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INFANT DAY CARE AND THE WORKING MOTHER:  
A PROPOSAL FOR REDUCING MATERNAL ANXIETY

(A Research Proposal)

A Research Essay  
Submitted to The Graduate School of Social Work  
Waterloo Lutheran University

By

David W. Adams, B.Sc.N.

in partial fulfillment of the requirements for  
the Degree of Master of Social Work

April 1969

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## PREFACE

My interest in the day care of children of working mothers was stimulated by my recent involvement in a study of the need for day care facilities in Kitchener-Waterloo. During this study it became apparent that most of the facilities and the interest in day care programs was related specifically to the care and education of children ages three to five. In reviewing the findings of a questionnaire used in the study however, it was readily determined that another problem existed. A total of 75 of 170 working mothers from industry stated that they placed a total of 84 infants with relatives and babysitters while they were at work. One-half of these infants were cared for outside of their homes. Approximately one-half of the mothers indicated that they had been forced to make two or more arrangements during the year and the majority stated that arrangements were hard to make.<sup>1</sup>

This paper deals with three main areas. Initially, it attempts to address the general issues surrounding the provision of infant day care services. Secondly, it presents a point of view regarding the type of facility needed in the Kitchener-Waterloo area. Thirdly, it proposes the undertaking of an initial study devoted to examining the effects of a specific type of infant day care program in reducing anxiety in the low-income working mother from industry.

I acknowledge the assistance of my advisor Professor Eugenia Hackshaw in helping me to narrow the focus of this paper. The timely advice of Professor Marion Schiel was also greatly appreciated.

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<sup>1</sup>Bruce Brillinger and David Adams, "Day Care: Guidelines for Action," Kitchener-Waterloo Social Planning Council, December 1968, pp. 14-15. (mimeographed)

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## INTRODUCTION

The term "day care" has been used to refer to daytime babysitting in the home, daytime care in group centres, daytime care for children in family settings other than their own, and daytime education in nursery schools. Basically, it has been used to refer to most situations in which the infant or child is cared for by a person other than his mother, for a daytime period ending with his return to his mother's care again.<sup>2</sup>

Day care for infants began in England at the turn of the nineteenth century and in the United States in 1820. Infants were cared for in state institutions in order to aid working widows. In 1890, day care for infants and preschool children began in private creches and nurseries in Toronto. By 1930, the growth of behavioural science knowledge and the belief that infants did not benefit from group care led to the abandonment of most infant care programs in North America.<sup>3</sup>

The influence of researchers in the 40's and 50's such as Spitz and Bowlby led to the equating of infant day care in groups, with the concepts of maternal deprivation and institutionalization.<sup>4</sup> This led to

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<sup>2</sup>Social Planning Council of Metropolitan Toronto. "Day Care in Metropolitan Toronto", Toronto, 1968 p. 1 (mimeographed)

<sup>3</sup>D. Phillip and H. Cox, "Day Care as a Social Service Resource: Conceptual History of Group Care" in Day Care as a Social Service Resource, ed. by D. Phillip and H. Cox (Chicago: University of Illinois Press, 1967), pp. 5 - 8

Social Planning Council of Metropolitan Toronto, "Statement on the Day Care of Children", Toronto, 1968, p. 1. (mimeographed)

<sup>4</sup>Halbert Robinson, "Growing Up Replete" (address given to the Foster Care Project Conference of the Child Welfare League of America, New Orleans, Louisiana, October 30, 1967. (Mimeographed)

the condemning of infant group care programs by child welfare experts and the encouragement of infant day care programs based on the foster home concept.<sup>5</sup> These programs are termed family day care programs and involve the placement of the infant in a family setting other than his own, during the daytime period.

It has only been in the past ten years that day care for infants in group centres has been reconsidered. A pilot project commenced at Syracuse, New York in 1965 has been a model for the re-birth of the group care concept.<sup>6</sup> The Canadian Mothercraft Society and Riverdale Hospital in Toronto have initiated recent programs based on the Syracuse model.

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<sup>5</sup>Milton Willner, "Day Care: A Reassessment", Child Welfare XLIV (March 1965), 125-30.

<sup>6</sup>Betty Caldwell and Julius Richmond, "The Children's Center --- A Microcosmic Health, Education and Welfare Unit," State University of New York, Syracuse, 1967. (mimeographed). (Title, Hereinafter referred to as "The Children's Center ---").

## BACKGROUND FOR THE STUDY

### The Working Mother

In most respects, society has been unwilling to support subsidized day care for preschoolers that is supported by tax dollars. Day care for infants has not even been considered. This is primarily because of the condemning attitude of child welfare experts, and the societal belief that mothers with infants do not work or should not work. If mothers do work, society expects that the grandmother or another relative will care for the child or that the mother will hire a housekeeper.<sup>7</sup> In this day and age, factors such as cost, make this belief unrealistic.

Society still places its values on the idea that a woman's place is in the home caring for her children. The idea that working mothers neglect their children, despite the lack of verifying research evidence, still exists.<sup>8</sup> In essence, this value orientation places the working mother in a dilemma. Phillip and Cox point out that to-day "a woman often feels frustrated and inadequate if she doesn't work outside the home to demonstrate her individuality and to prove her worth to society, yet she may feel guilty if she relinquishes some of her maternal responsibility". Katherine Oettinger suggests that "the hand that rocks the cradle must also punch the time clock, women need to work and as much as they need money, society needs them."<sup>10</sup>

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<sup>7</sup>Katherine B. Oettinger, "A Spectrum of Services for Children", in Spotlight on Day Care (Washington: U.S. Department of Health, Education and Welfare, Children's Bureau, 1965) pp. 121-34.

<sup>8</sup>Ibid., p. 126

<sup>9</sup>D. Phillip and H. Cox "Day Care as a Social Service Resource," p. 12

<sup>10</sup>Oettinger, "A Spectrum of Services for Children", p. 126

To-day, working mothers are married younger and return to work earlier. This trend also affects the grandmother, as women whose families have left home can be back working before the age of forty.<sup>11</sup> Grandmothers are no longer available in large numbers to serve as babysitters while the infant's mother works. Consequently, the working mother is forced to rely upon babysitters who are not members of her family.

This reliance on individuals outside of the family has not deterred women from working. The lack of community resources for infant care does not appear to have had a marked influence in controlling the number of mothers of infants who go out to work.<sup>12</sup> Betty Quiggin points out that by 1970, 57 per cent of all jobs in Canada will be in the service industry and that these jobs are being increasingly staffed by women. Certain fields such as stenography, sales clerking, teaching, nursing, and bookkeeping, employ 94 per cent female staff.<sup>13</sup> Such an astoundingly large percentage, suggests that demand is encouraging more mothers to leave behind the traditional housewife role in favour of the role of working wife. This new role offers a promise of greater freedom personally, socially and economically. Freedom cannot however, be construed as the sole reason mothers work. A study in Calgary showed that in 456 families 62.9 per cent of the mothers worked for economic

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<sup>11</sup>Elizabeth Herzog, Children of Working Mothers (Washington, D.C.: U.S. Department of Health, Education and Welfare, Children's Bureau, 1960), pp. 3-15.

<sup>12</sup>Oettinger, "A Spectrum of Services for Children," p. 127

<sup>13</sup>A. Betty Quiggin, "Mothers in the Labour Force - Every Day is the Hardest," in Proceedings National Conference on Maternal and Child Health, (Ottawa: Department of National Health and Welfare (Canada), Queen's Printer, 1967), p. 611.

reasons and that 21 per cent of these mothers were the sole-supporters in the family.<sup>14</sup> Other studies confirm the fact that mothers work to improve family living standards, to make purchases such as a home or car, or to provide education funds for their children. It must be noted however, that as the income of the husband reaches the lower salary levels, the number of women who work for purely economic reasons increases.<sup>15</sup>

The large number of women in low-income families who are forced to work, indicates that there are many mothers who are deprived of the opportunity of choosing their role in life. Instead of having the opportunity of caring for their child personally, they are forced to rely upon babysitters who sometimes give unpredictable and unsuitable forms of day care.<sup>16</sup> Kenneth McCrae points out that there are "pools of deprived children" in every major city, and that many parents do not even know where day care centres are located.<sup>17</sup> The minute percentage of facilities geared to providing infant care makes infant day care a particularly serious problem.

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<sup>14</sup> Social Planning Council of Calgary, "Day Care Needs in Calgary", Calgary, 1967, p. 11.

<sup>15</sup> Seth Low and Pearl Spindler, Child Care Arrangements of Working Mothers in the United States (Washington, D.C.: U.S. Department of Health, Education and Welfare, Children's Bureau, 1968), pp. 21 - 22.

<sup>16</sup> Bettye Caldwell and Julius Richmond, "Programmed Day Care for the very Young Child - A Preliminary Report", Child Welfare XLIV, (March 1965), pp. 135-6.

<sup>17</sup> Kenneth McCrae, "Health Services for Toddlers and Pre-School Children", in Proceedings National Conference on Maternal and Child Health, pp. 597-8.

Other Low Income Mothers

Another group of mothers who work for economic reasons are the mothers who are persuaded to remove themselves from the welfare rolls, irregardless of their personal happiness or the well-being of their infants or children. These mothers are victims of what Milton Willner terms "the middle-class bias."<sup>18</sup> In this case, the need to control public expenditure surpasses the need to maintain the mental health of the mother and the emotional and physical well-being of the child. Katherine Oettinger points out that when mothers on public assistance "take jobs to try to become self-supporting, they are charged with neglecting or even deserting their children." If they take public funds instead, Oettinger suggests that they are condemned as irresponsible.<sup>19</sup> In either situation, the public assistance mother is criticized. Society does not appear to realize that a mother's anxiety and guilt surrounding her work and the need to find substitute day care for her child, can affect family life. The fact that unhappy family situations can result in a disturbed child, or the fact that the infant may be placed in crowded, unsanitary and unhealthy day care situations, appear to be of little importance when considered in the light of public spending.<sup>20</sup>

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<sup>18</sup>Milton Willner, "Day Care a Reassessment," p. 131.

<sup>19</sup>Oettinger, "A Spectrum of Services for Children," p. 126.

<sup>20</sup>John Rose, "Child Development and the Part-Time Mother," Children (November - December 1959), 213.

### The Need for Programs

The preceding paragraphs indicate that public day care programs are needed. Infant day care programs and the need for them cannot be disregarded much longer. The U.S. Children's Bureau indicates that in 1965 there were 26 million working women in the United States and that 9.7 million of these women were working mothers. Approximately 45 per cent of these mothers had children under the age of six and one-in-seven had at least one child under the age of three. In addition, 12 per cent of these mothers were sole supporters, and 90 per cent of these sole-support mothers worked for economic reasons.<sup>21</sup> Canadian statistics presented in a following section, offer a similar picture.

In spite of overwhelming evidence illustrating the need for government sponsored day care programs to protect the welfare of the mother and child, the United States Congress in passing the Social Security Act in 1967, outlined day care as being a means of serving society by increasing the number of mothers in the labour force and a means of protecting society from an increase in the number of families applying for Aid to Dependent Children Allowances.<sup>22</sup> Unfortunately, such a view through the eyes of a governmental body reinforces society's tendency to ignore the real need, that of insuring the health and happiness of the mother and infant or child.<sup>23</sup>

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<sup>21</sup>Mary Dublin Keyserling, "The Nation's Working Mothers and the Need for Day Care", in Spotlight on Day Care , pp. 63-69.

<sup>22</sup>I. Phillip and Swift, "Ultimate and Proximate Goals of Day Care: Derivatives of Social Work and Education Heritage", in Day Care as a Social Service Resource, (Chicago: University of Illinois Press, 1967), pp. 14-16.

<sup>23</sup>Ibid., pp. 14-15.

At the present moment in Canada, day care is being reconsidered. In Ontario, the Government has passed legislation to provide greater financial assistance to privately sponsored and municipally sponsored programs and to the working mothers.<sup>24</sup> The main emphasis has however, been placed on day care for children ages three to five and many municipalities have been unwilling to pay even the 20 per cent cost for subsidized services. Infant day care appears to have been ignored completely by all levels of government.

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<sup>24</sup>Social Planning Council of Metropolitan Toronto, "Day Care for Whom and Why," Toronto, 1966, pp. 1-2 (mimeographed).

## A STATISTICAL PERSPECTIVE

### Infants

In the 1961 Canadian Census, the Department of Labour listed 877,794 married women in the labour force. This figure marked a 19.8 per cent increase over the ten year period dating back to 1951.<sup>25</sup> A formula supplied by the Dominion Bureau of Statistics, when applied to the 1961 figure, suggests that it is possible that up to 140,000 infants under age two had mothers who were working.<sup>26</sup> Later statistics reveal that 420,000 more women entered the labour force between 1960 and 1965, and that a projected number of 620,000 more will enter the labour force by 1970. Consequently by 1970, as many as 249,000 infants under age two may have mothers who work.

In Ontario in 1965, 32,000 children under age 5 had mothers who were working. This indicates that up to 13,000 of these children may have been infants under the age of two.<sup>27</sup>

In 1968 in Kitchener-Waterloo, it was estimated that one-third of the 15,126 children under the age of five had mothers who worked. As many as 2,000 infants under the age of two had mothers who were working.<sup>28</sup>

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<sup>25</sup>Community Funds and Councils of Canada, Projections for the Seventies (Ottawa: Community Funds and Councils of Canada, 1968), pp. 14-18.

<sup>26</sup>Social Planning Council of Metropolitan Toronto, "Day Care in Metropolitan Toronto," p. 35. (mimeographed)  
The 1/5th, 1/5th, 3/5th formula yields the minimum number of children under 5 who have working mothers. The totals for children under two were calculated by taking 2/5th of this number.

<sup>27</sup>Social Planning Council of Metropolitan Toronto, "Current Trends in Day Care." Toronto, 1968, pp. 1-2. (mimeographed).

<sup>28</sup>Brillinger and Adams, "Day Care: Guidelines for Action," pp. 12-13.

### The Facilities in Kitchener-Waterloo

In a survey of existing day care facilities it was found that no centre was devoted to serving infants under the age of two years. One centre was considering the possibility of establishing this service, but this has been temporarily postponed. It must be concluded that working mothers with infants arrange for day care with relatives or babysitters who have received no special training in the care of infants.

### The Sole Support Mothers - An Economic Problem

The study cited above estimates that there were 500 sole-support mothers in Kitchener-Waterloo in 1968.<sup>29</sup> The Ontario Housing Commission's study indicated that 51.9 per cent of the working women in Kitchener earned less than \$4000 in 1967 and 72.7 per cent earned less than \$5000.<sup>30</sup> It has been suggested that some of these sole-support mothers are having difficulty paying for day care services, especially since infant care services are costly.

### Some Considerations

The preceding paragraphs lead to two conclusions. First, organized facilities for infant day care are not provided in Kitchener-Waterloo even though the mothers of infants are entering the labour force in increasing numbers. Secondly, working mothers are obliged to place their infants in unsupervised settings where the quality of care is not defined, and the infant may be subjected to health hazards such as illness, dampness, or unclean surroundings.

These conclusions lead the writer to questioning how the problem of infant day care can be addressed.

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<sup>29</sup>Ibid., p. 22.

<sup>30</sup>Ibid., p. 22.

## A POSITION STATEMENT

### The Writer's View

The writer believes that infant day care can be provided under municipal sponsorship in two ways. First, a service can be established to recruit and train family day care mothers so that a standard quality of day care settings is insured. A licensing bureau might be established to require better quality care and to require that the day mother be trained. Secondly, a day care centre can be established to provide care for infants in a supervised group care program. Both programs are urgently needed, but this latter program offers several desirable opportunities. This program will not only provide a high standard of care for infants, but will provide a laboratory for research into the problems of working mothers and their infants, while at the same time establishing a precedent for the design of further programs in Kitchener-Waterloo and other municipalities.

In the ensuing section, a review of pertinent research literature attempts to justify the value of the group care approach to infant day care. This review is followed by a review of research data related to the working mother. This data singles out a specific problem factor noted to be worthy of investigation. This problem factor and the establishment of a group care centre for the day care of infants constitute the components for a research study which is developed in a further section.

## RESEARCH REVIEWS

### A. The Care of Infants

Group care for infants has been condemned by Child Welfare experts for the majority of the last forty years. This condemnation has arisen because of conclusions drawn by researchers who were studying the institutionalization of infants. The following paragraphs illustrate how some of these conclusions were drawn and how they were viewed.

In the 1940's, Goldfarb studied children who were in institutions and were seldom exposed to adults. Consequently, these children were severely retarded. Aubry listed similar findings in her study of infants. Both researchers concluded that the institutionalization syndrome was linked to the child's deprivation of his mother's love.<sup>31</sup> This deprivation arose because of separation of the mother and child for long periods. As a result, maternal deprivation and maternal separation became equated. Later studies by Spitz, illustrated how some babies became depressed after the loss of their mothers through death. His findings coincided the views of Goldfarb and other researchers of the period.<sup>32</sup>

In 1951, Bowlby revealed the findings of a controlled study which compared infants in foster homes, with infants in institutions. The fact that children in foster homes thrived, and those in institutions did not, confirmed the belief which had been the basis for practice for the preceding two decades. Bowlby outlined his beliefs as follows:

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<sup>31</sup>Willner, "Day Care: A Reassessment," 127.

<sup>32</sup>Ibid., 127

"For the moment it is sufficient to say that what is believed to be essential for mental health is that the infant and the young child should experience a warm, intimate and continuous loving relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment."<sup>33</sup>

Later studies by Stoltz, Coleman and Province, Andry and other researchers, suggested that it was not just the separation of the infant from the mother or the permanent mother substitute which was important. These researchers felt that a lack of interaction with a warm, loving adult was the key concern. Each seems to have purported the need for a specific mother figure who cared for the child for the majority of the time.<sup>34</sup> Like Bowlby, they opposed the views of anthropologists like Mead, who found that multiple mothering or care by a number of adults, was not undesirable. Today, the Child Welfare League of America still support Bowlby's view despite the findings of Rabin (1959), and Gardner, Pease and Hawkes (1959).<sup>35</sup>

Each of the preceding paragraphs presents a specific factor which has had a definite influence in determining what type of day care would be provided for infants. Researchers such as Goldfarb, pointed out the evils of caring for infants in groups. Bowlby illustrated how infants benefitted from foster care, and warned against multiple mothering. Stoltz and others supported the need for a warm loving mother figure. In effect, each researcher and the group he represented influenced child welfare experts, and consequently set forth the pattern for infant day care. Child Welfare experts thus

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<sup>33</sup>Ibid., p. 127

<sup>34</sup>Social Planning Council of Metropolitan Toronto, "Day Care in Metropolitan Toronto," p. 15.

<sup>35</sup>Leon Yarrow, "Maternal Deprivation: Toward an Empirical and Conceptual Re-evaluation," in Maternal Deprivation ed. by Helen Witmer (New York: Child Welfare League of America, 1962), pp. 25-27.

shunned group care and patterned infant day care on the foster home concept , complete with substitute mother and a family setting.<sup>36</sup>

In 1956, Eisenberg challenged the previous researchers. Speaking as a clinician, Eisenberg stated that "separation from the family, even for institutional care, does not necessarily result in detectable pathology."<sup>37</sup>

In 1959, Leon Yarrow criticized many studies on the grounds that they were biased in case selection, lacking in detail, and geared to formal institutions. He stated that no studies actually proved that the mother figure was diffused because of multiple mothering, or that separation from the mother produced a later inability to establish meaningful relationships. He sums up the problem which the studies had created, in the following paragraph:

"The broad generalizations that have grown out of over-simplified interpretations of the research have tended to obscure a realistic approach to practical issues. Global conclusions about the extremely damaging effects of separation have hindered consideration of specific factors which might be amenable to manipulation in preventive and therapeutic programs.

In much of the literature maternal deprivation and maternal separation has been used synonymously with the result that the effects attributed to maternal separation have often been due to deviating conditions of maternal care which has been subsumed under this term."<sup>38</sup>

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<sup>36</sup>Oettinger, "A Spectrum of Services for Children," p. 124.

<sup>37</sup>Willner, "Day Care: A Reassessment," p. 127

<sup>38</sup>Leon Yarrow, "Separation from Parents During Early Childhood" in Review of Child Development Research edited by Martin Hoffman and Lois Hoffman (New York: Russell Sage Foundation, 1964), p. 89.

By the mid 1960's the United States Children's Bureau had granted funds to the Upstate Medical Centre in Syracuse, New York to carry out an experimental group day care program for infants and preschoolers. This project is devoted to proving "that an appropriate environment can be created which can offset any detrimental development associated with maternal separation and possibly add a degree of enrichment not available in families of limited social, cultural and economic resources." This project is continuing, and serves infants as young as three months old. By 1967, the program enrolled eighty infants and preschoolers. A report issued in 1967 showed that markedly greater mental and social development had taken place in children enrolled in the program, in comparison to a similar group serving as a control. Infants were shown to benefit at least as much as children over age two.<sup>39</sup>

These early findings, and the views of Eisenberg and Yarrow, suggest that group care for infants, if carefully designed, can be a positive experience. Florence Ruderman in her recent study, points out why group programs for the day care of infants should be initiated.

Ruderman carried out her research in one rural area and several cities in the United States. She found that 69 per cent of working mothers with children under three were dissatisfied with placing their children with neighbours and untrained babysitters during the day. Women in the lowest socioeconomic groups were the most dissatisfied. One-half of all of the working mothers indicated a desire to place their infant in an organized group care centre.<sup>40</sup>

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<sup>39</sup>Bettye Caldwell and Julius Richmond, "The Children's Centre --- A Microcosmic Health, Education and Welfare Unit," Children's Centre State University of New York, Syracuse, 1967. pp. 27-30.

<sup>40</sup>Florence Ruderman, Child Care and Working Mothers, (New York: Child Welfare League of America, 1968). p. 290.

In assessing the family day care situation, Ruderman found that family day homes were few in number and were used almost exclusively by middle class families. Ruderman also discovered that family day mothers were usually untrained and were a source of friction for the real mothers, if they cared for more than one child. She states that she feels the term "family day care" is a misnomer because the "experience of living in a family" was seldom a part of the programs reviewed.<sup>41</sup> As a result, Ruderman recommends the establishment of organized, supervised, professional group settings to care for infants in a personalized, affectionate manner.<sup>42</sup>

In concluding this section, the writer endorses Ruderman's recommendation and suggests that sufficient evidence has been presented to justify the establishment of a day care centre for the care of infants in groups.

#### B. The Working Mother

David Chabasol in a recent article, suggests that research regarding the working mother has been poorly articulated and hindered by the number and complexity of variables affecting the mothers themselves.<sup>43</sup> A review of the research to date confirms this view and reveals that there are many areas which have not been researched. The research that does exist, is concentrated in two main areas. The first area relates to the mother's relationships with her children. Researchers such as Nyg; Siegel and Stolz; Myrdal and Klein, and

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<sup>41</sup>Ibid., pp. 351-2.

<sup>42</sup>Ibid., p. 356.

<sup>43</sup>David Chabasol, "What Research Doesn't Know about Working Mothers," The Social Worker XXXVI (November, 1968). 244-7.

Bandura and Walters; have found little significant difference between the children of working and children of non-working mothers.<sup>44</sup> Maccoby, in reviewing the literature, suggested that problems arising in families of working mothers are related more closely to the mother's motivation for working, than the actual fact that she works.<sup>45</sup> Maccoby's suggestion leads to the second area of research - the working mother herself.

Marion Yarrow in her research discovered that upper and middle class mothers who did not work, as well as mothers who did work, had problems in child rearing - if they were dissatisfied with their role.<sup>46</sup> Elda Bolton, of the University of Toronto's Institute of Child Study, has isolated several other variables which can have a bearing on the mother's well-being. She states that role expectations in the family, family values, the marital relationship, the mental health of the mother and spouse, identity with community groups and the availability of care are all factors which are worthy of consideration in studying the working mother.<sup>47</sup> Siegel suggests that the mother's love for her work and for her children are also factors which are related and have a bearing on the mother's behaviour.<sup>48</sup>

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<sup>44</sup>Herzog, Children of Working Mothers, pp. 23-24.

<sup>45</sup>Ibid., p. 23.

<sup>46</sup>Marian Yarrow, "Maternal Employment and Child Rearing," Children (November - December, 1961), 225-8.

<sup>47</sup>Social Planning Council of Metropolitan Toronto, "A Review of Some of the Research Studies, Critiques and Papers Dealing with the Relationship of Maternal Employment to Child Development," Toronto, 1967 pp. 1-3 (mimeographed)

<sup>48</sup>Ibid., p. 1.

Other researchers have noted that anxiety and guilt are important. Heer in 1958, reported that anxiety was identified in lower-class working mothers who worried about the effects that working might have upon the child. Hoffman, in a study carried out in 1959, suggested that working lower-class mothers were less guilty because of their lack of choice in regard to working. Herzog, in reviewing the research, suggested that despite apparent conflicts in findings it could be speculated that the low-income mother might be anxious because of her problem in finding suitable day care facilities.<sup>49</sup> Dr. John Rose, writing as a clinician, supported this view. He pointed out that babysitting arrangements and informal care arrangements were often unsatisfactory and ended without warning - to the detriment of both the mother and the child.<sup>50</sup>

In the six years prior to Ruderman's study, there appears to have been little research reported in respect to studying the emotions of the working mother. Ruderman reports that working mothers are anxious because of the problem of finding day care for her child or infant. She indicates that a decline in anxiety on the part of the working mothers occurred as the socioeconomic level increased.<sup>51</sup> In elaborating, she states that the working mothers at the lower-income levels were unable to place their infants in family day care homes because of the lack of homes and the costs involved.<sup>52</sup>

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<sup>49</sup>Herzog, Children of Working Mothers, p. 28.

<sup>50</sup>Rose, "Child Development and the Part-Time Mother," pp. 214-5.

<sup>51</sup>Ruderman, Child Care and Working Mothers, pp. 299-301.

<sup>52</sup>Ibid., p. 288-90.

Consequently, in the majority of cases the child was placed with relatives, baby-sitters, neighbours or older children. Ruderman states that the dissatisfaction which arose over the problems of supplementary care, led many mothers to be anxious about "their own performance and adequacy." When she asked mothers about their wishes regarding infant day care centres, one of the main responses was that if day care centres were provided, the mothers "wouldn't have to worry."<sup>53</sup>

#### The Effects of Maternal Anxiety upon the Infant

The mother's anxiety can be transmitted to the infant with serious consequences. Rose states that anxiety can cause the mother to overprotect the child and demand excessive physical closeness. Such prolonged cuddling, can produce symptoms of disturbance in the infant in the form of insomnia, vomiting and diarrhoea.<sup>54</sup> Similarly, anxiety can cause the mother to reject the infant. This rejection can also have deleterious effects upon the child.

Ourth and Brown have found that infants who are loved cry less than those who are rejected.<sup>55</sup> Garner and Weinar found that children with psychosomatic and psychotic problems, had mothers with more negative attitudes than mothers of normal children.<sup>56</sup> Sears, Maccoby and Levin; and Hollingsby, Spring and Hoffman; believe that aggression on behalf of the mother causes

<sup>53</sup>Ibid., p. 309.

<sup>54</sup>Rose, "Child Development and the Part-Time Mother," p. 217.

<sup>55</sup>Bettye Caldwell, "The Effects of Infant Care" in Review of Child Development Research ed. by Martin Hoffman and Lois Hoffman (New York: Russell Sage Foundation, 1964), p. 60.

<sup>56</sup>Ibid., p. 65.

aggression to be manifested in the child and begins a disturbed relationship that is perpetuated through time.<sup>57</sup> McCord et al. suggest that their findings confirm the fact that aggression, restriction and inconsistency in the parent-child relationship can lead to juvenile delinquency in the early teens.<sup>58</sup>

Although some of the above situations may represent the extreme results of a disturbed mother - child relationship, they illustrate some possible consequences. The lower class or low-income working mother is prone to behaving in at least some of these ways when she is unhappy, unsatisfied and anxious concerning the day care of her infant.

#### Further Research Findings

The fact some working mothers from industry are anxious about or at least experiencing difficulty in finding infant day care facilities, is supported by the findings of a study mentioned earlier.

The group of 75 Kitchener-Waterloo mothers referred to in the preface, had 84 infants. One-quarter of these mothers stated that they were unhappy with day care arrangements, 39 per cent had made two or more arrangements during the year, and 57 per cent stated that arrangements were difficult to make. Three-fifths stated that they placed their infant outside of their own home and 58 per cent indicated that they would like to place their child in a supervised setting employing trained staff.

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<sup>57</sup>Robert Sears, Eleanor Maccoby and Harry Levin, "The Socialization of Aggression," in Readings in Social Psychology ed. Eleanor Maccoby, Theodore Newcomb and Eugene L. Hartley (New York: Holt Rinehart and Winston, Inc.; 1958) p. 350-9.

<sup>58</sup>Wesley Becker, "Consequences of Different Kinds of Parental Discipline" in Review of Child Development Research p. 178-85.

## A RESEARCH PROPOSAL

### Some Pertinent Questions

The research reviewed in the previous sections, indicates two specific factors which are amenable to serving as components for a research study. First, an infant day care centre is required in Kitchener-Waterloo. Second, low-income working mothers are frequently anxious because they have difficulty making suitable day care arrangements for their infants.

These factors stimulate the following questions. Initially, what specific attributes are desirable in a program for infant day care? Secondly, will a specific type of day care program have a marked effect in reducing the anxiety that has arisen because of the low-income working mother's difficulties in finding suitable day care for her infant?

### The Hypothesis

In considering these two questions it can be hypothesized that -- low-income working mothers from industry who exhibit anxiety related to finding satisfactory day care arrangements for their infants under age two, will show a marked reduction in anxiety when their infant is cared for in a supervised infant care centre.

### The Terms Defined (Operationally)

Anxiety: For the purpose of study the dependent variable, anxiety, will be defined as an emotional state characterized by worry, tension, expression of fear, somatic complaints and agitated behaviour. It can be defined as being a general condition termed "manifest anxiety" in this research proposal, or it can be defined as a trait related to a definite causative factor. In this proposal the causative factor is the problem of finding infant day care. In effect then,

in this proposal anxiety will be tested on two levels, the manifest level and the trait level.<sup>59</sup>

Low Income Mother: Low-income working mothers from industry will refer to mothers of infants whose total family income is below \$5000.\*

The Infant Care Centre: A supervised infant day care centre refers to a municipally operated program carried out by a staff who are trained in infant care, and who actively encourage the infant's mother to participate in planning the program for her child. This centre must offer day care at a subsidized cost and must be located close to the mother's employment.\*\* This centre acts as the independent variable in the study.

#### The Scope of the Study

This study requires the establishment of the infant day care centre described above. An aggregate of 100 low-income working mothers with infants under age two, would be selected from the industrial settings within the Kitchener downtown area and from those settings within three minutes driving time from the downtown area.

#### The Experimental Group

Fifty of these mothers would be chosen from the mothers who have placed their infant in the group day care centre for subsidized day care. This group would be requested to complete the test battery at the time when they placed their child in the centre, then at periods of six months and one year later.

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<sup>59</sup>Raymond Cattell, "Anxiety and Motivation: Theory and Crucial Experiments," in Anxiety and Behaviour, ed. by Charles Spielberger (New York: Academic Press, Inc., 1966), pp. 23-59.

\*The criteria for selection of \$5000 is explained in Appendix I.

\*\*The infant day care centre is described in detail in Appendix II.

### The Control Group

A separate group of fifty mothers who are continuing to make their own day care arrangements, would be asked to participate in a research study outlined as a means of helping to understand the problems of working mothers with infants. This group would be requested to complete the test battery at the same time as the group above, but in a different location. The two groups should not be informed that they are being compared. The same person should be present to give pre-test information to both groups.

### The Duration of the Study

Hopefully, the project would be completed one year after the opening of the centre. This may not be feasible if there is difficulty in enrolling infants of low-income mothers from industry, in the infant day care program. Their co-operation cannot be determined at this time.

### The Instrument: A Test Battery

The test battery consists of three parts consisting of ten questions, fifty questions and thirty-five questions, respectively. First, a series of ten "yes" or "no" questions is asked in order to determine if the mother is anxious because of reasons other than her difficulty in obtaining day care. These questions relate to areas such as unemployment, death or illness in the family, extreme financial problems, or friction in the home. It is proposed that there will be few positive replies to these questions. Thus, this first test will serve as a screening device for the second test. Consequently, no "yes" replies would suggest that the second test, which measures manifest anxiety, would only be influenced by the maternal anxiety related to the provision of day care services for her infant.

The second section consists of fifty true or false questions taken from

the Minnesota Multiphasic Personality Inventory and is known as the Taylor Scale of Manifest Anxiety.<sup>60</sup>

The third section, consists of a test of 35 true and false items which are specially designed to question the mother regarding the anxiety specifically related to finding day care for her infant. The ideas for the test items are drawn from the Taylor Scale, Cattell's description of the results of testing anxiety symptoms, and the findings of a test of self-ratings of anxiety symptoms.<sup>61</sup>

Sections One and Three of the battery require further refinement. These should be submitted for assessment to a panel of ten psychologists or psychometrists and ten professional social workers. Recommended changes should be made from their suggestions in order to improve the validity of the instrument. After this initial redraft, the questions from all three sections should be programmed for computer tabulation.\*\*\*

### Scoring

The method of scoring the test battery consists of adding up the positive responses in Section One. A score of more than zero will amount to an impure score and will suggest that section two is not measuring general anxiety which is influenced solely by the problem of finding day care facilities.

Sections two and three, are scored by awarding one point for each answer which is indicative of anxiety as per the scale described in Appendix III. Consequently, a score of 50 is possible for Section Two and a score of 35 for Section Three of the test. The higher the score recorded, the greater the anxiety.

<sup>60</sup>Janet Taylor, "A Personality Scale of Manifest Anxiety," Journal of Abnormal and Social Psychology 48 (1953) 285-90.

<sup>61</sup>Cattell, "Anxiety and Motivation: Theory and Crucial Experiments," pp. 50-9.

\*\*\*The test battery is found in Appendix III.

### Testing and Re-testing

A test - re-test trial is required to determine the reliability rating of the sections of the battery. Twenty low-income working mothers with infants, should be selected from industrial settings which do not employ mothers in the experimental and control groups. A test run using this group should take place in advance of the opening of the centre, and should be given on the same day of the week in the same location, initially, and again two months later. A comparison of the scores on the two occasions can be used to calculate the coefficient of reliability and to indicate how many impure scores were obtained when applying Section One as a screening device for Section Two. If there are a large number of scores above zero, this would suggest that the only section measuring anxiety specifically related to the problem of finding day care arrangements, would be Section Three. This would indicate the need to reassess the screening device, as the test for manifest anxiety would not show that the general anxiety level is affected by this one specific factor. Hopefully this would not be the case.

### The Statistical Calculations

In the analysis of data, the use of the two specific tests and the application of these tests on three specific occasions, using both a control group and experimental group, tends to make the statistical computations very complex. This complexity justifies the use of the computer.

In analyzing the two tests, it can be stated that the statistical comparisons between the control and experimental groups can be considered to require the same method of analysis for each test. Consequently, the following section uses only Section Two of the questionnaire. In outlining the statistical comparisons, it should be kept in mind that section three of the test battery will be analyzed in the same way.

### The Analysis of Section Two

Since the screening test is being used and since a score above zero on the screening device, will render an inaccurate or impure score on Section Two of the battery, there may be fewer subjects whose scores are indicative of the influence that finding day care has on the general or manifest anxiety level. Those with impure scores will thus be deleted from the sample and considered separately if necessary.

The Mean, The Median and The Mode:

Three calculations required for both the control and the experimental group are the mean, the mode and the median. Each of these calculations can be made for each of the three test trials so that figures are available for both groups for the beginning test, the six month test and the one year test. The mean, the mode and the median comparisons between the two groups can be illustrated on separate graphs for each factor.

Further calculations of these three factors should be made to obtain overall scores. These overall scores are obtained by averaging the scores on each factor for each group, over the three test trials. For example, the experimental group may have a mean score of 43 on the first test, 33 on the second and 23 on the third. The overall mean score would approximate 33. The control group may have the same mean score on all three trials of 43, thus yielding an overall mean score of 43. A comparison of the two overall mean scores indicates the degree of change in the experimental group under the influence of the independent variable.

This mean score is the key measure and must be tested to see how representative it is. This is carried out by calculating the range, the standard deviation and the mean deviation.

The Range, the Standard Deviation and the Mean Deviation:

The range simply refers to the difference between the highest and lowest scores out of all trials and is easily found by examining all individual scores.

The mean deviation is used to determine the average amount of each score in each test deviates from the overall mean. It is, however, less important than the standard deviation. This is determined by squaring the deviation of each score and then averaging the scores. This standard deviation score is more accurate and can be used to determine other measurements such as the sampling error.

All three measurements would be obtained for both the experimental and control groups.

The Sampling Error:

The sampling error is calculated by dividing the standard deviation of the overall scores by the square root of the number of individuals involved. This is useful in determining how representative the subjects used in the experiment are in respect to the total number of working mothers in each group they represent. Since the sample used in the study is small, the sampling error will be fairly large.<sup>62</sup>

The Significance of the Findings:

In order to see if the amount of change between the experimental and control groups is significant, it is necessary to calculate the standard error of difference between the mean scores of both groups separately, using test trials one and three. A critical ratio is determined by dividing the obtained difference between the means by the standard error. A critical ratio of 2.0 or greater is considered to be significant.

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<sup>62</sup>Ernest Hilgard, Introduction to Psychology (New York: Harcourt Brace and World, Inc., 1962), pp. 380-2.

<sup>63</sup>Ibid., p. 382.

### The Coefficient of Correlation:

The coefficient of correlation is used to determine the "concomitant relationship between variables."

The product-moment method can be used to compare the overall mean scores between the two groups and determine the coefficient of correlation. The comparison will illustrate how much influence the infant day care centre had in reducing the general or manifest anxiety level in the low-income working mothers.<sup>64</sup>

### The Comparisons of Sections Two and Three

After having analyzed Section Three it is necessary to calculate the coefficient of correlation between the Sections One and Three. The product-moment method can again be used. The coefficient of correlation will illustrate the relationship between the changes in the manifest anxiety level and the anxiety factor which is specifically related to the finding of day care facilities for infants. Hopefully, the resulting coefficient will approximate the figure one in a plus or minus relationship.

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<sup>64</sup>Ibid., p. 383.

## CONCLUSIONS FROM THE RESEARCH

### The Hypothesis Confirmed

If there is a marked reduction in the scores of the experimental group of working mothers in both Section Two and Section Three of the battery, then the hypothesis will be confirmed - providing the control group shows little change. Such a finding would indicate that the program as established, contributes to the mental health of the mother and indirectly contributes to the well-being of the child. Such positive results would indicate the need to establish further programs to serve a broader scope of low-income working mothers at subsidized rates. Other programs could be modelled after this initial beginning, and could be established in areas of the city where a preliminary study would reveal the need.

The publication of such results could lead to new government involvement in funding general programs in other areas of the province. Locally, initial success could lead to government support for further research programs, and an initial longitudinal study could be commenced to determine the effects of early day care experiences on the child's behaviour at later developmental stages. Similarly, a family day care registry and training service could be implemented and studied, to determine its effects on the working mother and the child.

The use of the social worker as counsellor in the centre could also have far - reaching implications. The counselling service as an adjunct to public day care programs, could commence a trend for insuring that mothers are assured of assistance with other family problems with which they previously may have had virtually no help, because of their working hours or their lack of resource knowledge.

### The Infant

Further research could also be carried out to study the specific effects of the mother's reduced anxiety on the infant. It might be hypothesized that as the mother's anxiety reduces, the infant will cry less, exhibit fewer somatic symptoms and show less aggressive behaviour. Another study might examine the physical health of babies in the program and those who are placed in unsupervised family day care settings.

These suggestions are only a few of the many benefits which could arise from the positive success of the program in respect to reducing the mother's anxiety. The whole field of child welfare and the entire knowledge base regarding the working mother, stand to benefit from the experience. The contribution to social science knowledge and applied practice, would be far greater than the cost would suggest.

### If the results were inconclusive

If the experimental group showed a marked reduction in anxiety in only one test, several measures should follow. First, the test battery should be re-studied to determine why the discrepancy occurred. Second, the program should be reviewed to determine if there are inherent weaknesses which can be overcome. Such a review should involve the working mothers themselves. Perhaps, the cost of care is not being sufficiently subsidized, perhaps the staff are mistreating the mothers, or perhaps the mothers feel the need for greater or lesser involvement in the program.

It is the opinion of the researcher that even inconclusive results should be published, especially if they are succeeded by a follow-up survey to determine where the initial study or the program was unsuccessful. There is so little published material available to aid program designers, welfare workers, researchers, and policy makers, that all contributions are urgently needed.

If the results showed negligible or negative findings

If the hypothesis was not confirmed because of negligible or negative changes in the experimental group, the test battery should be re-examined first. Then, a complete evaluation of all segments of the program must be made, and again the mothers must be involved. It is possible that the program is not the answer to infant care. Perhaps such a re-evaluation will show the need for a family day care project, or a need for mobile day mothers. Indeed, the only answer may be a completely free program, or greater financial assistance for working mothers through increased tax benefits. The centre might even serve for the beginning point of a working mother's political pressure group. Perhaps, the variety of possibilities and the questions unanswered before establishing a centre and carrying out the study, are what makes this such a necessary and exciting experiment. Even the failure to confirm the hypothesis can be of great value. The experience of at least undertaking the study, even with a minimum risk of failure, offers an opportunity for increasing knowledge about the working mother.

In concluding, the researcher acknowledges the fact that this proposal has some limitations. It is costly and time consuming. Nevertheless, the proposal addresses a very real problem which is present in Kitchener-Waterloo and a host of other cities in Canada. To-day, the low-income working mother does work, she does have infants, and she does place them with people who cannot always provide suitable care. It is time for society to come to her aid and to cease to ignore the problem. This proposal marks a beginning point for such assistance and at least presents some guidelines for tackling the issue.

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## **APPENDICES**

## APPENDIX I

### The Low-Income Criteria

In calculating the low-income level for the working mothers in the study, the researcher encountered some difficulty in specifying the exact level. The \$5000 family income figure is based upon the fact that in 1967, 72.7 per cent of the working women in Kitchener earned less than \$5000. The Fifth Annual Report of the Economic Council of Canada suggests that this same amount represents the poverty line for a family of five.<sup>65</sup> It is conceivable that the individual implementing the proposal may be forced to raise or lower this arbitrary figure as the income levels of the working mothers and their families are investigated more closely.

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<sup>65</sup>Economic Council of Canada, The Challenge of Growth and Change (Ottawa: Queen's Printer, 1968) pp. 106-10.

## APPENDIX II

### The Infant Day Care Centre

The establishing of an infant day care centre is a complex and costly process and may require funding from several sources. A possible arrangement for cost sharing would include a Federal grant for the proposed research project, municipal funding for capital costs and 20 per cent of the operating budget, and provincial funding for the remainder of the operating budget. The furnishing of the centre could be assumed by service clubs in Kitchener-Waterloo.

At present it is not possible to estimate any of the specific expenditures necessary, however a similar program in Syracuse has been estimated to have an operating cost of approximately \$12 per day per infant. The proposed centre would serve 52 infants.

### The Building

The building required for the centre should be modern, well lighted, adequately ventilated and geared to meeting the requirements outlined in the Day Nurseries Act of Ontario.

In addition, the care facilities should be divided into separate unit areas designed to accommodate four infants so that they can be grouped together in respect to age and physical development. Each unit should contain a linen closet, hand washing facilities, cribs, adjoining toilet facilities and individual folding hylon cribs for each infant. Each unit should be painted in warm colours and amenable to easy cleaning.

Ideally, thirteen units should be available in a one-storey structure. Six units should be located at one end of the building and seven at the other. Each unit in the cluster should open into an infant care station which is a glassed in area containing the charts and records of each infant in the cluster.

### The Staff Requirement

The Day Nurseries Act of Ontario states that one staff member per five children is required for children up to the age of eighteen months. One staff per seven children is required for children ages eighteen to twenty-four months. Dr. Bettye Caldwell states that the Syracuse experiment has illustrated the need for one staff member per four infants under the age of two. Since optimum care is desired the centre should have one staff member per four infants. These should be employed on a full time basis if possible.<sup>66</sup>

In addition to the infant care staff, a minimum of two supervisors - one for each cluster of units is required to guide and counsel staff members.

The Director of the centre, two clerical staff and a professional social worker who will serve as admissions officer and counsellor, are also necessary.

The members of the kitchen and cleaning staff should be hired by the Director and the number of staff required will be determined by the physical characteristics of the centre.

### Qualifications of Staff

At present, it appears that the Canadian Mothercraft Society in Toronto is the only institution training staff for infant day care programs. It is doubtful that a large number of these trained workers can be obtained so the centre should be staffed with qualified staff such as retired nurses, registered nursing assistants and nursery school teachers. A two week orientation program and an on-going in-service program should be provided to help all staff begin with an equal perspective and learn new skills as the program develops.

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<sup>66</sup>Caldwell and Richmond, "The Children Center ---," p. 10

The supervisors should also have similar training and several years of experience in the care of infants and young children. Each must be interested in helping their staff develop greater knowledge and skills.

The director of the centre must be a skilled administrator who is interested in encouraging parents to participate in the care program for their infant. Personal warmth and resourcefulness are other qualities which the director should possess.<sup>67</sup>

The social worker should be a professionally trained caseworker who is free to govern her hours to the needs of the families. She should be capable of carrying out the proposed research project and able to design a suitable admissions program.

#### Consultation Services

As the program evolves, the Graduate School of Social Work at Waterloo Lutheran, and the Department of Psychology of the University of Waterloo, should be requested to supply consultation services to aid in the development of the care and staff development programs.

The Schools of Nursing at St. Mary's Hospital and K-W Hospital should be approached to study the use of the centre as a training area for nursing students. Staff from both of these schools should be enlisted to participate in the development of the infant care and staff development programs.

Finally, the Waterloo County Public Health should be invited to provide consultation services in all phases of the program and be requested to do the health examinations of all infants upon admission.

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<sup>67</sup>Elizabeth Prescott, A Pilot Study of Day Care Centers and Their Clientele (Washington, U.S. Department of Health, Welfare and Education, 1965) pp. 27-30.

### The Program

Dr. Bettye Caldwell and Dr. Sally Provence both offer concrete suggestions for qualities which should be present in an infant care program. These suggestions are reviewed in the following paragraphs.

In any program infants should be in contact with a small number of adults frequently. The same person should be responsible for waking, feeding and cuddling the infant. This person should see that the infant is treated as an individual and that care is given to suit the needs of each individual child.<sup>68</sup>

The environment in which the infant is cared for, should contain toys, play materials and should have soft music playing. Articles which are dangerous to the infant should be removed from the care area.

An educational element should be built into the care program which encourages the infant to communicate, to develop a sense of self, to encourage curiosity and to develop a sense of trust.<sup>69</sup>

If at all possible, the parents should be involved in discussing the needs of the infant and participate in the care offered. Parent group activities should be provided to help parents learn more about the growth and development of their infant.

### Conclusion

In concluding, it is essential to note that the requirements discussed in the preceding paragraphs are required for the development of a comprehensive infant day care program. Makeshift arrangements, care of a large number of

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<sup>68</sup>Caldwell and Richmond, "The Children's Centre ----," p. 18-25.

<sup>69</sup>Sally Provence, Guide for the Care of Infants in Groups (New York: Child Welfare League of America, 1967), pp. 88-102.

infants in one room, and the use of untrained staff, have no place in providing adequate care for infants. Such problems as poor ventilation, cross infection, neglect of emotional needs, and poor physical care would be avoided if the program is developed as described.

The development of the centre as described is also required for the adequate testing of the hypothesis in the proposed study.

## APPENDIX III

### Test Battery

### Instructions

The Questions on the following pages are to be answered as indicated by the headings.

Section I requires a "Yes" or "No" reply.

Section II and III are to be answered "True" or "False"

There is no time limit. You may request assistance if needed.

Section I

	Yes	No
1. Have you changed jobs in the past month?	_____	_____
2. Has your husband been unemployed in the past two months?	_____	_____
3. Has your husband just begun to start shift work recently?	_____	_____
4. Has there been a death in your family in the past two months?	_____	_____
5. Have you been seriously ill in the past two months?	_____	_____
6. Has your husband or any of your children been ill in the past two months?	_____	_____
7. Have you had unusually severe financial problems in the past two months?	_____	_____
8. Have you had frequent arguments with your husband in the past month?	_____	_____
9. Have you been employed steadily in the past two months?	_____	_____
10. Have you had frequent arguments with your relatives or children in the past two months?	_____	_____

Section II

	True	False
1. I work under a great deal of tension.	_____	_____
2. I have diarrhoea once a month or more.	_____	_____
3. I am troubled by attacks of nausea and vomiting.	_____	_____
4. I have nightmares every few nights.	_____	_____
5. I find it hard to keep my mind on a task or job.	_____	_____
6. My sleep is fitful and disturbed.	_____	_____
7. I wish I could be as happy as others seem to be.	_____	_____

	True	False
8. I am certainly lacking in self-confidence.	_____	_____
9. I have a great deal of stomach trouble.	_____	_____
10. I certainly feel useless at times.	_____	_____
11. I cry easily.	_____	_____
12. I frequently notice my hand shakes when I try to do something.	_____	_____
13. Sometimes, when embarrassed, I break out in a sweat which annoys me greatly.	_____	_____
14. I frequently find myself worrying about something.	_____	_____
15. I have periods of such great restlessness that I cannot sit long on a chair.	_____	_____
16. I dream frequently about things that are best kept to myself.	_____	_____
17. I sweat very easily even on cool days.	_____	_____
18. Life is a strain for me much of the time.	_____	_____
19. I am more sensitive than most other people.	_____	_____
20. I am easily embarrassed.	_____	_____
21. I worry over money and business.	_____	_____
22. I cannot keep my mind on one thing.	_____	_____
23. I feel anxiety about something or someone all the time.	_____	_____
24. Sometimes I become so excited that I find it hard to get to sleep.	_____	_____
25. I have been afraid of things or people that I knew could not hurt me.	_____	_____
26. I am inclined to take things hard.	_____	_____
27. I am unusually self-conscious.	_____	_____

	True	False
28. I have sometimes felt that difficulties were piling up so high that I could not overcome them.	_____	_____
29. At times I think I am no good at all.	_____	_____
30. I feel hungry almost all the time.	_____	_____
31. I worry quite a bit over possible misfortunes.	_____	_____
32. It makes me nervous to have to wait.	_____	_____
33. I have had periods in which I lost sleep over worry.	_____	_____
34. I must admit that I have at times been worried beyond reason over something that really does not matter.	_____	_____
35. I am a high strung person.	_____	_____
36. I am often afraid I am going to blush.	_____	_____
37. I shrink from facing a crisis or difficulty.	_____	_____
38. I sometimes feel I am about to go to pieces.	_____	_____
39. My hands and feet are usually warm enough.	_____	_____
40. I am seldom troubled by constipation.	_____	_____
41. I am happy most of the time.	_____	_____
42. I do not tire easily.	_____	_____
43. I have very few headaches.	_____	_____
44. I hardly ever notice my heart pounding and I am seldom short of breath.	_____	_____
45. I believe I am no more nervous than most others.	_____	_____
46. I am entirely self-confident.	_____	_____
47. I have very few fears compared to my friends.	_____	_____
48. I am usually calm and not easily upset.	_____	_____
49. I practically never blush.	_____	_____
50. I blush no more often than others.	_____	_____

Section III

	True	False
1. I am happy with the care my baby receives when I am at work.	_____	_____
2. I worry more about my child now than I did a few months ago.	_____	_____
3. My babysitter is completely reliable.	_____	_____
4. I always know my infant will be clean and comfortable when I pick him up after work.	_____	_____
5. My child is always closely supervised.	_____	_____
6. I like my work.	_____	_____
7. I consider myself to be a good mother.	_____	_____
8. I am easily annoyed.	_____	_____
9. I don't worry about caring for my baby.	_____	_____
10. I like being a mother.	_____	_____
11. I have a chance to see that my child is cared for as I see fit.	_____	_____
12. I feel guilty because I must work.	_____	_____
13. I am seldom embarrassed because I'm not at home caring for my child.	_____	_____
14. I feel that I am overcharged for the day care of my infant.	_____	_____
15. I never feel like crying when I leave my baby behind in the morning.	_____	_____
16. The babysitter changes my child and feeds him regularly.	_____	_____
17. Seeing that my infant is safely cared for during the day tires me out.	_____	_____
18. I never let my baby out of my sight while I'm at home.	_____	_____
19. I spend hours just cuddling my infant.	_____	_____
20. I feel depressed because I must work.	_____	_____

	True	False
21. I call my babysitter frequently to see that my child is safe and well.	_____	_____
22. I daydream about spending more time at home caring for my infant.	_____	_____
23. No one can blame me if my child is harmed.	_____	_____
24. I never feel like walking away from the responsibilities of caring for my infant.	_____	_____
25. I often feel very tense when I read of harm coming to babies.	_____	_____
26. I never have nightmares about harm coming to my child.	_____	_____
27. I am confident that I can always find a babysitter.	_____	_____
28. I never feel I hate my baby.	_____	_____
29. I frequently lose my temper with the children.	_____	_____
30. My home is a happy place.	_____	_____
31. I don't sleep because I worry about my child.	_____	_____
32. I don't think babies receive less loving because their mothers work.	_____	_____
33. I am no more anxious about the day care of my baby than other girls at work.	_____	_____
34. The work day goes quickly for me.	_____	_____
35. I seldom worry about being late for work because the babysitter is always ready to take my child.	_____	_____

SCORING

Section II

At Iowa Manifest Anxiety. Taylor 1953

Items showing anxiety:

True

Items 1 - 38 (inclusive)

False

Items 39 - 50 (inclusive)

Section III

Items showing anxiety:

True 2 8 12 14 17 18  
19 20 21 22 23 25  
30 31

False 1 3 4 5 6 7 9 10 11  
13 15 16 24 26 27 28  
30 32 33 34 35