

A COMPARISON BETWEEN TWO TYPES OF INFANT DAY CARE  
IN WINNIPEG AND TORONTO

BY

LYNN COOPER

A dissertation submitted to the Faculty of Graduate Studies of  
the University of Manitoba in partial fulfillment of the requirements  
of the degree of

MASTER OF SCIENCE

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## ABSTRACT

The effect of the type of infant day care and the stringency of legislation regarding infant day care was studied in supervised family day care and centre group care in Toronto, Ontario and Winnipeg, Manitoba. The ABC Checklist (Honig and Lally, 1973) was used to measure infant-caregiver interaction (N=73) and an Environmental Checklist was developed to evaluate the physical set-up of the care arrangements (N=45). Questionnaires were received from 47 caregivers and 65 care receivers indicating satisfaction with and preference for their infant day care arrangements.

The eight clusters of behaviors in the ABC Checklist were analyzed and showed significant ( $p < .05$ ) differences within stringency of legislation and type of care arrangement in 12 of 24  $t$ -tests. Analyzing the 40 individual categories of the ABC Checklist 34 of the 160  $t$ -tests showed significant ( $p < .01$ ) differences in caregiver infant behavior within stringency of legislation and type of care arrangement. In both above sets of analyses the direction of the differences was inconsistent.

The chi-square statistic was used to analyze differences between the four experimental groups in the 11 categories of the Environmental Checklist. Twelve of the 44 chi-square tests showed significant ( $p < .05$ ) differences between stringency of legislation and type of care arrangement but the direction of the differences was inconsistent. The apparently ambivalent reactions of the care-givers and care receivers regarding satisfaction with and preference for the infant care arrangement made statistical analysis inappropriate. The study did not provide support for the proposition that where more stringent legislation is present a higher quality of care is likely to be available.

## ACKNOWLEDGEMENTS

My sincere appreciation is expressed to my major professor, Dr. E. Lola Jackson, whose encouragement never faltered through these years of graduate study. I am also grateful for the thoughtful comments and assistance offered by my committee members, Dr. Dale Berg and Dr. Imogene McIntyre. At this time I wish to acknowledge the many persons who helped me carry out this study: the observers, Mrs. Margret Mallis and Mrs. Honey Craig; the agencies, care receivers, directors and caregivers of the day care arrangements in Winnipeg and Toronto; friend and typist Mrs. Evy Werner; the many children for whom this study was all about. I want to express a special thank you for the encouragement, understanding and patience from my family.

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## CHAPTER I

### INTRODUCTION

Infant day care in various forms has existed in Canada as long as people have been here, but perhaps feelings towards it have never before been as ambivalent as they are today. Two opposing points of view have been expressed. One faction believes infants should be cared for by their parents in their own homes and that this is the best care. The other faction believes that infants can receive adequate care, and in some circumstances superior care, when they are cared for by someone other than their own parents. This latter faction also believes that infants can be well cared for outside their own homes. There are naturally many people whose beliefs place them between these two viewpoints. The availability or choice of infant day care arrangements influences the viewpoint held by people. Some people support family day care as opposed to centre group care for children under the age of two years, or feel that out-of-home care should only be available for single working parents. The number of women who choose to remain in the work force and still have a family is continuing to increase. The Department of Labour published a survey of working mothers in 1970 (based on 1967 statistics) that indicated that there were 540,000 working mothers in Canada, and 26% had children under three. One of the major findings of the national day care survey of 1973 was that less than 2% of the estimated 239,000 children, who were under three years of age, were cared for in supervised day care, either centre or family. According to Philip Hepworth's (1974) report on a survey of day care needs in Canada,

355,000 places for full-time day care could be used in 1975 for children aged zero to three years.

Legislation regarding care of infants outside their home existed in all provinces in Canada but the legislation ranged from highly structured guidelines to very minimal requirements.

With so many groups pressuring provincial governments for legislation to provide better infant day care, it seems important to determine whether or not legislation affects the quality of care of infants outside their own homes. Because of the conflicting views regarding the effect of the type of infant day care (centre group or family) it also seems important to determine if the types of infant day care affect the quality of care.

#### Statement of Problem

Specifically, the present study was designed to determine if there were differences in infant/caregiver interaction and environmental facilities between day care arrangements in Winnipeg, where minimal legislation is present and Toronto, where legislation provides clearcut guidelines for infant day care. Both supervised family day care and centre group care for infants were present in Winnipeg and Toronto. It was important to determine whether or not differences in quality of care existed due to the form of day care and/or to the geographic location (type of existing legislation). At the same time, the investigator examined the form of day care preferred by caregivers (workers) and care receivers (parents), as well as whether or not the

caregivers and care receivers were satisfied with the form of day care with which they were currently involved.

### Hypotheses

The following null hypotheses were developed to guide the direction of the present study.

1. The quality of arrangements as measured by an Environmental Checklist<sup>1</sup> will be the same for:
  - (a) infant family day care arrangements and infant centre group care arrangements under stringent legislation
  - (b) infant family day care arrangements and infant centre group care arrangements under minimal legislation
  - (c) infant family day care arrangements under minimal and under stringent legislation
  - (d) infant centre group care under minimal and stringent legislation
  
2. The quality of arrangement as measured by the ABC Checklist (Honig and Lally, 1973) will be the same for:
  - (a) infant family day care arrangements and infant centre group care arrangements under minimal legislation
  - (b) infant family day care arrangements and infant centre group care arrangements under stringent legislation
  - (c) infant family day care arrangements under minimal and under stringent legislation

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<sup>1</sup>The environmental checklist was constructed by the investigator.

- (d) infant centre group care under minimal and under stringent legislation
3. Satisfaction with infant day care arrangements as measured by responses on a questionnaire will be the same for:
- (a) infant family day care receivers and infant centre group care receivers under minimal legislation
  - (b) infant family day care receivers and infant centre group care receivers under stringent legislation
  - (c) infant family day care receivers under minimal and stringent legislation
  - (d) infant centre group care receivers under minimal and under stringent legislation
4. The type of infant care arrangement preferred will be the same for:
- (a) infant care receivers under minimal or under stringent legislation
  - (b) infant caregivers whether minimal or stringent legislation

#### Definitions

The present study employed the following operational definitions:

##### Family Day Care

There are two types of family day care: supervised and unsupervised. Supervised family day care refers to arrangements where the infant is cared for in a home, other than his own for a regular part of the day. These homes receive visits and guidance in child care from a social agency.

Unsupervised family day care refers to arrangements where the infant is cared for in a home, other than his own, for a regular part of the day. These homes receive no guidance or visits from social agencies.

#### Centre Group Care

This term refers to arrangements where the infant is cared for in a building other than a private home and where there are at least four other infants receiving care.

#### Care Receivers

This term refers to the parents of the infants who are cared for in a day care arrangement.

#### Caregivers

This term refers to the people who take care of the infants in a day care arrangement.

#### Gatekeeper Approach

This approach employs the method of contacting community agencies to assist in data gathering.

#### Infants

This term refers to human beings from birth to eighteen months of age.

#### Quality

This term when used in research hypotheses, refers to the attributes of the infant care arrangement as measured by the Environmental Checklist, and caregiver/infant interaction as measured by the ABC Checklist (Honig and Lally, 1973).

Continuity of Arrangement

This term refers to the infant receiving care by the same caregiver in the same location every day that he/she is not in the care of his/her relatives, thus he/she does not have to adjust to new caregivers.

## CHAPTER II

### REVIEW OF THE LITERATURE

Research specific to infant day care is relatively new and therefore scarce, especially in Canada. A study of the issues and concerns of infant day care shows a relatively larger and more extensive history in foreign countries. This chapter will first review the history of day care in Canada and other countries; then the research concerning the effects of day care and other early experiences on the infant.

#### Centre Group Care

##### In Canada<sup>2</sup>

The history of infant day care in Canada begins in Quebec and Ontario. In 1888 infant creches or centre group care arrangements were operating in Montreal for the infants of sole support parents, that is, one-parent families where that parent works outside his/her own home to support the family. Babies were under the supervision of a trained nurse and apparently provided with all the necessary health and physical care for an eight to ten hour day. Little was provided in a way of opportunities for physical activity, stimulating play, or emotional response to adults. At that time, due to the absence of research about child development, these custodial programmes were acceptable. Infant centre group care in Toronto from 1890-1927 was

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<sup>2</sup>Prepared from printed materials by the Social Planning Council of Metropolitan Toronto (1966-1972); Day Care: A Report of a National Study (1972); the Manitoba Department of Labour; Women's Bureau (1974) and from personal interviews with agency representatives contacted for the study.

privately operated by citizen volunteer boards or under religious sponsorship with funds from philanthropic sources. Since the child welfare philosophy at that time supported the view that infants should remain in their own homes if at all possible, the Province of Ontario in 1927 provided mother's allowances to several categories of sole-support mothers.

By 1949 the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, New Brunswick, Nova Scotia and Newfoundland had passed similar legislation. Mother's allowances are still available today in every province in Canada. During the 1930's infant care in day care centres had practically ceased, although isolated instances of infants in group care were still found in 1960. Except for Ontario, there were no organized agencies or centres operating for infants, however, this is not surprising as the population that could benefit from or needed this type of care was scattered across the country in small numbers. The people who used out-of-home infant care could often appeal to a member in their extended family or to a neighbour who was at home, perhaps caring for her own children.

During World War II the Canadian government made funds available to all the provinces for the establishment of day nurseries in areas where large numbers of women were employed in war industry. This service, however, was focused upon children between two and five years of age. Child development experts of the time believed that institutional and group care were the same thing and thus detrimental to an infant's overall development (Ribble, 1943). Child development experts had also

learned that children appear to be ready for a group experience at about age three, thus the acceptance of group care for the over three year old. At the conclusion of the war the Federal Government withdrew financial support and, except for Ontario, government funded day nurseries ceased to operate in Canada. Public demand caused the Ontario government to pass the Day Nurseries Act in 1946 which established standards for the operation of day nurseries and nursery schools. These regulations were revolutionary in North America but only applied to children between three and five years of age. Some provinces, however, had some regulations under the direction of health, fire, and welfare legislation which could have applied to infant day care arrangements had there been any.

During 1960 interest in infant day care centres was renewed partly by the women's liberation movement and partly because mothers of infants chose to remain in or return to the labour force (Larson, 1969). The original 1946 Day Nurseries Act of Ontario was revised and up-dated in 1961 with no mention of under-three care.

It was in 1966 that the Canadian Federal Government again presented plans to share in the cost of day care services across the nation. In 1967 the Canadian Mothercraft Society in Toronto started an infant day care programme for twenty children under two years which provided practical experience for the Mothercraft nurses-in-training. In 1968 there were at least three infant day care programmes operating in Toronto; one was a private commercial service and two were non-profit centres serving a total of fifty infants. A further revision of the

Ontario Day Nurseries Act<sup>3</sup> in 1967 included provision for children under two years of age.

Interest in infant centre group care began to surface at this time in Winnipeg, Manitoba. The legislation that governed this care was not exclusive to the care of infants.<sup>4</sup> Not until 1970, however, did this type of care really begin to grow. By 1974 centre group care for infants was operating in British Columbia, Alberta, Manitoba, Ontario, and Quebec. In Toronto over thirty infant centre group care arrangements were operating and three centre group care arrangements existed in Winnipeg. At present, 1978, infant centre group care growth has been at a standstill, although a sizeable segment of the public continues to demand this type of service.

#### Foreign Countries

The day care of infants in centres has a long operational history in countries such as France, Britain, Denmark, Sweden, Russia, Israel, Yugoslavia, Poland and Czechoslovakia (Evans and Saia, 1972; Meers, 1970; Wagner and Wagner, 1970; Gerwitz, 1968). The governments of these countries appear to have structured and developed their individual care programmes according to the countries' needs and philosophies. Both positive and negative reports have been made of these infant day care centres. The conflicting results highlight the varying philosophies of those commenting on infant day care.

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<sup>3</sup>Statute of Ontario, The Day Nurseries Act, Ministry of Community and Social Services.

<sup>4</sup>City of Winnipeg, Welfare Institution By-Law No. 260/72.

In France infant group day care has existed for over a hundred years. In Paris in 1844 a creche was operating to care for infants of working mothers. Dr. F. Davidson of the Maternal and Child Health Services of the Department of the Seine reported that 53.8% or 4,031 of the children in day care centres in Paris were under 18 months of age (1964). Evans and Saia (1972) in their description of infant day care centres in France, particularly in Paris, stressed the highly structured and regimented environment which had excessive emphasis on physical care and hygiene. According to a 1968 report prepared by the Social Planning Council of Metropolitan Toronto, Paris day care centres may be typical of the best in European day care for children: the creches were open for a 12 hour day and generally accommodated from 40 to 60 babies. The staff ratio was usually one adult to six to ten infants. Even in the best of creches, there seemed relatively little attempt to provide infants with stimulation either by use of toys or visually attractive objects such as mobiles (Morans and Meers, 1968). This might be due to the major emphasis being the physical care of the infants. Meers (1970) commented that research on France's infant day care was notable only for its absence.

In Britain, infant group care has been available since 1866 for children whose mothers were obliged to work or who were unable to provide adequate care for their children. The attitude toward out-of-home non-mother care, however, has not been positive, mostly negative or non-committal. Mothers were encouraged not to work until their children were at least two years of age. Great Britain, particularly England and Scotland, has had comprehensive training programmes in

infant care since 1945. This programme, called the National Nursery Examination Board, continues to be thought of as good quality training even today.

Denmark's infant day care centres have been in operation for over eighty years. According to Evans and Saia (1972) the quality of child care was excellent with adequately trained staff and a ratio of 4 infants to 1 adult. The demand for this service was greater than the number of spaces available and thus there was an admission selection procedure with preference given to single parents.

The centres were usually in the same neighbourhood where the children lived, as the Danes' experience with industrial day care (centres near or in the parent's place of work) had not proven successful. When children were moved from one care room to another as they grew, an attempt was made to have the children move in groups together so they could establish permanent peer relationships. Wagner and Wagner (1970) stated that in Denmark every attempt was made to fit the programme to the child and his family.

Sweden has been operating infant day care centres similar to Denmark's since 1834. Evans and Saia (1972) wrote that Sweden's day care system was by far the most comprehensive and best in quality. Staff education and training, low ratios, as well as appropriate equipment, all contributed to making a superior environment for the infants who ranged in age from 6 months to 2 years of age. Denmark and Sweden both encouraged individual development to the limit of a child's ability.

Infant day care has perhaps had its greatest impact in the communist block nations. The U.S.S.R. has been involved in group care since the Russian Revolution. As the state believed that all adults must work, parents had to be freed of infant care responsibilities during work hours. The political doctrine contributed to a highly structured compulsory schedule in the centres prior to the late 1960's when a modification, but not a total disintegration of this attitude took place. An explanation was not available to explain the shift in attitude, however, since 1971 mothers have been encouraged to care for their infants at home for the first year of life (Jacoby, 1971). According to Meers (1970), U.S.S.R. day care did not appear to be revolutionary. The apparent aim was to provide a better start and not to accelerate introduction to intellectual academic matters. Meers (1970) made reference to some negative rumours such as occurrences of hospitalism in some poorly organized nurseries.

Another of the communist block countries, Czechoslovakia, has also modified its views concerning infant day care for children under three years of age. As a response to some research evidence of emotional injury to the very young children who were in day care centres, Czechoslovakia has systematically reduced its day care space for this aged child. In 1970 only 12% of day care space was filled by children under three years of age. As of 1970 the government provided a maternity leave or absence of one year as well as reemployment guarantee lasting for eighteen months.

The day care programmes in Poland did not usually have infants younger than 4 months of age. Gornicki (1964), the director of the

National Research Mother and Child Institute in Warsaw, compared the physical, psychological, speech and social development of 400 children ranging in age from 9 to 36 months who were cared for in infant centres with 500 children in the same age ranges who were cared for in their own homes by their mothers. Conclusions reached were that the home reared infants were superior especially in oculomotor coordination and speech. The day care reared children, however, were not any more markedly retarded in psychomotor development or suffering from social or emotional behavior disorders than the home reared infants. The investigator stressed the possible influence of a shortage of adequately trained staff, and the suitability of the premises and equipment, as well as the social upheaval due to the war.

The infant care programme in Yugoslavia was described by Evans and Saia (1972) as being authoritarian and organized in large collective units. They questioned the quality of care because of large class sizes (25), and high ratio of infants to adults (25:2), as well as a state-dictated curriculum. Yugoslavia's centres seemed to be a mixture of the French and Russian systems.

The Government of Hungary developed infant care programmes initially to provide for homeless children who were victims of circumstance due to the second world war. The Soviet Russian model of infant care was adopted, but the Hungarians differed in their attitude towards infant care. Although the parents of young children realized that they needed to work to assist the state in redevelopment, care of children under the age of three was viewed only as a stop gap measure. That is, infant day care should be progressively limited and eventually terminated

as economic conditions allowed mothers to remain in the home. By 1965 the conditions of infant day care had improved tremendously. The attitude towards it, however, had remained the same. By 1967 the Hungarian government encouraged mothers of children to remain at home until the child was three years of age by providing paid maternity leave and reemployment guarantees.

The Israeli Kibbutz system of infant care was also developed due to the necessity for parents to work if the country were to develop. The general attitude from the beginning, however, was one of trust and respect for the infant care programme (Gewirtz, 1970). The kibbutz system was based upon early admittance to a central care house for infants as young as one week with the mother visiting at various times during the day. Evans and Saia (1972) expressed the belief that the success of the kibbutz system, which had been operating in Israel for over 25 years, proved that children can be reared in groups and cared for by other than their own parents. In general, research (Bettleheim, 1969; Rabien, 1965) has indicated that kibbutz-reared children did not differ from non-kibbutz-reared children in any significant way.

### Supervised Family Day Care

#### In Foreign Countries

Infant day care in Europe appeared to be centred around group care programmes or unsupervised family day care. The investigator found only two references to supervised family day care in the literature. Unsupervised family day care however, did exist especially in areas where centre group care was minimal. One factor, the presence of the

extended family in European society, might account for the absence of family day care programmes. A family member, for example a grandmother, could care for the family's preschool aged children and thus the need for nonfamily care or out-of-home care was reduced.

Supervised family day care in Denmark was begun primarily to meet the needs of "high risk" infants. These infants described by Wagner and Wagner (1970) were frequently the babies of unwed mothers, infants from broken homes or from homes with some known pathology. These children were given priority for spaces in the day care homes. There was, however, a scarcity of day care homes. Potential day-care mothers were interviewed and observed with children. If accepted, they were employed on a trial basis and observed frequently for the first few months. Their homes or rooms were inspected for cleanliness, adequate plumbing, kitchen facilities, and space. There were no education requirements, but preference was given to mothers who had had experience in rearing children. There was an ongoing in-service programme for both the day-care mothers and the parents.

Czechoslovakia attempted to develop a supervised family day care programme several years ago. It was soon abandoned due to three main reasons (Wagner & Wagner 1970). They were: (a) no solution for placement of child when day-care mother was ill; (b) difficulty in finding good day-care mothers; and (c) insufficient government control over the daily activities of the child.

#### In Canada

As early as 1880 the use of foster homes for the majority of children in the care of Canadian Welfare agencies involved the agencies