Afterschool Programs' Support of Children's Social-Emotional, Behavioral, and Physical Health During Middle Childhood





A Summary of Findings From the Literature

Middle childhood, often defined as 6–12 years of age, is an important developmental period when children transition toward formal schooling and greater autonomy. Increasingly, supporting nonacademic skills during middle childhood—such as self-confidence and self-esteem, empathy, and following rules and directions—is seen as essential in providing children with competencies they need to perform well in school and function in society. Social-emotional and behavioral skills predict positive outcomes across multiple domains, both in the short and long term.

Unfortunately, economically vulnerable children often face caregiving situations and adverse environments that can threaten optimal healthy development in these domains. Afterschool programs provide an opportunity to mitigate against threats to optimal development by providing safe learning environments and access to critical protective factors in the form of healthy and supportive relationships with adults and peers.

This summary presents the results of a literature review to identify afterschool programs serving children aged 6–12 that report positive outcomes in social-emotional, behavioral, or physical health.

Literature Review Questions

- What afterschool programs report positive outcomes in social-emotional, behavioral, or physical health during middle childhood?
- What evidence is there of differential impacts by gender, particularly in programming and interventions that promote physical activity?
- What are the characteristics of programs, participants, and families for afterschool programs reporting positive outcomes in social-emotional, behavioral, or physical health?
- What routines, content, and activities are included in programs reporting positive outcomes?

Studies Reviewed

52 studies met inclusion criteria and were reviewed, including-

evaluations or annual reports for programs

reviews of several programs or databases

studies published in peer-review iournals



Social-Emotional Health

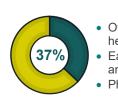
Social skills and prosocial behaviors Self-confidence

- Self-efficacy
 - Growth mindset
- Executive functioning
- Physical and emotional safety

Behavioral Health



Physical Health



- · Overall physical health
- Eating attitudes and behavior
- Physical activity

Outcomes by Gender

Social-emotional and behavioral health outcomes by gender were mixed, with some studies reporting greater improvements for girls and others reporting greater improvements for boys. Physical health outcomes were generally better for boys than girls.

Participant and Program Characteristics

Most programs served low-income, ethnically diverse children in urban locales. Programs often hired staff with specific qualifications, such as bilingual community health workers for a health promotion program for Hispanic children.

Program Routines, Content, and Activities

While most programs targeted specific goals, few used a model or curriculum to address those goals. Those that did typically reported positive outcomes.

- ⇒ 45% of studies targeted social-emotional development, but only 12% reported using a model or curriculum focused on social-emotional development.
- \Rightarrow 23% of studies targeted behavioral health, but less than 10% reported using a model or curriculum focused on behavioral health.
- \Rightarrow 45% of studies targeted physical health, but only 25% reported using a model or curriculum focused on physical health.

Examples of Programs Reporting Positive Outcomes

Outcome domain	Program*	Goals	Routines/content/activities
Social- emotional health	WINGS for Kids	Promote positive behavior, responsible decision making, and healthy relationships through cognitive regulation, emotional processes, and interpersonal skills	Community-building activities, community service activities, discussions of weekly learning objective, free play that integrates electives of interest with lessons about social and emotional objectives, and academic support time
Behavioral health	PATHS	Improve skills in four domains: self-control/emotion regulation, attention, communication, and problem solving	Direct instruction, puppet presentations, and stories to help children learn cognitive/behavioral strategies for calming down (e.g., Turtle Technique), labeling emotions (e.g., Feeling Faces), and problem-solving (e.g., Control Signal)
Physical health	FFFEP	Increase knowledge of healthy eating; increase knowledge of physical activity; increase healthy eating behaviors and physical activity	30 minutes of physical activity, healthy eating lessons, staff reading books about healthy eating and physical activity, games with food cards, food pyramid bingo, Glogerm kits to demonstrate handwashing, and food guide pyramid felt board

^{*}WINGS: Helping Kids Soar; PATHS (Promoting Alternate Thinking Strategies); FFFEP (Food and Fitness Fun Education Program)

Implications

Afterschool programs have the potential to support the socialemotional, behavioral, and physical health of children aged 6–12. This can be achieved by leveraging common afterschool routines and activities, including access to caring adults and a supportive learning environment. Programs should consider—

- How to optimize outcomes through more holistic approaches that bolster and support positive outcomes across the interrelated domains of social-emotional, behavioral, and physical health.
- How they might benefit from adding program offerings, curricula, or lesson plans designed to promote socialemotional, behavioral, and physical health.
- How they might use gender-sensitive strategies that support
 the unique needs, interests, and skills of girls and boys. For
 example, successfully engaging girls in physical activities may
 require strategies such as offering physical activities that are
 more relational in nature or are for girls only.

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