XLI, No. 8 (October, 1962), 339-350.
- \_\_\_\_\_. "Unmarried Mothers--The Service Gap Revisited", Children, XIV, No. 3 (May-June, 1967), 105-110.
- Hirsch, Solomon. "Observations on Illegitimacy", in Richard C. Laskin (ed.), Social Problems: A Canadian Profile. Toronto: McGraw Hill Company of Canada, Ltd., 1964.
- Hodgkins, B.J. "A Comparative Study of Unwed Mothers in Western Canada", The Social Worker, XXXIV (July, 1966), 166-176.
- Hollis, Florence. Casework, A Psychosocial Therapy. New York: Random House, 1965.
- Jenkins, Shirley and Sauber, Mignon. Paths to Child Placement, Family Situations Prior to Foster Care. New York: Community Council of Greater New York, 1966.
- Kelley, Jerry L. "The School and Unmarried Mothers", Children, X, No. 2 (March-April, 1963), 60-64.
- Levitt, Esther G. et al. "News From the Field: Collaboration of Physician and Social Worker in Serving the Unmarried Mothers", Child Welfare, XLI (1962), 126-127.

- Levy, Dorothy. "A Follow-up Study of Unmarried Mothers", Social Casework, XXXVI, No. 1 (January, 1955), 27-32.
- Leyendecker, Gertrude T. "Generic and Specific Factors in Casework with the Unmarried Mother", Casework Papers--1957. New York: Family Service Association of America, 1957.
- Lindemann, Erich. "Symptomatology and Management of Acute Grief" in Howard J. Parad (ed.), Crisis Intervention. New York: Family Service Association of America, 1965.
- Markle, Ward. "Meeting the Needs of Children", Journal of the Ontario Children's Aid Societies, IX, No. 4 (April, 1966), 6-8.
- May, Rollo. The Meaning of Anxiety. New York: The Ronald Press Company, 1950.
- Millar, Margaret W. "Casework Services for the Unmarried Mother", Casework Papers--1955. New York: Family Service Association of America, 1955.
- Morgan, Ralph W. "The Extension of Casework Principles into Questionnaire Construction", Social Casework, XL (January, 1959), 27-32.
- Pannor, Reuben. "Casework Services For Unmarried Fathers", Children, X, No. 2 (March-April, 1963), 65-70.
- \_\_\_\_\_, Evans, Byron W. and Massarik, Fred. "Standardized Case Recording in Casework Practice and Research: The 'SCRF' as a Tool in the Study of Unwed Parenthood", Child Welfare, XLVI (December, 1967), 569-574.
- Parad, Howard J. (ed.). Crisis Intervention. New York: Family Service Association of America, 1965.
- \_\_\_\_\_. "Preventive Casework: Problems and Implications" in his Crisis Intervention. New York: Family Service Association of America, 1965.
- Perlman, Helen Harris. "Observations on Services and Research" in National Council on Illegitimacy. Unmarried Parenthood, Clues to Agency and Community Action. New York: National Council on Illegitimacy, 1967.
- \_\_\_\_\_. "Unmarried Mothers", in Nathan E. Cohen (ed.), Social Work and Social Problems. New York: National Association of Social Workers, Inc., 1964.



- Polansky, Norman A. (ed.). Social Work Research. Chicago: University of Chicago Press, 1960.
- Questionnaire for A Sociological and Obstetrical Study of the Unmarried Mother. London, Ontario: University of Western Ontario Department of Obstetrics and Gynaecology, 1965.
- Rapoport, Lydia. "Crisis-Oriented Short Term Casework", Social Service Review, XLI, No. 1 (March, 1967); 31-43.
- Roberts, Robert W. (ed.). The Unwed Mother. New York: Harper & Row, 1966.
- Ross, Helen. "The Meaning of Motherhood to the Unmarried Mother", Casework Papers--1955. New York: Family Service Association, 1955.
- Selltiz, Claire et al. Research Methods in Social Relations. Rev. ed. New York: Holt, Rinehart and Winston, 1959.
- Sorrel, Philip M. and Davis, Clarence D. "The Young Unwed Primipara", American Journal of Obstetrics and Gynecology, XCV, No. 5 (1966), 722-725.
- Standardized Case Recording Forms, prepared by Research Project, The Unmarried Father: Demonstration and Evaluation of an Assertive Casework Approach, Vista Del Mar Child-Care Service, Los Angeles, California, 1967.
- Stennett, Richard G. and Bounds, Thomas D. "Premarital Pregnancy and Marital Stability", The Social Worker, XXXIV (July, 1966), 142-148.
- Strickler, Martin and Allgeyer, Jean. "The Crisis Group: A New Application of Crisis Theory", Social Work, XII, No. 3 (1967), 28-32.
- Terkelsen, Helen E. Counseling the Unwed Mother. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1964.
- Tompkins, George and Yantha, Priscilla M. Waterloo Lutheran University Style Manual. Waterloo: 1966.
- Toronto School of Social Work. The Research Compendium, Review and Abstracts of Graduate Research, 1942-1962. Toronto: University of Toronto Press, 1964.

Tuttle, Elizabeth. "Serving the Unmarried Mother Who Keeps Her Child", Social Casework, XLIII, No. 8 (October, 1962), 415-422.

Verner, Mary E. "Administrative Concepts in Comprehensive Services for Unmarried Parents" in National Council on Illegitimacy, Unmarried Parenthood, Clues to Agency and Community Action. New York: National Council on Illegitimacy, 1967.

Vincent, Clark E. "Illegitimacy", Encyclopedia Britannica, XI (1966), 1078-1079.

\_\_\_\_\_. "Illegitimacy in the Next Decade: Trends and Implications", Child Welfare, XLIII, No. 12 (December, 1964), 513-520.

\_\_\_\_\_. Unmarried Mothers. New York: The Free Press of Glencoe, 1961.

Wasser, Edna. "Research Interviewing in Social Work Research: Some Formulations", Social Service Review, XXXVI (September, 1962), 286-294.

Wearing, Morris P. et al. "A Medical and Sociologic Study of the Unwed Mother", Obstetrics and Gynecology, XXIX, No. 6 (June, 1967), 792-796.

Wessel, Morris A. "A Physician Looks At Services for Unmarried Parents", Social Casework, XII, No. 1 (January, 1968), 11-14.

\_\_\_\_\_. "The Unmarried Mother: A Social Work-Medical Responsibility", Social Work, VIII, No. 1 (January, 1963), 66-71.

Wright, Mattie K. "Comprehensive Services for Adolescent Unwed Mothers", Children, XIII, No. 5 (September-October, 1966), 170-176.

Wu, Y.C. "The Research Interview and Its Measurement", Social Work, XII, No. 3 (1967), 79-87.

The Yorklea Study, Description of the System Pathways Model. Clarke Institute of Psychiatry, Toronto, 1968.

The Yorklea Study, Questionnaire on Pathways for Yorklea Patients in Clarke Institute. Clarke Institute of Psychiatry, Toronto, 1968.

Young, Leontine R. "Introduction" in Child Welfare League of America, Research Perspectives on the Unmarried Mother. New York: Child Welfare League of America, 1962.

---

. Out of Wedlock. New York: McGraw-Hill Book Company, 1954.

Young, Pauline V. Scientific Social Surveys and Research. 4th ed. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1966.