## 1. Introduction

### 1.1. After-school programs 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, fueled by high levels of unemployment and housing insecurity (Gómez-Quintero, García, & Maldonado, 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 programs (ASPs) for underserved children aged 3 to 18. ASPs are part of the Spanish social protection system and thus subsidized by the government (Spain, Autonomous Community of Catalonia, 2007). In the Catalonian 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 mandate of ASPs includes the promotion of children's positive development by providing case management and preventive services, such as socioemotional learning (SEL), counseling, work readiness, and leisure activities, and helping families navigate social support services in employment, health care, education, housing, and nutrition (Avellaneda, Morata, & Ruiz, 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 and testing and special education services, as well as to strategize interventions for behavioral and disciplinary issues (Bas & Pérez, 2017; Longás, Querol, Ciraso-Calí, Riera, & Úcar, 2018; Ruiz-Román, Molina, & Alcaide, 2018).

ASPs work with children between age 3 and 18, distributed by age groups: 3–6, 7–11, 12–16, and 17–18. Programs run from Monday to Friday after school dismissal for three hours 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, Morata, & Ruiz, 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, Pulido, Morata, & Palasí, 2019). All children and youth are assessed for learning disabilities and behavioral 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. Evidence demonstrates

that these programs improve classroom behavior (Brock, Murrah, Cottone, Mashburn, & Grissmer, 2018) and academic skills (Capella, Hwang, Kieffer, & Yates, 2018) and reduce the risk of social exclusion by increasing graduation rates (Hopson & Lee, 2011) and enrollment in postsecondary education (Marzo, Pulido, Morata, & Palasí, 2019). A meta-analysis conducted by Apsler (2009) showed that participation in ASPs improved participants' self-perception and sense of belonging to school, fostered positive social behaviors, improved academic performance, and reduced behavioral problems. Using a sample of 35 programs, Lauer and colleagues (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 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; National Research Council and Institute of Medicine, 2002; Mahoney, Parente, & Zigler, 2010).

### 1.2. The impact of COVID-19 on underserved youth

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, Dubey, Chatterjee, & Dubey, 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).[1] In Barcelona, schools were closed for a total of four months, from March to June 2020. The lockdown negatively affected children including reduced teaching time and possible disengagement and distancing from school and the interruption of sociocultural and sports activities with the compounded decrease in socialization

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[1] UNESCO. Impacto de COVID-19 en la educación. Consultado el 13 de julio de 2020. https://en.unesco.org/COVID19/educationresponse

opportunities (Save the Children, 2020). Almost 90% of Spanish parents reported emotional and behavioral changes in their children during the lockdown phase of the epidemic, including difficulty concentrating, anxiety, irritability, decreased physical activity, and sleep disturbances (Orgilés, Morales, Delvecchio, Mazzeschi, & Espada, 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, Weiser, Palar, & Seligman, 2020), which was associated with an increase in incidents of child abuse and family violence (Bright, Burton, & Kosky, 2020; Xue, Chen, Chen, Hu, & Zhu, 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, Jiménez, & Martín-Sánchez, 2020).

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

The state-at-home order declared at the beginning of the pandemic closed in-person services at ASPs. There is evidence that a large proportion of after-school activities in Catalonia (70%) were interrupted during the lockdown 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 6,000 after-school programs in 47 states and the District of Columbia (Afterschool Alliance, 2020) found that most programs 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 of food insecurity. As a result, most programs 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 the few reports published show promise in a variety of outcomes. For instance, a recent evaluation of the online services of *After School Matters,* a non-profit

organization that provides programs in STEM, the arts, sports, and leadership to nearly 10,000 teens 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 of the opportunities for skill development, which increased their sense of belonging and satisfaction with the program (Young, Lentz, Crumbaugh, Raden, & Preuss, 2020).

In California, Expanded Learning Programs (ELPs) are publicly funded afterschool programs that serve some of the state's most vulnerable children. Over 80% of children who participate in ELPs are children of color 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, ensuring internet access by deploying hotspot-equipped buses through communities, coordinating home deliveries of school supplies, and ensuring that students remained connected with mentors and peers who provided essential social and emotional supports (Williams, 2020).

The ASPs response to the needs of underserved children in the United States is encouraging. We know little about how the ASPs responded to the needs of underserved children in Spain during Covid-19. Understanding the role of ASPs during the lockdown phase of the pandemic may help reimagine how to better serve communities that face systemic inequities 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,[2] participated in the study. We collaborated with the Pere Tarrés Foundation because all its centers remained operational during the pandemic and because it operates the

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[2] 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.

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 2,000 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 strengthens the study by allowing for a deeper understanding of how the ASPs responded to underserved families during the lockdown phase of the pandemic (Creswell & Plano, 2017; Schoonenboom & Jonhson, 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 they had information about the challenges faced by children and families during the lockdown phase of the pandemic and about the organizational responses to such challenges. As social workers, ASP directors provided direct services to children and families while coordinating the center'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, Armenakis, & Feild, 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 programs, particularly in response to COVID-19; [2] needs stemming from the emergency situation, 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 (center 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 centers to respond to the lockdown due to the pandemic. 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 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 analyze patterns from aggregated, open-ended data (Castelberry & 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 presented 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.

### 3.1. 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.

[Table 1 around here]

#### 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 behavioral 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 socioeducational 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 clearly 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 behavioral problems

The lockdown also triggered or worsened behavioral 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 who 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.

[Table 2 around here]

### 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 centers.  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 materials. 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 children and families to attend school remotely during the months of lockdown and engage in remote interventions with the ASP service providers.

### 3.2.1. 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, behavioral health, housing, food pantries, unemployment, financial aid, and others. The centers also became the case managers and resource coordinators for families providing referrals to services such as primary care (61.29%), behavioral 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.

### 3.2.1. Reinforcing schoolwork and routines

Most professionals at the centers (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 the 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 to assist children with schoolwork. The families either picked up these materials at the centers, 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 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.

### 3.2.2. Providing socioemotional and behavioral 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. 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 counseling, 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:

> – One of the most notable achievements 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 socioeducational 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 and the specialized training of social workers in emotional management 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, was particularly useful.

### 3.2.2. 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 examined 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 and sufficient family support, 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, behavioral problems, and episodes of domestic violence (Ghosh et al., 2020; Orgilés et al., 2020). The pandemic magnified the long-standing socioeconomic inequalities in Spain, leading to an increased fragility for the most vulnerable families.

We also found that ASPs can play an essential 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; monitor the psychosocial and financial needs of the participants; act as brokers between the participants, their families, schools, and service agencies; provide direct psychosocial interventions for emotional health and family functioning; provide homework support and tutoring to reinforce school-based instruction, and deliver education 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 and colleagues (2020) in Chicago and by Williams (2020) in California who found that ASPs were able to provide a rapid response to the emergency and liaison between families and services, particularly compared to schools, because of three main reasons, flexibility, established trust with families, and a robust network of private donors and of social services referrals. Like in the Chicago and California experiences, ASPs in Barcelona were able to assists families in coping with compounding financial, emotional, and social stressors stemming from the pandemic because families knew and trusted them. These ASPs were established relationships, schools, other social services, and private donors that facilitated access to basic resources such as food, health care, or housing to families who experience economic insecurity. Their flexibility and direct access to families allowed the ASPs to assess and detect the emergency and tap into the service networks to ensure that families remained safe and stable.

. and assisted families in coping with compounding financial, emotional, and social stressors stemming from the pandemic.

while helping children attend school remotely

These findings are consistent with  findings

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 behavioral 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. This suggests that ASPs can become spaces that generate opportunities and well-being in times of crisis, particularly for children and families with fewer opportunities. We did not anticipate finding the crucial role of ASPs in fostering leisure activities. They can create spaces for intra- and interfamily interaction and play an essential role in driving family life. Related to this was that leisure spaces enabled the ASPs to establish relationships with the caretakers. As a result, families trusted them to mediate with other agencies and effectively intervene in sensitive situations.

We would be remiss not to mention that the ASP social workers had to face situations for which they were not trained, such as supporting the behavioral health of children and families or their academic reinforcement.

We were surprised 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 the country. The COVID-19 mortality rate in Spain for people aged 40 or younger is 0.05% (Fantin, Brenes-Camacho, & Barboza-Solís, 2021).

While this study highlighted a vital case study of how ASPs in a specific region helped address the pandemic, several limitations should be considered when interpreting our findings. The data for this study came from the ASP directors and staff, not the participants or their families themselves. 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

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evidence with direct information provided by children and their families and other community stakeholders. Additionally, these findings document the educational contributions of these centers during a unique social and health crisis. It will be essential to continue investigating the long-term outcomes of ASPs to determine how they may best respond to future emergencies.

## References

Albalá, M. A., & Guido, J. I. (2020). La brecha socioeducativa derivada del COVID-19: posibles abordajes desde el marco de la justicia social [The socio-educational gap arising from COVID-19: possible approaches from a social justice framework]. *Revista Latinoamericana de Estudios Educativos, 50*(ESPECIAL), 173–194. https://doi.org/10.48102/rlee.2020.50.ESPECIAL.101

Alto Comisionado contra la Pobreza Infantil. (2021, January 28). *Los hogares sin ingresos con al menos un niño, niña o adolescente se mantienen en niveles previos a la crisis del Covid-19 [Non-income households with at least one child or adolescent remain at pre-Covid-19 levels]*. https://acortar.link/I3Co5h

Afterschool Alliance (2020). *Afterschool in the time of Covid-19 – Wave I. http://afterschoolalliance.org/Afterschool-in-the-Time-of-COVID-19-Surveys.cfm*

Apsler R. (2009). After-school programmes for adolescents: a review of evaluation research. Adolescence. *Spring, 44*(173), 1–19. PMID: 1943516.

Avellaneda, R., Morata, T., & Ruiz, R. (2019). El trabajo socioeducativo con infancia y adolescencia en situación de vulnerabilidad: la experiencia de la red de centros socioeducativos de la Fundación Pere Tarrés [Socio-educational work with children and adolescents in vulnerable situations: the experience of the Pere Tarrés Foundation's network of socio-educational centres]. In I. Alonso & K. Artexe, K. (Ed.). *Educación en el tiempo libre: la inclusión en el centro [Leisure education: inclusion in the centre]* (pp. 319–332). Barcelona: Octaedro.

Bas, E., & Pérez, V. (2017). Educación, salud y pobreza. CaixaProinfancia en Murcia: estudio de casos [Education, health and poverty. CaixaProinfancia in Murcia: case study]. *Health and Addictions, 17*(2), 179–188.

Bonal, X., González, S. (2020) The impact of lockdown on the learning gap: family and school divisions in times of crisis. *International Review of Education, 66*, 635–655.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bright, C. F., Burton, C., & Kosky, M. (2020). Considerations of the impacts of COVID-19 on domestic violence in the United States. *Social Sciences & Humanities Open*, *2*(1), 100069. https://doi.org/10.1016/j.ssaho.2020.100069

Brock, L. L., Murrah, W. M., Cottone, E. A., Mashburn, A. J., & Grissmer, D. W. (2018). An after-school intervention targeting executive function and visuospatial skills also improves classroom behavior. *International Journal of Behavioral Development, 42*(5), 474–484. https://doi.org/10.1177/0165025417738057

Cáceres-Muñoz, J., Jiménez, A. S. & Martín-Sánchez, M. (2020). School closings and socio-educational inequality in times of COVID-19. An exploratory research in an international key. *Internacional Journal of Education for Social Justice, 9*(3), 199–221. https://doi.org/10.15366/riejs2020.9.3.011

Cappella, E., Hwang, S. H. J., Kieffer, M. J., & Yates, M. (2018). Classroom practices and academic outcomes in urban afterschool programs: Alleviating social-behavioral risk. *Journal of Emotional and Behavioral Disorders, 26*(1), 42–51. https://doi.org/10.1177/1063426617739254

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, *10*(6), 808–815. https://doi.org/10.1016/j.cptl.2018.03.019

Creswell, J. W., & Plano, V. (2017). *Designing and conducting mixed methods research*. Los Angeles: SAGE Publications.

Deterding, N. M., & Waters, M. C. (2018). Flexible coding of in-depth interviews: A twenty-first-century approach. *Sociological Methods & Research*, *50*(2), 708–739. https://doi.org/10.1177/0049124118799377

Eccles, J. S., & Templeton, J. (2002). Extracurricular and other after-school activities for youth. *Review of Research in Education, 26*, 113–180.

Espinosa, M. A. (2021). *La infancia vulnerable en España: riesgos y respuestas políticas ante la crisis de la COVID-19 [Vulnerable children in Spain: risks and policy responses to the COVID-19 crisis].* UNICEF. https://cendocps.carm.es/documentacion/2021_Infancia_vulnerable.pdf#page=17.

Fantin, R., Brenes-Camacho, G., & Barboza-Solís, C. (2021). Defunciones por COVID-19: Distribución por edad y universalidad de la cobertura médica en 22 países [COVID-19 deaths: Distribution by age and universal medical coverage in 22 countries]. *Rev Panam Salud Publica, 45*, e42. https://doi.org/10.26633/RPSP.2021.42

Generalitat de Catalunya, Department of Social Rights. (2022a). *The Catalan Social Services System. Financing*. https://nanourl.org/vHe

Generalitat de Catalunya, Department of Social Rights. (2022b). *Non-residential socio-educational intervention services for children and adolescents. Financing*. https://acortar.link/J5sVdF

Ghosh, R., Dubey, M. J., Chatterjee, S., & Dubey, S. (2020). Impact of COVID -19 on children: Special focus on the psychosocial aspect. *Minerva Pediatrica*, *72*(3), 226–235. https://doi.org/10.23736/S0026-4946.20.05887-9

Gómez-Quintero, J. D., García, J., & Maldonado, L. (2020). Socioeconomic vulnerability and housing insecurity: A critical factor in child care in Spain. *Children and Youth Service Review*, *114,* 105021. https://doi.org/10.1016/j.childyouth.2020.105021

Hernández, A., & Picos, F. (2021). *Income support to families with children in Spain*. European Commission. https://ec.europa.eu/jrc/sites/default/files/jrc125829.pdf

Hopson, L. M., & Lee, E. (2011). Mitigating the effect of family poverty on academic and behavioral outcomes: The role of school climate in middle and high school. *Children and Youth Services Review, 33*(11), 2221–2229. https://doi.org/10.1016/j.childyouth.2011.07.006

Iglesias, E. & Morata, T. (2019). Los programas de apoyo socioeducativo desde una mirada común entre California y Cataluña [The socio-educational support programmes from a common point of view between California and Catalonia]. In I. Alonso & K. Artexe, K. (Ed.). *Educación en el tiempo libre: la inclusión en el centro [Leisure education: inclusion in the centre]* (pp. 307–318). Barcelona: Octaedro.

King, N., & Brooks, J. (2019). Thematic analysis in organisational research. In C. Cassell, A. Cunliffe, & G. Grandy (Eds.), *The SAGE handbook of qualitative business and management research methods* (pp. 219–236). SAGE.

Lauer, P. A., Akiba, M., Wilkerson, S. B., Apthorp, H. S., Snow, D., & Martin-Green, M. (2006). Out-of school time programmes: A meta-analysis of effects for at-risk students. *Review of Educational Research, 76*, 275–313. https://doi.org/10.3102/00346543076002275

Leddy, A. M., Weiser, S. D., Palar, K., & Seligman, H. (2020). A conceptual model for understanding the rapid COVID-19–related increase in food insecurity and its impact on health and healthcare. *The American Journal of Clinical Nutrition*, *112*(5), 1162–1169. https://doi.org/10.1093/ajcn/nqaa226

Longás, J., Querol, R., Ciraso-Calí, A., Riera, J., & Úcar, X. (2018). Redes de acción socioeducativa contra la pobreza infantil. Evaluación de la percepción de impacto del programa CaixaProinfancia [Socio-educational action networks against child poverty. Evaluation of the perceived impact of the CaixaProinfancia programme]. *REXE. Revista de Estudios y Experiencias en Educación, (2),* 109–126. https://doi.org/10.21703/rexe.Especial2_20181111286

Mahoney, J. L., Parente, M. E., & Zigler, E.F. (2010). After-school programme participation and children's development. In J. L. Meece & J. S Eccles (Eds.), *Handbook of research on schools, schooling, and human development* (pp. 379–397). Abingdon: Routledge.

Marzo, M., Pulido, M. A., Morata, T., & Palasí, E. (2019). Aportaciones de las entidades de tiempo libre educativo y centros socioeducativos en el desarrollo de competencias académicas y de empleabilidad de los niños y adolecentes que participan en ellas [Contribution of educational leisure time entities and socio-educational centres in the development of academic and employability competences of the children and adolescents who participate in them]. *Educació Social. Revista d'Intervenció Socioeducativa, 73*, 117–138.

National Research Council and Institute of Medicine. (2002). *Community programmes to promote youth development*. Washington, DC: National Academy Press. https://doi.org/10.17226/10022

Orgilés, M., Morales, A., Delvecchio, E., Mazzeschi, C., & Espada, J. P. (2020). Immediate psychological effects of the COVID-19 quarantine in youth from Italy and Spain. *Frontiers in Psychology*, *11*, 2986. https://doi.org/10.3389/fpsyg.2020.579038

Office of the High Commissioner for Human Rights. (2020, February 7). *Statement by Professor Philip Alston, United Nations Special Rapporteur on Extreme Poverty and Human Rights, on His Visit to Spain, 27 January – 7 February 2020.* https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25524&LangID=E#_ftn14

Ruiz-Román, C., Molina, L., & Alcaide, R. (2018). Trabajo en red y acompañamiento socioeducativo con estudiantes de secundaria en desventaja social [Networking and socio-educational accompaniment of socially disadvantaged secondary school students]. *Profesorado. Revista de Currículum y Formación de Profesorado, 22*(3), 453–474. https://doi.org/10.30827/profesorado.v22i3.8011

Save the Children (2020). *COVID-19: Cerrar la brecha. Impacto educativo y propuestas de equidad para la desescalada. [COVID-19: Closing the gap. Educational impact and*

*equity proposals for de-escalation]*.

https://www.savethechildren.es/sites/default/files/2020-05/COVID19Cerrarlabrecha.pdf

Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of

COVID-19 and lockdown on mental health of children and adolescents: A

narrative review with recommendations. *Psychiatry Research*, *293,*

https://doi.org/10.1016/j.psychres.2020.113429

Schoonenboom, J., & Johnson, R. B. (2017). How to construct a mixed methods research

design. *Kolner Zeitschrift fur Soziologie und Sozialpsychologie*, *69*(Suppl 2), 107–131.

https://doi.org/10.1007/s11577-017-0454-1

Spain, Autonomous Community of Catalonia. (2003). Decreto 27/2003, de 21 de enero, de la

atención social primaria [Decree 27/2003, of January 21, on primary social care]. Diari

Oficial de la Generalitat de Catalunya, 5 de Febrero de 2003, núm. 3815, pp. 2066–

2072. https://dogc.gencat.cat/ca/document-del-dogc/?documentId=308822

Spain, Autonomous Community of Catalonia. (2007). Ley 12/2007, de 11 de octubre, de

Servicios Sociales [Social Services Law 12/2007, of October 11]. Boletín Oficial del

Estado, 6 de noviembre 2007, núm. 266, pp. 1–57. https://www.boe.es/eli/es-

ct/l/2007/10/11/12/con

Spain, Autonomous Community of Catalonia. (2010). Decreto 142/2010, d'11 d'octubre, por el

cual se aprueba la Cartera de Servicios Sociales 2010-2011 [Decree 142/2010, of

October 11, which approves the Portfolio of Social Services 2010-2011]. Diari Oficial

de la Generalitat de Catalunya, 20 de octubre de 2010, núm. 5738, pp. 46196–76312.

https://portaldogc.gencat.cat/utilsEADOP/PDF/5738/1136960.pdf

Statistical Institute of Catalonia. (2020). *Facilities for children and adolescents. Centers and*

*squares. By type. Counties and Aran.*

https://www.idescat.cat/pub/?id=aec&n=852&lang=en

Statistical Institute of Catalonia. (2021). *Survey of living conditions.*

https://www.idescat.cat/pub/?id=aec&n=416&lang=en

Vitale, D. C., Armenakis, A. A., & Feild, H. S. (2008). Integrating qualitative and quantitative methods for organizational diagnosis: Possible priming effects? *Journal of Mixed Methods Research*, *2*(1), 87–105. https://doi.org/10.1177/1558689807309968

Xarxa de Centres Socioeducatius de la Fundació Pere Tarrés. (n.d.). Què és un centre socioeducatiu? [What is a socio-educational centre?]. https://acortar.link/zP4JG9

Xue, J., Chen, J., Chen, C., Hu, R., & Zhu, T. (2020). The hidden pandemic of family violence during COVID-19: Unsupervised learning of tweets. *Journal of Medical Internet Research*, *22* (11), e24361. https://doi.org/10.2196/24361

Young, J., Lentz, A., Crumbaugh, A., Raden, T., & Preuss, L. (2020). *Summer learning from screen to screen. Executive summary.* After School Matters & American Institutes for Research. https://www.air.org/sites/default/files/After-School-Matters-Executive-Summary-Revised-Feb-2021.pdf

Williams, H. (2020). *A hub of community resilience: California's expanded learning programs respond to crisis*. Department of Education. State of California https://www.afterschoolnetwork.org/sites/main/files/file-attachments/can-sots-brief-2019-2020-accessible_0.pdf?1611809083