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—

<table>
<thead>
<tr>
<th>Evaluations or annual reports for programs</th>
<th>Reviews of several programs or databases</th>
<th>Studies published in peer-review journals</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>14</td>
<td>23</td>
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</tbody>
</table>

**Studies Reporting Positive Outcomes**

<table>
<thead>
<tr>
<th>Social-Emotional Health</th>
<th>Behavioral Health</th>
<th>Physical Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>27%</td>
<td>37%</td>
</tr>
</tbody>
</table>

- Social skills and prosocial behaviors
- Self-confidence
- Self-efficacy
- Growth mindset
- Executive functioning
- Physical and emotional safety
- Disruptive behaviors
- Misconduct
- Mental 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.

**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.

- **23%** of studies targeted behavioral health, but less than **10%** reported using a model or curriculum focused on behavioral health.

- **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**

<table>
<thead>
<tr>
<th>Outcome domain</th>
<th>Program*</th>
<th>Goals</th>
<th>Routines/content/activities</th>
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</thead>
<tbody>
<tr>
<td>Social-emotional health</td>
<td>WINGS for Kids</td>
<td>Promote positive behavior, responsible decision making, and healthy relationships through cognitive regulation, emotional processes, and interpersonal skills</td>
<td>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</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>PATHS</td>
<td>Improve skills in four domains: self-control/emotion regulation, attention, communication, and problem solving</td>
<td>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)</td>
</tr>
<tr>
<td>Physical health</td>
<td>FFFEP</td>
<td>Increase knowledge of healthy eating; increase knowledge of physical activity; increase healthy eating behaviors and physical activity</td>
<td>30 minutes of physical activity, healthy eating lessons, staff reading books about healthy eating and physical activity, games with food cards, food pyramid bingo, Glo-germ kits to demonstrate handwashing, and food guide pyramid felt board</td>
</tr>
</tbody>
</table>

*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 social-emotional, 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 social-emotional, 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.

**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.