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Children in self care : parents' perceptions and attitudes

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Cauthorn-Wade, Paula Marie, M.A.

San Jose State University, 1993

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CHILDREN IN SELF CARE:
PARENTS' PERCEPTIONS AND ATTITUDES

A Thesis
Presented to
The Faculty of the College of Education
San Jose State University

In Partial fulfillment
of the Requirements for the Degree
Master of Arts

by
Paula Marie Cauthorn-Wade
August, 1993

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ABSTRACT

CHILDREN IN SELF CARE: PARENTS' PERCEPTIONS AND ATTITUDES

By Paula Marie Cauthorn-Wade

This thesis addresses the topic of children in self care or "latchkey" children. It examines aspects of children in self care in two ways: a questionnaire completed by 27 parents of children ages 8-13, and a more in-depth interview administered to 12 parents of children ages 7-13, who use self care.

The key issues investigated in this study were: 1) identifying why parents use self care; 2) how parents prepared their children for self care; and 3) how satisfied parents were with their choice of self care.

The main findings of this research were: 1) parents used self care for many reasons including finances, maturity of the child or the possibility of care by siblings; 2) parents are more satisfied with self care if their children are older and have been prepared; 3) preparing children included leaving children for short periods of time, providing rules and instructions, and maintaining contact with their children in self care.

DEDICATION/ACKNOWLEDGMENT

I would like to gratefully dedicate this thesis to my children, Brittany Marie Wade and Sean Arthur Wade, without whose patience and understanding I would not have been able to accomplish this important task in order to better our lives. I would also like to dedicate this thesis to my friend Martin L. Peters for his support, praise and encouragement, which gave me perseverance to continue my education and work towards my goals.

I would like to thank and gratefully acknowledge my mentor and advisor, Dr. Amy Strage, for her valuable time, support, strength and guidance. She gave me hope, strength and courage, which enabled me to continue and attain my educational and personal goals. I could not have done it without her. I would also like to thank Dr. Robin Love and Dr. Stephanie Steffey for giving their time and expertise in reading my thesis, and giving me their valuable feedback.

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CHAPTER 1

Introduction

The question of when it is appropriate to leave children at home alone has recently become a highly publicized issue. There seem to be very few certainties when it comes to deciding when children are ready to stay home by themselves. There are many reasons that parents leave their children home alone, including financial considerations, a desire to give the child independence, or for convenience, to suit the parents' needs.

The term "self care" today is defined as children left home alone, to care for themselves. The purpose of this research is to identify the criteria that parents use in deciding if they can leave their children home alone. How do parents prepare their children to be home alone, and what rules and safeguards do parents use, if any, when they leave their children in self care? Lastly, how satisfied are parents with their children being home alone? The research done in this paper is an effort to look at these issues in order to shed some light on this emotional and highly controversial subject.

History/Definitions

For as long as the family has been recognized as a social unit, children have been left unsupervised at times. Many people refer to children being left home alone as "latchkey" children. The term "latchkey" was coined some time during the eighteenth century and referred to a way of accessing a house by lifting the door latch. As a word for children whose parents were unavailable before and/or after school, it followed "dorks," a term used during the turn of the century in the United States, to refer to children who had their own door keys (Hudson,

1993). "Latchkey" and "doorkey" resurfaced during the 1940's to describe children left alone after school because their fathers had gone off to war and their mothers had to work. Because of the high visibility of "latchkey" children, professionals began to focus on the phenomenon at that time. The first public report appeared during World War II when child welfare professionals voiced their concerns about the number of "eight-hour orphans" left to fend for themselves because their mothers were working. In March 1943, the central theme of the annual meeting of the American Association of School Administrators was the plight of "doorkey" children (Stroman & Duff, 1982). Zucker (1944) called the latchkey children of the war years the "problem adolescents-to-be in the 1950's and maladjusted parents-to-be in the 1960's." Many of the concerns described by Zucker are still expressed today.

Number of Children in Self Care

Parents today are not alone in choosing self care for their children. The number of children home alone has been on the rise in the last 50 years. Approximately 11.2 million women were working or looking for work in March 1940. By March 1944, the number had grown to 16.8 million working women, comprising nearly a third of the 51.3 million-person labor force. While the exact number of children in self care today remains difficult to calculate, data from the 1984 Current Population Survey indicates that approximately 2.4 million school-age children in the United States are in self care. This is about 7% of the 28.6 million children aged 5 to 13. The U.S. Census Bureau does not track children in self care, but it does calculate child care arrangements of working women.

Current researchers (Hedin et al., 1986; Steinberg, 1986; Vandell & Corasaniti, 1988) have found even higher percentages of children in self care.

Depending on age, sex, type of maternal employment, and the definition of non-adult supervision, findings ranged from 23% to 80%. The Longs (1983a & 1983b) have been widely quoted on their conservative estimate of six million children in self care under the age of thirteen. According to Rodman, Pratto, and Nelson (1985), the discrepancies among these figures may be due to "some level of deliberate misreporting on child supervision because of a perceived illegality of leaving children unattended [child neglect], fear for children's safety, and a perception of social undesirability associated with forms of child care labeled 'latchkey'" (U.S. Bureau of the Census, 1987). Exact numbers of children in self care are difficult to pin down, but as Rodman et al. (1985, p. 413) write, "self care has become the second most prevalent form of child care in American today." The reluctance of some parents to reveal that they leave their children alone, which could be a violation of the law in many states, also contributes to the variations in the statistics.

Who Is in Self Care?

According to a study done by Hofferth and Cain (1989), children who are reported to be in self care, compared with children in care supervised by an adult, are more likely to be older, to be white, to live in better neighborhoods, to have wealthier families, and are less likely to have other adults in the household who might care for them. Contrary to popular belief, the self care phenomenon is more common among white or middle class children than among poorer children or children of other ethnic backgrounds. Because of the negative connotations associated with the term "latchkey" itself, in this paper children left at home alone or in the care of an underage sibling for a significant portion of the day will be referred to as "children in self care."

CHAPTER 2

Review of the Literature

How Parents Choose Self Care with their Children

Age

When parents are deciding to use self care with their children, one consideration is the age of the child. There are many ideas about the chronological age at which a child is "ready" for self care, and considerable ambiguity in the law. This is an important issue because parents may be at risk for a charge of neglect. Rodman and Cole (1987) mention a minimum age of 8 as what is widely accepted by parents as a cut-off age for children to be left alone. The Longs (1989, p. 102) write that "many state protective agencies set twelve as the age below which they will investigate complaints of children routinely left unsupervised."

The Internal Revenue Service does not give parents credit for child care expenses for children over the age of thirteen years. As stated in the IRS Publication 503, a qualifying person is "your dependent who was under age thirteen when the care was provided and for whom you claim an exemption." This suggests the federal government, at least implicitly, judges that children age thirteen and above are old enough to be left alone.

The California Penal Code does not have a clear answer. There is no specific age at which children may be left home alone. There are several crimes that might apply in prosecuting parents leaving their children home alone, including child neglect, barring a child from the home, contributing to the delinquency of a minor, and abusing or endangering the health of a child. It is a crime to desert a child under the age of fourteen years, "with intent to abandon

it," but that means to permanently abandon the child. When deciding whether to prosecute, attorneys look at the circumstances, such as the age of the child, how long he or she has been left alone, the conditions of the child's surroundings, and whether the child's physical or emotional health is endangered.

When parents are considering self care for their children, they may look to child care experts for advice. Child care experts also have differences of opinions about when a child is ready to be left home alone. "Our agency suggests it's unwise to leave children home alone under the age of 9, or if they do not have the capabilities of handling a situation, at any age," says Bernadette Plotnikoff, Program Manager of the Child Advocacy Council of Santa Clara and San Mateo Counties. Mirium Lorenzo, child care consultant at the Community Coordinated Child Development Counsel of Santa Clara County, says, "definitely not younger than eleven [years], I would prefer it to be twelve [years] or older." Again, it must be noted that "situations" are vague and can vary from family to family, child to child. So, most parents must develop their own checklists and personal criteria for determining when to leave their children home alone.

On another note, the maturity level of the child can influence the parental decision to leave the child in self care. At about age ten, children often begin to assert that they are responsible enough to take care of themselves (Long & Long, 1983a). According to Hedin et al. (1986), parental desire for child care decreases dramatically after children finish the third grade, suggesting a belief that many children age 9 or 10 are able to care for themselves.

Demographic Reasons for Leaving Children in Self Care

There are several societal and familial trends that have led to the increase in the number of children in self care. The rise in the number of single parent

families creates situations in which adequate adult supervision of children becomes difficult (Scofield & Page, 1983). The increase in the number of working mothers and the necessity of dual wage earners for many families has created situations in which parents are unable to be with their children before school and when they arrive home from school (Bleuer & Schreiber, 1989).

As stated before, children in self care became more visible after World War II when the trend of women working outside the home did not reverse after the war. Between 1940 and 1976, the number of employed mothers increased more than five fold (Long & Long, 1982). Simons and Bohen (1982) documented the steady climb of labor force participation of never married women with children ages 6 to 17 from 2,276,000 (27.3%) in 1947 to 10,925,000 (64.3%) in 1980. By 1985, 69.9% of women with children ages six to thirteen years were participating in the labor force (United States Bureau of Labor, 1986).

The increase in the mobility of the family is another factor contributing to the increase in the number of children in self care. As the mobility of families increases, it is less likely that grandparents or other relatives can be available to provide child care assistance (Bundy & Boser, 1987). Americans are tending toward smaller families, which results in fewer siblings or teenagers to baby-sit. Another factor is the trend toward age-segregated housing. Most neighborhoods are made up of families of similar ages and backgrounds. This means fewer adults in a neighborhood to look after children of working parents. Parents may not know their neighbors well enough to ask them to baby-sit. It is predicted that the population of children ages five to thirteen years will rise to 35 million by the year 2000 (Stroman & Duff, 1982). These trends and forecasts suggest that the ranks of the latchkey children will continue to be large in the coming years.

Effects on Children

Research on the effects of self care on children is indecisive (Grey, 1987). The consequences of self care may very well depend as much on the children in question as on the arrangement itself. If children care for themselves because their parents are poor and unable to find or afford adequate care, the consequences are likely to be different than those for middle class children, whose parents choose this option for more mature, responsible children (Seligson, Genser, Gannett, & Gray, 1983). That is, it is important to identify the parental and child characteristics associated with the use of self care, as well as the situation or environment it is used in, before predicting effects of the self care arrangement.

Social and Emotional Effects of Self Care

There can be social and emotional problems when children are left in self care, and some experts warn parents against rushing a child into responsibilities prematurely (Elkind, 1981; Garbarino, 1980; Long & Long, 1982). In analyzing the results of their original study, the Longs (1982) cautioned that the self care experience could seriously curtail the socializing play of children. They also found that children who stayed home without continuous companionship ran a one-in-three chance of developing substantial fear responses (e.g., recurring nightmares, fear of noises, fear of the dark, fear for personal safety). Rodman et al. (1985) found no difference in self esteem, social skills, or sense of control over their lives between fourth grade children in self care and fourth graders supervised by their parents.

One study of 75 former self care children who were then adults, concluded that 20% of those interviewed could be categorized as casualties of the self care

experience. The casualty group reported that the high levels of fear, the intense feelings of isolation, and the acceptance of too much responsibility experienced as children resulted in long term negative effects that were still affecting them as adults (Long & Long, 1983a; 1983b).

Hedin et al. (1986) noted that low income minority, urban, elementary school children from single parent homes had realistic fears about their personal safety, causing 50% to not like being home alone at all. The gravest concern expressed by children ages seven through eleven questioned individually by Zill (1983) and of other children questioned in groups by Hedin et al. (1986) was the fear that someone would get into the house and rob and/or hurt them. Hedin et al. found that, when asked individually, children in grades four through six were highly concerned about getting hurt, being kidnapped, getting involved with the wrong kinds of friends, getting into fights, and being abused.

A study by Vandell and Corasaniti (1988) of 349 Dallas third graders showed no difference in parents', peers', or children's ratings of the social skills of those who went home to their parents as opposed to children in self care. The authors also reported that the self care situation may be a positive experience relative to the experience of children in child care center care. They found that self care children of both intact and single parent families and children going home to mother appeared to be functioning similarly, while for intact families, those children attending day care centers, or staying with a baby-sitter appeared to be doing more poorly on measures of perceived self competence and peer acceptance.

Academic Effects of Self Care

A study done by Woods (1972) on low income urban fifth graders, with

employed mothers in self care, reported that children in self care had more academic and social problems than those children in traditional after-school arrangements. Hedin et al. (1986) found that children in grades seven and eight ranked being bored, wasting time and not finishing homework and chores as their greatest concerns in being in self care. Other studies about the effects of self care on children found no detrimental academic effects. Galambos and Garbarino (1983) found no difference in academic achievement or school adjustment between small-town fifth and seventh graders in self care and their adult-supervised peers. A study of 349 Dallas third graders showed no difference in parents', peers', or children's ratings of the study skills of those who went home to their parents as opposed to children in self care (Vandell & Corasaniti, 1988). The authors found that self care children of both intact and single parent families and children going home to mother appeared to be functioning similarly by teacher observations.

Antisocial Behavior

Steinberg's study (1986) of fifth, sixth, eighth, and ninth graders showed that the more removed from adult supervision adolescents are, the more susceptible they are to peer pressure to engage in antisocial activities. Long and Long (1989) found that as adolescents (ages 12 and up) spent more time unattended in their homes, the incidence of experimentation with alcohol and sex increased.

Other Effects of Self Care

Hedin and her colleagues (1986) studied 1200 children in kindergarten through eighth grade, and found 80% of the children in self care said that they

"loved it" or "usually liked it." The apparent discrepancies between the generally positive feelings about being home alone and the expressed worries and concerns (e.g., getting hurt, being kidnapped, getting involved with the wrong friends, getting into fights, being abused, being bored, wasting time, and not finishing chores and homework) may have been due to feelings of ambivalence about freedom versus adult protection, to the very real fears for some populations that overshadowed the benefits of being on one's own, and to the outweighing of the less serious fears of other populations by the pleasures of being home alone.

It should be noted that these studies deal with different age groups, community characteristics, and outcome measures, and therefore, they are not strictly comparable. It is apparent that the consequences of self care are only in the initial stages of exploration.

Preparation for Children in Self Care

From their study, the Longe (1982) concluded that children left totally alone (without siblings) were given better safety instructions, taught better survival skills, and given more established, consistent routines than were children left home with siblings or with an adult. Self care children were also generally better equipped to be personally effective in case of emergency than were adult-care children.

Rodman and Cole (1987, p. 104) give parents some minimum guidelines for determining if their children are developmentally ready to be left in self care. Their list includes physical, emotional, cognitive and social characteristics a child should possess:

Physical

1. Can control own body; is not susceptible to injury.

2. Can manipulate doors and locks.
3. Can safely operate any equipment which the child will have access to, such as stove, blender, or vacuum.

Emotional

1. Can tolerate separation from adults for the length of time required without much loneliness or fear.
2. Does not exhibit withdrawn, hostile, or self-destructive behavior patterns.
3. Can handle usual and unexpected situations without excessive fear or upset.
4. Can follow important rules without always "testing the limit."

Cognitive

1. Can understand and remember verbal and written instructions.
2. Can solve problems without relying on irrational solutions.
3. Can read and write well enough to take phone messages.

Social

1. Can solicit help from friends, neighbors, and designated helpers when appropriate.
2. Understands the role of police, fire fighters, rescue squads, and other community resources.
3. Is willing and able to call in those resources when needed.
4. Can maintain friendships with other children and adults.

Parental Satisfaction with Self Care

A survey of working mothers indicated that, for the most part, they were satisfied with the use of self care for their children (Leishman, 1980). Kieffer

(1981, p. 28) found in an informal survey that "the latchkey experience does not in itself, create problems." Stewart (1981) measured parental satisfaction with self care on a five-point scale, with children in third and fifth grades, and found that the majority of parents indicated moderate to high levels of satisfaction with these arrangements. Although parents were twice as likely to use self care for a child in the fifth rather than third grade, and for a child who had a sibling present than without, apparently neither of these variables had an impact on satisfaction level.

Many parents report positive consequences from self care arrangements. Maturity, increased self reliance, more responsible behavior, a wiser use of time, and increased skill in decision making are seen as by-products of self care for children (Kieffer, 1981; Leishman, 1980).

Parental concerns expressed in various studies included the possibility of injury to the child (Hedin et al., 1986), the safety of the neighborhood (Garbarino, 1980; Medrich, Roizen, Rubin, & Buckley, 1982), the emotional needs of the child not being met, and the effect of the situation on school performance (Long & Long, 1983a). The attitudes of parents often determine how well a child will adjust to self care. The Longs (1983a, p. 76) found that "parents choosing self care for their children did so with a great deal of concern [many said 'guilt'], ambivalence, and uncertainty and are not satisfied with the arrangement." If parents look on the self care arrangement as a normal developmental step, children are bound to adjust to it better than parents who feel anxious and guilty.

Conclusion

Although there is still much to be learned about the self care experience, one fact is irrefutable. Large numbers of children in the United States are left in unsupervised experiences before and after school, and that number has been

increasing. Increasing numbers of women in the work force, the proliferation of single parent households, reduction in family size, and the availability of fewer adult caretakers are contributing factors that lead to parents leaving children in self care.

Research has documented both positive and negative effects of self care on children's emotional and academic development, and it is as yet difficult or impossible to account for the discrepancies in reported effects because much more systematic investigation of factors such as children's age, maturity level, and demographic characteristics must be completed first. Positive outcomes of self care are related to the child's preparation for self care. Parental satisfaction with self care is related to the child's preparation, consistent routines, and parental attitudes toward self care.

CHAPTER 3

Method

This study has three major goals: 1) to identify the criteria that parents use in deciding to leave their children in self care, that is, children left home to care for themselves; 2) to identify if and how parents prepare their children for self care; and 3) to measure how satisfied parents are with self care. The data was collected in two ways and with two different populations. First, a questionnaire was distributed to a sample of children attending a summer youth program, to be completed by their parents. Second, information was collected from a sample of 12 parents who use self care, during individual interview sessions.

The Questionnaire Study

The Questionnaire and Its Development

The researcher developed a questionnaire (see Appendix C) and a protocol for its use was approved by the Human Subjects Institutional Review Board at San Jose State University. The aim of the questionnaire was to document parents' motivation for placing their children in self care, the steps they took to prepare their children for self care, and their satisfaction with self care.

Procedure

The researcher obtained approval from the director of the Youth Summer Program for this research. The researcher then obtained approval from the four teachers in the program to pass out and collect the questionnaires during their classes. On Monday of the second week of the class, the researcher passed out the questionnaires to 90 students in the four classes. Although there were 100

students enrolled in the four classes, only 90 were in attendance the day the questionnaires were passed out. The questionnaires with a letter to the parents explaining the questionnaire and the agreement to participate in research were in sealed envelopes addressed as "To the Parents of" The children were told about the survey. They were then instructed to give the questionnaires to their parents and bring them back on Wednesday of that week. The researcher came back to the classes on Wednesday to collect the questionnaires. On that day the researcher collected 20 questionnaires, and told the children to bring the rest back on Thursday. On Thursday the researcher collected an additional seven questionnaires. Again the researcher asked the children who had not participated to bring back the questionnaires on Friday. The researcher returned on Friday, but no more questionnaires were turned in. Thus, of the 90 questionnaires sent home with students, 27 were returned completed.

Subjects

The subjects for this study were taken from a summer school session of Youth Summer Programs at Foothill Community College in Los Altos Hills, California during the month of July 1992. This program consisted of four classes for enrichment. The classes used for the study were: Astronomy, Speed Reading, TV Production, and a Language Arts Class called "Feast." The Summer Youth Program was used by parents for enrichment and for daycare because it offered a wraparound program of supervision from 8 a.m. to 5 p.m.

The subjects in the study were 27 children, 14 female and 13 male, between the ages of 9 and 13 years, in grades 5 through 8. The subjects were white and Asian, and from a socioeconomic background that permitted them to be enrolled in a relatively expensive summer program. Table 1 displays the

Table 1

Gender and Age of Children in Self Care

Age	Male	Female	Total
8 yrs to 8 yrs, 11 mos		1	1
9 yrs to 9 yrs, 11 mos			0
10 yrs to 10 yrs, 11 mos	6	2	8
11 yrs to 11 yrs, 11 mos		2	2
12 yrs and up	2		2
Total	8	5	13

Gender and Age of Children Not in Self Care

Age	Male	Female	Total
8 yrs to 8 yrs, 11 mos			0
9 yrs to 9 yrs, 11 mos	2	2	4
10 yrs to 10 yrs, 11 mos	1	1	2
11 yrs to 11 yrs, 11 mos		4	
12 yrs and up	2	2	4
Total	5	9	14

gender and age breakdown of children returning the questionnaires.

Of the 27 completed questionnaires, 13 parents reported that their children were in some sort of self care; that is, self care ranging from daily before or after school, to occasionally. Fourteen parents reported that their children were not in self care. Of the children in self care, seven families reported they had two children in self care. Six of the families reported their children were only children. For the purpose of the present study, only data concerning the children attending the youth summer program will be considered, as no data, except for age and gender of the target children's siblings, was collected.

As the data in Table 2 reports, the number of adults present did not seem to distinguish "self care" from "non-self care" homes. Eleven out of the thirteen families surveyed with children in self care had two parents in the home. One family had two parents and another adult in the home and one family was a single parent family. Of the fourteen families indicating that they did not use self care, nine had two parents in the home, four had two parents and another adult in the home, and one family was headed by a single parent.

Employment status of subjects' parents. As Table 3 displays, of the thirteen families with children in self care, seven had both parents employed full-time, and four had the father employed full-time and the mother employed part-time. There was only one family with the father employed full-time and the mother not employed outside the home. One family declined to answer. Of the fourteen families answering the questionnaire who did not use self care, ten were families with two working parents. Six of the families surveyed with children not in self care had two parents employed full-time. In four of the families the father was employed full-time and the mother employed part-time. There were two

Table 2

Number of Adults in Home of Children in Self Care

	8 yrs to 8 yrs, 11 mos	9 yrs to 9 yrs, 11 mos	10 yrs to 10 yrs, 11 mos	11 yrs to 11 yrs, 11 mos	12 years and up	Totals
2 parents in home	1		6	2	2	11
2 parents and another adult			1			1
1 parent in home			1			1
Other						0

Number of Adults in Home of Children Not in Self Care

	8 yrs to 8 yrs, 11 mos	9 yrs to 9 yrs, 11 mos	10 yrs to 10 yrs, 11 mos	11 yrs to 11 yrs, 11 mos	12 years and up	Totals
2 Parents in home		3	2	2	2	9
2 Parents and another adult				2	2	4
1 Parent in home		1				1
Other						0

Table 3

Employment Status of Parents with Children in Self Care

	8 yrs to 8 yrs, 11 mos	9 yrs to 9 yrs, 11 mos	10 yrs to 10 yrs, 11 mos	11 yrs to 11 yrs, 11 mos	12 years and up	Totals
Both parents employed full-time			5	2		7
Father employed full-time			1			1
Mother employed full-time						0
Mother employed part-time						0
Father employed part-time						0
Father, full-time Mother, part-time	1		1		2	4
Declined to answer			1			1

Table 3 (cont.)

Employment Status of Parents with Children Not in Self Care

	8 yrs to 8 yrs, 11 mos	9 yrs to 9 yrs, 11 mos	10 yrs to 10 yrs, 11 mos	11 yrs to 11 yrs, 11 mos	12 years and up	Totals
Both parents employed full-time		3	1	1	1	6
Father employed full-time			1	1		2
Mother employed full-time				1		1
Mother employed part-time						0
Father employed part-time						0
Father, full-time Mother, part-time				1	3	4
Declined to answer		1				1

families with only the father employed full-time, and one family with only the mother employed full-time. One family declined to answer. Thus, the children in self care came from backgrounds and homes quite similar to those of their non-self care counterparts.

Amount of time spent in child care. The number of hours that these children spent in self care ranged from 1-2 hours a week to 3-4 hours a day. Two families stated their children were in self care from 1 to 2 hours a week. Six families stated their children were in self care 1-2 hours a day. Four families stated their children were in self care 2-3 hours a day. Only one parent reported more extensive use of self care, that is, 3-4 hours a day.

Who supervises children before and after school: routine school day, vacations, holidays, and days when child is ill. The first question in the survey dealt with who, if anyone, supervised their child before and after school on routine days. Parents were instructed to circle as many answers as applied. As Table 4 shows, of the children in self care, the parent was the most popular answer.

The Interview Study

The Interview and Its Development

The researcher developed a questionnaire (see Appendix D) and a protocol for its use was approved by the Human Subjects Institutional Review Board at San Jose State University for interviewing parents about their practices with self care. The aim of the interview was to talk with a second set of parents personally about their decision to use self care, how they prepared their children for self care, and their satisfaction with self care.

Table 4

Children in Self Care: Supervision of Children Before and After School

	8 yrs to 8 yrs, 11 mos	<u>n</u> = 1 9 yrs to 9 yrs, 11 mos	<u>n</u> = 8 10 yrs to 10 yrs, 11 mos	<u>n</u> = 2 11 yrs to 11 yrs, 11 mos	<u>n</u> = 2 12 years and up	Totals
Babysitter						0
Daycare				1	1	2
Other adult			1			1
Parent		1	5	1	1	8
Relative			1			1
Self care		1	1	1	1	4
Sibling		1	5			6

Note: More than one answer may apply for each family.

Procedure

The researcher obtained approval from 12 parents of children to interview them about their self care practices. The interviews were conducted between the months of September and December 1992. The researcher made appointments with the parents for their interview to be conducted in their home, at their convenience. The researcher assured the parents to be interviewed that what they said would be kept in strict confidence. The interviews were tape recorded to provide insurance of getting all information, but the researcher also took extensive notes during the interviews. Upon arrival at the interviewed parents' home, the researcher explained that she was a graduate student at San Jose State University and why these interviews were being conducted.

Subjects

The parents interviewed were either friends or acquaintances of the researcher, or of previously interviewed parents. The subjects were white or Hispanic from diverse socioeconomic backgrounds. All 12 of the interviewed parents were the mothers of the subject children. The 21 children in this population ranged in age from 7 years to 13 years. Table 5 displays the gender and age breakdown of the children of interviewed parents.

The number of male and female children of the interviewed mothers was fairly even, with 10 males and 11 females. There was a sizable difference between the ages of the male children and the female children. Eight of the girls were in the 13 years-13 years, 11 months bracket. Three of the girls were in the 10 years-10 years, 11 months bracket. Of the 12 families interviewed, 7 of the mothers reported having two children in self care. Four reported having only one child in self care and one family had 3 children in self care. For the purpose of

Table 5

Gender and Age of Children in Self Care: Interviewed Parents

Age	Male	Female	Total
8 yrs to 8 yrs, 11 mos	3	1	4
9 yrs to 9 yrs, 11 mos	2		2
10 yrs to 10 yrs, 11 mos	1	3	4
11 yrs to 11 yrs, 11 mos	2	1	3
12 yrs to 12 yrs, 11 mos			0
13 yrs to 13 yrs, 11 mos	2	6	8
Total	10	11	21

this study, the data obtained about all of the children from interviewed parents will be considered.

Eight of the families were two-parent families. There were three single-parent families, and one family with one parent and another adult. Table 6 displays the breakdown of children's ages and the number of parents/adults in the home.

Employment status of interviewed parents. Of the twelve families interviewed, in three families both parents were employed full-time. In four families the fathers were employed full-time and the mothers were employed part-time. Four families had only one parent employed. Two were fathers and two were mothers. In one family the mother was only employed part-time. Table 7 displays the employment status of the interviewed parents.

There was a range in the socioeconomic background of the 12 interviewed families. Seven families lived in a middle-to-lower-middle-class area of the city of Sunnyvale. The other families lived in various areas throughout the Bay Area, including Redwood City, Portola Valley, Fremont, and a very affluent area of San Jose. One family lived in a middle-class community in Southern California.

Time spent in self care. The time spent in self care for interviewed parents ranged from "occasionally" to "less than 1 hour" to "4 hours a day." As Table 8 displays, 13 children spent between 2 and 3 hours a day in self care. Four families reported their children spent 1-2 hours a day in self care. Three families reported that their children spent 1-2 hours a week in self care, and one family reported that their child spent 3-4 hours a week in self care. The results from these interviews are for the school months, although some parents did state that

Table 6

Number of Adults in Home of Children in Self CareInterviewed Parents

	7 yrs to 8 yrs, 11 mos	9 yrs to 9 yrs, 11 mos	10 yrs to 10 yrs, 11 mos	11 yrs to 11 yrs, 11 mos	12 yrs to 12 yrs, 11 mos	13 yrs to 13 yrs, 11 mos	Totals
2 parents in home	4	1	3	2		5	15
1 parent in home		1	1	1		2	5
1 parent and another adult in home						1	1
Total	4	2	4	3	0	8	21

Table 7

Employment Status of Interviewed Parents

	7 yrs to 8 yrs, 11 mos	9 yrs to 9 yrs, 11 mos	10 yrs to 10 yrs, 11 mos	11 yrs to 11 yrs, 11 mos	12 yrs to 12 yrs, 11 mos	13 yrs to 13 yrs, 11 mos	Totals
Both parents employed full-time	1		1	1		2	5
Father employed full-time	1	1				1	3
Mother employed full-time			1	1		2	4
Mother employed part-time					1		1
Father employed part-time							0
Father, full-time Mother, part-time	2		2	1		3	8
Total	4	2	4	3	0	8	21

Table 8

Age of Children and Time in Self Care

	7 yrs to 8 yrs, 11 mos	9 yrs to 9 yrs, 11 mos	10 yrs to 10 yrs, 11 mos	11 yrs to 11 yrs, 11 mos	12 yrs to 12 yrs, 11 mos	13 yrs to 13 yrs, 11 mos	Totals
1-2 hrs/day	1		1	1		1	4
2-3 hrs/day	2	1	2	2		6	13
3-4 hrs/day							0
4 or more hrs/day							0
1-2 hrs/week	1	1	1				3
3-4 hrs/week						1	1
Occasionally							0

their children often spent the whole day home alone during much of the summer months. This is of importance considering the possible consequences to these children and their families. Although there are supervised activities provided for school age children during the summer months, these activities are usually fee-based. Many parents are not equipped to provide these activities for their children because of finances, or lack of other resources. This problem is very widespread, but somewhat underground because parents are afraid to admit to using this extensive kind of self care with their children, either because of the consequences or the negative connotations associated with it.

CHAPTER 4

Results

The major aim of this study was to examine how parents decided to use self care, what they did to prepare or equip their child for self care, and how satisfied they were with self care. Two sets of data were collected. The first consisted of questionnaires completed by the parents of children in a summer school youth program. The second consisted of interviews with parents of children in self care.

The Questionnaire Results

Of the 90 questionnaires sent home with students, 27 were returned completed. Thirteen of the parents completing the questionnaires answered that their children were in some sort of self care. This self care could range from 1-2 hours a week, to 3-4 hours a day. Fourteen of the parents completing the questionnaire claimed that their children were not in self care.

Deciding on Using Self Care

One question was asked about how parents decided to use self care with their children. Parents were instructed to circle as many answers as applied. As Table 9 displays, of the six possible answers, the two most frequently selected were that 7 parents felt their child was mature enough, and 7 felt that their child was responsible enough to be left in self care.

Four parents selected the answer that the child was in the care of an older sibling. Two parents reported that their child care needs were not met by day care. No one reported that their decision to use self care was because of the cost of day care. The reported decision to leave their child in self care was primarily

Table 9

Deciding to Use Self Care

	8 yrs to 8 yrs, 11 mos	$\underline{n} = 1$ 9 yrs to 9 yrs, 11 mos	$\underline{n} = 8$ 10 yrs to 10 yrs, 11 mos	$\underline{n} = 2$ 11 yrs to 11 yrs, 11 mos	$\underline{n} = 2$ 12 years and up	Totals
Child was old/mature enough			4	1	2	7
Child in care of older sibling			4			4
Child was responsible enough		1	5		1	7
Daycare not available			1			1
Daycare too costly						0
Needs not met by daycare			1	1		2

Note: More than one answer may apply for each child.

based on maturity and responsibility, regardless of the child's age. Another important issue was brought up by one parent, stating that "daycare does not have a good after-school program for older children [10 years old and up]." As studies have shown, most children in late childhood tend to enjoy the responsibilities of being on their own after school (Long & Long, 1989). It is a normal expectation of late childhood for children to seek independence from family and adults and to desire the companionship of peers (Bundy & Gumaer, 1984).

Preparing Children for Self Care

Rules and instructions in self care. The fourth question of the questionnaire asked, "If your child is in self care, do you have specific rules or instructions?" All 13 parents of the children in self care answered yes to this question. The question goes on to ask, "if yes, specify." Twelve parents did specify. Parents did usually list more than one answer to this question. These rules/instructions could be divided into three main categories: house rules, safety rules, and responsibilities. Table 10 shows these rules pretty much equally common.

House rules included: not answering the door or phone, not having friends in, no TV until homework is finished, no fighting, and staying home. Safety rules included: no cooking, not letting anyone know they are alone, using answering machine to screen calls, emergency numbers posted. Responsibilities included: doing chores, homework, calling the parent, and keeping the house clean. The parents of the children not in self care were instructed to skip this question.

Monitoring rules and instructions. The fifth question asked parents, "How do you monitor how well these rules/instructions are followed?" All 13 parents with children in self care stated that they did monitor their child when using self

Table 10

Children in Self Care: Rules and Instructions

	8 yrs to 8 yrs, 11 mos	<u>n</u> = 1 9 yrs to 9 yrs, 11 mos	<u>n</u> = 8 10 yrs to 10 yrs, 11 mos	<u>n</u> = 2 11 yrs to 11 yrs, 11 mos	<u>n</u> = 2 12 years and up	Total
House Rules	1		4	2	2	9
Safety	1		5	2		8
Responsibilities			6	1	2	9

Note: More than one answer may apply for each family.

care. Parents were instructed to circle as many answers as apply. As Table 11 shows, eleven parents reported that they phoned the child in order to monitor rules and instructions when their children were in self care. Eight parents stated that they checked when arriving home. Five parents reported that their child phoned the parent, and two parents reported using a neighbor or other adult to check in. None of the parents with children in self care reported that their child checked in with neighbors, that they couldn't be sure the rules or instructions were followed, or that they did not monitor their rules or instructions.

Satisfaction with Self Care

One question asked parents to rate how satisfied they were with their use of self care on a 5-point scale. As Table 12 displays, the majority of parents indicated moderate to high levels of satisfaction with self care arrangements for their children: 6 parents were "mostly satisfied," 5 parents were "satisfied," and 2 parents were "very satisfied." Of interest is the fact that no one claimed to be only somewhat satisfied or very dissatisfied.

Time Spent and Satisfaction with Self Care

Unfortunately, the number of subjects responding to the questionnaire and the restricted range of their responses made it impossible to identify any patterns relating the amount of time children spent in self care with motivation to use self care, with the preparation, rules, and instructions parents established or the level of parental satisfaction with the self care arrangement.

The Interview

Individual interviews were conducted with 12 mothers who use self care, so as to confirm the impression gleaned from the survey data, and to probe the

Table 11

Monitoring of Rules and Instructions

	8 yrs to 8 yrs, 11 mos	$\underline{n} = 1$ 9 yrs to 9 yrs, 11 mos	$\underline{n} = 8$ 10 yrs to 10 yrs, 11 mos	$\underline{n} = 2$ 11 yrs to 11 yrs, 11 mos	$\underline{n} = 2$ 12 years and up	Totals
Parent phones child		1	6	2	2	11
Child phones parent		1	3	1	1	6
Neighbor/other adult checks in			1	1		2
Child checks in with neighbor						0
Parent monitors upon arriving home			6	1	1	8
Parent can't be sure						0
I don't monitor						0

Note: More than one answer may apply for each child.

Table 12

Satisfaction with Self Care

	8 yrs to 8 yrs, 11 mos	$\bar{n} = 1$ 9 yrs to 9 yrs, 11 mos	$\bar{n} = 8$ 10 yrs to 10 yrs, 11 mos	$\bar{n} = 2$ 11 yrs to 11 yrs, 11 mos	$\bar{n} = 2$ 12 years and up	Totals
Very satisfied			2			2
Mostly satisfied			4	1	1	6
Satisfied		1	2	1	1	5
Somewhat satisfied						0
Very dissatisfied						0

issues in greater depth. The initial questions of the interview inquired about the age and gender of the children in self care. Some parents used self care because it was the only possibility they had, considering their situation; other parents used self care for convenience, although other means were possible for them. This study reports on parents' motivation for using self care by asking if parents thought of self care as a normal developmental step in growing up, or if self care is the result of finances. These results also report on parents' preparation of their children for self care, and parents' perceptions of the effects of self care. Finally, parental satisfaction with self care is presented.

Motivation for Using Self Care

Self care: a normal developmental step? When parents were asked if they thought that self care was a normal developmental step, 9 stated "yes." One parent stated, "No, not at such an early age." It should be noted that this parent is the parent of three children in self care, the youngest of whom is 7 years. This parent went on to state that child care today is too expensive, which is why she uses self care, but she would prefer not to. One parent answered this question with, "I would prefer after school care in appropriate age groups." Other parents had opinions about the developmental appropriateness of self care, stating it depended on the age of the child/ren involved, and it being a part of life or a necessity in today's society. If we are to see self care as a normal developmental step which requires planning and preparation, as with all developmental milestones in children's lives, then are parents truly meeting the needs of their children? Since developmental implies "readiness," a parent may need to feel that the individual child is developmentally ready for self care.

Interviewed parents all seemed to give the researcher the message that

they felt they were doing the right thing, to varying degrees. Again, parents with younger children tended to feel less comfortable with self care, and expressed this to the researcher. Viewing self care as a normal developmental step, and preparing the child for the experience, are two keys to providing the best possible self care for the child.

Self care: the result of finances? When interviewed parents were asked the question, "Were finances an important factor in determining the use of self care with your child/ren?" over half answered yes. The follow-up question asked parents, "If not finances, what was the most important factor in determining the use of self care in your home?" As Table 13 displays, four parents stated that their children preferred self care and were ready for it.

Three parents also expressed their concerns that finding a consistent, reliable baby-sitter was difficult. Two parents stated that the most important factor in using self care was logistical. That is, it didn't seem necessary for the child to always come with the parent for errands, shopping, etc., if they could be safe and comfortable at home. It should be noted that these two parents are the ones who did not use self care on a daily basis, because of work, but more on a convenience basis for both parent and child.

Preparing Children for Self Care

When the interviewed parents were asked the question about what they did, if anything, to prepare their children for self care, 11 stated that they did prepare their children. One parent claimed that she did no preparation, that she felt her child was ready. As Table 14 displays, 5 stated that they started with short periods of time, and gradually extended the time.

Five parents stated that they made sure emergency/work numbers were

Table 13

Factors Determining Parents' Use of Self Care:
Reports of Interviewed Parents

Factors	Total
Finances	7
Logistic	2
Availability of babysitter	3
Children preferred it/ready	4
Mother needed time away	1
Teach independence	1

Note: More than one answer may apply for each family.

Table 14

Preparing Children for Self Care: Interviewed Parents

How Prepared	Total
Start with short periods of time	5
Talk/ask children if comfortable with self care	3
Explain rules/instructions	3
Make sure emergency numbers available	5
Instill responsibility/pride that they're old enough	2
Waited until children are "old enough"	1
No preparation	1

Note: More than one answer may apply for each family.

readily available. Six other parents answered that they would talk to the child/ren and ask them if they were comfortable with self care and explain the rules and make them clear. Two parents related that they had "instilled a sense of pride" or responsibility in their child/ren that they were old enough. One parent stated that she waited until the child was "old enough."

Rules and instructions for children in self care. The next question asked parents, "Do you have any rules or instructions for your children to follow when they are in self care?" Virtually all the parents stated that they had them. Interviewed parents provided more extensive details about these instructions than parents answering the survey. These rules and instructions could be divided into three main categories: house rules, safety rules, and children's responsibilities. The house rules included: not answering the door, no friends in, no TV until homework finished, no fighting, staying home, the oldest in charge, and not making a mess. The safety rules included: no baths or showers, no cooking, no fires, not to let anyone know they are home alone, no trampoline, no answering the phone, using the answering machine to screen calls, knowing the safety rules and emergency numbers posted. The children's responsibilities included: doing chores, doing homework, calling parents for questions and leaving a note if going somewhere other than home. Table 15 displays interviewed parents' rules/instructions for their children in self care. Most parents usually had more than one category of rules; many had all three categories.

Monitoring rules and instructions. The next question asked parents, "How do you monitor whether these rules/instructions are followed?" All the parents interviewed stated that they did monitor these rules and instructions. Most parents monitored in more than one way, and therefore stated more than one

Table 15

Rules and Instructions for Children in Self Care

	$\bar{n} = 4$ 7 yrs to 8 yrs, 11 mos	$\bar{n} = 2$ 9 yrs to 9 yrs, 11 mos	$\bar{n} = 5$ 10 yrs to 10 yrs, 11 mos	$\bar{n} = 2$ 11 yrs to 11 yrs, 11 mos	$\bar{n} = 0$ 12 yrs to 12 yrs, 11 mos	$\bar{n} = 8$ 13 yrs to 13 yrs, 11 mos	Totals
House rules	3	1	3	3		5	15
Safety rules	3	2	3	3		4	15
Children's responsibilities	3	1	3	2		5	14

Note: More than one answer may apply to each child.

answer. As Table 16 displays, 11 of the parents stated that they would monitor or check when they arrived home. Nine parents reported that they monitored by phoning the child/ren. Six parents said that they monitored by having the child phone the parent. Two parents stated that they used a neighbor or other adult to check in. One parent reported that the child would check in with a neighbor. One parent stated that it was very difficult to know for sure what had gone on in their absence, and one parent said she did not monitor. It should be noted here that this parent is the parent who would only leave her child in self care for one hour a week.

Effects of Self Care

Parents' perception of children's comfort with self care. When parents were asked the question, "How do you perceive your children to like self care?" an interesting point developed. It seemed that it didn't really matter how much time was spent in self care. What was important was the age of the child/ren. Parents with older children perceived their children to like self care more than parents with younger children (chi-square = 11.57, $p < .05$). As one mother stated, "My 13-year-old likes it, but my 8-year-old doesn't." This is consistent with other studies that indicate younger children are less happy with self care (Stewart, 1981).

The next question asked of interviewed parents was, "What effects, if any, has self care had on your children?" The answers to this question were varied, but as Table 17 displays, 5 of the parents believed that their child/ren were more independent and responsible as a result of self care. Three parents said they were not sure or hadn't noticed. Two parents answered that they felt their child/ren were more confident/had more self esteem; 2 parents reported that their

Table 16

Monitoring of Rules and Instructions: Interviewed Parents

How Monitored	Total
Parent phones child	9
Child phones parent	6
Neighbor/other adult checks in on children	2
Child checks in with neighbor	1
Parent checks when arriving home	11
Parent can't be sure	1
Parent doesn't monitor	1

Note: More than one answer may apply for each family.

Table 17

Parents' Perception of Effects of Self Care on their
Children: Interviewed Parents

Answer	Totals
Child doesn't like it	1
Child more confident/ self-esteem	2
Child more independent/ responsible	5
Child more frustrated with sibling	2
Child likes it	2
Child prefers mom at home	1
Haven't noticed/not sure	3

Note: More than one answer may apply for each family.

child/ren liked it; 2 parents reported that their child/ren were more frustrated with their siblings; 1 parent reported that her child/ren didn't like it; and 1 parent reported that her child preferred mom at home. More than one answer may apply for each parent interviewed.

Parents' perceptions of their children's adjustment to self care. When parents were asked the question, "Do you feel your children have adjusted well to self care?" all 12 believed that their children had adjusted, but again, there was ambivalence. There were many qualifications added to their "yes." Eleven of the parents used statements like, "fairly well" or "overall," showing some reluctance or uneasiness with this question. One parent of a 10-year-old girl in self care answered, "Yes, but it's hard on her." When explaining their children's adjustment to self care, some parents had explanations like, "They don't fight when I'm not here," or "for short times only." Two parents did seem at ease with their children's adjustment, stating that "self care was a natural progression," and that "my children are more responsible when in self care than when I'm home." Many factors come into play with parents' perception of their child/ren's adjustment to self care. These are the age of the child, the amount of time the child spent in self care, and whether or not a sibling is present.

Positive aspects of self care. When parents were asked the question, "What do you see as the positive aspects of self care?" teaching responsibility was stated six times. Parents seemed to believe that self care was positive for children because it gave them independence, initiative, self-reliance, trust, competence, self-sufficiency, problem-solving skills, social interaction, and prepared them for being on their own. These are all attributes that most parents would want their children to have, but does self care really help children attain these goals? If

these attributes are directly related to self care, which they very well may be, can research prove this? Since this topic has been neglected for so long and parents of children in self care are hesitant to admit to its use and to participate in subsequent research, this may be difficult to examine.

Negative aspects of self care. Asked the question concerning negative aspects of self care, all the parents did agree that there were some. Three parents stated that they worried that too much responsibility could be difficult or negative for children, especially if they are not ready for it. Other negative aspects related were that the child is isolated, alone, vulnerable. Some parents stated that negative aspects were that the parent feels guilty, the children miss their mother, their school work might be suffering, and the children fight with each other. Two parents stated that there was a chance that "something" could happen. One parent worried that she might be away longer than expected and not able to reach the child to resolve this problem.

Satisfaction with Self Care

Parents were then asked about their level of satisfaction with self care. As Table 18 displays, the levels ranged from very satisfied to very dissatisfied, with 4 parents picking satisfied and 4 parents picking mostly satisfied. Three parents stated they were very satisfied and one parent stated she was somewhat satisfied. These results are somewhat similar to the results of the families surveyed in the questionnaire. That is, the majority of parents stated they were satisfied and mostly satisfied, few were somewhat satisfied and none very dissatisfied.

Switching from Self Care

The next question asked parents was, "If you had a choice, would you

Table 18

Satisfaction with Self Care: Interviewed Parents

Answer	Totals
Very Satisfied	3
Mostly satisfied	4
Satisfied	4
Somewhat satisfied	1
Very dissatisfied	0
Total	12

switch from self care to another means of child care?" Again the answers to this question varied. Five parents said "yes," 4 parents said "no," and 3 parents said it would depend on the circumstances. With interviewed parents, this decision is pretty evenly split.

Comments

Finally, parents were asked for additional comments. The researcher found these comments to be very revealing and a good summation of their feelings on self care. One parent stated, "I don't think children should be left daily, I think it can be detrimental. They could get the idea they are like an adult." Another parent said, "This is an issue every parent goes through. There can be a lot of guilt. My children are relatively happy and successful." Other parents expressed, "It's OK for your kids to be in charge sometimes, the kids get closer," and, "It's [self care is] OK as long as things go fine, otherwise I worry." Another parent expressed ambivalence with, "I wish there was an easier way." Some parents expressed their decisions and advice, "Self care decision depends upon the child. It's based on the responsibility and sensibility of the child," and, "I don't think its a bad situation—sometimes it's looked upon as negative. I don't advocate young children being left home alone," and, "Be sure your children are ready and have the appropriate developmental level for self care. Be prepared for some surprises."

CHAPTER 5

Discussion/Conclusion

The original purpose of this study was to learn more about children in self care arrangements and to analyze their perceived self-esteem. The first intention of the researcher was to not only look at how parents decide on using self care, but also to interview teachers and the children themselves about issues concerning self-esteem and their feelings about being home alone, and teachers about self-confidence in the classroom. Because of the personal nature of this research the researcher was prepared for some resistance and reluctance on the part of the parents in this study. Given the situation today of media coverage of children "home alone" and parents fearing being arrested for child neglect and abuse, many people were extremely reluctant/unwilling to participate. The researcher was not prepared for the overwhelming resistance of not only parents, but also teachers and school principals to participate in this study. When the researcher was virtually turned down by three school principals and three teachers, it was evident that the issue of children in self care was extremely important, but getting the information needed for the original study virtually impossible, given the feelings many people have about discussing their use of self care.

It is clear that many children are currently in self care. The exact number is not known, perhaps in part because this is such an emotional issue for some family members that they cannot be completely candid about it. This was obvious in this study because of the difficulty of obtaining data and reluctance of parents, principals, and teachers. Indeed, it is quite likely that the low return rate for the questionnaire (27 of 90) may have been due, in part, to the nature of the questions.

And although parents interviewed in person seemed more forthcoming, they seemed to be uneasy in answering certain questions, and even though very few parents stated that they left their children in self care because of finances, the researcher believes that this may be the case more often than not. Many parents seemed to feel somewhat uneasy about certain questions and might not have been truly candid.

This study attempted to look at four facets of parents' attitudes about self care: 1) motivation for parents' decisions to use self care, 2) preparing children for self care, 3) the effects of self care, and 4) parental satisfaction with self care. Many of the parents interviewed and surveyed for this study feel that self care is a normal, developmental step; that is, a process of growing up that can be seen as a way of helping the child achieve maturity and responsibility. Many have reservations of one kind or another about their reliance on self care. This ambivalence is certainly consistent with the often contradictory results reported in the literature.

Studies are not consistent when identifying the effects of self care. What most experts are in agreement with is the importance of the setting in which the child/ren care for themselves. As Padilla and Landreth (1989, p. 453) report, "It does seem significant to consider the kind of self care setting, the degree of parental involvement, and the style of parenting when interpreting the possible effects of self care."

Community and neighborhood characteristics may, indeed, affect the extent to which a parent feels comfortable in allowing her child to be in self care, and may influence how well the child is able to adjust to the self care situation.

What should be pointed out is that challenge often induces growth. Elder's

(1974) follow-up of youths whose families were hit by the Great Depression of the 1930's showed that, for some at least, the negative outcomes were balanced by beneficial consequences, especially when the family was strong and the children were teens when the depression occurred (Galambos & Garbarino, 1983). This is an important point. It demonstrates that it is the premature giving of responsibility, especially in a negative emotional climate, that seems to be damaging. No social event affects all children equally and in the same way. Nearly all experiences are filtered by quality and character of the family.

Motivation for Choosing Self Care

If parents look on the self care arrangement as a normal developmental step, then children adjust to it better. As Bleuer and Schreiber (1989, p. 23) state, "Viewing self care as a normal developmental step and preparing the child for the experience are two keys to providing the best possible self care arrangements for your child." Since all the data in this research indicates that parents using self care did provide their children with rules and instructions, and all of these same parents were at least satisfied with the use of self care, this study does concur with previous research. Of the twelve interviewed parents, nine stated that they did believe that self care was a normal developmental step.

Preparing Children for Self Care

Parents who provide support for their children in self care through rules, instructions, and preparation for self care are not only more at ease with leaving their children in self care, but the children have better feelings about being in self care. Cognitive and emotional maturity, as well as chronological age, should be carefully considered in preparing children for self care. For some children, no

amount of preparation will result in adequate preparation for self care. These children could be at risk. Research by Peterson (1989) suggests that the basic components of effective preparation include: rule validation, asking the child to verify the rules/instructions provided; over rehearsal by practicing safety procedures; and using booster sessions, by practicing often, are needed to ensure proper preparation for children in self care.

Fortunately, nearly all parents participating in the research project seem to have prepared their children for their self care arrangement, to have made rules for their children to follow, to maintain daily telephone contact with them, and appear to be doing a good job of supervising their children in their absence. The Community Coordinated Child Development Council of Santa Clara County and the Child Advocacy Council of Santa Clara and San Mateo Counties give these suggestions on preparing children for self care (Donnelly, 1993, p. 1c).

1. Parents should practice leaving children alone for short periods of time.
2. Actually acting out situations that can occur or role playing (e.g., a stranger comes to the door, an earthquake takes place, a sales representative telephones, a fire breaks out).
3. Make sure your child understands and can act on house rules.
4. Make sure your child can lock and unlock the front door.
5. Make sure your child can dial the phone and has emergency numbers available.
6. Make sure your child can open a can or make a sandwich.
7. The child must understand the concepts of "stranger" and "emergency," and must have practiced safety skills, including answering the door and using the phone.

8. Make sure your child feels comfortable about being home on his or her own.

9. The child needs to exhibit having "common sense."

10. The child needs to be able to remember and do what is expected of him/her.

Parents need to remember that self care arrangements must be tailored to meet the individual needs of each individual child. Adjustments to self care arrangements depend on the parents' attitude toward self care and the degree to which the child has been prepared for the experience.

A number of educational curricula have been developed to prepare children to care for themselves. These programs can provide information, develop skills, and encourage communication within families about child self care. Most are targeted to children who already spend time alone, but some facilitate decision-making about whether to place a child in self care. These programs are listed and briefly described in Appendix A. The effectiveness of these programs is in review.

Parental Satisfaction with Self Care

Data reported in the questionnaires and interviews were consistent with published studies in suggesting that most parents report positive consequences from self care. Maturity, increased self-reliance, more responsible behavior, a wiser use of time, and increased skill in decision-making are seen as by-products of self care (Kieffer, 1981; Leishman, 1980). The majority of parents indicated moderate to high levels of satisfaction with self care arrangements for their children. Parents are more satisfied with self care when their children are older, and when the social relationships both for the parents and the child are good

(Rodman et al., 1989).

Some parents are not entirely satisfied with the self care arrangement, although they use it. Dissatisfaction exists especially among parents of younger children and among parents who are concerned about their child's social relationships (Rodman et al., 1989). This dissatisfaction was found in the present research with regards to younger children, but parents answering interviews and questionnaires did not state a concern for their child's social relationships.

Impact of Self Care on the Child

In this study, parents were consistent in reporting that "teaching responsibility" is an important aspect of the impact of self care. This exact phrase was stated six times in the interviews. Other words that parents used were independence, initiative, self-reliance, trust, competence, self-sufficiency, problem solving, social interaction, and preparation for being on their own. On the negative side, three parents worried that too much responsibility for children could be inappropriate. Fearing for children's safety and sibling fights were other impacts that parents were concerned about. As far as the literature is concerned, it seems the jury is still out about the impact of self care on children. Some researchers argue that "for the older child, the responsibility of being on one's own after school is a positive rather than a negative influence, an opportunity rather than a risk" (Coolsen, Seligson, & Garbarino, 1985, p. 36).

What Further Research Is Needed?

There is much need for more well-executed research of children in self care. Fosarelli (1985) best summarizes the problems with the studies done to date: (a) too few have been done; (b) the numbers in each study were small; (c)

only one school district was used in each study, causing selection bias and making it difficult to generalize findings; and (d) the different studies came to different conclusions about the safety of the child in self care. It seems the more the researcher found out, the more new questions arose. The researcher believes that what is important is to look at children in their physical environment. Most research has been based on latchkey versus non-latchkey children without taking into account that not all self care children and settings/arrangements are alike. Research must take into consideration the ways in which children in self care differ. Some factors to consider for further research are: the ordinal position of the child in the family, self care versus sibling care, the child's age when first left alone, hours left alone and use of time when in self care, care arrangements for vacations, holidays, illness, and the child's self-esteem.

Other research might focus on the child's perception of self care: how do they like it, what do they do during self care, what is their attitude towards parent's job? And still other studies should focus on health: nutrition, illnesses, school absenteeism, and injuries. The length of time in current child care arrangements would be another issue to look at in examining the self care issue.

Longitudinal studies would be illuminating. Negative effects may be cumulative, and differences not apparent until the child is older. Studies should examine variations in effects of self care as a function of financial considerations.

Future studies could examine differences in community characteristics including: the number of playgrounds, safety of the neighborhood, local crime rates, familiarity with and friendliness of neighbors, age of members of the community, number of children, and neighborhood and family support systems. Some researchers have begun to address these factors, but their results are

inconclusive or contradictory (Garbarino, 1980; Long & Long, 1983a; Medrich et al., 1982).

Should these suggestions for further research be implemented, important gaps in our knowledge will be filled, but this researcher knows from personal experience how difficult it could be to obtain the information needed to do the proper research. The self care question will no doubt be typical of so many child rearing issues: an individual and sensitive topic that promises to be controversial for a long time.

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Appendix A

Self Care Resources

Handbooks

The Working Parents Dilemma: How To Balance the Responsibilities of Children and Careers (208 pp.), written by Earl Grollman and Gerri Sweder (1986), supplies information to parents on how to manage work and family life. Examples are given on how to become more involved in the daily lives of children in self care, how to deal with family stress, and how to assess children's readiness for self care. Chapters are also included on preparing children for self care, responsibilities, such as going to and from school, handling emergencies, and time management. Contact: Beacon Press, 25 Beacon St., Boston, MA 02108.

The Handbook for Latchkey Children and Their Parents (316 pp.), written by Lynette and Thomas Long (1983), Documents the emotional impact on self care children and adults. Most of the book revolves around the more than 500 personal interviews that the Longs conducted with four different audiences: (a) children currently in self care; (b) their parents; (c) school personnel; and (d) adults who at one time were in self care. Both the stresses and rewards of a self care arrangement are noted. Sometimes criticized for failing to take a more scholarly approach to presenting their interview methodology and results, the Longs book nevertheless supplies one of the earliest and most often quoted accounts of the self care phenomenon. Contact: Priam Books, Arbor House Publishing Company, 235 East 45th St., New York 10017.

School's Out--Now What? Creative Choices for Your Child (224 pp.), written by Joan Bergstrom (1984), takes a developmental approach to providing parents and educators with an understanding of the activity needs of school-age children in general, as well as specific suggestions on seeking out community resources for children in self care. Of particular interest to those working with children in self care will be the chapter entitled "Fostering Independence or the Other 3 Rs." In this chapter, Bergstrom describes how to help children in self care acquire the skills of "resourcefulness,"

"responsibility" and "reliability". Contact: Ten Speed Press. P.O. Box 7123, Berkeley, CA 94707.

Home Alone Kids: The Working Parents Complete Guide to Providing the Best Care for Your Child, written by Bryan Robinson, Robbie Rowland, and Mick Coleman (1989), provides parents and educators with a means of assessing and responding to the many in-home and out-of-home safety issues that should be considered before and after adopting a self-care arrangement. Such guides as "Latchkey Risk Quotient" and "Your Life Circle" are followed by suggestions on how better to manage a self-care situation. Contact: DC Health, Lexington Books, 125 Spring St., Lexington, MA 02173

What If I'm Home Alone? is published by the Corporation for public Broadcasting. The booklet's cartoon drawings, simple sentences, and brain teasers make it visually appealing and fun to read. As children complete the games, they learn basic information about arriving home safely, calling for help in emergencies, using the telephone, watching television, and handling arguments. A short self-knowledge test is given at the end of the booklet. Contact: The Corporation for Public Broadcasting, 1111 16th St., NW, Washington, DC 20036.

Self-Care Skills Educational Curricula

I'm in Charge, distributed by the Kansas Committee for the Prevention of Child Abuse, contains information for offering a family-based educational program on self care. In the first session, parents learn how to structure and monitor a self care arrangement. The following three sessions instruct children in personal safety skills, emergency responses, and care of younger siblings. In the final session, both parents and children learn to negotiate rules and procedures for self care. Contact: Kansas Committee for the Prevention of Child Abuse, 112 W. 6th St., Suite 305, Topeka, KS 66603.

Self Care Skills for School-Kids is a guide designed by the North Carolina Agricultural Extension Service to help parents assess their child's readiness for self care. It is followed by a parent-child home project guide entitled, *When I'm In Charge* that makes use of puzzles,

stories, and games to convey self care concepts and skills (e.g., safety rules, snacks, time management and emergencies). An accompanying leader's manual supplies supplementary activities for use with groups of children. Finally *4-H Cares* is a guide to expanding 4-H Club work to school-age child care settings such as extended school programs, family day care, and community agency programs. Contact: Cynthia Johnson, North Carolina State University, Agricultural Extension Service, P.O. Box 7605, Raleigh, NC 27695-7605

Safety Pals, Inc. is a public awareness educational program that teaches children how to take better care of themselves at home and away from home when they do not have adult supervision. Safety kids employs the "kids teaching kids" method. Trained high school students present the lessons in keeping safe. In schools, at public training fairs, in shopping malls and hospitals throughout Northern California, Safety Pals messages have found a receptive audience in children. The program emphasizes the positive nature of kids, presents realistic information in an upbeat format, and most importantly, lets kids get the message from their closest and most trusted allies; other children. Safety Pals is available throughout California. Contact: Safety Pals, Inc., P.O. Box 139, Orangevale, CA 95662, or call (916) 635-9569.

Newsletters

Creating Confident Kids is a newsletter series that helps parents prepare their child for self care. The self-study program was developed in recognition of the fact that not all children and parents can attend meetings. Nine camera-ready newsletters are provided for duplication. Topics include assessing children's readiness for self care, parental feelings and attitudes toward self care, children's fears, fire and home safety, answering the door and phone, handling time alone, dealing with siblings, establishing rules, and alternatives to self care. Each newsletter provides a brief summary of the research related to the above topics as well as suggested activities for children and parents. Contact: Dena Targ, Purdue University Cooperative Extension Service, Department of Child Development and Family Studies, Room 285, West Lafayette, IN 47907.

Program Planning Resources

The University of California Cooperative Extension Service publishes three manuals as part of its *4-H After School Program* support materials. The *Facilitator's Guide* and the *Program Management and Curriculum Manual* provide information on establishing and running school-age child care programs. Included in these manuals is information on conducting needs assessment, developing and running an after school program, the developmental characteristics of school age children, guidance and discipline, and program planning. The third notebook, in the series, the *Curriculum Manual* provides information on learning theories, designing an educational curriculum, and ideas for activities revolving around six themes: science exploration and technology, life and leisure skills, animals and us, energy exploration and conservation, foods and nutrition, and natural resources and ecology. When provided as part of a balanced program focusing on the development of the whole child, these activities can provide interesting learning experiences for older children. Contact: Sharon Junge, Cooperative Extension Service, 11477 E. Avenue, Auburn, CA 95603.

Videos

Home Alone: A Kid's Guide to Playing It Safe When You're on Your Own (30 minutes) involves Malcolm-Jamal Warner and his friends staging some very real self-care situations designed to model basic skills in answering the phone and door, avoiding an emergency, and making constructive use of one's time. Contact: Hi-Tops Video, 2730 Wilshire Blvd., 5th Floor, Santa Monica, CA 90403.

Alone At Home (17 minutes) presents self care as a normal part of growing up. The video focuses on the types of information needed by older elementary school age children to stay alone while parents work, run an errand, or go out for the evening. The appeal of this video is its upbeat presentation, believable situations, and focus on parent-child communication. Although told from the perspective of children, it can effectively be used with both children and adults. Topics addressed include key safety, posting phone numbers, establishing rules, answering the door and phone, dealing with

emergencies, and coping with fear, loneliness, and boredom.
Contact: Alfred Higgins Productions, Inc., 9100 Sunset Blvd., Los
Angeles, CA 90069.

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Dear Parents,

I need your help in conducting a study of children in self care arrangements. I am a graduate student in the Department of Education at San Jose State University. The results of this study should increase our understanding of the effects of self care arrangements on children with regard to the degree of independence and responsibility the child has. Attached is a questionnaire asking about your child's care and how this care was chosen. Would you please spend 10-15 minutes to complete this form and send it back to school.

You should be clear that your participation in this study is voluntary, but the information is very important to the success of my study. Any information given will be completely confidential. Please feel free to call me if you have any questions about this study. Thank you for your participation.

Sincerely,

Paula M. Wade

(408) 739-0626

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AGREEMENT TO PARTICIPATE IN RESEARCH

Principle Investigator: Paula Wade, MA Candidate, College of Education, San Jose State University

Project Title: Study of School Age Children in Self-Care Arrangements

I have been asked to participate in a research study investigating issues surrounding the child-care arrangements adopted in my home.

I understand that:

- (1) I will be asked to complete a survey, which will focus on the child-care arrangements we employ in our household. Completion of this survey will take approximately 10-20 minutes.
- (2) Some of the questions on this survey are personal in nature. I understand that I may decline to answer any question, or decide to not complete the survey in part or in its entirety. I understand, however, that the researcher will respect the confidentiality of my answers.
- (3) The researcher may also interview my child about his/her feelings about the sorts of child-care arrangements we employ in our household. This interview should take approximately 10-15 minutes, and will be conducted at a place and time of mutual convenience.
- (4) Finally, I understand that the researcher will be asking my child's teacher to provide information about the level of maturity and self-sufficiency of the children in her classroom (including my child), for those children whose parents have provided their informed consent to participate in this study.
- (5) I understand that the investigator will be available to give me more information about the study or about the hypotheses that underlie it, if I so desire.
- (6) The results from this study may be published or presented at professional conferences or in classes, but any information from this study that can be identified with me or anyone I may mention in my answers to interview questions, will remain confidential and will be disclosed only with my permission or as required by law.
- (7) There are no anticipated risks to me or to my child associated with participating in this study. There are also no anticipated significant benefits associated with our participating in this study. It is possible that the results of this study be beneficial in that they may shed light on some of the child-care issues that face parents of elementary and middle school age children.
- (8) Any questions about my participation will be answered by Dr. Amy Strage (924-3715), the faculty advisor to the principle researcher. Complaints about the interview may be presented to Dr. Strage, or to Dr. Irene Miura, Director of the Child Development Program (924-3718). For complaints about research subjects' rights, or in the event of a research-related injury, contact Serena Stanford, PhD (Assoc. Vice President for Graduate Studies and Research) at 924-2480.

(9) My consent is given voluntarily without being coerced; I may ask that the researcher discard the data from my survey or from the information received from my child's teacher at any time, without prejudice to my relations with my child's school or with SJSU.

* * * * *

The signature of a parent or guardian on this document indicates approval for the child or ward to participate in the study and a statement that the child or ward is freely willing to participate.

_____	_____	_____
Name of Child or Ward	Parent or Guardian's Signature	Date

_____	_____
Relation to Child or Ward	Phone

_____	_____
Investigator's Signature	Date

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PARENT QUESTIONNAIRE

Dear Parents,

The questions on this survey concern the sorts of child care arrangements you make for you family. Please answer them in regards to the child you have in

Please note that I am asking you to indicate your name as well as your child's. Let me assure you that this is in accordance with the policies of the Human Subjects Committee at San Jose State University. I will keep all information you share with me in this survey confidential.

Please answer these questions as honestly and as completely as possible. Feel free to provide additional information or to ask questions of me at the end of the questionnaire. I will get back to you as soon as possible.

Please Return By: _____.

YOUR NAME: _____.

CHILD'S NAME: _____.

CIRCLE AS MANY ANSWERS AS APPLY

1) Please indicate who supervises your child before and after school during a typical week.

- a. parent
- b. other relative
- c. older sibling
- d. babysitter
- e. daycare
- f. other adult
- g. self-care

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2) What arrangements do you make on minimum days, school holidays and summer vacation?

a. same as above

b. different arrangements: _____.

_____.

_____.

3) What arrangements do you make for the supervision of your child if they are too ill to attend school?

a. parent stays home from work to take care of the child

b. child stays home with other relative

c. child stays home with babysitter

d. child stays home with sibling

e. child stays home alone

f. child goes to a special "sick child" daycare

4) If your child is in self care, do you have specific instructions or rules?

a. yes

b. no

c. if yes, specify: _____.

_____.

_____.

5) How do you monitor how well these rules/instructions are followed?

a. parent phones the child

b. child phones the parent

c. neighbor/other adult checks in

d. child checks in with neighbor

e. parent monitors/checks when arriving home

f. parent cannot be sure rules/instructions are followed

g. I don't monitor

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- 6) How did you decide on using self-care arrangements for your child/ren?
- a. I felt my child was old/mature enough
 - b. my child was in the care of an older sibling who was already taking care of themselves
 - c. I felt my child was responsible enough
 - d. day care was not available
 - e. day care was too costly
 - f. other, please explain: _____
- _____
- _____

- 7) Please indicate the number of hours per day your child spends in self-care.
- a. none
 - b. 1-2 hrs.
 - c. 2-3 hrs.
 - d. 3-4 hrs.
 - e. 4 hrs. or more

- 8) Please rate your level of satisfaction with this self-care arrangement.
- a. very satisfied
 - b. mostly satisfied
 - c. satisfied
 - d. somewhat satisfied
 - e. very dissatisfied

- 9) Please indicate the number of children in self care.
- a. none
 - b. 1 child
 - c. 2 children
 - d. 3 children
 - f. 4 or more children

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10) Please indicate the ages of child/ren in self care. (use current ages)

Ages	Number of children
a. 8-9 yrs.	_____.
b. 9-10 yrs.	_____.
c. 10-11 yrs.	_____.
d. 11-12 yrs.	_____.
e. 12-13 yrs.	_____.

11) Please indicate the sex of your child/ren in self care

Sex	Number of children
a. female	_____.
b. male	_____.

12) Please indicate number of adults in the home.

a. two parents in the home

b. one parent in the home

c. parent and other adult/s in the home .

d. other: _____.

_____.

_____.

13) If two parents are in the home, please indicate the employment status of Parents

a. both parents employed full time

b. father employed full time

c. mother employed full time

d. father employed part time

e. mother employed part time

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May I contact your child for an interview?

Yes

No

If yes, phone number: _____.

best time to call: _____.

Additional Information/Comments: _____.

_____.

_____.

_____.

THANK YOU!

RETURN TO TEACHER BY / / .

Appendix D

Questions for Parent Interview

- 1) Do you use self care with your child/ren? (Explain self care)
- 2) What are the ages of your child/ren?
- 3) What is/are the sex of your children?
- 4) How much time a day or week is/are your child/ren in self care?
- 5) What made you decide to use self care with your child/ren?
- 6) If you could describe your child using 5 words, what would they be?

_____	_____
_____	_____

Same for other child/ren

Appendix D

7) Do you have any rules/instructions for your child/ren when they are in self care?

8) Please describe these rules/instructions.

9) How do you monitor whether these rules/instructions are followed?

10) What did you do, if anything to prepare your child/ren for self care?

11) How do you perceive your child/ren to like self care?

12) Do you feel your child/ren have adjusted well to self care?

13) What do you see as the positive aspects of self care?

Appendix D

- 14) What do you see as negative aspects of self care?
- 15) Do you see self care as a normal developmental step?
- 16) Were finances an important factor in determining your use of self care with your child/ren?
- 17) If not finances, what was the most important factor in determining the use of self care in your home?
- 18) Are you and your spouse in agreement with the use of self care in your home?
- 19) How long have you been using self care with your children?
- 20) What sort of advice would you give other parents about using self care?

Appendix D

21) If you had a choice, would you switch from self care to another means of child care? What other kind of child care would you use?

22) When you are at home with your children, are they allowed to go to the store or a friends house by themselves?

23) When you are at home with your children, do they have set bedtimes?

24) How much supervision do your children get doing homework?

25) What effects, if any has self care had on your children?

26) How satisfied are you with self care arrangements for your child/ren?

27) Do you have any additional comments?