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Title: Self-Care Training For School Age Children: An Impact Study of Parenting and Employment

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An increasing number of children care for themselves (self-care) while their parents are employed outside the home. A literature review suggested a connection between child care concerns and employed parents' increased stress, role overload, and lower productivity. This study evaluated the impact of an educational training program for families with children in self-care.

Twenty-one rural families with children currently in self-care participated in this study. For most families, having children in self-care had little impact on factors which influence the parents' employment preformance. The treatment lowered the amount of time parents worried about their self-care children, but did not effect telephone use or the confidence level for parents and children.

Self-Care Training For School Age Children: An Impact Study of Parenting and Employment

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Diane J. Palmer

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Redacted for Privacy

Head of department of Human Development and Family Sciences

Redacted for Privacy

Dean of Graduate School

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INTRODUCTION

Our nation's workers have changed significantly in the last 40 years. In 1947, fewer than one woman in seven (18%) was employed for pay outside the home. By 1987, more than three women in five (60%) were estimated to be employed for pay outside the home. In 1955, 60% of all households consisted of an intact marriage, an employed father, a stay-at-home mother, and two or more school age children. By 1985, only 7% of all households fit that definition (Flexible Benefits, 1989).

One result of these changing national demographics is an increase in the number of children who regularly care for themselves while their parents are employed (Children's Defense Fund, 1982; Sorenson, 1988). This is known as "self-care" among children. The 1986 U.S. Bureau of Labor Statistics estimated there are 7 million children between the ages of 7 and 13 who are in self-care. A survey by the Oregon Department of Education (1987) School-Age Child Care Project during the spring of 1987 estimated that 50,000 Oregon children were unsupervised during non-school hours.

With so many children affected by self-care, there is increasing interest in, and conflicting findings

about, the affect of self-care on children. Wood (1972) found that unsupervised girls had lower academic achievement and social adjustment than supervised girls. Steinberg (1985) found that the more removed the adult supervision, the more susceptible the child is to peer pressure. Long & Long (1983) found that children in self-care feared attack from intruders, other children and even siblings. On the other hand, Rodman, Pratto & Nelson (1985) found that children in self-care did not differ significantly from supervised children in social or interpersonal competence, or in self-esteem.

Parents with children in self-care often worry about their children when they are home alone (Schrage & Stuart, 1982). This worry impacted the stress level of the parents and their use of time. A 1983 Bank Street College study found that 40% of the respondents felt that work and family responsibilities affected their concentration and productivity while at work (cited in Galinsky, Hughes, & Shin, 1986). This study found that child care concerns were the factor that was most predictive of worker absenteeism and tardiness.

McNeely and Fogarty (1988) cited scheduling conflicts, difficulties arranging child care, and insufficient time as problems common to working parents. They stated that these conflicts lead to role overload. Voydanoff (1985), defines role overload as existing when

"demands on time and energy are too great to be met adequately or comfortably" (p. 25). Individuals who were simultaneously performing the role of parent, spouse and worker were most likely to experience role overload.

One possible symptom of role overload for parents with children in self-care is an increase in parents supervising their children from work via the telephone. It is commonly accepted that a large percentage of children in self-care use the telephone to check in with a parent when they arrive home. Other parents call their children to verify that the children are where they are supposed to be. The amount of time parents spend on the telephone caring for their children is time not producing for their employer. The School Age Child Care Summary Report (Oregon Department of Education, 1987) made several recommendations for consideration by schools in Oregon. One recommendation called on Oregon schools to "educate parents to the potential hazards of self-care for their school-age children" (p. 2).

This project evaluated the impact of a training program for families with children in self-care. This study also assessed parents' and children's confidence in the children's ability to be home alone before and after the intervention program. It also tested for changes indicative of role overload of the parents, such

as the amount of time parents reported worrying about their children while the children were caring for themselves, and the amount of telephone contact between the parents and children. Finally, this project studied parental time missed from work due to a self-care child.

LITERATURE REVIEW

Self-Care Children

With the increased number of women in the work force, there has been increasing interest in the effect on children of various methods of child care. Much of the research has been directed toward infants and toddlers (Belsky & Steinberg, 1978, King & MacKinnon, 1988; Klein, 1985), yet many older children also need care during the day when parents work. Two terms, "latchkey" and "self-care", have been used interchangeably to identify children who are not under direct, physical, adult supervision before or after school. Rodman, Pratto, & Nelson (1985) defines self-care children as being between the ages of 7 and 13 "... who come home to an empty house ..." (p. 413). Steinberg (1986) expanded the definition to include children up to the age of 16 and children who are unsupervised at a friend's house or who "hang out" at shopping malls or other locations with a group of peers.

A framework for studying child-care for school age children suggested that parental supervision should be considered as a continuum ranging from high supervision with an adult providing supervision who had full accountability to low supervision with little adult or

parental monitoring of the child (Todd, Albrecht, & Coleman, Spring, 1990). The authors suggested that as children mature and become more capable of directing their own lives, their child care needs would be met with decreasing adult supervision.

An analysis of the December 1984 Current Populations Survey found that children in self-care are most likely to be older, white, middle-class and living in suburban or rural areas (Cain & Hofferth, 1989). This analysis found that most of the children were in self-care for less than two hours a day. Boys and girls were equally likely to be in self-care. Self-care children were most likely to have mothers employed outside the home. The factors most affecting the parents' decision to use self-care were the age of the child, family income, the safety of the neighborhood, and the presence or absence of adults other than parents living with the family. While family income was a factor in children who are in self-care, there was not a significant difference between mothers who held white or blue collar jobs in their use of self-care for their children.

Research indicates that self-care often begins after a breakdown in other child care arrangements. This can be the death of a relative, the divorce of parents, or a babysitter moving or quitting. While

money is a factor for many families, self-care often begins as a trial situation. If it "works", it is continued as the joint choice of both the parent and the child. Child care center age policies also contribute to the number of children in self-care. Most programs and centers are designed for infants, preschool children, or for preschool and early primary age children, and will not accept older elementary age children (Long & Long, 1983).

It is very difficult to find a reliable estimate of the actual number of children who are in some form of self-care. Self-care of young children can be classified as neglect, causing parents to under-report the actual status of their children. This has led to a wide variation in the estimates of numbers of children (Long & Long, 1983). The 1986 U.S. Bureau of Labor Statistics estimates that there are 7 million children between the ages of 7 and 13 who regularly care for themselves. One study estimates that 25% of children between the age of 6 and 14 are in self-care (Gray & Coolsen, 1987). An analysis of the December 1984 Current Population Survey found 2.4 million children (6.39%) from 5 to 13 years old are in self-care, lower than other national projections (Cain & Hofferth, 1989)

A survey by the Oregon Department of Education School-Age Child Care Project during the spring of 1987

estimated that 6,000 Oregon children were served in school-age child care programs during the 1986-87 school year, but 50,000 children were unsupervised during non-school hours. An informal survey of my son's fourth grade class of nine and ten year olds at Bangor Elementary School in North Bend, Oregon, showed 50% of the class were in after school self-care at sometime. Karen Azaaldo, a fifth grade teacher at Washington Elementary School in Eugene, Oregon, reports that 100% of her class has regularly been in self-care during each of the past two years.

Effect of Self-Care on Children

Any program for children in self-care needs to be aware of the special needs of children age seven to thirteen. Possible risks to children in self-care can be:

1. Feeling badly (e.g., rejected, alienated, afraid).
2. Being harmed badly (e.g., accidents, sexual victimization).
3. Developing badly (e.g., academic failure).
4. Acting badly (e.g., delinquency, vandalism).

The benefits can be:

1. Increased independence and responsibility.

2. Growth-inducing challenge (Buddy & Poppen, 1989, Garbarino, 1984).

The risks and benefits to any child depend on a multitude of factors. Parents need to consider (a) the age and maturity of their children, (b) the safety of their home and neighborhood, (c) accessibility of neighbors to the child, and (d) the length of time the child will be alone (Cole & Rodman, 1987, Coolsen, Seligson & Garbarino, 1986).

Initial research by Long and Long (1983) found that the majority of self-care children were handling themselves well. They conducted individual interviews with every self-care child and a random sample of adult-care children in grades one through six attending a Catholic elementary school in Washington, D. C. These interviews indicated that 25% of self-care children were having trouble coping with self-care. This trouble could take the form of (a) sibling fighting, (b) boredom, (c) loneliness, and (d) children being afraid of noises and robbers. Through interviews with parents of latchkey children, the Longs found that most parents felt concern about leaving their children unattended. Despite the concern, most parents felt their children were mature enough to handle being in self-care. The Longs also discovered that parents lacked full

understanding of their children's fears and concerns while in self care.

A study comparing a matched sample of 48 fourth and seventh grade children in self-care to 48 children in adult-care found no significant differences between the two groups (Rodman, Pratto, & Nelson, 1985). Children in self-care and adult-care did not differ significantly on any of the three dependent variables, a) child's self-esteem, b) locus of control, or c) social adjustment and interpersonal relations. While this finding seems to contradict the findings of Long and Long (1983) that fear is common to 25% of the children, Rodman, Pratto, & Nelson point out that child care arrangements are only one factor in a child's development.

Steinberg (1986) extended the study of self-care children to look at different methods of self-care on children's susceptibility to peer pressure. This study drew a sample of 865 students in grades 5, 6, 7, 8 & 9 from one school district. Susceptibility to peer pressure was measured by self reported responses to possible choices in ten anti-social situations such as vandalism, cheating on an exam, or stealing. Steinberg found it was possible to differentiate between children who were under close adult supervision despite being in self-care and those who were not closely supervised.

Children considered in close adult supervision were in telephone contact with a parent or other adult and had well defined rules. Those considered unsupervised did not have telephone contact, did not have well defined rules, and were often at a friend's house or "hanging out" at shopping malls or other gathering places. Susceptibility to peer pressure was found to increase for girls as a function of where they spent their self-care time: (a) at home, (b) at a friend's, or (c) "hanging out". Boys were found to have increased susceptibility dependent on their parents' level of supervision. When their parents knew where they were after school, boys were less susceptible to peer pressure (Steinberg, 1986).

Girls and boys were both found to have higher resistance to peer pressure when their parents took an authoritarian parenting role. Maccoby & Martin (cited in Steinberg, 1986) define authoritarian parenting as being characterized by high responsiveness coupled with high demanding. The students completed a 17 item check list of how they would make a decision concerning possible behaviors [e.g. curfew, spending money, or completing school assignments]. Parenting style was determined by scoring the students' answers, with an answer of "parent decides" scored as authoritarianism, "child decides" scored as permissiveness, and "parents

ask opinion but maintain ultimate control" as authoritative. The conclusion of the research was that the more removed children were from parental control, the more susceptible they were to peer pressure.

Steinberg was in agreement with Rodman, Pratto, and Nelson (1985), who also found that children who report home after school are no more susceptible to low self-esteem than those supervised by their parents. In disagreement with the Rodman, et al. study, Steinberg did find increased susceptibility to peer pressure when the definition of self-care was expanded to include children at unsupervised friends' homes or hanging out at shopping malls.

A background paper on children in self-care prepared by the Joint Public Affairs Task Force of the Virginia Home Economics Association and the Virginia Association of Extension Home Economics (July, 1986), stated that, despite the contradictory and limited research on the actual adjustment of children to being in self-care, one tentative generalization about self-care could be made: "geography plays a mediating role in the adjustment of latchkey children". They found that research finding harmful effects to latchkey children studied children in inner-city areas. Researchers who did not find self-care to have harmful effects on

children studied children in "small city, suburban, rural and/or affluent areas" (p. 2).

The Virginia background paper lists nine possible responses to the needs of school age children. The responses range from formal care progress to information and referral services for parents. Among these responses were three that were particularly relevant to self-care. These are:

1. Hotlines for reassurance, homework help, advice with problems, companionship.
2. Safe home programs.
3. Survival skills training to prepare children and/or parents for self-care.

Effectiveness of Self-Care Intervention Methods

Recent research on teaching self-care skills to children has focused on the effectiveness of different curricula and teaching methods. A comparison of two training manuals, one using a discussion based method of teaching and the other using a behavioral based training, found the behavioral based training method produced both a higher level of change and longer lasting positive behavior change (Peterson, 1984a).

Another study compared instruction methods, using professional trainers and trained parents. Three

methods of training parents, (a) using a one-time, hospital-based home safety workshop, (b) providing a self-care training manual but not training, and (c) providing eight hours of parent training, were compared. Only the eight hour parent training produced significant and long-lasting positive change in the child's behavior (Peterson, Mori, Selby & Rosen, 1988)

Other studies have looked at the effectiveness of increasing the child's knowledge in the basic areas of self-care training, including (a) fire and home safety, (b) personal safety, (c) first aid, (d) nutrition, (e) time management, and (f) ways to cope with fear and loneliness. To date, all methods of training have shown varying degrees of positive increase in children's knowledge and skill through training (Koblinsky and Todd, 1989). Additionally, one study found that the training in home safety resulted in a slight decrease in the child's general anxieties and fears related to home safety issues (Peterson, 1984b).

The curriculum used in this study combined discussion and behavior based training. Some sessions offered specific skills [first aid, telephone use, kitchen safety] that the parents and children practiced. Other sessions involved families in discussing the parents' and children's feelings and fears about self-care. Parents were offered information on how to

supervise their children long distance. Each session offered an opportunity for families to adapt the material to their unique home and family situation.

Family Sensitive Work Environment

Ida Schmertz, Senior Vice President of American Express Company, introduces a video telecourse entitled "Quality Child Care; It's a Business Issue" by stating:

> "For American business, child care is a bottom line issue. Study after study shows that when employees know their children are in good hands tardiness and absenteeism are significantly lower, recruitment and retention are easier, morale and self-esteem are better and productivity is higher." (Schmertz, 1988)

Early studies of productivity reinforced the "myth of separate worlds" where no connection between work and family issues were recognized (Kantor, 1977). Brogden and Taylor (1950) identified only the contribution of the individual to the overall efficiency of the organization as the criterion for productivity. Likert (1967) added the cost of replacing an employee, including recruitment, training, and development expenditures, to productivity cost analysis. Cascio (1982) studied the relationship between workers' attitudes toward their job and the workers' absenteeism, turnover, tardiness, and job performance. All of these

studies focused on work factors, ignoring any influence of the worker's family on job productivity.

Sherer and Crosby (1983) identified nineteen human factors that effect a person's job productivity. They grouped these factors into three areas of concern: (a) those to the individual, (b) those to the work team, and (c) those common to the entire organization. Individual concerns included (a) health habits, (b) exercise, (c) nutrition, (d) interpersonal support, (e) time management, and (f) stress management. These concerns of an individual can affect how a person performs the role of parent, spouse and employee.

A number of recent studies have sought to determine how and where work and family responsibilities of workers overlap and intermix. A General Mills (1981) study revealed that 50% of working parents felt work had an effect on how they raised their children. This study found that 85% felt it would be good if "employers made it easier for working parents to arrange their jobs and careers around their children". A nearly equally high 81% felt it would be good if "children were expected to take on more responsibility for themselves"(General Mills, Inc., 1981).

A study by Orthner and Pittman (1986) found a positive connection between organizational support to families and job commitment of the worker. This study

found both direct and indirect ways that an employer may support its workers' families. A direct link was found between employees' (a) perception of employer policies toward families (e.g. a family support center), (b) knowledge of family programs, (c) satisfaction with family programs, and (d) their commitment to the employer. If workers felt family members were adjusting well to workers' jobs, job commitment also increased. When support services to families were broadened, there was a positive impact on perceived organizational support, which increased worker commitment to the job.

A survey of 28 large companies in New Orleans found 7% of the companies currently providing parent education seminars, with 29% "in some way" providing parent education information (Raabe & Gessner, 1988). This finding was compared to a national survey (Catalyst, 1986) which found 13% of business offered parent education seminars. In looking at the actual family support policies available to families in the companies surveyed, the authors outlined three general types of workplace policies generally available to parents. One type of assistance was to make more time available for parenting through leaves, flex time, part time work and job sharing. A second option was to offer supplemental child care assistance through actual on or near-site care, or financial subsidies for child care. A third

option was to offer child care information and parent education seminars.

A recent study (Fernandez, 1986) surveyed over 5,000 employees from varying occupational levels, race, and ages and allowed for the variation of such family characteristics as marital status and the number and ages of children in the family . This survey found that the parents' child care concerns affected their productivity at work.

The San Jose Chamber of Commerce surveyed it's members, asking what options businesses saw in the area of child care (Campbell & Campbell, 1988). Of the 141 businesses responding, 81% felt that child care problems influenced employee productivity, and 71% felt child care benefits could reduce turnover and aid recruitment of employees. While the respondents recognized the importance of child care to the productivity of their workers, 71% did not want to provide a work-site child care facility, and 69% were not interested in offering subsidized child care programs. However, 52% of the respondents were considering offering seminars to assist parents in balancing their work and family responsibilities.

A study by McNeely and Fogarty (1988) identified the employees' receptivity to various business responses to work and family needs of employees to which

businesses were receptive. Specifically, this study surveyed 276 Wisconsin employers on their receptiveness to 14 work/family programs possible through the work place. This study found that 80% would not consider providing on-site child care, very close to the 71% reported by Campbell & Campbell (1988). The study did find that employers were most receptive to considering distributing material to employees on family related topics (70% are or would consider) while only 44% are or would consider offering worksite seminars on family related issues, including childcare.

In summary, most recent studies of work and family connection have found child care concerns to have a direct link with (a) absenteeism, (b) tardiness, (c) turnover, (d) stress levels and (e) productivity (Dopkin, 1986; Fernandez, 1986; Galinsky, Hughes, & Shinn, 1986). A growing number of businesses in our nation are recognizing that one way to increase their worker productivity is to provide a work environment which is sensitive to families. A work environment sensitive to families includes offering parental/family education seminars (Child Care,1988; Love, Galinsky & Hughes, 1987; McNeely & Fogarty 1988; Qumaine, 1988). Campbell and Campbell (1988) concluded their study with the warning that change agents offering businesses new

programs need to be well armed with data showing productivity increases associated with the implementation of the innovations.

Evaluation Questions

This project evaluated a home skills training program. The main evaluation question was: did the program increase the parent's and child's confidence in the child's ability to safely be in self-care? In addition, this impact of self-care training on factors related to parents work behavior wasalso examined. Specifically, did the program effect the number of telephone calls to and from employed parents and their children, the amount of time parents worry about their children while at work, and the number of times parents arrive late to work or leave work early because of child care issues.

PROJECT DESIGN

Method

This project studied the impact of a self-care training class offered to school age children with their parents. Participating families were surveyed on four dependent variables over a four month period. These dependent variables were: (a) confidence in the child's ability to safely self-care (confidence); (b) family usage of company telephone for family calls (telephone); (c) the amount of time a parent spends thinking about family concerns at work (worry); and (d) the number of times a parent is late to work or leaves work early because of child care issues (time).

A two group, pre - post design, was utilized. Group 1, the treatment group, received a six week, nine hour, training in self-care skills, offered to parents and their children together. The class was offered both Fall and Winter term at Southwestern Oregon Community College. The class addressed six core topic areas: (a) safety; (b) fears and feelings; (c) emergencies; (d) daily routines and time management; (e) getting along with siblings; and (f) kitchen safety and nutrition.

Group 2 was a control group and receive no treatment or information during the study period.

The first survey (pre-test) was completed at the first class session by participating Group 1 families and in early January, 1990, for Group 2 families. The second survey (post-test) was mailed to participating families two months after the last class session. Group 2 families followed the same time line as Group 1 families.

The research project and class were advertised through local elementary school parent newsletters, local radio, and newspaper articles [see appendix A]. In the first treatment group, families with children currently in self-care either before or after school were solicited from participants in a six week parent and child training offered by Southwestern Oregon Community College. No member of the class, adult or child, was forced in any way to volunteer for the study. In addition, a control group was solicited from among families with children currently in self-care either before or after school, through three cooperating businesses in Coos Bay, Oregon. The businesses were Southwestern Oregon Community College, Bay Area Hospital, and North Bend Medical Clinic. Families were asked to participate in the control group via a flyer [see appendix B] distributed to all employees of the cooperating businesses in December of 1989.

The Intervention

Two curriculums, "Strong Families: Competent Kids", developed by Virginia Cooperative Extension Service, and "On My Own and OK", developed by Iowa Cooperative Extension, have both a student pack and a parent pack. These two curriculums served as the basic material for the Group 1 class, with additional supplemental material from other sources.

The objectives for intervention were the following:

1. To increase children's coping skills in five areas:
    a. Fears and feelings;
    b. Safety and emergencies;
    c. Daily routines or time management;
    d. Getting along with siblings;
    e. Kitchen safety and nutrition.
2. To increase parents' ability to create self-care rules and responsibilities that increase their child's or children's independence, responsibility and provide growth inducing challenge.
3. To increase the parents' awareness of their child's or children's ability to safely be in self-care.
4. To increase family communication by having

the parent and child develop a jointly written agreement of behavior in each of the five identified areas.

5. To increase the parents' and child's (or children's) comfort with self-care.

To address these five objectives, a series of six 90 minute classes were presented to parents and children together. Each class focused on one of the identified topics: (a) fears and feelings; (b) safety; (c) emergencies; (d) daily routines or time management; (e) getting along with siblings; and (f) kitchen safety and nutrition. Parents were given a set of parent handouts that provided additional information on each topic discussed. In addition, parents and children worked as a team during each session to apply class information to their individual family.

The individual session objectives were:

SESSION 1 SAFETY

1. Children will develop and demonstrate skills for (a) telephone safety, (b) answering the door, (c) taking messages through class role playing, discussion and handouts.
2. Parents will increase their awareness of actual dangers to children in self-care through parent handouts and viewing the video *Home Alone*.

3. Parents and children will create a written list of emergency telephone numbers children may need to call when home alone, to include alternative adults who can be called when a parent is not available to the telephone.
4. Parents will identify specific ways to reinforce their child's or children's safety skills learned in class through class discussion and handouts.

SESSION 2 FEELINGS AND FEARS

1. Children and parents will share their feelings about self-care with each other orally and in writing.
2. Children will learn new ways of dealing with feelings of loneliness or fear through class discussion, role play, and handouts.
3. Parents will learn guidelines to help determine when a child may be ready for self-care.
4. Parents will prepare a list of effective ways to communicate with their children while the children are in self-care.

SESSION 3 EMERGENCIES

1. Each family will be able to distinguish an emergency from a non-emergency through class discussion, practice section of skills and handouts.

2. Each family will discuss and provide child with necessary information for child to handle emergencies and simple household problems including (a) fire escapes, (b) first aid, (c) basic home repair, and (d) lost keys.
3. Each family will perform a home safety check on their house using homework sheets.
4. Children will be able to look for, recognize and respond safely to signs of forced entry into their homes.

SESSION 4 DAILY ROUTINES

1. Children and parents will develop realistic time schedules for before and after school.
2. Children will prepare a list of activities to do when home alone.
3. Children and parents will develop a written list of rules for a child or children who are home alone.

SESSION 5 GETTING ALONG WITH SIBLINGS

1. Children will learn basic problem solving skills and be able to apply them to possible problem situations with siblings through discussion and role play.
2. Children will develop (a) an understanding of being responsible for themselves as well as

their siblings and (b) demonstrate that understanding through role play.

3. Parents will gain an understanding of positive and negative aspects of older siblings caring for younger siblings from discussion, role play and parent handouts.
4. Parents will be able to identify orally or in writing methods they can use to reduce conflict between siblings who are in self-care.

SESSION 6 KITCHEN SAFETY AND NUTRITION

1. Children will be able to identify basic kitchen safety rules.
2. Parents and children will be able to correctly operate microwave oven and electric stove top.
3. Parents and children will be able to identify snack ideas from each of the four basic food groups.
4. Parents will agree to purchase snack foods that they and their children agree are appropriate.

Data Collection

Parents and their children both completed a pre-test and post-test survey. Group 1 included all family members, the mother, the father, or both parents, and

all children in grade 3, 4, 5 or 6, who actually attended the self-care training.

Group 1 participants completed the pre-test during the initial 15 minutes of the first meeting of the self-care training class. The post-test was mailed to the families two months after the last session of the class. The initial mailing of the post-test was followed up at weekly intervals with a post card, a second letter and survey with a return addressed envelop, and telephone calls to increase the completion rate of participating families.

Group 2 participants received the parent and child pre-test at work during the second week of the self-care training class held in January 1990. They were asked to complete the parent and child surveys and return them to the personnel office at their place of work, where they were collected for this study. Families were asked to request additional pre-tests for each child in grades 3, 4, 5, or 6 who were in self-care, so each child could participate separately. Only the parent who volunteered through work to participate in the study was sent a pre-test. The initial distribution of the pre-test was followed up at weekly intervals with a post card, a letter containing a survey with a return envelope addressed to the researcher, and telephone calls to increase the completion rate of participating families.

The Group 2 post-test was distributed to all group participants who returned the pre-test. The post-test was mailed to participants two months after the final session of the January Group I intervention. The initial mailing of the post-test was followed up at weekly intervals with a post card, a second letter and survey with a return addressed envelop, and telephone calls to increase the completion rate of participating families.

The parent's survey (Appendix C) assessed the parents' feelings about all their children in self-care on the same questionnaire. The survey had (a) one question measuring their confidence in their children's ability to handle possible problems while in self-care (Question #1), (b) two questions measuring their overall feelings about self-care (question #2 & 11), (c) six questions about telephone use (questions #3 through 8), (d) three questions asking about time missed from work (questions #9, 10, & 12), (e) three questions asking about worry (questions #13 through 15), and (f) eight questions on demographics (questions #16 through 23).

The child's survey (Appendix D) consisted of (a) one question measuring his or her confidence in his or her ability to handle possible problems in self-care (question #1), (b) one question measuring his or her overall feeling about self-care (question #2), (c) seven

questions on telephone use (questions #7 through 13), (d) one question on worry (question #13), and (e) four questions on demographics (question #3 through 6).

Statistical Analysis

The effects of the treatment on four dependent variables [(a) confidence, (b) telephone use, (c) time missed from work, and (d) worry] were assessed by a series of 2 (pre-test vs post-test) X 2 (treatment conditions) repeated measures ANOVA. Parents confidence scores are a summation of question # 1 from the Parent's Survey. Telephone use scores are a summation of questions # 4, 5 and 6, with NEVER rated as 0 up to MORE THAN ONCE A DAY rated as 4. Time missed from work scores are the amount of time given in question # 10. Due to a low answer rate for question #10 (Group 1, 60%, Group 2, 65%), time missed from work was not included in the final analysis. The worry score is the response to question # 13, with (a) scored as 0 up to (i) scored as 8. The remaining survey questions were analyzed using descriptive statistics, to assist in interpreting the other findings.

The effect of the treatment on confidence scores and telephone use for children was evaluated by a series of 2 (pre-test vs post-test) X 2 (treatment conditions)

repeated measurer ANOVA. Childrens' confidence scores are a summation of question #1 from the Student's Survey. Telephone use scores are a summation of questions #7 through 13.

Minimum cell sizes were established as indicated below.

	PRE-TEST	POST-TEST
GROUP 1	10	10
GROUP 2	10	10

Conclusions regarding the impact of childrens' self-care training on parent's employment were based on a summary of ANOVA results from the three parent and two child outcome variables.

Timing of Data Collection

This study incorporated data collected from participants in a "Kids' Home Survival Tactics" class offered during October and November of 1989 and data from a second "Kids' Home Survival Tactics" class which was offered in January and February, 1990. The pre-test data for Group 2 (control) was collected at approximately the same time as the first meeting of the

January class for Group I (intervention). The post-test data were collected 2 months after the end of the last session of the "Kids' Home Survival Tactics" class (January for the first class, and April for the second class and Group 2).

ANALYSIS AND SUMMARY

Subjects

Three "Kids' Home Survival Tactics" classes were offered through Southwestern Oregon Community College. Two were offered Fall term, 1989 (October 9 through November 11), with a total enrollment of 21 families. The class included 3 fathers and 18 mothers, with 1 husband and wife, and 14 male and 17 female children. One class was offered Winter term, 1990 (January 9 through February 13), with a total enrollment of 5 families. The class included 3 fathers and 4 mothers with 2 husband and wife teams, and 3 male and 3 female children. Participants of the classes were asked to volunteer for this study as they arrived for the first class meeting, with the pre-test survey being completed before the first class began.

A total of 19 adults and their children volunteered to participate in the study. From this group, 13 adults representing 12 families met the criteria of currently having at least one child in grade 3, 4, 5, or 6 who was in self-care while at least one parent was at work. A total of ten adults and eleven children representing ten families returned the second (post) survey and became Group 1 in this study.

Table 1.

Characteristics of the Sample

	Family Size			Child	
	# Adults	# Children	Income*	Age	Grade
Group 1					
mean	1.7	2.0	2.4	10.0	4.8
s.d.	.5	1.1	.8	1.0	1.0
Group 2					
mean	1.9	2.0	3.0	10.2	4.8
s.d.	.3	1.2	.8	1.3	1.3

* 1 = < $15,000, 2 = $15,001-$30,000,
3 = $30,001-$45,000, 4 = > $45,000

Group 2 (control) was obtained from a pool of twenty-seven adults who responded to a request for volunteers distributed through their work place. Six adults (6 female) from Southwestern Oregon Community College, three adults from North Bend Medical Center (2 female and 1 male) and eighteen adults from Bay Area Hospital (14 female and 4 male). Of these twenty-seven, eighteen (15 female and 3 male) returned the first survey. From this initial pool of volunteers, two adults (1 female and 1 male) did not meet the criteria of having a child currently in self-care. The final control group (Group 2) consisted of ten families (10 adults and 10 children) who completed both a pre and post test. The ten families had children who were

between third and sixth grade, and in self-care at least one day a week.

The participants of this study are similar to other studies of self-care for school age children. The subjects participating in this study closely match the characteristics of a national study in family type and income level, age of child, race, and non central city residency (Cain and Hofferth, 1989).

Table 2.

Comparison of 1984 Data to Study Data

	1984		Study	
	mean	sd	mean	sd
2 Parent Household (1=yes)	.8	.4	.8	.4
Income	3.0[a]	1.3	2.7[b]	1.2
Race (1=non-white, 0=white)	.2	.4	*	
Hours in Self-care	1.7	.6	2.1	.7
Child Age	8.9	2.6	10.1	.2[c]
Child Sex (0=M,1=F)	.5	.5	.4	.5

[a] 3 = $20,000-$29,999. [b] 2 = $15,000-$30,000.

[c] 1984 data contained all children under age 13 in self-care, current study contained children in grade 3 through 6.

* Due to a lack of racial minorities living in the area, the study did not measure race. All of the participants

in the treatment were visibly white. The small population of the community in which this study took place meant that many of the control group were known in person or by reputation to the author. None of the known controls are non-white.

An analysis of the data obtained from the 1984 December Current Population Survey by the Bureau of Census contained questions on use of self-care by families in America (Cain & Hofferth, 1989). A comparison (Table 2) of the 4,673 children in self-care to the 21 children participating in the present study found the populations to be similar.

Analysis of Data

The first three research questions were analyzed using a repeated measures factorial design ANOVA (sometimes called a split-plot design) (Matheson, et al., 1978). The parent and children surveys were analyzed independently of each other due to differences in the format and wording of the survey questions. The final research question concerning the amount of time a parent lost from work, was not analyzed due to the large number of parents who did not answer the question on this topic.

Table 3

Scores On Dependent Variables

		Treatment Group		Control Group	
		pre	post	pre	post
CONFIDENCE[a]					
Parent	mean	3.3	4.0	3.5	3.9
	s.d.	.5	.5	.5	.4
Child	mean	4.2	4.2	4.1	4.1
	s.d.	.3	.7	.7	.5
TELEPHONE					
Parent[b]	mean	.8	.6	.7	.7
	s.d.	.4	.3	.2	.3
Child[c]	mean	5.8	4.2	4.5	5.3
	s.d.	4.2	3.2	2.9	4.6
WORRY[d]					
Parent	mean	3.0	2.0	2.4	2.5
	s.d.	1.1	.8	1.0	.9
Child	mean	1.7	1.4	2.3	1.8
	s.d.	.3	.4	.6	.4

[a] CONFIDENCE 1 = not at all, 5 = A lot. TELEPHONE [b] Parent 0 = never, 1 = < once a week, 2 = 1 to 4 times a week, 3 = daily, 4 = > daily. [c] Child, # of call in past week. [d] WORRY 1 = never, 2 = not much, 3 = some, 4 = a lot.

The first research question (Confidence: Does the treatment increase the parent's and the child's confidence in the child's ability to safely be in self-care?) was addressed by question #1 on both the parent's

and student's survey. A repeated-measures ANOVA (Table 4) of the parents' scores indicates there was a significant difference between the total pre and post-test scores for groups 1 and 2 ($F = 14.94$, $df = 1,14$). Pre-test scores had an overall mean of 3.43, with sd = .51. Post-test scores had an overall mean of 3.94, with sd = .43. There were no significant differences by groups.

Table 4.

Repeated Measures ANOVA of Parents' Confidence

	SS	df	MS	F
Treatment	.01	1	.01	.11
Between subject	4.33	18	.24	1.89
Treatment by group	.12	3	.04	.32
Pre-post	1.90	1	1.90	14.94 *
Within Subject	1.78	14	.13	
Total	8.15	37		

* Significant at $p < .05$

The childrens' test scores for question one were different from the parents' results. A repeated measures ANOVA (Table 5) of the children's test scores show no significant differences between confidence scores, either between group 1 and group 2, or between

the pre and post-test scores. The children began the study with a high (mean = 4.1 or 4.2 on a 5 point scale) confidence level in their ability to care for themselves and this did not change during the study.

Table 5.

Repeated Measures ANOVA of Children's Confidence

	SS	df	MS	F
Treatment	.25	1	.25	1.07
Between subject	8.22	20	.41	1.78
Treatment by group	.03	3	.01	.04
Pre-post	0.00	1	0.00	0.00
Within Subject	3.69	16	.23	
Total	12.44	41		

The second research question (Telephone: Does the training program change the number of telephone calls made to or from parents at work and their children in self-care?) was analyzed using a combined score for questions four through six on the parent's survey (see Table 3). The mean score from the parents' surveys were all below 1 (less than one call a week) indicating most parents in the study did not telephone their children or receive telephone calls from their children while at work. A repeated measure ANOVA of parents' telephone

scores (Table 6) indicates there was not a significant difference between groups 1 and 2 ($F = 0.$, $df = 3,15$), between pre and post scores ($F = 4.04$, $df = 1,15$), or between the treatment by groups ($F = 1.42$, $df = 3,15$). However, there was a significant difference between subjects, indicating that for some families, telephoning was a concern.

Table 6

Repeated Measures ANOVA of Parents' Telephone

	SS	df	MS	F
Treatment	0.00	1	0.00	0.00
Between subject	2.49	19	.13	3.24 *
Treatment by group	.05	3	.02	1.42
Pre-post	.16	1	.16	4.04
Within Subject	.61	15	.04	
Total	3.56	39		

* Significant at $p < .05$

The childrens' surveys revealed a slightly higher telephone use than the parents' surveys, with a mean number of telephone calls each week ranging from 4.3 to 5.8. A repeated measures ANOVA of childrens' telephone scores (Table 7) indicate no significant differences between groups or by time (pre - post).

Table 7

Repeated Measures ANOVA of Children's Telephone

	SS	df	MS	F
Treatment	.22	1	.22	.02
Between subject	377.48	20	18.87	1.87
Treatment by group	16.56	1	14.41	1.43
Pre-post	1.93	3	.64	.06
Within Subject	160.74	16	10.04	
Total	556.98	41		

One explanation of the slightly higher telephone use reported by children was given by one child who reported he telephoned his father four times one week, then wrote in the margin "but I never got him". This indicates that children do telephone their parents more often than was reflected in the adult surveys, but do not always reach the parent. For an employer who may be concerned with business telephone lines being tied up after school is out in the afternoon, it may not matter if a child reaches the parent or not. This survey indicates that for most adults, very little time is spent on the telephone calling either a child or a spouse, while the adult is at work. It must be remembered that this study was conducted in a rural

city, with parents and children both expressing a high confidence in the children's ability to be in self-care.

Table 8

Repeated Measures ANOVA of Parents' Worry

	SS	df	MS	F
Treatment	.03	1	.03	.06
Between subject	25.05	19	1.30	3.37 *
Treatment by group	3.03	3	1.01	2.58
Pre-post	2.03	1	2.03	5.19 *
Within Subject	5.85	15	.39	
Total	35.99	39		

* Significant at $p < .05$

A repeated measures ANOVA (Table 8) for the third research question (Worry, Does the treatment program change the amount of time parents spend worrying about their children while the parent is at work?) found a significant difference between subjects ($F = 3.37$, $df = 19,15$) and between the pre and post scores ($F = 5.19$, $df = 1,15$), but not between the treatment or control group. This again suggests that the difference in test scores is related to participating in the study and having an increased awareness about one's children being in self-care.

Table 9

Survey Data for Parents' Worry (Question 13)

Treatment Group		Control Group	
pre	post	pre	post
3	2*	2	2
2	2	4	4
4	2*	2	2
5	2*	1	2*
2	2	2	2
3	1*	2	2
4	4	4	4
2	2	2	2
3	2*	3	3
2	1*	2	2

* Change between pre- and post-test scores

A concern with the test results for parents Worry is that all of the change between the pre and post test scores occurred within the treatment group (see Table 3, Parent Worry and Table 9). Only one person in the control group changed (raised) his or her score, while six people in the treatment changed (lowered) his or her score. This would suggest that, while the changes between the pre and post test scores are within a normal

distribution range for this sample, the treatment did in fact account for the change. Parents receiving the treatment appear to have decreased the amount of time they spent worrying about their children each day.

The impact of the treatment on the amount of Worry experienced by the study participants was also reflected in the childrens' surveys (Table 10). An analysis of the childrens' scores on Worry shows a significant difference between the pre and post test scores for both the treatment and the control group. In addition, the treatment and the control group differed significantly in the level of worry for each group. The children in the treatment group had an overall lower level of worry about being in self-care than the children in the control group. However, as the scores in Table 3 indicate, the overall range of Worry was between "not much" and "never" for both groups. Of the 21 students participating in the study, five students reported Worry scores in the "some" range, with no students reporting "a lot" of worry. It is interesting that all five students reporting some worry were in the control group. I have no explanation of why the control group of children would express more worry about self-care unless the parent gave the child the survey with no preparation or discussion, while the treatment group may have

discussed and therefore lowered the childrens' level of worry before attending the first class.

Table 10

Repeated Measures ANOVA of Children's Worry

	SS	df	MS	F
Treatment	2.15	1	2.15	14.05 *
Between subject	5.96	17	.35	2.29 *
Treatment by group	3.73	3	1.24	8.10 *
Pre-post	1.58	1	1.58	10.32 *
Within Subject	-1.99	13	.153	
Total	11.43	35		

* Significant at .05

The fourth research question (Time: Does the treatment program change the number of times a parent arrives late to work or leaves work early?) had sporadic results, with parents not answering this question more than any other question (Pre-test: Group 1 N = 5, Group 2 N = 4). Due to the decreased number of respondents to the two questions on time, this data was not analyzed.

CONCLUSION

An original hypothesis in this study was that parents with children in self-care would experience increased role-overload due to conflicts between their job demands and supervising their children long distance via the telephone. It was thought that many of the emerging connections being discovered by other researchers between the quality of child care arrangement and the parents' stress, role overload, morale and productivity (Dopkin, 1986; Fernandez, 1986; Galinsky, Hughes, & Shinn, 1986; & Schmertz, 1988) also affected parents with children who are in self-care in a rural community. The results of this study did not support this hypothesis.

This study suggests that having children in self-care created little disruption to a parents' employment activities for these families. The parents and children in this study were fairly confident of the child's ability to be in self-care. These family members did not make frequent telephone calls between parent and child. Most did not even call once a week, unless a child was ill, in which case the number of telephone calls increased. The parents and children both reported a low level of worry while children were in self-care,

with parents reporting spending between 10 and 20 minutes a day worrying about their children.

The main effect of the treatment, a nine hour skills training taken by children with their parents at a local Community College, was to lower the amount of time parents worried about their children while the children were in self-care. For both children and parents, the actual amount of worry was small. Parent scores decreased from a mean score of 3 (11 to 20 minutes) to a mean score of 2 (1 to 10 minutes).

The most interesting result of the study was the effect on the control group. In two areas, the control group reported significant differences between pre and post scores. The parents' scores on confidence level increased equal to the treatment group scores. The control group childrens' Worry scores were significantly lower on the post-test. Perhaps the pre-test itself served as a stimulus to decrease worry. For example, I interpret these test scores to indicate that taking the pre-test survey was sufficient to sensitize parents to whether their children were able to care for themselves when home alone. One mother of five children in the control group wrote that she was amazed to learn her youngest did not know how to call her at work when her family completed the pre-test. Their family used the test as a learning tool and taught their children some

of the skills mentioned. Her confidence score almost doubled, going from a pre-test score of 2.8 to a post-test score of 4.2.

The effect on the control group suggests that any information is valuable to parents. The actual length of the class may not be as important as getting information to families. This has importance to people planning classes, as it is easier to get people to attend a single session class than to attend a six session class. Employers who wish to increase worker commitment to their jobs by supporting families (Orthner and Pittman, 1986) may not need to provide extended trainings and seminars. It would appear that providing information, through handouts or short seminars, is equally successful to extended seminars in showing support to families.

The study results on Worry scores for both children and adults suggest a need for a future study to determine how parents with children in self-care differ in worrying from parents with children in other types of child care. There is currently no data regarding how much all parents worry about their children while they are at work, unrelated to the method of child care. Future research could also examine differences in the self-care experience for children and their parents between families with children in self-care only after

school, only before school, both before and after school, or after school and evenings.

One limitation of this study is the small sample size (n = 20). This was due in part to the high attrition rate of the volunteers in the control group (37% returned the post-test). The small sample size can also be attributed to the use of volunteers subjects for the study, rather than selecting the subjects randomly from the population studied. Volunteers were used to more accurately replicate the volunteer population of parents most often participating in employer sponsored trainings.

Other limitations to this study are the skewed distribution of responses on Telephone by parents and low response rate to survey questions about Time. Most parents reported very low telephone use (mean scores below one telephone call a week) which prevented an analysis of the data from providing firm conclusions about the data. The low response rate to survey questions about Time prevented the data from being analyzed.

The limitations of this study prevent any strong conclusions being drawn from the data. This study does support the findings of earlier studies (Cain and Hofferth, 1989: Joint Public Affairs Task Force of the Virginia Home Economics Association and the Virginia

Association of Extension Home Economics, 1986) that families living in rural and suburban areas use self-care as a means of child care for their children after school with few harmful consequences to the child. Based on this study, there appear to be few harmful consequences to the parents' employment also.

Having children in self-care has a minor impact on the parents' employment in this sample. Parents make few, if any telephone calls to their children or to each other about their school age children. Parents have a high level of confidence in their childrens' ability to be in self-care and do not spend much time worrying about them. Children have even more confidence than their parents do in their ability to care for themselves, reporting a low level of worry about self-care issues.

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APPENDICES

APPENDIX A

Diane Palmer, a graduate student in Human Development and Family Studies at Oregon State University, is doing research on the benefits of training children to care for themselves before or after school while their parents are at work or school. Diane needs families with children in the third, forth, fifth, and sixth grades to participate in this study.

The families will be asked to complete two short questionnaires (one in January and one in March) on school age child care concerns. Families will receive a children's resource book and parent information on self-care. Some families will receive the material during the research. Other families will receive the material at the end of the project.

If you are interested in participating in this study, please return this form to Marce Knight by December 15, 1989.

North Bend Medical Center

NAME_____

ADDRESS_____

PHONE (home) _____ (work)_____

APPENDIX B

Educational Material

American Red Cross. When I'm in charge. Portland, Oregon: American Red Cross.

Fox Valley Task Force on Latchkey Children (1987). When you are in charge. Appleton, Wisconsin: Aid Association for Lutherans.

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APPENDIX C

BALANCING WORK AND FAMILY
EFFECT OF FAMILY RESPONSIBILITIES ON JOB

PARENT SURVEY

This survey is part of a study being conducted on the effect of older children's child care needs on a parents employment. One part of this study is an evaluation of the usefulness of teaching older children skills necessary to safely care for themselves when they are home alone.

Your name and address are requested in order to contact you for a follow up survey. Your name will be kept confidential and will not be used with the survey results. The number on the survey is to identify your questionnaire so that your answers can be compared at the end of the study.

This study is specifically looking at 3rd., 4th., 5th., and 6th. grade children. Please answer the question as it applies to your child or children in these grades.

SECTION A

1. How well do you feel your child or children in grades 3, 4, 5, or 6 are prepared to handle the following situations when home alone:

	NOT AT ALL		SO-SO		A LOT
Nosebleeds	1	2	3	4	5
Cuts and bruises	1	2	3	4	5
Getting ready for school in the morning	1	2	3	4	5
Boredom	1	2	3	4	5
Organizing after school activities	1	2	3	4	5
Loneliness	1	2	3	4	5
Answering the door	1	2	3	4	5
Fears	1	2	3	4	5
Preparing snacks	1	2	3	4	5
Getting along with sisters and brothers	1	2	3	4	5

2. How do you feel about your child or children being home alone while you are at work or running errands? Please mark the spot between the two words on each row that represents how you feel.

GOOD	_____	_____	_____	_____	_____	BAD
SAD	_____	_____	_____	_____	_____	HAPPY
TERRIBLE	_____	_____	_____	_____	_____	WONDERFUL
LOVE	_____	_____	_____	_____	_____	HATE
RIGHT	_____	_____	_____	_____	_____	WRONG

SECTION B

3. Can you make and receive personal telephone calls at work?

NO (Go to next page, question #9) YES

Please turn page

4. How often do you call your spouse or another adult from work to discuss the following child care issues? (please circle answer)

	NEVER	LESS THAN ONCE A WEEK	1 TO 4 TIMES A WEEK	DAILY	MORE THAN ONCE A DAY
SICK CHILD	X	X	X	X	X
ASK PERSON TO PICK UP CHILD	X	X	X	X	X
CHANGE IN WORK SCHEDULE	X	X	X	X	X
PROBLEM WITH CHILD AND POLICE	X	X	X	X	X
DISCIPLINE PROBLEM	X	X	X	X	X
PROBLEM WITH CHILD'S SCHOOL	X	X	X	X	X
OTHER_____	X	X	X	X	X

Please answer the questions as they apply to your child or children in grades 3, 4, 5, and 6.

5. How often do you call your child or children in these grades while they are home alone to:

	NEVER	LESS THAN ONCE A WEEK	1 TO 4 TIMES A WEEK	DAILY	MORE THAN ONCE A DAY
LEARN IF CHILD IS HOME	X	X	X	X	X
ASK CHILD TO DO A JOB/CHORE	X	X	X	X	X
CHECK ON SICK CHILD	X	X	X	X	X
BREAK UP CHILDRENS FIGHTING	X	X	X	X	X
LEARN IF SPOUSE IS HOME	X	X	X	X	X
DISCIPLINE A CHILD	X	X	X	X	X
OTHER_____	X	X	X	X	X

6. How often do your child or children in these grades call you at work for the following reasons? (Please circle answer)

	NEVER	LESS THAN ONCE A WEEK	1 TO 4 TIMES A WEEK	DAILY	MORE THAN ONCE A DAY
CHECKING IN AFTER SCHOOL	X	X	X	X	X
FIGHTING WITH BROTHER OR SISTER	X	X	X	X	X
CAN'T FIND SOMETHING	X	X	X	X	X
BROTHER OR SISTER NOT HOME WHEN THEY SHOULD BE	X	X	X	X	X
LOST OR FORGOT SCHOOLWORK, LUNCH OR THEIR KEY	X	X	X	X	X
MISSED THE BUS OR OTHER RIDE	X	X	X	X	X
HURT OR INJURED	X	X	X	X	X
WANT TO HAVE A FRIEND OVER	X	X	X	X	X
NEED HELP WITH HOMEWORK	X	X	X	X	X
FRIGHTENED OR LONELY	X	X	X	X	X
OTHER_____	X	X	X	X	X

7. When you call your child or children from work, do you most often talk to: (Please check best answer)

a. _____ WHOEVER ANSWERS THE PHONE
b. _____ EACH OF YOUR CHILDREN AT HOME
c. _____ OLDEST CHILD AT HOME (is this child a BOY or GIRL?)
d. _____ YOUNGEST CHILD AT HOME (is this child a BOY or GIRL?)
e. _____ OTHER

Please turn page

8. How many minutes do you normally talk to your child on the telephone each telephone call?_____

SECTION D
9. How often during the last month did child care problems cause you to:

a. Leave work early _____
b. Consider quitting your job?_____
c. Be late to work?_____
d. Miss a meeting?_____
e. Miss a day of work?_____
f. Take an extended break?_____
g. Miss out on overtime?_____
h. Used a day of vacation time?_____

10. How much total time, if any, did you miss from work in the last month due to child care?_____

11. How much, if at all, do you feel child care problems conflicts with your job?

A GREAT DEAL A LOT SOME NOT MUCH NOT AT ALL

12. Which of the following child care problems caused you to miss time from work in the last month? (circle all that apply)

a. SICK CHILD
b. SICK CHILD CARE PROVIDER
c. VISITING CHILD'S SCHOOL
d. LACK OF CHILD CARE
e. DRIVING CHILD SOMEWHERE
f. CHILD FORGOT SOMETHING
g. CHILD'S DISCIPLINE
h. OTHER_____

SECTION E
For this study, we define worry as thinking about negative events or activities that might happen to your child or be done by your child.

13. Some people report spending half a day or longer worrying about their child. Other people tell us they worry for a minute or two, then become busy at work and do not think of the child again until their next break. How many minutes or hours do you spend worrying about your child or children each day? (Please circle one answer)

a. 0 b. 1 to 5 min. c. 6 to 10 min.
d. 11 to 20 min. e. 21 to 30 min. f. 31 to 40 min.
g. 41 to 50 min. h. 51 to 60 min. i. more than 60 min.

14. If you worry about your children while you are at work, what do you worry about most?

15. How often do you feel concerned about each of the following when your children are home alone?

	A GREAT DEAL	A LOT	SOME	NOT MUCH	NOT AT ALL
a. My children are alone to much	5	4	3	2	1
b. Other children will cause my child to misbehave.	5	4	3	2	1
c. Living in an unsafe neighborhood.	5	4	3	2	1
d. My child will break something	5	4	3	2	1
e. Strangers will bother my child	5	4	3	2	1
f. I should work less	5	4	3	2	1
g. Who are my children with?	5	4	3	2	1
h. Did my children get home O.K.?	5	4	3	2	1
i. Where have my children gone?	5	4	3	2	1
j. What are my children doing?	5	4	3	2	1

SECTION F

16. What are your regular child care arrangements?

a. PARENT CARES FOR CHILD AT HOME b. DAY CARE HOME
c. RELATIVE'S HOME d. RELATIVE AT YOUR HOME
e. CHILD CARE FOR SELF AT HOME f. DAY CARE CENTER
g. CHILD OVER 14 CARES FOR YOUNGER CHILD AT HOME
h. OTHER_____

SECTION G

If your child/children are not in self care while you work outside the home, please skip to question 21.

17. How many children are in self-care?_____

18. What are the grade, ages, sex, and number of hours in self-care for each of your children who care for themselves after school?

GRADE AGE SEX HOURS IN SELF-CARE EACH DAY

_____

_____

_____

19. When is your child/children in self-care?

a. BEFORE SCHOOL b. AFTER SCHOOL c. EVENINGS
d. BEFORE AND AFTER SCHOOL e. WEEKENDS

20. How many days are your child or children in self-care a week?_____

21. How many people live at your home? ADULTS_____ CHILDREN_____

22. What is your family's annual income?

0-15,000 15,000-30,000 30,000-45,000 over 45,000

23. Is there anything else you can tell us to help us understand how child care for your children in grades 3, 4, 5, and 6 effects your work.

THANK YOU FOR YOUR HELP IN ANSWERING THIS SURVEY

APPENDIX D

EFFECT OF FAMILY RESPONSIBILITIES ON PARENTS JOB
STUDENT'S SURVEY

We're interested in how you feel about being home alone and how often you call your parents when you are home alone. Please answer each of the questions.

SECTION A.

1. Think about a day that you are home alone. How well do you think you can:

	BAD 		OK 		GREAT 
Take care of nosebleeds	1	2	3	4	5
Take care of cuts and bruises	1	2	3	4	5
Get ready for school in the morning	1	2	3	4	5
Find things to do	1	2	3	4	5
Not be lonely	1	2	3	4	5
Answer the door	1	2	3	4	5
Not be scared	1	2	3	4	5
Fix snacks	1	2	3	4	5
Getting along with your sisters and brothers	1	2	3	4	5
Answer the telephone	1	2	3	4	5

Choose a word that best describes how you feel about being home alone from each row.

GOOD	____	OK	____	BAD
SAD	____	OK	____	HAPPY
TERRIBLE	____	OK	____	WONDERFUL
LOVE	____	OK	____	HATE
RIGHT	____	OK	____	WRONG

Please turn the page.

3. Who takes care of you after school most days? [Circle one]

a. YOUR MOM OR DAD AT YOUR HOME
b. A DAY CARE CENTER
c. A RELATIVE AT YOUR HOME
d. A FRIEND OR NEIGHBOR
e. YOU GO TO A RELATIVE'S HOME
f. YOU CARE FOR YOURSELF
g. OTHER _____

4. How old are you? _____

5. What grade in school are you?_____

6. Are you a boy or a girl? _____

SECTION C

7. How often did your mother call you from work last week? ____

8. How often did your father call you from work last week? ____

9. Can you call your mother at work? YES NO

10. How often did you call your mother at work last week? _____

11. Can you call your father at work? YES NO

12. How often did you call your father at work last week? _____

SECTION D

13. When you are home alone, how often do you think about each of these problems? [please circle the best answer]

	A LOT	SOME	NOT MUCH	NEVER
What if I get hurt.	X	X	X	X
What if a stranger comes to the door	X	X	X	X
What if the house catches on fire	X	X	X	X
What if I forgot my key	X	X	X	X
What if I get sick	X	X	X	X
What if my mom or dad are late comming home.	X	X	X	X

Please turn the page.

SECTION D

How many times do you call your mother or father at work: [Please circle answer]

	NEVER	LESS THAN ONCE A WEEK	1-4 TIMES A WEEK	EVERY DAY	MORE THAN ONCE A DAY
To check in after school?	X	X	X	X	X
Because your brother or sister are fighting with you?	X	X	X	X	X
You can't find something?	X	X	X	X	X
When your brother or sister are not home and they should be.	X	X	X	X	X
You have lost something.	X	X	X	X	X
You missed the bus or your ride.	X	X	X	X	X
You are hurt or sick.	X	X	X	X	X
Your brother or sister is hurt or sick.	X	X	X	X	X
You want to have a friend over.	X	X	X	X	X
You need help on homework.	X	X	X	X	X
You are afraid or lonely.	X	X	X	X	X

Thank your for your help.