

Children in Self-Care: A New Perspective

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Editor's Note: CHILD WELFARE has published from time to time on the problem of latchkey children. The study described in this article, with the associated literature, moves the research base on so-called self-care a distinct step forward.

The inability of families to provide continuous care to children is not a new phenomenon in the United States. Since the 1950's, the need for nonparental child care has accelerated at an intimidating pace. Continuing changes in social structure, including a large increase in the proportion of women in the nation's labor force, increasing numbers of children living in single-parent households, the rise in family mobility and the decline of the availability of the extended family, have led professionals and policymakers to consider what these changes mean to the welfare of our nation's children [Galambos and Garbarino 1983; Long and Long 1982; Grollman and Sweder 1986; Robinson et al. 1986].

Although we know that many families leave their children unsupervised, it is not known precisely how many children are left in self-care, how and/or why the choice is made, and what the effects of self-care on the development and safety of the children may be.

Current estimates of the number of children in self-care range from 7% to 25% of the nation's 29 million school-age

children [Long and Long 1982; Hofferth and Cain 1987; U.S. Bureau of the Census 1987; Vandell and Corasaniti 1985]. These large discrepancies in incidence exist partly because of inconsistent definitions and because parents are reluctant to give out information about their child care methods.

Researchers have had difficulty in acquiring sample populations to study due to the informal and undefined nature of the self-care arrangement and the low profile of children left without supervision [Long and Long 1982; Rodman et al. 1985; Jones 1980]. Guilt, social stigma, and awareness on the part of parents that leaving their children unattended may appear irresponsible and is considered a form of neglect in most states, have prevented parents from reporting their child care methods accurately.

More important than incidence, and more difficult to determine, are the effects self-care arrangements have on children. Few empirical studies exist, but recent studies of the attributes of children in self-care in rural and suburban settings suggest that unsupervised children do not differ significantly from supervised children in terms of academic achievement and school adjustment [Galambos and Garbarino 1983; 1985; Vandell and Corasaniti 1985], locus of control and self-esteem [Rodman et al. 1985; Steinberg 1986], or peer relations [Vandell and Corasaniti 1985; Steinberg 1986]. In striking contrast, studies of urban children in self-care suggest that children at home alone often feel bored, lonely, isolated, and terrified [Long and Long 1982], and that they have lower academic achievement and social adjustment than supervised children [Woods 1972].

Although these studies are important first steps in defining and exploring this important social problem, they do not resolve most issues associated with children in self-care. The studies vary widely in methodology and findings, and are characterized by small sample sizes, nonprobability sampling, short-term timelines, and the use solely of pencil and paper measures of such dependent variables as academic achievement, social adjustment, and personality characteristics [Robinson et al. 1986].

In response to this lack of scientific data, more definitive study to determine causes, patterns, and consequences of self-care has been called for by child development and child welfare

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TABLE 1 Combined Results of Self-Care Survey

	<i>Never</i>	<i>Children Were Left Alone Occasionally</i>	<i>Regularly</i>
Kindergarten (N = 104)	75 (71%)	26 (25%)	3 (3%)
Grade 1 (N = 114)	72 (63%)	32 (28%)	10 (9%)
Grade 2 (N = 95)	52 (55%)	34 (36%)	9 (9%)
Grade 3 (N = 134)	57 (43%)	66 (49%)	11 (8%)
TOTAL (N = 447)	256 (57%)	158 (35%)	33 (7%)

researchers [Galambos and Garbarino 1983; Robinson et al. 1986; Rodman et al. 1985]. Experts cite the need for progressive research "in context," comparing groups of children in self-care in terms of family demographics, family histories, frequency and duration of unsupervised time, presence of siblings, and home structure imposed by absent parents [Galambos and Garbarino 1983; Robinson et al. 1986; Rodman et al. 1985].

Bronfenbrenner [1979] has put forth a model that encourages exploration of variables that can distinguish subgroups and causal factors in child care decisions, including the systems and settings of the child in self-care, the interaction between the child and various environments, family composition, social demographic characteristics, family power dynamics, communication styles, and sex roles.

Recognition of the need for more definitive research builds on the principal contribution of latchkey research to date, which is the conclusion that a great many variables seem to affect the experience and vulnerability of the child in a self-care setting [Garbarino 1981; Galambos and Garbarino 1983, 1985; Robinson et al. 1986]. Garbarino [1981] notes:

It is the premature granting of responsibility, particularly when it occurs in a negative emotional climate, that seems to be damaging. No social event affects all children or youth equally. Nearly all experiences are mediated by the quality and character of the family. Thus, we know that some kids will thrive on the opportunity of being a latchkey child. Others will just manage to cope. Still others will be at risk, and still others will be harmed. It is often difficult to separate the specific effects of the latchkey situation from the more general condition of the family.

Studies to date have not provided precise definitions of supervised and unsupervised environments, including clarification of the terms latchkey and self-care. Steinberg [1986] notes:

The most important conclusion from [his] study is that variations within the latchkey population—variations in the setting in which self-care takes place, variations in the extent to which absent parents maintain distal supervision of children, and variations in patterns of child rearing—are more important than are variations between adult care and self-care.

Finally, the most glaring omission in studies to date is the determination of vulnerability to child abuse and neglect when children are left in unsupervised settings. This article reports on a needs assessment and pilot study of risk to children, in kindergarten through grade 3, which dramatically highlights the need to study carefully the existing patterns of self-care and to develop resources responsive to need.

Methodology

To assess the need for programming to teach prevention skills to children in self-care, the authors conducted a needs assessment survey and piloted a behavioral simulation as a measure of risk. The combination of the survey and the behavioral simulation enabled a clearer and more valid assessment of self-care patterns with children ages five to nine years old than had previously been obtained.

The pivotal element of this study was the use of two self-care simulations that sought to extend the application of "measurable behavior" to evaluation of actual risk in a self-care situation [Fryer et al. 1987a, 1987b; Kraizer et al. 1988, 1989]. The simulations gave children a real-life opportunity to demonstrate behavioral skills on two tests associated with risk in self-care; answering the telephone and answering the door to a stranger trying to deliver a package.

Rural, urban, and suburban parents of 447 children were surveyed by telephone to determine patterns of self-care, if any. Virtually all the parents reported at first that they did not leave their children alone, but after describing to them the simulation that would be used to measure risk for children in self-care, the parents began to discuss their actual patterns of leaving children alone.

Results of Self-Care Survey

The authors found that 42% of the sample of 447 children (grades K-3) in rural, urban, and suburban settings were left in self-care at least "occasionally," if not "regularly" (see Table 1). It was apparent that as children got older, parents were more and more willing to leave them without supervision. Thus, the percentage of children left alone either occasionally or regularly in kindergarten was 28%, in first grade 37%, in second grade 45%, and in third grade 77%. These figures far exceed any previously published estimates. The finding that 42% of the total sample of children were left alone occasionally or regularly was significant new information, and analysis by rural, urban, and suburban groupings provided further insights.

Urban children were far more frequently left unattended occasionally at the kindergarten (k = 42%) and first grade level (1st = 45%) than were rural children (k = 21%, 1st = 25%) and suburban children (k = 25%, 1st = 22%). Urban children were also far more likely to be left alone regularly, particularly in first (1st = 18%) and second grade (2nd = 19%) than rural children (1st = 8%, 2nd = 8%) and suburban children (1st = 5%, 2nd = 3%).

The finding that so many young urban children were left without supervision brings to mind many questions about the relationship of circumstance to risk. In the interviews, these

Results of Simulations

Although these simulations were extremely time and labor intensive, they were invaluable for assessing actual risk. Only two of the 16 children performed well on the telephone portion of the simulation, handling the call properly. All other children readily engaged in conversation with the evaluator, offering information including their name and that they were at home alone.

None of the children handled the package delivery portion of the simulation effectively. Thirteen of the 16 children opened the door and took the package, leaving themselves at risk to whoever the adult at the door happened to be. Two pretended they were not home (this increases the risk to the child in the event of illegal entry once a perpetrator believes no one is home), and one, who was playing in the street, walked up to announce that his parents weren't home and he'd be happy to take the package. In this particular case, the child had been instructed not to leave the house and his mother was unaware that he played outside. Other parents, in the debriefing interview, constantly expressed surprise at their child's performance on the simulation. Not one of them had expected the child would open the door and take the package.

Although the sample in this pilot is small, the findings are compellingly clear. At the very least, these children are at risk, vulnerable to individuals from the outside. And it must be anticipated that they are also at risk in other ways. If parents have not prepared their children to handle telephone calls and people at the door, we must question their preparation for other problems, including emergencies.

In addition, the striking difference between the parents' expectation of their child's performance on the simulations and the actual performance of the child tells us that parents are not realistically assessing their children's ability to handle even the most common occurrences.

The number of children participating in the pilot of the simulations was substantially smaller than expected. Completion of the simulation protocol took over two hours per participant. The survey calls with parents became quite lengthy because they discussed not only their care arrangements but also their reasons for these arrangements, as well as other concerns about self-care. Arranging the simulation at a time when the child would be alone and the parents could expect that the simulation would take place often required several scheduling attempts. The simulation involved going to the vicinity of the child's home, making the telephone call, then making the delivery effort. Follow-up calls were also lengthy; parents wanted to talk about their surprise that their child had failed to handle the simulation properly, and to learn what steps they could take to prepare their child more adequately for future self-care. Researchers wishing to replicate or follow up on these findings should not underestimate the considerable time and resources that must be committed to each participant.

Discussion

The results of this initial effort demand that we take a closer look at the thinking of parents and their children, the resources available to them, and the process by which so many families come to leave very young children without supervision and without adequate training to minimize risk.

Further research is needed to identify causal factors and patterns clearly, to formulate interventions, and to assess more

fully the actual risks to children left without supervision. A preliminary assessment of need, as reported here, has been accomplished. The findings lay the groundwork for a more comprehensive and detailed analysis of need that would yield quantifiable data and establish operational definitions from which to shape future policy and initiatives.

The following are questions the authors recommend for further study:

1. What are the identifiers for families who leave young children without supervision?
2. What is the actual level of risk to these children in terms of outside elements, such as perpetrators and emergency situations, and to their personal well-being, considering effects such as fear, anxiety, and self-esteem?
3. What alternatives exist or could be provided within the framework of the realities these parents face, including economics, transportation, quality of care, and so on?
4. What role can the school system play in providing preventive education and alternatives to "regular" before-school and after-school self-care?

With a thorough analysis of the causes of self-care, including characteristics of the child, family, and community, policymakers will have the information they need to make policy decisions, formulate community objectives, implement educational programs, and enhance family resources.

Communities will have a solid basis for reviewing existing resources, establishing new options, and increasing accessibility of services to those families with the highest-risk profiles. By identifying patterns of self-care, community planners will be able to target populations. For example, parents who say "My kids are never left alone," when, in fact, they *are* left alone while parents make the occasional run to the grocery store, will not be moved by public service campaigns that urge parents to choose supervised day-care over self-care. These parents must be addressed in such a way that they are able to see that occasional risk is still risk. Different approaches must be made to parents who leave their children in self-care because they are uninformed, or have no transportation, or because children say the after-school care program is boring. Schools will have both a real picture of the need in their community and a blueprint for action. The findings would enable them to make their own recommendations for educational intervention and for public and private support to create alternatives to self-care, such as establishing after-school programs within the school.

The assessment of need and risk reported here offers new insights, but the short-term and long-term consequences of unsupervised care are still not clear. Prevention programs and initiatives responsive to actual need can evolve once an accurate picture of what is actually happening in American homes is available. Only when we fully understand how care patterns evolve can there be an effective national policy that enables families to reduce risk to children.

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