After-school programmes response to the COVID-19 pandemic: Lessons learned from Barcelona, Spain

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Abstract
This article explores the role of after-school programmes (ASPs) in serving underserved families in Barcelona, Spain, during the lockdown phase of the COVID-19 pandemic. Using a mixed-method approach, this exploratory study surveyed 31 directors of ASPs administered by the Pere Tarrés Foundation. These ASPs serve almost 2000 children living under the federal poverty level in Catalonia, Spain. Results showed that the primary needs of children and their families revolved around: a digital divide that prevented them from accessing education remotely, financial difficulties, mental and behavioural problems and difficulty navigating pandemic-related information. The study also explores the ASPs’ contributions to address such needs, like engaging families, schools and social and health services to meet the urgent needs of the families, reinforcing school learning, providing support for managing emotions and providing guidance to families to help them better understand health information and gain access to available social and financial resources.

KEYWORDS
after school programmes, COVID-19, inclusion, social inequality, underserved families

1 | INTRODUCTION

1.1 | After-school programmes for underserved children in Spain

Close to a third of children in Spain lived at risk of poverty or exclusion in 2019 (Office of the High Commissioner for Human Rights, 2020). A generalized decline in financial stability stemming from the severe economic crisis that hit Spain between 2008 and 2013, fuelled by high levels of unemployment and housing insecurity (Gómez-Quintero et al., 2020), positions Spain as having the third-highest rate of child poverty in Europe, well above the European Union average of 20% (Espinosa, 2021; Hernández & Picos, 2021). The COVID-19 pandemic laid bare these systemic inequities. Families with children at risk of exclusion experienced disparate financial hardship because of the pandemic, which increased the proportion of children living below the poverty line to 37% nationally (Alto Comisionado contra la Pobreza Infantil, 2021). In Catalonia, where a third of children lived at risk of poverty in 2020 (Statistical Institute of Catalonia, 2021), Open Centers helped these children, and their families, navigate the lockdown phase of the epidemic. The purpose of the current study is to explore the lessons learned from this experience in Barcelona, Spain.

Open Centers or “Centros Abiertos” are after-school programmes (ASPs) for underserved children aged 3 to 18. ASPs are part of the Spanish social protection system and are thus subsidized by the government (Spain, Autonomous Community of Catalonia, 2007). There are 289 ASPs in Catalonia. Most are run by the government (72%). The remaining 28% are run by non-governmental organizations like the Pere Tarrés Foundation. The foundation runs 50 ASPs in the Catalan region. The state provides most of the ASP funding (66%) followed by the federal government (20.5%) and local governments (10%). ASPs obtain the remaining funding through gifts and grants from private foundations (Generalitat de Catalunya, Department of Social Rights, 2022a).
Besides enhancing children’s academic skills, the ASPs mandate includes the promotion of children’s positive development by providing case management and preventive services, such as socioemotional learning (SEL), counselling, work readiness and leisure activities, and by helping families navigate social support services in employment, health care, education, housing and nutrition (Avellaneda et al., 2019). To achieve these goals, ASP professionals, most of whom are social workers, collaborate closely with schools, other public social services (i.e., health care, housing etc.) and the Department of Children and Families, as it represents an important referral source for ASPs (Spain, Autonomous Community of Catalonia, 2003, 2010).

Interagency collaboration is crucial to provide interventions that address the needs of children and the systemic barriers that interfere with families’ progress. Particularly important is the collaboration with schools. Social workers at ASPs meet periodically with school social workers and teachers to coordinate children’s academic goals and progress, testing and special education services, as well as to strategize interventions for behavioural and disciplinary issues (Bas & Pérez, 2017; Longás et al., 2018; Ruiz-Román et al., 2018).

ASPs work with children between age 3 and 18, distributed by age groups: 3–6, 7–11, 12–16 and 17–18. Programmes run from Monday to Friday after school dismissal for 3 h on average, depending on the age group and the type of activities, as well as full time during the summer months and school vacation weeks. During their time at the ASPs, children engage in structured academic activities including homework and in hands-on, participatory enrichment activities such as science and art projects, sit-down games, educational computer use, performing arts, sports and trips to parks, museums and other local attractions (Avellaneda et al., 2019; Xarxa de Centres Socioeducatius de la Fundació Pere Tarrés, n.d.). Besides these core activities, ASPs provide career development and work readiness learning experiences by engaging teens in teamwork projects designed for learning interpersonal skills, cooperation, time management, punctuality and entrepreneurship (Marzo et al., 2019). All children and youth are assessed for learning disabilities and behavioural and socioemotional needs and, in collaboration with schools, receive appropriate services to address their specific needs (Generalitat de Catalunya, Department of Social Rights, 2022b; Iglesias & Morata, 2019). To mitigate the impact of family poverty on children’s development, ASPs hold weekly meetings with the children’s caretakers to facilitate access to essential resources such as employment, education or housing and to engage caretakers in activities that foster positive parenting, including effective parental supervision.

Studies show that ASPs are effective in promoting positive child and youth development in children and youth in urban, low-income communities. There is evidence that these programmes improve classroom behaviour (Brock et al., 2018) and academic skills (Cappella et al., 2018) and reduce the risk of social exclusion by increasing graduation rates (Hopson & Lee, 2011) and enrolment in postsecondary education (Marzo et al., 2019). A meta-analysis conducted by Apsler (2009) showed that participation in ASPs improved participants’ self-perception and sense of belonging to the school, fostered positive social behaviours, improved academic performance and reduced behavioural problems. Using a sample of 35 programmes, Lauer et al. (2006) found that ASPs “may have positive effects on the performance of students who are at risk at academic level” (p. 303). Their study found significant progress in reading and mathematics skills among primary and secondary students, mainly through the use of individualized tutoring. Other studies have found that ASPs enable at-risk children and adolescents to develop and apply new personal skills and talents through adult-supervised activities. The key mechanism by which these activities foster learning includes the provision of structured environments, opportunities to form strong social bonds with peers and adults and motivation to complete tasks (Eccles & Templeton, 2002; Mahoney et al., 2010; National Research Council and Institute of Medicine, 2002).

1.2 | The impact of COVID-19 on underserved children and families

The COVID-19 pandemic and the emergency caused by the state of alarm and subsequent lockdown had negative psychosocial and educational impacts on children, particularly among those from low-income households (Ghosh et al., 2020). By mid-April 2020, 192 countries (including Spain) had closed schools, affecting more than 90% of students worldwide (almost 1.6 billion in total) (UNESCO, 2020). In Barcelona, schools were closed for a total of 4 months, from March to June 2020. The lockdown negatively affected children including reduced teaching time and possible disengagement and distance from school and the interruption of sociocultural and sports activities with the compounded decrease in socialization opportunities (Save the Children, 2020). Almost 90% of Spanish parents reported emotional and behavioural changes in their children during the lockdown phase of the epidemic, including difficulty concentrating, anxiety, irritability, decreased physical activity and sleep disturbances (Orgilés et al., 2020).

Additionally, the negative economic impact of the pandemic and lockdown measures created extra stressors for underserved families. Food insecurity and other financial burdens negatively affected daily family functioning (Leddy et al., 2020), which was associated with an increase in incidents of child abuse and domestic violence (Bright et al., 2020; Xue et al., 2020). While the long-term psychosocial and educational effects of the COVID-19 pandemic have yet to be understood, they would likely help increase inequalities for underserved children and their families (Albalá & Guido, 2020; Cáceres-Muñoz et al., 2020).

1.3 | The role of ASPs in responding to the needs of underserved children during the COVID-19 pandemic

The literature on how ASPs addressed the needs of vulnerable children during the pandemic is nascent, although there is evidence that a large proportion of after-school activities in Catalonia (70%) were
interrupted during the lockdown phase of the pandemic and that low-income families were disproportionally affected by the disruption (Bonal & González, 2020). In the United States, a study including 914 providers representing more than 6000 after-school programmes in 47 states and the District of Columbia (Afterschool Alliance, 2020) found that most programmes serving low-income children were extremely concerned that their students were missing opportunities to socially connect with peers and caring adults and that they were at high risk of learning loss and food insecurity. As a result, most programmes strived to provide services in some capacity during the lockdown by switching to remote services (70%), serving meals and distributing other basic resources (55%) and by connecting families with community resources (53%) (Afterschool Alliance, 2020).

Evidence on the impact of these changes in underserved children and youth is nascent, although a few reports show promise in a variety of outcomes. For instance, a recent evaluation of the remote services of After School Matters, a non-profit organization that provides programmes in STEM, the arts, sports and leadership to nearly 10,000 youth in Chicago Public schools, shows that teens identified the ASP as a safe space to process difficult emotions and feel supported by instructors and peers. Teens also reported low levels of stress, food insecurity and appreciation for skill development opportunities, which increased their sense of belonging and satisfaction with the programme (Young et al., 2020). In California, Expanded Learning Programmes (ELPs) are publicly funded afterschool programmes that serve the state’s most vulnerable children. Over 80% of children who participate in ELPs are racially diverse children from socioeconomically disadvantaged families, and 25% are homeless students. During the lockdown phase of the epidemic, ELPs were vital to keeping children engaged by providing wraparound services such as access to meals, remote homework support and enrichment activities. ELPs also ensured internet access by deploying hotspot-equipped buses through communities, coordinated home deliveries of school supplies and made sure that students remained connected with mentors and peers who provided essential social and emotional support (Williams, 2020).

The few studies on how ASPs responded to the needs of underserved children during the first months of the COVID-19 in the United States are encouraging. The current study adds to this budding body of work by exploring how the ASPs responded to the needs of underserved children in Barcelona, Spain, during the first months of the COVID-19 pandemic. Understanding the role of ASPs during the lockdown phase of the pandemic may help reimagine how to better serve vulnerable families in times of crisis.

2 | METHODOLOGY

2.1 | Study sample

Thirty-one urban ASPs in the city of Barcelona, associated with the Pere Tarrés Foundation, participated in the study. We collaborated with the Pere Tarrés Foundation because all its centres remained operational during the lockdown phase of the pandemic and because it operates the largest number of ASPs for underserved children in Catalonia. The foundation manages 50 of Catalonia’s 289 ASPs and employs 258 professionals who serve almost 2000 children and their families (Statistical Institute of Catalonia, 2020). Under Spanish law, only children at risk of poverty or exclusion, defined as living below the federal poverty line, qualify for services at these ASPs (Spain, Autonomous Community of Catalonia, 2010).

2.2 | Approach

Given the exploratory nature of the study, we opted for a mixed-methods research design. The rationale is that combining quantitative and qualitative research components allowed for a deeper understanding of how the ASPs responded to underserved families during the lockdown phase of the pandemic (Creswell & Plano, 2017; Schoonenboom & Johnson, 2017). The IRB of our institution approved this research.

2.3 | Participants and procedure

The research team invited the directors of the 50 ASPs managed by the Pere Tarrés Foundation to participate in the study. The invitation was delivered via e-mail followed by individualized phone calls to further discuss the project and address questions. Thirty-one directors agreed to participate. We approached the directors as study participants because of two reasons. First, as providers of services, the directors had first-hand information about the challenges faced by children and families during the lockdown phase of the pandemic. Second, as coordinators of services in the ASPs, they had a good understanding about the organizational responses to such challenges. As social workers, ASP directors provide direct services to children and families while coordinating the centre’s daily functioning.

Given the lack of prior measures concerning our research question, the research team developed a mixed-methods survey consisting of both closed- and open-ended questions in collaboration with the participating ASP directors and their professional teams. The rationale behind opting for a mixed-method instrument was to reduce participant burden in the context of the pandemic by collecting both sets of data simultaneously (Vitale et al., 2008). The instrument was developed in July and August 2020 and was piloted with five directors in September 2020. The final survey was sent via e-mail to all participating directors in October 2020.

2.4 | Measures

A series of themes emerged from the collaboration with the ASP professional teams. The themes included: (1) needs of children and caretakers; (2) strategies to support the needs of children and caretakers; (3) communication strategies with children and caretakers;
(4) networking strategies among ASPs, schools, social services and health services; (5) difficulties in delivering services remotely; and (6) actions addressing the needs identified.

We used the themes to elaborate the mixed-methods survey, which included three blocks of questions: (1) descriptive data on the organization and its programmes, particularly in response to COVID-19; (2) needs stemming from the emergency; and (3) actions taken by the ASPs to address those needs. The first block consisted of seven items that provided information about the organization and its educational team (centre ownership, the municipality in which it is located, the ages of the children served and the number of families served). The second block was composed of a series of items listing the potential needs of children and families; 11 children’s needs and 26 family needs were listed for a total of 37 items. Participants used a Likert scale ranging from 1 (Never) to 5 (Always/nearly always) to note the frequency of each need. The final block included six questions that measure the frequency of different actions (between 6 to 17 per action) deployed by the centres to respond to the lockdown. Respondents used a Likert scale ranging from 1 (Never) to 5 (Always/nearly always).

To complement the quantitative data, each block was followed by an open-ended question that allowed participants to explain their responses. An additional two general open-ended questions enabled respondents to include additional needs and actions not included in the close-ended questions of blocks 2 and 3, respectively.

### 2.5 Data analysis

We conducted separate analyses for the quantitative and qualitative data. For the closed-ended survey questions, we ran basic frequencies and descriptive statistics. To identify themes in the qualitative data from the open-ended questions, we used thematic analysis (Braun & Clarke, 2006). Used extensively in organizational research because it facilitates the integration of qualitative and quantitative data (King & Brooks, 2019), thematic analysis is often understood as a flexible method to identify and analyse patterns from aggregated, open-ended data (Castleberry & Nolen, 2018). We started with a thorough and repeated reading of the aggregated qualitative data. To create the index codes, we coded the a priori themes included in the survey. The codes were then collapsed into themes by periodic discussions among the coauthors, in which disagreements around codes and themes were discussed until agreement was reached and themes refined to ensure internal coherence and meaningful distinction among them. Finally, the research team selected data extracts that exemplified each theme (Deterding & Waters, 2018).

We present the quantitative and qualitative results jointly. The results were structured around the themes and subthemes identified in the qualitative analysis. The descriptive statistics from the quantitative data were integrated into the most relevant themes to provide additional information, along with illustrative data extracts from the open-ended responses.

### 3 FINDINGS

#### 3.1 The ASPs identified significant needs among children and families

Table 1 shows the main problems experienced by children and families, by theme and need indicators, during the lockdown phase of the pandemic.

##### 3.1.1 Digital divide

During the months of strict lockdown, educational, social, health-related and other social services were provided remotely. The participants mentioned that many families lacked the resources (i.e., electronic devices and Internet connection) to access services. Even those with resources experienced difficulties accessing remote services because they lacked the technical skills to navigate the platforms used to provide such services.

The respondents highlighted the magnitude of the digital divide and how governmental efforts to address this issue were not always successful:

> It was very challenging to connect online to do homework. Why? Because the electronic devices that should have arrived in March did not arrive until June, and even then, children did not know how to use them because they had very little digital literacy.

This digital divide exacerbated other inequities. For example, schools conducted needs assessments remotely using online surveys. The families with the greatest needs were the least likely to respond, which further compounded the problem.

##### 3.1.2 Elevated risk of social exclusion

Situations requiring the intervention of specialized services increased during the lockdown. Families experienced acute financial concerns, including food insecurity, unemployment, the inability to make ends meet or pay for rent or utilities and lack of childcare. These financial stressors increased behavioural health problems and incidents of domestic violence, which unfortunately increased the number of children who were removed from their families.

The participants shared how these compounding stressors required nimble responses that involved a coordinated response from different services. Take, for instance, the case of a family that faced eviction because they could not make rent:

> A family received an eviction order to vacate their home but did not have alternative housing to go to, and no financial or family support. Situations like these required quick, direct intervention, at least to
guarantee a home to go to, as well as the provision of financial aid for food and technological devices to maintain children's stability and not further distort the socio-educational situation.

3.1.3 | Educational disparities

The lockdown exposed inequities concerning caretakers' ability to support school activities at home. It was common to find large families sharing small living spaces, intergenerational families living in the same household or large families living in single rented rooms. These circumstances hampered students' ability to focus on learning:

We found situations like those of a family of seven people, two adults, and five children, living together in 25 square meters [269 feet], without an Internet connection. We loaned them one laptop, but this was insufficient since all five children were attending remote schooling. They could not keep up with the academic pace.

These problems were compounded by the lack of designated spaces and resources (i.e., desks and chairs) to attend school remotely and do homework. The public schools did not distribute educational materials during the lockdown, and families could not afford them. As a result, children lacked the required supplies for schoolwork. The situation was particularly concerning for children with special needs. The provision of suitable materials and specialized support for children with dyslexia, developmental disorders, attention deficit hyperactivity disorder and other needs was extremely challenging.

3.1.4 | Socioemotional and behavioural problems

The lockdown also triggered or worsened behavioural challenges. These included difficulties in coping with emotional tension, expressing affection and dealing with the uncertainty stemming from...
the pandemic. The respondents also reported difficulties in maintaining children’s motivation to learn and remain engaged in activities. The lack of established routines and other structures during the lockdown led to feelings of isolation and sleep problems, including some children whose sleep schedules had been fully reversed. These concerns were compounded by adults whom themselves experienced challenges coping with the situation generated by the pandemic and who had limited resources to provide their children with protection and security. The forced coexistence, complicated by the stress stemming from the challenges associated with the pandemic, led to a substantial increase in family conflicts.

### 3.1.5 | Challenges navigating health care and other pandemic-related services

The rapidly evolving nature of the pandemic made compliance with health-related guidelines challenging for families, especially as they related to social services access. Their lack of digital literacy prevented them from understanding the ever-changing rules and regulations concerning the provision of services. Caretakers had difficulties understanding, for instance, how to apply for unemployment and financial aid; where to go for food, health care and other essential needs; or how to engage remotely with service providers.

### 3.2 | How the ASPs addressed the identified needs

Table 2 shows the main actions taken by the ASPs to respond to the identified challenges. It is important to note that they took two main routes to address the needs of children and families: (1) providing case management, referrals and coordination among the different health, educational and other social services that worked with the families and (2) providing services directly.

#### 3.2.1 | Coordinating access to technological resources

The ASPs responded quickly to the digital divide by contacting their network of donors, who then purchased electronic equipment for the children served at the centres. The 31 ASPs included in this study distributed 811 tablets and 450 SIM cards (which represents approximately 43 tablets and 24 cards per 100 children served). The public schools supplied the rest of the electronic equipment once they became available. Families kept the devices after the lockdown was lifted.

ASP workers also devoted a significant amount of time providing technical support for families over the phone, including guidance in setting up and using the tablets and cards. These actions helped

| Theme                                      | Actions implemented                                                                 | % “quite a lot, always or nearly always” replies | n  | N  |
|--------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------|----|----|
| Digital divide                             | Support the development of children’s technological competences                     | 77.4%                                         | 24 | 31 |
|                                            | Distribution of technological resources (tablets and connectivity cards)             | 74.2%                                         | 23 | 31 |
| Risk of social exclusion                   | Coordination with social services                                                   | 96.8%                                         | 30 | 31 |
|                                            | Coordination with health centres                                                    | 61.3%                                         | 19 | 31 |
| Educational disparities                    | Coordination with schools                                                            | 93.6%                                         | 29 | 31 |
|                                            | Support for doing school work                                                       | 87.1%                                         | 27 | 31 |
|                                            | Support for planning times, spaces and tasks                                         | 77.4%                                         | 24 | 31 |
|                                            | Support for strategies to organize, understand and remember what has been learned    | 67.7%                                         | 21 | 31 |
|                                            | Distribution of school supplies                                                     | 41.9%                                         | 13 | 31 |
| Socioemotional and behavioural problems    | Support the development of competencies for cooperating and coping with conflicts    | 83.9%                                         | 26 | 31 |
|                                            | Behavioural support (motivation to learn, management of expectations, emotional self-control, etc.) | 74.2%                                         | 23 | 31 |
|                                            | Coordination with child and youth mental health centres                              | 54.8%                                         | 17 | 31 |
| Challenges navigating pandemic-related information and services | Counselling children to manage information and access resources                      | 80.6%                                         | 25 | 31 |
|                                            | Counselling families to manage information and access resources                      | 74.2%                                         | 23 | 31 |
children and families to attend school remotely during the months of lockdown and engage in remote interventions with the ASP service providers.

3.2.2 | Coordinating access to social services

The respondents highlighted the nimbleness of the ASPs to respond to financial stressors and emergencies. The ASPs acted as brokers between families and different social services, including health care, behavioural health, housing, food pantries, unemployment, financial aid and others. The centres also became the case managers and resource coordinators for families providing referrals to services such as primary care (61.29%), behavioural health (54.84%) and early childhood (38.71%). One of the respondents shared this experience:

> On many occasions, the ASPs performed tasks of initial containment and contact with the appropriate social services in cases that required urgent attention, as families did not know how to access those services directly. Our professional teams also provided direct stabilizing services to children and families in crisis.

3.2.3 | Reinforcing schoolwork and routines

Most professionals at the centres (93.6%) facilitated the communication between schools and families. During the lockdown, families experiencing a digital divide could not communicate directly with the schools. In response, the ASPs served as liaisons informing schools of the children's educational needs and, by designing and implementing in collaboration with the children's teachers, actions to address such needs.

Additionally, most of the ASPs (87.1%) provided support to children to complete schoolwork. The children worked individually with ASP professionals to address curricular content and competencies. This included, for example, the use of technological tools (tablets and computers). To reinforce reading and mathematics competencies, the ASPs established individual daily sessions and weekly small-group sessions where students had the opportunity to work with peers. One participant described this intervention as follows:

> Some children showed great capacity for organization and planning, usually with the help of their families. When they had the appropriate technological infrastructure, they were able to increase their engagement with the after-school program social workers, talking to them almost daily by videoconference about both emotional and behavioral issues and academic challenges.

Almost half of the ASPs (41.9%) prepared ad hoc teaching materials to assist children with schoolwork. The families either picked up these materials at the centres, or the ASP professionals delivered them to the families. The providers emphasized the importance of creating didactic teaching and leisure supplies so that all children could do their work at home. Most of the ASPs (77.4%) maintained weekly work sessions with children to address time management and school routines. According to one participant,

> The lack of routines and schedules completely changed one young person’s habits (he was sleeping during the day and was active at night). A joint effort was made between the school, his soccer coach, and the after-school program provider to help him return to his old study habits and schedule.

3.2.4 | Providing socioemotional and behavioural health support

The ASPs provided support for emotional self-regulation (74.2%) by helping children and caretakers cope with situations of financial uncertainty caused by the lockdown, such as unemployment and loss of income, as many of the families worked in the informal economy. Most caretakers of the children served by the ASPs hold low-income temporary positions in the service sector, that is, restaurants and hotels, construction, janitorial and security guard positions. Others worked cleaning houses or providing home care services for children and older adults. Layoffs spiked at the onset of the pandemic, particularly among those in the informal economy, which increased financial insecurity among the families served at the ASPs.

The ASPs also provided psychoeducation (83.9%) for coping with family conflicts caused by the increased family coexistence. Interventions included conflict resolution skills, relaxation techniques and family leisure activities. These activities consisted of games and competitions involving photography, cooking, dancing and singing. In the words of one participant,

> The families were very grateful for the support received, especially for the help with emotional issues, because it all made lockdown more enjoyable thanks to the games and activities they learned.

Another participant noted that

> More than educational development, what was positive was the guidance we gave these families by telephone, followed by direct services. It was important to create videos and resources to make our guidance more relatable and fun for the children and teenagers.

Providing services virtually entailed a shift to individual services, primarily counselling instead of the group formats used before the pandemic. The individualized attention was beneficial for many participants and helped strengthen relationships with the ASP providers:
Something remarkable was strengthening the bonds between staff and families, which increased the quality and scope of our interventions. Paradoxically, physical distance forced us to provide mechanisms for individual communication with children and families, which increased the quality of the counseling process. Engaging with the teenagers one-on-one helped to generate an emotional bond that could not have been possible to create at the center, given the lack of activities designed to foster this kind of engagement. Additionally, the complexity of the situation forced us to design and implement emotional support strategies for families and staff. All this enriched the climate of understanding and gave quality and warmth to the socio-educational work performed at the centers.

The ASP providers capitalized on the relationships they had established with the participants before the beginning of the pandemic. The flexibility of ASP programming allowed providers to adapt quickly to the new reality. According to another participant,

I would highlight, above all, the relationships that were forged with families based on the support provided during the lockdown. More specifically, the delivery of technological resources to their homes, so children could keep up with their schoolwork, and engaging with children and caretakers individually, were particularly useful.

3.2.5 | Facilitating access to pandemic-related information

The ASPs worked directly with children and adolescents (80.6%) and with adult family members (74.2%) to help them access and adequately interpret pandemic-related information. Examples of specific actions are helping teenagers identify misinformation about the pandemic and breaking down media public health and other information to make them accessible. These activities were conducted mainly through individual conversations with both children and caretakers and by remote group sessions that children and adolescents attended as part of the regular activities offered by the ASPs.

4 | DISCUSSION

This mixed-methods study explored the response of ASPs for underserved children during the lockdown phase of the COVID-19 pandemic in the city of Barcelona, Spain. Consistent with prior studies, we found that the pandemic generated significant psychosocial and educational needs for children at risk of social exclusion (Singh et al., 2020). The impact of the lockdown and other public health measures stemming from the pandemic was particularly severe for families who faced prior economic, health or other systemic barriers to access educational and other basic services. Without the appropriate technological equipment and skills, children and families were unable to engage in remote learning. Families also had difficulties interpreting information about the emergency and tapping into available resources to address such needs. Consistent with prior research, our study found that these circumstances led to high levels of demotivation, stress, behavioural problems and episodes of domestic violence (Ghosh et al., 2020; Orgilés et al., 2020). The pandemic magnified the long-standing socio-economic inequalities in Spain, leading to an increased fragility for the most vulnerable families.

We also found that ASPs played an important role in helping underserved families during times of rapid change and social upheaval. ASPs provided quick, effective responses to help address the digital divide for low-income families; monitored the psychosocial and financial needs of children; acted as brokers between children, their families, schools and social service agencies; provided psychosocial support for emotional health and family functioning; assisted with homework and tutoring to reinforce school-based instruction; and delivered information about the unfolding pandemic and how to avail the resources that were created to address it. These findings are consistent with those reported by Young et al. (2020) in Chicago and by Williams (2020) in California who found that, unlike schools that had to wait for the government to react, ASPs responded quickly to the emergency and liaison between families and services because of their flexibility, established trust with participants and robust networks of private donors and social services referrals. In terms of flexibility, the rapid switch from in-person small group activities to remote one-to-one instruction was essential to keep children engaged with school work and to help them navigate the multitude of socioemotional stressors stemming from the lockdown. These findings are consistent with recent research that shows the essential role that mentors played during the early weeks of the pandemic. A study conducted with 36 youth mentors across the United States to explore their experiences during the early months of the COVID-19 pandemic found that mentors were essential in supporting the academic and socioemotional needs of youth during a very confusing and stressful time (Kaufman et al., 2021).

Like in the Chicago (Young et al., 2020) and California (Williams, 2020) experiences, ASPs in Barcelona were able to assist families in coping with compounding financial, emotional and social stressors stemming from the pandemic because of their established relationship with families. People knew and trusted the ASPs. Their flexibility and direct access to families allowed the ASPs to assess immediate needs and tap into the service networks to ensure that families remained safe and stable. Additionally, unlike schools that had to wait on the government for resources to support children during the lockdown, ASPs established networks of private donors and nonprofit organizations facilitated immediate access to basic resources such as school supplies, electronic devices, food, health care or housing to families who experience economic insecurity and were at risk of disengaging from school and other basic services such as nutrition, health care or housing.
Given the forced isolation and the resulting lack of opportunities for spontaneous play and other forms of socialization, the concerted efforts of the ASP staff to help participants engage in leisure activities was important for both improving their behavioural health and for the continued development of their social and self-regulation skills, particularly among lower-income families that bore the brunt of the pandemic. We did not anticipate finding the crucial role of ASPs in fostering leisure activities. Conceptual studies on the prominence of leisure activities for positive youth development during the pandemic recommend developing structured remote programmes that help children to deepen their relationships with available caring adults, including extended family members, and that include innovative skill-building activities where youth and adults engage together (Ettekal & Agans, 2020). Our findings support these theoretical recommendations and suggest that ASPs can create spaces for intrafamily and interfamily interaction and play in times of crisis, especially for children and families without resources to engage in costly remote leisure activities.

It was surprising not to find references to sickness or death in our data. This may be because most of the families that participated in the ASPs were nuclear young immigrant families without grandparents or other extended family members living in Spain. The COVID-19 mortality rate in Spain for people aged 40 or younger is 0.05% (Fantin et al., 2021).

While ASPs in Barcelona provided many valuable services to families to deal with the upheaval caused by the pandemic, we would be remiss not to mention that social workers had to face situations for which they were not prepared. Families’ access to technology and privacy due to the rapid switch to remote services, and lack of clinical expertise to address socioemotional and behavioural health issues were among the biggest challenges. The rapid switch to remote service delivery to comply with public health guidelines at a time of increased need was particularly challenging for service providers. Lack of computers and internet connections reduced the frequency of communication between providers and families and complicated children’s engagement with schools. Even for children with access to the necessary technology engagement was inconsistent because computers had to be shared among family members or because children required the assistance of caregivers to connect. The digital gap increased the risk of educational disengagement for children, which is worrisome as there is evidence that underserved students who already had a precarious relationship with schools may further disengage from education if the instruction is only provided remotely (Burke & Dempsey, 2020).

Another challenge was that families’ living spaces were not conducive to privacy. Many children did not have their rooms or a dedicated space separated from the rest of the family to connect with providers, which made it difficult for them to communicate openly with providers. This was particularly troublesome for children who experienced domestic violence stemming from financial insecurity and other pandemic-related stressors.

Concerning challenges to deal with the behavioural issues stemming from the pandemic upheaval, unlike in the United States where the training of social work professionals is firmly anchored in psychotherapy, Spanish professional social work education revolves around case management and the provision of social benefits (Pérez-Eransus & Martínez-Virto, 2020). The impact of the pandemic created significant socio-emotional stress for children and families, but many social workers lacked the mental health expertise to address children’s behavioural needs.

5 | LIMITATIONS

This study highlighted how ASPs addressed the needs of underserved families during the lockdown phase of the COVID-19 pandemic. Several limitations, however, should be considered when interpreting our findings. First, the data for this study came from the ASP directors and staff, not the participants or their families. There is a potential for bias, as the ASP staff presumably portrayed their organizations in a uniformly positive light. In the future, it would be desirable to compare this evidence with direct information provided by children and their families and other community stakeholders. A second limitation is that all the ASPs included in the study belonged to the same organization. While this provided the research team with unique access to participants who had been difficult to engage otherwise, it may have limited our understanding of how different ASPs in Barcelona responded to the needs of underserved families in the early months of the pandemic. A third limitation is that we did not have primary data on the financial or health impact of the pandemic in children and families or on the impact of the interventions deployed by the ASPs to address families’ needs. Finally, our results should be interpreted with the caveat that this is an exploratory study with a limited number of participants. Further research with a larger number of participants that includes data on the impact of the ASPs interventions of children and families, both short and long-term, and that captures the experiences of families is needed to deepen our understanding of how ASPs can respond to the needs of vulnerable children in times of crisis.

6 | IMPLICATIONS FOR POLICY AND PRACTICE

Our findings have implications for policy and practice. ASPs were a critical partner to help schools and other social services address the needs of underserved children during the lockdown by becoming a crucial gateway to health care, education, nutrition, and other essential services in a time of high need. As schools and other social services learn to adapt to a new post-pandemic reality, there is an increasing need to modify ASPs services to ensure that distance barriers do not hinder the provision of education and other essential services for vulnerable families in times of crisis. For that, it is crucial to provide ASPs with equitable and sustainable funding to ensure that they have the technological resources and expertise to provide support to children and families to overcome digital gaps. Providing technical assistance from administrative or paraprofessional staff may help address digital literacy issues for clients without overtaxing providers.
of services. Addressing the psychosocial toll of the pandemic on children and youth by supporting ASPs’ individualized mentorship programmes should be another strategic priority. The switch from ingroup to individualized mentorship services in the ASPs proved to be particularly beneficial for children. Some ASPs have continued to provide individualized mentorship to children after the lockdown was lifted, but lack of resources, such as appropriate spaces in the ASPs, and of reliable electronic equipment and internet connections, make this task daunting. Finally, the challenges observed in the study suggest that there is a need for specialized training in psychotherapeutic techniques for social workers in Spain. We are likely to have to deal with the pandemic’s mental health toll on children for years to come.

Social workers have unique access to the families most affected by the worsening mental health crises stemming from the pandemic. It is important that these professionals receive the appropriate training to support the mental health of these families.

7 | CONCLUSION

ASPs’ flexibility, assets and expertise were essential to address the immediate needs of underserved children and families during the lockdown phase of the COVID-19 pandemic. The great disruption created by the pandemic is likely to have a long-term impact on underserved children and families. As we learn to adapt to a post-pandemic reality, ASPs can be strategic partners to health care, education and other essential services to reimagine how to better serve vulnerable families in times of crisis.

ETHICS STATEMENT

All authors have complied with the Principles of Ethical Research.

CONFLICT OF INTEREST

All authors have no conflicts of interests to declare.

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ENDNOTE

1 The Pere Tarrés Foundation is a nonprofit educational and social service agency in Catalonia that has worked with underserved families for more than 60 years.

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