Strengthening Systems and Supports to Build Positive Social-Emotional Climates in Out-of-School Time

From December 2018 through May 2019, the National Center on Afterschool and Summer Enrichment (NCASE) facilitated a peer learning group (PLG) on social-emotional learning (SEL) in out-of-school time (OST) for 10 state teams.

States learned about and shared best practices related to the following:

» The connection of SEL to healthy development and success in school, work, and life

» Strengths-based, healing-centered, and culturally responsive social-emotional models that build on an understanding of adverse childhood experiences (ACEs) and trauma-informed practice

» Evidence-based supports for building a positive social-emotional climate

» Mental health for children and youth and mental health consultation

Each state assembled a cross-sector team, which typically included staff from their Child Care and Development Fund Lead Agency, state afterschool network, Department of Education, school districts, 21st Century Community Learning Centers, and providers. The state teams began their work by completing a team questionnaire designed to identify existing supports and to begin to explore what else was needed. Each team participated in five PLG sessions, meeting in between sessions to build an SEL action plan. Examples from Oklahoma, Vermont, and other states are highlighted in this brief.
The connection of SEL to development

Afterschool and summer learning programs have long been places for positive youth development and improved social-emotional outcomes.1 OST programs focus on building positive relationships and providing children a safe space to explore new interests, find their voice, and gain confidence. It is a natural extension of our ongoing work to go deeper by implementing SEL practices and policies that build SEL skills, such as self-awareness, communication, decision-making, and problem solving.2

The Center for Academic, Social, and Emotional Learning (CASEL) describes SEL as the process through which children and adults acquire and apply the knowledge, attitudes, and skills necessary to succeed in life. CASEL focuses on five core competencies:3

» Self-awareness
» Self-management
» Social awareness
» Responsible decision-making
» Relationship skills

PLG participants recognize the need for a cultural shift in how we prepare staff for working with children. The Michigan team captured this shift in a presentation from the Ferndale School District and a model developed by Dr. Becky Bailey. Their approach moves away from a more traditional discipline model of rules, rewards, and behavior management and toward a community relationship model of connection, contribution, internal self-regulation, and problem solving.4

Social-emotional models that build on ACEs and trauma-informed practice

In a 2014 research brief, Child Trends defined adverse childhood experiences as “potentially traumatic events that can have negative, lasting effects on health and well-being.”5 Traumatic events may include abuse, neglect, household dysfunction, or social determinants such as poverty and race. ACEs can cause toxic stress, which disrupts neurodevelopment, and social, emotional, and cognitive impairment. They can lead to the adoption of health-risk behaviors, which in turn can increase risk of illness. ACEs can also lead to dysregulation and a fight, flight, or freeze response in difficult situations. NCASE shared this information and more in the brief Adverse Childhood Experiences and the School-Age Population: Implications for Child Care Policy and Out-of-School Time Programs.6 The brief explores how to mitigate ACEs using a trauma-informed approach.

Shawn Ginwright, PhD, suggests we take a step beyond trauma-informed practice that focuses on “what happened to me” to focusing on “what is right with me.” This is a strengths-based approach, where we identify youth assets and help youth build on these assets and become agents of their own well-being. He believes that we need to help youth understand their culture and their exposure to social toxins, and then work on building hope and a future orientation.7

Kentucky, a PLG member, has a promising framework and a related research-based prevention approach called Kentucky CARE.
Spotlight on Vermont

Vermont Afterschool, Inc., has an exciting model: Resiliency-Focused Afterschool. It is led by Sara Forward, LICSW, social and emotional learning coordinator, who has led the effort since 2016. The initial funding provided for a pilot project using an evidence-based SEL curriculum in 10 after-school programs. However, after working with the packaged SEL curriculum for six months, Vermont Afterschool determined that the curriculum was better suited for the school setting and did not work for OST. They shifted their strategy to invest in more professional development supports, including the following:

» Increasing frontline staff competence regarding the importance of interactions with youth and therapeutic behavior management. Regional trainings include Basics of SEL in Afterschool, Trauma and the Brain, and Positive Behavioral Interventions and Supports (PBIS) to Create a Positive Culture. Training is followed by coaching support focused on SEL learning principles and trauma-informed practice.

» Building capacity for leadership-level staff through a monthly full-day community of practice. Mornings include presentations by experts on topics such as gender-affirming environments, racism and poverty, and restorative practices, followed by peer conversations in the afternoon.

» Providing a full-day learning strand on SEL and trauma-informed practices at the annual statewide conference.

Vermont Afterschool is also providing supports to families through outreach events, with a spaghetti dinner and social-emotional activities to build parents’ ability to talk to their children about their feelings. In addition, it offers an evidence-based parenting curriculum for foster and adoptive parents and afterschool providers.

Program-level efforts to build staff and family skills have been combined with policy strategies. Through cross-sector partnerships, OST is included in resiliency and mental health initiatives. Partners include the Department of Health, the Department of Human Services, and the Child and Family Trauma Workgroup. As a result of these efforts:

» Vermont Afterschool was awarded a one-time grant of $600,000 in tobacco settlement money to expand access to afterschool as a substance abuse prevention strategy. Data from Vermont’s Youth Risk Behavior Survey supported the connection between participation in afterschool activities and reduced incidents of drug use, which is especially critical given that Vermont is 14th in the nation for opioid use.

» Vermont Afterschool was named explicitly in the 2018 legislation Vermont Act 261, which calls for coordination of trauma-informed care to address ACEs and trauma.

Cultivating Connection: Vermont’s After-school Social-Emotional Learning Project is a video that outlines the importance of OST and talks about the work being done in Vermont to strengthen social-emotional competencies.
Strengthening Families. The goal of this model is to increase connections and ensure that systems are more intentional in the way they work together across the lifespan. Based on a framework from the Center for the Study of Social Policy, this model builds six protective factors and guiding premises that include:

1. Self-awareness
2. Strengths-based approaches
3. Importance of relationships
4. Trauma-informed care
5. Culturally responsive practices
6. Understanding of the role that race, privilege, and power can play in interactions

Supports for building positive social-emotional climates

Creating positive social-emotional climates depends a great deal on building staff capacity. In the opening session of the PLG, Development Without Limits, an organization that works with out-of-school time programs, school districts, and community-based organizations, set the foundation for staff development by sharing how PLG teams can incorporate culturally responsive strategies at the individual, program, and policy levels.

Dale Blyth, PhD, extension professor emeritus at the University of Minnesota, suggests that OST staff can be more intentional in how social-emotional competencies are “taught and caught.” Competencies can be taught through planned and sometimes evidence-based efforts to pass on knowledge. They may be caught through the many teachable moments that arise in the daily interactions of relationship-based approaches. The PLG explored resources for taught, or planned curriculum, including the following:

- Kernels of practice that are low cost and simple to learn
- 3 SEL practices: welcoming rituals, engaging practices, and closures
- Navigating Social and Emotional Learning from the Inside Out: Looking Inside and Across 25 Leading SEL Programs
- Staff self-assessment tool to help individual staff, program directors, and training and technical assistance (TTA) specialists understand where staff strengths are and where further support is needed

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Mental health for children and youth and mental health consultation

Given that 20 percent of children experience a mental, emotional, or behavioral disorder each year, it is important that OST programs identify ways to access mental health supports and systems. Many programs are able to tap public school partnerships and the help of school social workers and guidance counselors. The most prevalent mental health issues for children are attention-deficit/hyperactivity disorder (ADHD), depression and anxiety, conduct disorders, substance use, and being on the autism spectrum.13


Spotlight on Oklahoma

Oklahoma’s strong cross-sector team includes the Department of Human Services, Department of Education, Oklahoma Partnership for Expanded Learning (OPEL), Child Care Resource and Referral Association, higher education, the Wallace-funded Tulsa Opportunities Project, and providers. The team presented information on three specific innovations to support social-emotional development:

**Oklahoma childcare warmlines**

Oklahoma Childcare Warmlines provides free phone consultation for programs serving children birth through age 12 to support children, families, and staff in promoting social-emotional development and to reduce suspensions and expulsions. The consultants are trained in child development and parent education. They are also available to provide on-site TTA on behavioral development to staff and families. If they decide that further consultation is needed, they can make a referral to mental health consultants.

**Mental health consultation**

Fifty-five mental health clinicians provide on-site services across the state through the Center for Early Childhood Professional Development. Mental health consultation is available through a partnership of the Oklahoma Department of Human Services, Department of Health, and Department of Mental Health and Substance Abuse Services. The goal is to expand the competence of staff in handling challenging behavior and social-emotional development and to offer resources to families.

**Extended day and public school partnership**

One Oklahoma school district created access for the extended day program to support:

» School counselors who can meet with specific children or groups of children or refer children to more in-depth services

» Behavior check-ins that can be conducted one-on-one with children for one hour during afterschool or full time during the summer

» Paraprofessionals who can work one-on-one with children during the school day, for 1 hour during afterschool, and full time in the summer

The Oklahoma PLG action plan focused on expanding staff awareness and skill in addressing ACEs and PACEs (Positive and Abundant Childhood Experiences) by increasing the availability of statewide high-quality professional development and creating a hub for SEL resources.
Social-emotional and mental health strategies for OST programs include the following:

» **Universal strategies** are designed to work for all children and can include SEL curriculum, mentioned earlier in this brief, and mindfulness. Research shows that mindfulness helps children develop compassion, emotional regulation, and self-awareness, and it can reduce anxiety. Teachers report reduced stress and increased effectiveness on the job.

» **Targeted strategies** are for children needing extra help in OST programs. These strategies include mental health consultation as well as mental health first-aid training, which is an 8-hour training for staff on identifying risk factors and warning signs and ways to support children with mental health and substance abuse issues.

» **Intensive strategies** include therapeutic afterschool programs that can keep youth ages 5–17 in their homes, schools, and communities. Staff are clinicians who provide therapeutic recreation activities and individual, group, and family therapy.14

**Summary**

Building systems and supports for SEL in out-of-school time has great potential to improve child outcomes, improve provider partnerships with families, and improve program quality. To be successful in building social-emotional competencies will require a deep investment in building the capacity of program staff and leaders. It will also take the kind of cross-sector collaboration that SEL PLG state teams have adopted as they pursue individual-, program-, and system-level strategies to implement consistent and effective approaches.

Each state team has developed action plans with strategies on improving professional development opportunities, such as SEL supports for program staff, building the capacity of TTA and higher education professionals on SEL, supporting self-care and wellness for staff, and training for licensing staff and for Child Care Resource and Referral staff. Many states are planning to develop resources or communication strategies through social media, resource guides, or a clearinghouse or Web hub for SEL information. A few states are focusing on quality improvement strategies or mental health supports and may look to join legislative efforts.

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Resources


For more resources, see the NCASE Resource Library at https://childcareta.acf.hhs.gov/ncase-resource-library.

This document was developed with funds from Grant #90TA00001 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, by the National Center on Afterschool and Summer Enrichment. This resource may be duplicated for noncommercial uses without permission.