Home alone

Does child self-care constitute a problem?

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Self-care in primary school age children (the 'latchkey phenomenon') is often regarded as problematic, threatening children's psychological and physical well-being, although suggestions that it is beneficial are also sometimes made. It is likely that more Australian children are being expected to look after themselves with reducing formal out-of-school hours care facilities. This paper reviews the available evidence on the effects of self-care. It concludes that it is not possible to state categorically that self-care has either negative or positive effects on children's psychological well-being, as a range of factors influences outcome, for example, the children's age, family relationships and whether sibling care is involved. Although under-researched, the physical safety of children without adult supervision remains a concern. It is concluded that, while many children will emerge well from the self-care experience, others will not, and that it is therefore important that affordable out-of-school hours care facilities continue to be made available to families.

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Concern about the welfare of children left to look after themselves in out-of-school hours has sparked heated debate over what is commonly known as 'the latchkey problem'. The debate has primarily occurred in the USA, where this practice is especially prevalent, and most research on the issue originates from there. Australian researchers such as Howie (1996) have also taken an interest in the possible negative outcomes of self-care, in terms of academic, social, emotional and life-skills deficits. Although most of the research is on psychological issues, physical risks are sometimes considered. As Flynn and Rodman (1989) suggest, common sense tells us that children without supervision are at risk of injury, abduction, sexual assault or even death (from a fire, for example), as well as potentially experiencing loneliness and fear. Concern about self-care is acute in the USA because of high crime rates and poor formal care provisions. However, the need to understand its effects is also highlighted in the current Australian context. The numbers of Australian children looking after themselves for some time before and/or after school or during vacation periods are almost certainly increasing following reduced government funding for out-of-school hours care (Vromen & Paddon, 1998).

Articles in the popular press, especially in the USA, have heightened public anxiety that children who are not in regular parental care may suffer detrimental developmental outcomes. One such article appeared in *Newsweek* on April 27th, 1998, entitled 'It's 4:00 p.m. Do You Know Where Your Children Are?' This article, directed towards the parents of latchkey children, expresses many emotive opinions such as 'It doesn't take a PhD to figure out that young people need some place positive to go after school to stay off the streets and out of their empty homes' (Alter, 1998, p.173). Such articles potentially stir up public anxiety because the idea that it is wrong to leave children home alone is intuitively appealing. Furthermore, the topic is sensitive because it is linked with debate about women's place in society (eg, Levene, 1996). Although important, the latter issue is not the focus of the present article. We are concerned here with reviewing the available evidence about the developmental effects of self-care on children, in an attempt to determine whether this arrangement does, in fact, compromise children's welfare.

WHAT IS SELF-CARE?

The term 'latchkey children' emerged during World War II to describe children left without adult supervision when mothers were at work in the absence of men fighting abroad (Powers & Anderson, 1991). Some researchers suggest that the term 'latchkey' is biased, conjuring up negative images of small, neglected children with house keys strung around their necks, coming home to cold, empty houses. They advocate replacing the terms 'latchkey' and 'unsupervised' with 'self-care' (Rodman, Pratto & Nelson, 1985). In turn, others have argued that the term 'self-care' is itself biased, suggesting that care is being provided and thus concealing a problem (Alexander, 1986). Despite this valid concern, 'self-care' is the term adopted here as it is

arguably less emotive than 'latchkey' and does encapsulate the diversity of settings (not limited to the family home) in which children are responsible for themselves out of school hours.

It is important to draw a distinction between self-care, which occurs during temporary parental absence, and parental neglect, which is prolonged lack of parental care (Rodman et al., 1985). These are distinguishable, although issues such as the time spent in self-care, the child's age and the location and nature of the specific self-care arrangement must be considered (Cole & Rodman, 1987). In contrast with cases of neglect, parents leaving their children in self-care generally provide some structure, setting limits regarding their children's time and the responsibilities they are given (Pettine & Rosen, 1998).

One suggested definition is that 'a self-care child is one between the ages of approximately 6 and 13 years who spends time at home alone or with a younger sibling on a periodic basis' (Rodman et al., 1988, p.284). Although some have suggested that this definition is too narrow, there is broad agreement that it does usefully cover the age range of children who are young enough to usually require adult supervision, but are arguably old enough to care for themselves for short periods of time (Cole & Rodman, 1987). The term 'latchkey children' has also been used to describe adolescents between the ages of 13 and 16. Concerns about this older age group tend to be rather different, centring on the possibility of their being at a higher risk of becoming involved in socially undesirable delinquent behaviours and early experimentation with drugs, alcohol and sex. These issues are not the focus of the present review.

There are also questions about when, where and how children spend their out-of-school hours and how these issues relate to a definition of self-care. Firstly, although it is generally the afternoon hours between school closure and approximately 6pm which capture the focus of self-care investigators, children may also be expected to look after themselves at other times (Cole & Rodman, 1987), such as before school, evenings, and during vacations. There does not seem to be any good reason to exclude these times from a definition of self-care and, indeed, to do so might underestimate the amount of time children are actually looking after themselves.

Secondly, there is the question of where children should be in order to be considered in self-care. There is US evidence that more than a small minority of children (usually older self-care children) do not go home after school but go to places such as friends' houses, shopping malls or community centres, where they are not under direct adult supervision (Pettit, Bates, Dodge & Meece, 1999; Steinberg, 1986). These children should be included in the definition of self-care (Steinberg, 1988), given the possibility that they could be at more risk (or face different risks) in comparison with those who go home. It is likely that the same phenomenon occurs in Australia, although there appears to be no present research investigating where Australian self-care children 'hang out' after school.

It is also important to consider the role of siblings. Concerns about the welfare of self-care children include possible feelings of loneliness, fear and boredom (Long & Long, 1982; Padilla & Landreth, 1989). Therefore, it may be that children left with siblings are better off for having companionship. However, other research suggests that children under 13 left with younger siblings may actually experience more deviant behaviours such as behavioural problems, poor social, emotional and school adjustment, and low academic achievement, perhaps as a 'protest' to developmental overload from the extra responsibility (Pettine & Rosen, 1998). Additionally, children left in the supervision of older siblings (usually young adolescents) have been found to have lowered self-esteem, suggesting that sibling care may be detrimental to both the older and younger child (Berman, Winkleby, Chesterman & Boyce, 1992). Also, teenagers are often placed in charge of more than one younger child, which may increase the risk of injury (Wills et al., 1997). The specific factors mediating the effects of sibling care are little understood, although it seems that the age, competence and responsibility given to the older sibling are at issue (Cole & Rodman, 1987). Considering that there may be detrimental effects for both children who are alone, and those with siblings present, all of these children should be included in the conceptualisation of the self-care population.

Finally, there is the question of how long or regularly children must be left without adult supervision to be considered within the self-care population. It is difficult to find children who have permanent self-care arrangements: many parents juggle child care and work commitments constantly, resulting in a changing pattern of adult care punctuated by periods of self-care when no alternatives are available (Nash & Fraser, 1998). Furthermore, young children are sometimes left unsupervised spontaneously for short periods of time, for example when their parents go shopping (Kraizer, Witte, Fryer & Miyoshi, 1990). Most studies focus on children who regularly spend time in self-care, although the safety of children who are only 'occasionally' left alone is also potentially a problem. These children are at risk of encountering injury, emergency or strangers and may be even less prepared than regular self-care children to deal with these circumstances (Kraizer et al., 1990). While the safety of such children is certainly a concern, this problem is separate from the self-care issue. Self-care children are those who fairly regularly are expected to look after themselves for extended periods of time.

Overall, it seems useful to broaden the original definition provided by Rodman, Pratto and Nelson (1988) to include a greater variety of children. Padilla and Landreth (1989) suggest a very general definition of self-care children as those who 'are regularly without adult supervision for part of the day.' Considering all of the previous issues, a more precise definition could be: 'children between the ages of approximately 6 and 13 years who are fairly regularly without adult supervision, either in or out of the home, during out-of-school hours, including those who have older or younger siblings present.' While it must be recognised that defining 'supervision' is itself a more complex

task than may be initially apparent (Wills et al., 1997), this issue will not be addressed here.

OUT-OF-SCHOOL HOURS CARE PROVISIONS IN AUSTRALIA COMPARED WITH THE USA

The last 30 years have seen dramatic rises in rates of single parenthood and maternal employment in Western, industrialised countries such as Australia and the USA (Belsky & Steinberg, 1978; Cole & Rodman, 1987). Additionally, recent times document a marked decline in the number of nuclear families with one breadwinner, as well as more divorce, increased family mobility and decreased extended family networks in both Australia (Poole & Goodnow, 1990) and the United States (Berman et al., 1992). All these factors have led to an increased need for arrangements, other than traditional maternal care, which provide a safe and stimulating environment that enhances children's development (Edgar & Sharman, 1990). At present, there are significant differences between the availability and cost of out-of-school hours care (OSHC) services in the USA and Australia that reflect different attitudes towards, and management of, child care facilities (Howie, 1996).

While many comprehensive studies on the effects of infant day care have been undertaken in the USA (Peterson, 1996), there is a lack of information about out-of-school care arrangements for primary school-aged children. There are no consistent national structures for the provision of such care and a lack of formal OSHC programs in the United States, with most existing centres working as profit organisations, or run by community groups with limited regulation of the quality of care. Most American formal child care centres are not located at schools and are primarily designed for pre-schoolers (Padilla & Landreth, 1989). In a 1987 census for working mothers, it was suggested that 20% of American elementary school-aged children were in self-care (Padilla & Landreth, 1989). This figure is likely be an underestimate owing to parental reluctance to report incidents of their children being left unsupervised.

In contrast to the situation in the USA, there has been a rapid growth in children's services in Australia since the late 1980s (Moyle, Meyer & Evans, 1997), including OSHC programs for school-aged children which provide 'supervised and planned recreational activities in an informal setting' (Law Reform Commission, 1994). These non-profit organisations are often located at schools, and are generally sponsored by local government, community groups or school committees. Furthermore, Australian law enforces the licensing and regulation of child care services to ensure the quality of care for factors such as the physical environment of the service, health and safety, staff training, staff-child ratios and age-appropriate activities. In 1994, there were 1,353 agencies providing some form of OSHC.

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While government subsidised child care facilities are better-established in Australia than the USA, the availability and effects of alternative care arrangements utilised by Australian parents for their primary school children have not yet been adequately investigated (Howie, 1996). Australian child care costs vary greatly by type (the self-care arrangement being the cheapest in monetary terms), and access to affordable care is regarded as an important determinant of a woman's ability to enter the workforce (Teal, 1992). Recent changes in government subsidies may lead to a reversion to less formal child care arrangements. Prior to 1997, the Commonwealth government provided a child care cash rebate for working or studying parents (Moyle et al., 1997). However, more recently, the Commonwealth introduced a new income-tested Child Care Assistance payment for school-aged children, coupled with reduced government subsidies to the organisations themselves. This has resulted in increased fees, leading to reduced utilisation of the services. This in turn has begun a vicious downward cycle towards higher fees, threatened and actual facility closures and detrimental changes in the working conditions for staff, which is undermining the quality of child care available to parents (Vromen & Paddon, 1998). In 1997, Australia wide, 85% of OSHC services experienced fee increases which led to approximately 80% of centres experiencing withdrawal from care. While this has undoubtedly resulted in some parents leaving the workforce or reducing their working hours in order to care for their children (Vromen & Paddon, 1998), it is logical to assume that other children withdrawn from OSHC are placed in less formal arrangements, such as self-care. Although there appear to be no Australian data available on this, Pettine and Rosen (1998) cite evidence from the USA that increases in self-care are associated with decreases in other child care options. Given the growing recognition of the importance of the school-aged years for a child's development (Rodman et al., 1985) and the concerns raised about possible deleterious effects of self-care, understanding the developmental outcomes of school-aged child care arrangements is of paramount importance. Below, we consider the evidence available to date.

EVIDENCE FOR NEGATIVE OUTCOMES OF SELF-CARE

Long and Long (1982) produced one of the earliest studies reporting negative effects of self-care on children. They found that urban latchkey children experienced high levels of recurring fear compared to adult-care children, and experienced loneliness and boredom while at home alone. This study received much American media attention, initiating the present public concern about self-care. However, the conclusions drawn by Long and Long, while capturing the public limelight, relied on evidence obtained from semi-structured interviews which were

inadequately described in their research. As discussed by Howie (1996), this leaves open the strong possibility that interviewer biases affected the results, which should therefore be interpreted with caution.

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Some subsequent studies focussed upon the concerns which parents had about their children when home alone. The '3 o'clock syndrome' was documented in America, when parents' work suffers as a result of long-distance monitoring of their children (Powell, 1987). Additionally, parents of self-care children have reported concerns about neighbourhood safety, fears that children's emotional needs are not being met, the likelihood of impaired academic performance, too much exposure to television (Padilla & Landreth, 1989), and worries that their children lack the ability to deal with emergencies and strangers (Peterson, 1984). In addition, Padilla and Landreth (1989) suggested that possible negative outcomes might include children experiencing feelings of rejection, developing delinquent behaviours, or being susceptible to accidents and sexual victimisation.

Early research supported the notion that such parental concerns were well-founded. In a review of the American literature on latchkey children, Powers and Anderson (1991) described evidence of a variety of risks, including delayed development of interpersonal skills, feelings of loneliness and isolation, academic problems and 'latchkey syndrome' (increased fear, a heightened sense of social isolation, a lowered sense of self-worth and resentment towards parents) in later life. However, as with the original study by Long and Long (1982) the results of these studies need to be interpreted with caution because of methodological weaknesses. For example, Howie (1996) has pointed out problems such as small subject numbers, limited samples and the confounding of self-care with other variables such as maternal employment status and the type of care children experienced when not in self-care. As described later, more recent studies have largely failed to find evidence that children are inevitably psychologically harmed by self-care.

Parental concerns about child safety appear to be more firmly grounded, however. In the United States during the 1970s, accidents were the leading cause of death and disability among children. The majority of accidents at home occurred with no adult present and one third of child fatalities due to house fires were unattended by adults (Peterson, 1984). Peterson studied the appropriateness of self-care children's behavioural responses to emergencies (fire, cut hand and tornado), encountering strangers (telephone and door answering) and safe daily after-school habits (safe food preparation and desirable activities). These results highlighted the fact that while children may perform adequately on safe daily habit measures, they have dangerously inadequate skills when responding to emergencies and strangers. It is also important to consider accident risk when children in self-care are outside the home and exposed to traffic. While having an adult supervisor is certainly no guarantee against pedestrian accidents, children under adult supervision on the journey home from school are safer (Roberts, 1995; cited in Roberts, 1996). Furthermore, most children injured in such accidents are in unsupervised groups or under the supervision of a teenager (Wills et al., 1997).

EVIDENCE OF NO ILL-EFFECTS OR POSITIVE EFFECTS OF SELF-CARE

Despite concerns regarding the negative effects of self-care on children, the majority of extensive, well-designed studies have produced little evidence of psychological differences as a result of care arrangement. In general, studies examining children of different ages, with different socioeconomic profiles and family structures, have found no differences between adult-care and self-care children. Specifically, no differences have been found on the following measures: self esteem, self-reported locus of control, teacher rated social adjustment, interpersonal relationships (Rodman et al., 1985), grades, standardised test scores, teacher and parent ratings of emotional wellbeing, getting along with peers, work/study skills (Vandell & Corasaniti, 1988) and deviant developmental behaviours such as low academic achievement, poor social, emotional and school adjustment or behaviour problems (Pettine & Rosen, 1998). Such findings suggest that children in self-care are not necessarily at risk of detrimental developmental outcomes. However, it is important to note that these reports have been concerned with psychological and not safety outcomes. It remains possible, given the evidence discussed earlier, that self-care children are more vulnerable to accidents, injury and inappropriate responses to emergencies and strangers.

In contrast to the general thrust of the literature, some studies have raised the possibility that there may be positive consequences of children looking after themselves. Studies have found that self-care arrangements are not purely monopolised by low-income, single-parent families who have no other alternatives. Instead, the majority of American parents placing their children in self-care are highly-educated, white, middle-class people who use self-care for the supposed beneficial skills it teaches their children (Cain & Hofferth, 1989). It has been suggested that the use of self-care is often an arrangement by preference, utilised by families who place high value on personal characteristics such as independence and autonomy.

Specifically, it has been suggested that self-care may produce increased responsibility and self-reliance in children (Flynn & Rodman, 1989), greater independence, pride in their mothers' careers and enjoyment in being home alone (Padilla & Landreth,

1989). Studies have shown self-care children have more self competence and peer acceptance, enjoy being home alone, are given better safety instructions, taught more survival skills, given more established routines and are generally equipped to be more personally effective in case of emergency (Padilla & Landreth, 1989) than those in adult care.

However, these positive outcomes appear in general to be associated with a good mother-child relationship, high maternal quality and a positive attitude of the mother towards her career, rather than the arrangement itself (Padilla & Landreth, 1989). Therefore, the positive outcomes observed in the self-care population may be related to other specific family or child variables rather than the arrangement per se.

HIGH RISK SUBGROUPS WITHIN THE SELF-CARE POPULATION

While the majority of research suggests that there are no differences between self-care and adult-care children, this research has mainly focused on suburban or rural samples of children who go home in the after school hours. As noted previously, however, this constitutes a limited sample of the self-care population. Steinberg (1986) made the valid observation that the self-care experience is full of complexity and variation, both in the settings in which it occurs, and in the extent that parents maintain distal supervision of their children. In a study of young American adolescents, Steinberg (1986) found no differences in susceptibility to peer pressure between adult-care and self-care children in the home; however, unsupervised children out of the home (at friends' houses, for example) were more susceptible to peer pressure to engage in antisocial activity.

Following this research, studies identified a range of variables that appear to interact with self-care to either exacerbate or reduce its effects. Factors thought to exacerbate the detrimental outcomes of self-care include:

- inadequate safeguards for children provided by parents in the form of, for example, safety instructions or emergency contacts (Peterson, 1984);
- long periods of time spent in self-care (greater than 3 hours a day);
- being a younger child;
- coming from a low income family (Cain & Hofferth, 1989);
- having increased peer involvement away from the home in the absence of adult supervision;
- a lack of accountability to parents (low distal supervision) (Galambos & Maggs, 1991; Steinberg, 1986);
- low neighbourhood safety (Powell, 1987);
- living in an urban area (Galambos & Maggs, 1991); or
- being responsible for the care of a younger sibling (Pettine & Rosen, 1998).

Factors thought to buffer against the possible negative effects of self-care include:

- possessing good survival skills (Peterson, 1984);
- having good parent-child relationships (Rodman et al., 1985);
- authoritative parenting styles (Steinberg, 1986);
- high socioeconomic background and parental education level;
- living in an affluent neighbourhood (Cain & Hofferth, 1989); and
- coming from a family which provides good emotional support (Vandell & Ramanan, 1991).

Other influential variables include the developmental and cultural appropriateness and quality of the after-school arrangement, the safety of the self-care environment and stability (the degree that parents and children know the children's whereabouts each day, even if specific arrangements vary) (Nash & Fraser, 1998).

CONCLUSIONS

Research on the effects of self-care originated with concerns that it was detrimental to children's development. Most well-designed studies have found little difference between self-care and adult-care children, although concerns about physical safety remain. Later, it was proposed that self-care could actually have some beneficial effects, although these seem to result largely from factors outside the self-care arrangement per se. It is becoming increasingly apparent that it is not possible to make a generalised statement about whether self-care is 'good' or 'bad' for children. A wide variety of factors appear to interact with the self-care arrangement to determine the outcome. The complexity of this situation has been captured by Pettine and Rosen (1998), who have adopted a multidimensional framework for conceptualising self-care. They make the assumption that self-care is a developmental process that all children are engaged in – the question then becomes to what degree children care for themselves, psychologically and physically, and under what structural and temporal circumstances.

Studies have shown self-care children have more self competence and peer acceptance, enjoy being home alone, are given better safety instructions, taught more survival skills, given more established routines and are generally equipped to be more personally effective in case of emergency.

It is becoming clearer that while some children will emerge well from the self-care experience, others will not. Those less likely to fare well include those from low income families, those living in less safe neighbourhoods and those with poor relationships with their parents. Affluent working parents are significantly more likely than those on lower incomes to make alternative, paid, care arrangements for their school-aged children (Roberts, 1996). This suggests that children who are already disadvantaged may be especially badly affected if a lack of affordable OSHC forces them into a self-care arrangement, particularly if those children are young or if sibling care is involved.

Various programs have been established in the USA in an attempt to

mitigate some of the negative effects of self-care, such as training children in survival skills (Peterson, 1984) or providing hotlines or check-in programs (Alexander, 1986). The efficacy and cost effectiveness of these programs have been given very little attention in the literature, so it is uncertain whether or how far they mitigate poor outcomes of self-care for children at risk. However, it seems likely that check-in programs will be of limited effectiveness as they only provide 'monitoring', which is not the same as supervision (Steinberg, 1986), in that it does not provide 'the opportunity to interact with the child in a corrective or protective manner' (Wills et al., 1997, p.134).

In sum, advantaged children may emerge well psychologically from the self-care experience, although concerns about physical safety (eg, accident risk on the journey home) remain, while some subgroups of children appear to be at risk from self-care both physically and psychologically. Although much remains to be learned about the incidence, nature and effects of children's self-care, as compared with adult-care, especially in Australia, the available evidence seems strong enough to indicate the importance of maintaining (and restoring, where necessary) the provision of high quality and affordable OSHC. □

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