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Should We Care About Adolescents Who Care for Themselves? What We've Learned and What We Need to Know About Youth in Self-Care

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Abstract

This article provides an overview of existing research on the prevalence and predictors of adolescent self-care and on the consequences associated with it. Self-care, in which the young are left unsupervised during out-of-school hours, is a common experience for millions of American youth, and existing studies suggest that this arrangement may represent a risk for the development of behavior problems. However, the behavior problems associated with self-care depend on both individual and environmental factors and are most likely to develop when self-care (1) occurs out of the home, (2) involves permissive parenting and/or low parental monitoring, (3) takes place in neighborhoods with high levels of crime and disorganization, (4) involves adolescents with preexisting behavioral problems, and (5) represents an intensive and persistent arrangement. Following our survey of current research on self-care, we offer recommendations regarding future research and policy.

Developmental consequences for youth who experience self-care (unsupervised time during the out-of-school hours) have been of interest to researchers, policy-makers, and families for decades (e.g., Mahoney, Vandell, Simpkins, & Zarrett, in press; Vandell & Posner, 1999). Prior to the mid-1980s, youth in this arrangement were often referred to as “latchkey children” because of the house key they often wore around their neck (e.g., Long & Long, 1982). However, some considered this term to have negative connotations (Rodman, Pratto, & Smith Nelson, 1985), and descriptors such as “self-care” and “non-adult care” have been increasingly used instead. The changing terms coincide with an ongoing debate over the consequences of this arrangement for the healthy development of young people. Proponents argue for a positive impact of self-care, including its allowing parents the opportunity to work and providing youth an experience that may increase their responsibility, independence, and self-reliance (e.g., Belle, 1994; 1999; Galambos & Dixon 1984; Stewart, 1981). In contrast, opponents have pointed to risks that can arise for unsupervised youth, such as injury, victimization, exposure to crime, and association with deviant peers (e.g., Galambos & Dixon 1984; Riley & Steinberg, 2004; Zigler, 1983).

This article provides an overview of the literature on adolescent self-care that is guided by the bioecological perspective to development (Bronfenbrenner & Morris, 2006). This perspective assumes that development occurs through a process of continuity and change in interactions between the individual's biopsychological characteristics (including physical characteristics, behavioral dispositions, motivations, abilities, and knowledge) and features of the nested ecologies (proximal to distal) that the individual is part of over time. In this view, understanding whether and how self-care affects development requires attention to

relations among youth characteristics (e.g., gender, age, behavior) and ecological features that contextualize and affect adolescents' self-care experience (e.g., parenting, peers, home, neighborhood). Other theoretical perspectives (e.g., routine-activity theory, person-stage-environment fit perspective) provide additional insight about individual and social-ecological conditions that are important for understanding consequences of self-care.

This article is organized into three sections dealing with the prevalence and predictors of self-care; the consequences associated with self-care; and conclusions and future directions.

Prevalence and Predictors of Self-Care

Understanding the prevalence and predictors of self-care is important for at least three reasons. First, this understanding helps to define the scope of the phenomenon: if self-care is a common experience for adolescents, then interest in the consequences of this arrangement should be widespread. Second, from a bioecological perspective, understanding the individual and ecological conditions that affect the prevalence of self-care may help to target both research efforts and practical/policy decisions concerned with how best to organize out-of-school time for young people. Third, to the degree that those factors influencing the selection of youth who experience self-care also influence adolescent adjustment, they should be considered in research aimed at understanding the consequences of self-care.

How many adolescents experience self-care? The answer depends on what source is consulted and what operational definition of self-care is employed. For example, the 2005 Census indicates that 14% (5.2 million) of 5- to 14-year-olds regularly spend some time in self-care (U.S. Census, 2005). The National Household Education Surveys Program of 2005 reports that 7% and 27% of students in grades 3–5 and 6–8, respectively, care for themselves at least once a week (Carver & Iruka, 2006). The America After 3PM national household survey reports that 7% (1.3 million), 34% (3.9 million), and 52% (6 million) students in grades 1–5, 6–8, and 9–12, respectively, take care of themselves after school (Afterschool Alliance, 2003). Because parents or other adults are the typical information sources in these surveys and may be reluctant to report self-care, the estimates could be conservative. Nonetheless, it seems safe to conclude that several million American adolescents take care of themselves on a regular basis.

Consistent with the bioecological perspective, whether and how often adolescents experience self-care depends on ecological and individual factors. To begin with, past work has consistently linked the prevalence of self-care with children's age and maternal employment. For instance, data from the 2002 Survey of Income and Program Participation (SIPP; Overturf Johnson, 2005) found that roughly 3% of 5- to 8-year-olds, 15% of 9- to 11-year-olds, and 40% of 12- to 14-year-olds regularly experienced self-care when their mother was employed. For youth whose mother was not employed, the corresponding values were 2%, 6%, and 17%, respectively. This finding parallels past research on the general positive association between self-care and youth age (e.g., Brandon, 1999; Casper & Smith, 2002). However, Cain and Hofferth's (1989) analysis of the 1984 Current Population Survey (CPS) indicates that although maternal employment predicts the use of nonparental care in general, it does not predict the specific type of nonparental care (e.g., self-care, sibling care, relative care). In addition, we know very little about these associations for youth beyond the age of 14 or grade 9.

Family structure and networks are also associated with the prevalence of self-care. For example, among families in which the mother is employed, young adolescents from single-parent families are more likely to experience self-care than are those living in intact, two-parent households (e.g., Dwyer et al., 1990; Overturf Johnson, 2005; Richardson, Dwyer, & McGuigan, 1989). Moreover, the availability of either nonparental adults (e.g., a

grandmother) who can check in on unsupervised youth or the presence of older siblings in the home positively predict the use of self-care (e.g., Brandon, 1999; Cain & Hofferth, 1989).

Some other demographic predictors of adolescent self-care are less intuitive. For example, the popular perception that poor, inner-city youth from traditionally defined minority groups are most apt to experience self-care tends not to be supported by research. The consensus of findings from national, regional, and local investigations shows that the adolescents who are most likely to experience self-care are white (vs. black or Hispanic), reside in higher-income areas, and come from middle-class or higher-income families with a mother who tends to hold a bachelor's degree or has completed a higher level of education (e.g., Brandon, 1999; Casper & Smith, 2002; Overturf Johnson, 2005).

However, one study found that, compared with their white counterparts, black youth are more likely to experience intense amounts of self-care (10 or more hours per week) (Casper & Smith, 2002). Furthermore, research by Levine Coley and colleagues (2004) suggests that, among low-income 10- to 14-year-olds, living in deep poverty is linked to an increased likelihood of unsupervised care out of the home. This finding is troubling because it suggests that, among poor families, those youth experiencing the deepest poverty may be especially likely to experience self-care. Replication and additional research could assess whether this owes to a lack of available and affordable supervised alternatives for disadvantaged families.

Beyond demographics, relatively little is known about the psychosocial aspects of adolescents or their parents that make out-of-school self-care more likely. For example, Belle's (1997) qualitative study of children and youth suggests that self-care is more likely when youth are perceived as mature and rule-abiding and display low levels of disruptive and anxious behaviors. This type of selection could also account for why some studies have found supervised children to have relatively high levels of behavior problems compared with those of children who are unsupervised (e.g., Levine Coley & Hoffman, 1996). With respect to parents, research suggests that youth in self-care are more likely to have parents with permissive parenting styles (Steinberg, 1986), who drink and smoke (Richardson, Radziszewska, Dent, & Falay, 1989), and who are comparatively poor monitors of their child's behavior (Levine Coley et al, 2004; Pettit, Bates, Dodge, & Meece, 1999). However, it is difficult to sort out directionality in some of these studies because personal characteristics have typically been assessed in tandem with the self-care experience and relegated to control variables.

Consequences Associated with Self-Care

Research on the consequences associated with adolescent self-care is mixed. The bulk of studies have found that regular and durable experience in self-care is associated with poor developmental consequences, including high levels of substance use (e.g., Levine Coley et al., 2004; Mott, Crowe, Richardson, & Flay, 1999; Richardson et al., 1989), aggression, deviance, and misconduct (e.g., Diamond, Kataria, & Messer, 1989; Galambos & Maggs, 1991; Pettine & Rosén, 1998; Pettit et al., 1999), fear and anxiety (Long & Long, 1982; Shulman, Kedern, Kaplan, Sever, & Braja, 1998), and low academic performance and school attendance (e.g., Posner & Vandell, 1994; 1999; Shulman et al., 1998). However, other studies suggest that there is no significant association between adolescent unsupervised time and behavioral/academic adjustment (e.g., Dwyer et al., 1990; Rodman et al., 1985; Shulman et al., 1998). Moreover, one study found that children experiencing self-care had better academic performance compared with children attending after-school programs of dubious quality (Vandell & Corasaniti, 1988).

Why the discrepant findings? The bioecological perspective introduced at the beginning of this article suggests that nuanced theories of adolescent leisure and development are needed to address this question. For example, routine-activity theory (e.g., Osgood et al., 1996, 2005) indicates that unsupervised time, per se, does not necessarily constitute a risk. Instead, risk depends in part on whether the social conditions of self-care provide opportunities that “encourage” youth to engage in risky behaviors. Specifically, opportunities for developing behavior problems are predicted to be greatest when youth are unsupervised *and* socializing with peers in settings away from home without a clear structure or agenda for how they use their time (Osgood & Anderson, 2004). This set of out-of-school circumstances is experienced by many adolescents, which may help to explain why juvenile violence peaks during the hours following school dismissal (Newman, Fox, Flynn, & Christenson, 2000) and during the summer months (U.S. Department of Justice, 2004).

Consistent with this proposal, across adolescence, time spent with peers increases, and peer interactions tend to take place farther from the home and for longer intervals without direct parental supervision (e.g., NRC-IOM, 2003; Osgood et al., 2005). These trends correspond to an increase in criminal offending that emerges during early adolescence (e.g., Dodge, Dishion, & Lansford, 2006). In addition, research suggests that, compared with similar youth in supervised arrangements, youth involved in unstructured and unsupervised out-of-school settings are more apt to engage in antisocial and criminal behaviors (e.g., Mahoney, Stattin, & Magnusson, 2001). Evidence further suggests that a lack of adult supervision presents a significant associated risk for adolescents primarily when the self-care environment is away from the home rather than inside the home (e.g., Galambos & Maggs, 1991; Mott et al., 1999; Steinberg, 1986).

Parenting styles and behaviors also shed light on the connections between self-care and adolescent adjustment. For instance, permissive parenting is correlated with low levels of parental monitoring and knowledge about the activities, whereabouts, and peer involvement of youth. This knowledge gap is, in turn, predictive of adolescent susceptibility to peer pressure and substance use, particularly for youth whose self-care environment extends beyond the immediate home environment (Mott et al., 1999; Richardson et al., 1993; Steinberg, 1986). In contrast, authoritative parenting styles, characterized by a synergy of warmth/support and clear expectations/rules/consequences, has been linked to a lessening of negative consequences associated with adolescent out-of-home self-care (Mott et al., 1999).

Identifying the mechanisms behind such associations requires further study. It has been suggested that authoritative parents are particularly effective in establishing a relationship of trust and open communication with their adolescent children. The nature of this relationship, and their desire to maintain it, is thought to allow adolescents greater ease in resisting peer pressures toward deviance that may occur in the absence of adult supervision (e.g., Stattin & Kerr, 2000). However, the situation may be different for disadvantaged adolescents who regularly experience out-of-home self-care. Levine Coley and colleagues (2004) found that with this group, measures of perceived parental knowledge of adolescents’ activities and peers and of parental control were somewhat stronger predictors of reduced delinquency and substance use than were measures of parental trust and communication.

The neighborhoods in which self-care occurs can also influence the extent to which self-care relates to behavioral problems during adolescence. Consistent with routine-activity theory, dangerous and disorganized neighborhoods are especially likely to offer opportunities for deviance to unsupervised youth (Lord & Mahoney, 2007; Vandell & Ramanan, 1991). Research tends to support this notion. For instance, early findings of negative consequences related to self-care were more likely to involve inner-city youth than youth living in rural or suburban areas (Galambos & Dixon, 1984; Robinson, Coleman, & Rowland, 1986). More

recent studies show that neighborhood characteristics such as low levels of perceived safety and collective efficacy may amplify the risk of deviant behavior for youth who experience out-of-home self-care and low parental monitoring (e.g., Levine Coley et al., 2004; Pettit et al., 1999).

Personal factors may also affect the extent to which self-care predicts problem behaviors during adolescence. Gender is an example. Research suggests that negative outcomes related to self-care such as deviant peer affiliations, substance use, and peer pressure may be more apparent for girls than for boys. This appears to be particularly true when girls perceive their parents as lacking in knowledge of their activities (Richardson et al., 1993) and when the parent-child relationship is characterized by conflict, control, and low acceptance (Galambos & Maggs, 1991).

Preexisting behavior problems are a second personal factor that predicts difficulties associated with self-care. Both Pettit and colleagues (1999) and Levine Coley and colleagues (2004) found that antisocial behavior and misconduct associated with self-care were marked if youth had a history of behavior problems. Richardson and colleagues (1989) suggest that in such cases, self-care may facilitate adolescents' perceptions of their maturity and promote independent decision-making. Whereas this situation might be viewed in positive terms for some youth, for adolescents with established behavior problems, it could increase their susceptibility to the influence of deviant peers and to opportunities for participating in risky activities (Richardson et al., 1989).

Lastly, the amount of self-care and its timing are important elements of the bioecological model and help to clarify the consequences associated with adolescent self-care. Although self-care has tended to be measured dichotomously (e.g., youth who experience self-care vs. those who do not), some investigations have considered the amount of time that adolescents spend in self-care (e.g., hours per week). In general, behavior problems are more likely for youth who spend a good majority of their after-school time without adult supervision. This relation seems to hold for adolescent smoking (Mott et al., 1999), externalizing behavior problems (Pettit et al., 1999), and substance use and depression (Richardson et al., 1989; 1993). For example, after controlling for sociodemographic and school-level factors, rates of substance use were found to be twice as high for youth who spent 11 or more hours per week in self-care compared with those for youth not experiencing self-care (Richardson et al., 1989).

Regarding the importance of timing, Pettine and Rosén (1998) found that youth reported higher amounts of deviance when self-care began in elementary school as opposed to early adolescence. Moreover, Dwyer and colleagues (1990) found that substance use in early adolescence may depend on whether unsupervised care persisted from childhood into the adolescent years. Consistent with a cumulative-risk perspective, Colwell, Pettit, Meece, Bates, and Dodge (2002) showed that self-care in grade 1 and unsupervised peer contact in grade 6 incrementally predicted externalizing problems in grade 6, and that most of the predictive associations were explained by family background and social-relationship factors. On this issue of stability, Laird, Pettit, Bates, and Dodge (1998) found that some after-school care arrangements (e.g., self-care) showed considerable continuity, whereas other arrangements (e.g., school programs) changed substantially from year to year. Time spent in care arrangements varied by gender, behavioral adjustment, ethnicity, SES, maternal employment, and parental marital status. These findings underscore the importance of developmental and ecological factors in family choices of care arrangements.

Conclusion and Directions for Future Research

In recent decades, important knowledge has accumulated toward an answer to the question “Should we care about adolescents who care for themselves?” Under some conditions, self-care is a risk associated with adolescent behavior problems. Problems are most likely to develop for youth whose self-care experience (1) occurs outside the home, (2) involves permissive parenting and/or low parental monitoring, (3) takes place in neighborhoods with high levels of crime and disorganization, (4) involves adolescents with preexisting behavioral problems, and (5) represents an intensive and persistent arrangement.

For some readers, the foregoing conclusions may have produced feelings of déjà vu, because some of these conclusions were suggested by research conducted more than a decade ago. Although important research advancements have been made in recent years (e.g., better accounting for selection factors, more longitudinal studies, inclusion of broader ecologies such as the neighborhood), research in this area has waned overall. Because neither the prevalence of adolescent self-care nor the risks associated with it appear to have diminished, efforts to understand this common adolescent experience need to continue. We suggest that further attention is required in three broad areas: theory, methodology, and policy.

With respect to theory, much of the research on self-care has, with some exceptions (e.g., routine-activity theory), been descriptive rather than theory-driven. As a result, we know little about mechanisms or processes by which self-care influences youth development. However, several theoretical perspectives that have been used in research on organized out-of-school activities may be useful in this regard (e.g., person-stage-environment fit, flow theory, positive youth development, and social control theory). For instance, person-stage-environment fit theory (e.g., Eccles & Midgley, 1989) posits that behavioral development depends on the degree of match between the individual’s existing abilities, characteristics, and interests and the opportunities afforded to the individual by the immediate social environment. Fit is optimal when the environmental features the child experiences are structured according to the child’s needs and developmental level. From this perspective, greater attention to how individuals experience self-care and to the “fit” this arrangement represents for different youth seems warranted.

For example, in terms of an individual’s developmental stage, the bulk of knowledge about adolescent self-care is based on studies of young adolescents. Self-care is likely to become a normative experience by late adolescence, and the meaning and consequences of this experience should change as a result. Because developing autonomy from parents is a normal, healthy part of adolescence, one might expect that whether or not youth experience self-care in late adolescence will become a less important indicator of adjustment. However, the social-ecological conditions that moderate the associated consequences of self-care (e.g., parental monitoring, peer affiliates) might continue to be important.

In addition, although several studies have found negative consequences linked to self-care, it may represent a positive person-environment fit in some circumstances. Indeed, research on self-care has seldom looked for positive outcomes, and the notion that self-care might foster responsibility, self-reliance, and independence for some youth remains largely untested (e.g., Belle, 1994). Nonetheless, just as certain person-environment conditions seem to increase the risk of self-care, one could envision scenarios where time spent alone is beneficial. For example, youth who are mature and responsible, able to use their solitary time constructively, and reside in safe neighborhoods may find some self-care to be a positive and productive experience.

Finally, from a bioecological perspective, the experience and consequences associated with self-care may interact with family-level processes such as whether parents monitor their

children *in absentia*. Over 20 years ago, Steinberg (1986) discussed ways in which parents could monitor youth using distal supervision strategies (e.g., phone calls, making arrangements with neighbors to look in on the youth, and having a schedule of activities that the adolescent is expected to follow). Today we might add email, text- and instant-messaging as other possibilities. At least one study (Levine Coley & Hoffman, 1996) found that distal monitoring among unsupervised children predicted significantly better teacher-rated behavioral adjustment, but only for those living in safe (low-crime) environments. However, many basic questions about distal parental supervision remain unanswered. How common is distal supervision? Which families use these strategies? What strategies do families employ today? In terms of reducing risks associated with self-care, with what types of environments and youth is distal monitoring likely to be most (and least) effective? Clearly, more work on monitoring *in absentia* is needed.

With respect to methodology, greater attention needs to be given to discrepancies in how self-care is operationalized across studies and reports. Some scholars have offered a specific definition of self-care (e.g., Rodman & Cole, 1987), but no single definition is likely to capture the complexity of this arrangement in full. It seems less important to find one definition that will satisfy all investigators than to be clear on the theoretical and empirical rationale for the various parameters investigated. Moreover, neither individual trajectories of self-care usage across development nor the associated long-term consequences of experiencing different amounts/durations of self-care are well understood. Data from multiwave longitudinal studies are needed to fill this knowledge gap. Ideally, nationally representative samples of young people would be assessed, and self-care would be measured on multiple occasions using an approach that effectively captures youth's use of time (e.g., time diaries, experience sampling).

In addition, research has often not specified the supervised arrangements with which self-care is compared (e.g., parent care, after-school programs), yet such specification is crucial for forming conclusions about the consequences of self-care (e.g., Galambos & Maggs, 1991; Levine Coley et al., 2004; Mahoney, Lord, & Carryl, 2005). Moreover, many youth experience self-care in conjunction with other types of care arrangements across the week (Lord & Mahoney, 2007; Polatnick, 2002). Because the consequences of self-care may be influenced by these other arrangements (e.g., Pettit, Laird, Bates, & Dodge, 1997), methodological approaches that identify and compare patterns of out-of-school arrangements seem promising (e.g., Mahoney et al., 2005).

Lastly, with regard to policy, it needs to be recognized that understanding the risks associated with self-care does not provide a solution to the problem. When children with behavior problems live in unsafe neighborhoods and face many hours of unsupervised after-school care, what should parents do to mitigate the potential negative consequences of self-care? There is a sizable literature on benefits associated with youth participation in adult-supervised organized activities (i.e., sports, clubs, lessons, after-school programs) (Mahoney et al., in press). Unfortunately, the provision of affordable organized activities is inadequate, particularly for poor families in high-risk areas. Although there have been increases in federal funding (the 21st-Century Community Learning Centers) and state-level funding (e.g., the After-school Education and Safety Program in California) to support youth participation in these activities, the current supply of youth programs meets only a fraction of the demand for them (e.g., Stonehill, 2006). Accordingly, to help reduce the risks linked to self-care, there is a critical need for funding to provide additional organized activities for low-income adolescents.

In conclusion, self-care is a common experience for millions of American youth. Progress has been made in understanding the consequences of this experience over recent decades.

Nonetheless, significant gaps in the knowledge base remain. Conducting research from a bioecological perspective to development has advanced this field of study. Additional investigations that are guided by this framework seem warranted.

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