

Creating Literacy-Rich Environments in Philadelphia City Agency Waiting Rooms

February 2023

EXECUTIVE SUMMARY

Overview

Launched in 2013, *Too Small to Fail* (TSTF) promotes early brain and language development by supporting parents and caregivers with tools to talk, read, and sing with their young children, starting at birth. One of TSTF's key strategies is to engage parents and caregivers where they are by transforming everyday "spaces" into playful, language-rich environments for children. Over the last five years, TSTF has transformed a range of spaces to support parent/caregiver and child engagement. Whether at the pediatrician's office or the playground, TSTF focuses on enhancing small moments by creating opportunities for meaningful interactions - anytime, anywhere.

Multiple evaluations of the "spaces" strategy that TSTF has implemented demonstrate that colorful, engaging, child-friendly modifications in a range of environments can increase child-directed literacy activities and parent-child engagement. As TSTF continued this work, it expanded its research beyond evaluating and a single type of space such as a laundromat, to examining multiple spaces where low-income families spend time throughout a community. The goal was to create a "culture of literacy" in city agencies in under-resourced communities, providing multiple opportunities to promote language-rich interactions between parents/caregivers and their children.

TSTF focused on the development and evaluation of playful, literacy-rich spaces in four city agencies that are frequented by children and their caregivers in Philadelphia: a community health clinic, a homeless shelter, a homeless intake center, and a social service agency office. Seldom are these environments built or designed with early childhood development, playful learning, or literacy engagement in mind, thus providing great opportunities to provide more welcoming and child-friendly spaces while also working to build a culture of literacy to support the families who walk through their doors.

Methodology

This evaluation examined the effects of creating literacy-rich environments in the waiting rooms of multiple city agencies in Philadelphia from March 2022 to September 2023. Sites were selected in partnership with the Philadelphia Department of Public Health (PDPH), Office of Homeless Services (OHS), and Department of Human Services (DHS). Seven centers participated in the evaluation, four of which were identified as the treatment sites, and three as the control sites. Waiting areas in the treatment sites included a community health center (Health Center 6), a family homeless shelter (ACTS Christian Transitional Services, or ACTS), a homeless services intake office (Appletree Intake Center), and a social service agency office (Greater Philadelphia Community Alliance, or GPCA). The research was designed to assess the degree to which changes in these waiting areas, often visited by low-income children and their caregivers, promoted early learning and caregiver-child interactions compared to the three control sites (a community health center, a homeless shelter, and a social service agency office).

The research team, headed by Dr. Susan Neuman, Professor of Childhood and Literacy Education at New York University, used a mixed-method design to examine the impact of these space transformations. These included frequency counts of materials available prior to and after the installations, observational data collection identifying the number of parent-child interactions after the changes were in place, photographic analysis of the spaces, and interviews with representatives from the offices in each center.

Prior to the start of the study in March 2022, the research team conducted observations in all seven sites. The purpose was to establish a baseline to determine the availability of books and materials in each setting and the frequency of parent-child interactions. As the evaluations began, the research team recognized that there were challenges with some of the selected sites. While the two healthcare sites, Health Center 2 and 6, were comparable in their mission and had a space that could be made available for playful learning, other treatment sites could not be compared to those designated as control. For example, the designated control homeless shelter (e.g. Darlene Morris) maintained no public space due to COVID-19 restrictions, and therefore could not be compared to ACTS homeless shelter. The social services centers (e.g. GPCA and Elwyn) provided entirely different services for families, and the Appletree Intake Center had no designated control site. Consequently, the evaluation could only compare the activities between the treatment and control sites in the Health Centers, limiting the ability of the evaluation to make direct comparisons with other sites.

Further, because the treatment and control sites were selected by the city agency partners, in some instances the identified sites were not ideal locations for a space-based early literacy intervention. For example, at GPCA, prior to the COVID-19 pandemic, children frequently visited the space and utilized the waiting area. However, post pandemic, the site decreased its direct-service hours. It also discontinued its children and youth-centered services and programs. As a result, many caregivers no longer felt safe bringing their children to a public waiting space, and instead attended their appointments without their children. Due to this significant decrease of the intended audience of young children and an inability to select a new social services space, researchers ultimately could not gather meaningful data about children's responses to the space transformation at GPCA.

Following the baseline period, TSTF led design transformations and staff trainings in the treatment sites. To complete these design transformations, TSTF worked with site staff and community members to gather feedback, created community feedback surveys with city agency and site partners and distributed them to community members in both paper and online forms. Survey data allowed TSTF to gather feedback on what the community members wanted to see in the spaces. Survey data collected included:

- Furniture selection (seating, surfaces)
- Theme (color, content)
- Pre-existing engagement (how caregivers engaged in literacy-rich activities with their children)
- Average number of children and ages of children
- Health and safety concerns
- Aspirations and desires for the space

While implementing community surveys, TSTF led a trusted messenger training with staff at the treatment sites. Trusted messengers are individuals who communities regard as credible and reliable sources of information and news related to their children's early brain and language development. The trusted messenger training provided staff at transformed sites the opportunity to learn about the project and about strategies for engaging children and caregivers in literacy-rich conversations, environments, and activities. Strategies and tools for engagement also included trauma-informed approaches to meet the circumstances and needs of communities in public waiting spaces, especially those who are in crisis. The training, held via Zoom in April 2022, included attendees from the treatment sites and agency partners and was also recorded and made available for staff to view on demand.

Following community survey results and the trusted messenger training, installations of furniture and decor for the treatment sites were scheduled. The design in these treatment sites included playful, family-friendly, learning-rich spaces in each site's waiting room. The spaces were uniquely designed following the community feedback and design process. However, across all sites, spaces included comfortable and family-friendly seating, an open-faced bookshelf stocked with children's books, magnetic boards, and signage to prompt caregiver-child interactions.

Following the intervention, the research team conducted observations to examine changes in the use of materials and parent engagement. A total of 66 visits to centers occurred throughout the evaluation, for approximately 200 total hours of observation. Following the observations, researchers conducted interviews with program directors to determine their reactions to the intervention and recommendations for the future. This included 14 formal interviews with site staff and approximately 10 informal interviews.

The study was completed in September 2023.

The Transformation at Appletree Intake Center

Before



After



The Transformation at GPCA

Before



After



The Transformation at Health Center 6

Before



After



The Transformation at ACTS

Before



After



Key Evaluation Findings

The following section provides an overview of key findings.

The transformed spaces provided a substantial increase in the number of books and educational materials/activities available to young children.

Before the space transformation, children had virtually no books available to them in three of the four locations. After the transformation, access to children's books increased substantially, ranging from an average of at least 40 additional books in Health Center 6 to 100 additional books in ACTS.

Despite the engaging nature of the settings, the transformed spaces made no difference in the amount of parent/child interactions.

Before the space transformations, there were 25 observed instances of parent/child engagement. After the transformations, there were 24 such observed instances. Those interactions which did take place were focused on soothing or monitoring the behavior, rather than on stimulating or supporting reading and play activities.

"The dad attempts to soothe her by picking her up and rocking her a bit. She continues to fuss a little as dad paces around holding her." (Health Center 6)

"The child grabs a toy car and goes back to mom, sits on her lap, and looks at the toy in his hand. Mom occasionally kisses him on the cheek and forehead." (Appletree Intake Center)

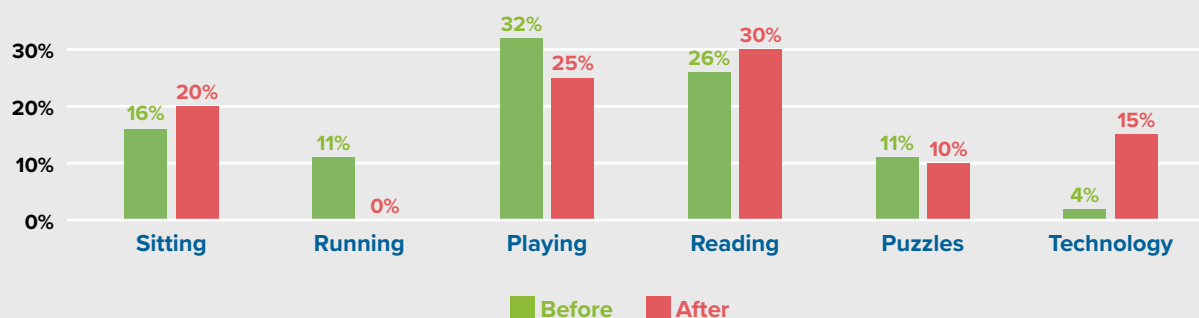
The proximity of the transformed spaces to the caregivers' seating area in the waiting room appeared to affect children's use of playful learning activities.

Spaces located closer to the adult seating areas in waiting rooms were utilized more often than in those located further from the adult area. The close proximity allowed children to play within the watchful eyes of their caregivers. Because parents were waiting for services, it also allowed them to get their children quickly when they were called for service. However, the spaces did not seem to engage both parents/caregivers and children together.

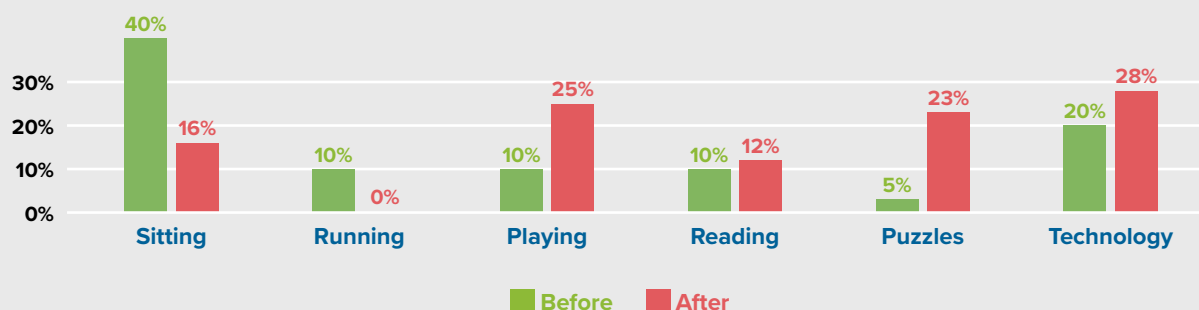
There were differences between treatment and control sites in children's activities in the Health Centers.

Children's activities differed in sites where there was a comparison between treatment and control conditions. Before the space transformation in Health Center 6, children spent time sitting, running around and, in the case of Health Center 2, playing with toys. After transformation, although technology was still in common use, children in Health Center 6 began to engage in more play and puzzle activity. While children occasionally looked at the books on the shelf, there were few occasions of parents reading to them.

Children's Observed Behaviors in Health Center 2 - Control Site



Children's Observed Behaviors in Health Center 6 - Treatment Site



There were differences among treatment sites in the use of materials in waiting rooms.

Children frequently used the materials in the Health Center 6 treatment site. On average during each observation, researchers saw one to two children engaged in the space following the transformation. However, children in the other sites engaged with the materials far less frequently. Children did not visit the GPCA waiting room, and while the room was far more child-friendly after the transformation, the materials went unused. As one staff member noted, “No one ever uses it [the waiting area].” In fact, researchers observed that staff members typically told clients to wait at the reception area or in the hallway rather than in the waiting area, rendering the space rarely utilized.

At ACTS, on the other hand, materials from the center were often taken to the family’s individual rooms. At Appletree Intake Center, children most often sat quietly with their parent, not taking advantage of the materials or books. Given that the social worker might call the parent for an intake interview at any moment, there may have been some reluctance from caregivers to have their children away from them.

Due to numerous challenges, the trusted messenger training with site staff did not appear to be effective.

Training appeared to have had a minimal effect on staff, according to site directors. Many factors might account for this finding. First, training generally occurred before the materials were delivered. As a result of supply chain issues during the COVID-19 pandemic, there was a long lag-time between the training and the actual transformation of the spaces. Second, there was significant staff turnover, and few of the original staff remained in the same setting or position as they had been for the initial training. For example, the entire staff at ACTS turned over during the course of this project. Further, according to agency directors, many of their monthly conversations with *Too Small to Fail* staff focused on their primary concerns about the logistics for the delivery of the materials and not on practices to support use of the materials.

Finally, there was an issue of buy-in. Agency staff was often overwhelmed with the number of clients, and their issues and concerns. For example, during an observation visit at the Appletree Family Intake Center, parents learned at 10:30 AM that there were no remaining beds for the night. Social workers were then deluged with questions: Where do I sleep tonight? When should I get in line for the after-care center? What do I do if their beds are full? Why do I need to go to another office if I'm homeless due to domestic violence? As a result, other more immediate and pressing issues took precedence.

There was some promising evidence that different types of trusted messengers in the transformed waiting room area might support literacy-related activity.

On two occasions, nurses from Jefferson Hospital visited the ACTS homeless shelter. Because they were not responsible for the ongoing upkeep and operations of the space, they had time to engage with families in a different way than the often-busy site staff. In addition to conducting health screenings with families, they engaged children in the waiting areas in activities associated with literacy and play. During these visits, activities in playful learning increased, indicating the potential effect that a trusted messenger might have on children's play and learning.

"The children are in the Center, and playing with animal figurines, toy cars, Lego-type blocks, etc. There are about a dozen children playing together with the nurses. Children occasionally wander away with the toys, but a nurse encourages them back to the group. Nurses help maintain the high energy activity, and set up areas where they can do craft-like activities independently."

Environmental distractions appeared to affect parent-child interaction, reading, and child-to-child playful learning.

There were environmental factors that may have prevented the space from being conducive to caregiver-child interactions, and to children's reading, playing, or learning in the centers. For example, in many of the waiting rooms, the TV would be on and turned into broadcast news, cooking shows, and other television programming. In Health Center 6, there were periodic announcements over a loudspeaker, with patients, nurses, and staff coming and going. Many of these announcements would be repeated in different languages, extending the duration of the message and creating a disruptive environment for reading, play, and interactions.

Directors had varied reactions to the space transformations.

The directors appreciated the materials and the colorful design of the play spaces. One commented that it helped children "think less about the shot they were about to get, and more about play." Another noted that, "It's a good place for children to talk to one another."

Yet there were concerns about maintenance, and whether the center could afford to replenish materials when needed. Without regular organization and maintenance, the books and toys became worn or misplaced. Items needed to be frequently restocked.

There were a fair number of changes in management staff over the course of the evaluation which made implementation of the initiative challenging due to turnover and training requirements.

Conclusions and Next Steps

The findings from this pilot evaluation demonstrate that, although transformed environments can help to increase children’s access to books and educational materials in city agency waiting areas and provide opportunities for play, these spaces have minimal effect on children’s engagement in literacy-related activities and on caregiver-child engagement. While some spaces, notably health centers, saw more substantial increases in early learning behaviors, overall engagement across all transformed spaces remained low. Many factors likely influenced this, including staff turnover, a dearth of trusted messengers, the COVID-19 pandemic, issues with site selection and, of particular relevance, the context of the spaces.

Caregivers in these waiting areas are often experiencing high-stress circumstances such as homelessness, food insecurity, and health concerns. It is especially challenging to engage in activities that support children’s early learning while other, more immediate issues inevitably take precedence. However, although literacy may not be a priority, it is still possible that these transformed spaces, designed to be welcoming and engaging, can provide valuable comfort to families during moments of stress. In fact, this modest outcome, that the transformed spaces have provided a family setting in which children can relax and be themselves, was identified by site staff, during a final conversation with all project partners, as a positive change in the agencies’ environment.

The Philadelphia pilot shows the importance of engaging city agency employees at all levels, from department directors to on-site staff. This staff “buy in” of the project is beneficial in helping to foster ownership of the spaces, and thus promotes willingness to maintain the spaces, encourage family engagement, and share early learning messages with caregivers. In a study of TSTF’s work to transform waiting areas in California county social service agency offices, researchers found that staff engagement in the project helped to combat staff turnover, something that was a common issue among sites in the Philadelphia pilot.

Moving forward, TSTF plans to continue exploring health center waiting areas to support children’s early learning and development. In addition to space transformations in health centers, TSTF would like to explore the role of nurses and pediatricians as trusted messengers in waiting areas in city-run health centers in health centers. Additionally, although social service agency findings in the Philadelphia pilot were not strong, given a promising recent study of three county human service agency offices in California and a subsequent expansion of that study in additional counties in 2024, TSTF will continue to evaluate the potential impacts of social service agency offices on parent-child engagement.