INSTITUTE FOR LEARNING INNOVATION

To: Jeanmarie Walsh, Erik Schurink, Long Island Children's Museum (LICM)
From: Cheryl Kessler, Institute for Learning Innovation (ILI)
Re: Quick Response Memo, *Be Together, Learn Together*
Date: July 28, 2008

Year 1 evaluation efforts for *Be Together, Learn Together* (BTLT) have centered on partners' understanding of BTLT at the outset of the project, developing concrete evaluation questions, and prototyping components designed for the supervised visitation rooms at the Department of Health and Human Services. The remainder of this memo provides details of these evaluation efforts including recommendations for addressing specific issues.

Planning Meeting

In early June 2008, ILI and LICM met for a full day meeting to identify specific issues that BTLT aimed to address, discuss program activities to tackle these issues, and develop intended outcomes for each activity. The result of the meeting was a reference document that provides a detailed outline of program components prioritized by LICM (see Appendix A). The document is a concrete step in focusing the project team to articulate the tasks at hand and should be revisited on a fairly regular basis to assess progress and refine focus as the program unfolds. Ultimately, the document should inform a model for continuing or replicating the BTLT program.

Partnership Survey

In mid-June 2008, ILI developed a web-based survey to understand and document: 1) partners' resources and expertise; 2) changes in partners' involvement in BTLT since the inception of the program; 3) the collaborative nature of the BTLT structure; and 4) partners' perception of the intended outcomes for BTLT program components. The survey consisted of seven open-ended questions and one Likert-type scale question (see Appendix B). The link for the survey was sent via email to 18 project partners who are involved in BTLT and serve as designers/developers, on the Joint Steering Committee, or on the National Advisory Board. Nine partners responded to the survey.

<u>Partner Resources and Expertise</u>

Partner resources and expertise responses fell into two general categories: 1) child development; and 2) family services.

- Child development expertise encompassed both psychological, "[with] expertise on the service delivery integration of community systems," and formal and museum educational expertise with a focus on "understanding children; how they learn, what they need to grow emotionally, developmentally and educationally."
- Family services expertise ranged from "knowledge of the seven Health and Human Services Departments," to "years of experience working in…Child Welfare division which covers neglect and abuse issues, child care, foster care, adoption, juvenile delinquency…child development,

particularly issues of abandonment," to [working] with "families whose children are in foster care or who are in need of services to prevent foster care."

One respondent reported having extensive museum experience related to "programs and partnerships with community-based and social service organizations. Another respondent provided insights into "working with the courts and community agencies to get the grant organized and written."

Changes in Partners' Involvement in BTLT

Slightly over half (n=5) said that their involvement in BTLT had not changed since the program began in earnest late fall 2007. Three respondents said their involvement had changed, two partners involved in the grant proposal had transitioned to an advisory role, and one partner "had the opportunity to give input into the kinds of outreach efforts that could further the Museum's objectives." Another respondent indicate they were unsure whether their involvement had changed, but did not elaborate.

Collaborative Structure

Respondents were asked to indicate their level of agreement with six statements related to the partnership structure. The statements were drawn from the Wilder Collaboration Factors Inventory, which provides a theoretical basis for successful collaborations. ILI selected the survey statements based on their ability to inform the partnership on how members work and communicate at this stage of the partnership. Table 1 below provides a breakdown of participants' level of agreement.

Table 1: Level of agreement with partnership structure statements, (n=9).

Statement	Strongly Disagree/Disagree (Combined ratings of 3 or below)	Agree (Combined ratings of 4 and 5)	Strongly Agree (Combined ratings of 6 and 7)
I have a clear understanding of what our collaboration is trying to accomplish	0	0	9
The people in this collaborative group are dedicated to the idea that we can make this project work.	0	0	9
I am informed as often as I need to be about what goes on in the collaboration.	0	1	8
The collaborative group has tried to take on the right amount of work at the right pace	0	1	8
People in this collaborative group have a clear sense of their roles and responsibilities	0	2	7
There is a clear process for making decisions among the partners in this collaboration	0	3	6

*On a scale of 1 to 7, with 1 being "Strongly disagree" and 7 being "Strongly agree."

The data indicate a very positive perception of the partnership structure and process. It is clear that respondents both understand the goals of the collaboration and feel that their partners are dedicated to achieving those goals. The majority of respondents (n=8) feel strongly that they receive information when needed and that the work the group has taken on is reasonable for the

pace of the project. Most respondents (n=6) also strongly agree that there is a clear process for making decisions and members understand their role(s) in the collaborative.

A comment offered by one respondent underscores the early stage of the partnership and the need for refinements:

> *I think at this point we are still establishing who is the point person for certain components. As we move forward this aspect gains clarity. I think availability is an issue and there is a need for more dedication with attending monthly meetings.*

Partners' Perception of the Intended Outcomes for BTLT

To inform the development of BTLT outcomes, partners were given a description of the three main program components (see Appendix B, questions 6, 7, and 8) and asked to share what, in their opinion, the intended outcomes for each component might be. Responses included:

- Welcome Center Activities: Intended outcomes fell into four general categories: 1) a reduction of "pre-appointment" stress and anxiety for both parents and children; 2) play between parents and children; 3) socialization between children and among adults; 4) an awareness of LICM.
- Supervised Visitation Rooms: Intended outcomes for this component also included 1) a reduction of stress and play between parents and children as well as three additional categories: 2) families will have a safe and pleasant environment to reconnect; 3) families will communicate and engage through play; and 4) caseworkers will guide and model good parenting.
- Training: Intended outcome categories for parenting workshops included: 1) improved understanding of child development and emotional needs by parent; 2) parents will develop skills for meeting children's needs; 3) parents will learn to effectively discipline children; and 4) parents will understand the importance of play. Intended outcomes for caseworker training included: 1) caseworkers will better maintain room; 2) caseworkers will use LICM for supervised visits where appropriate; and 3) caseworkers will develop tools for helping parents to establish positive relationships.

Overall, these data support partners' understanding of the project goals and activities and provides concrete ideas and language for refining program outcomes (see Appendix C for partners' responses).

Prototyping

In July 2008, ILI drew from the reference document and a list of exhibit components supplied by LICM to develop focused questions for prototyping each exhibit component. Each component was designed to create an environment conducive to positive family engagement (see Appendix F). LICM asked DHHS caseworkers to identify families to test prototypes and obtain their consent for participation. On July 22 and 23, ILI and LICM observed three families and their caseworkers as they had one- to two-hour scheduled supervised visits at the Nassau County Department of Health and Human Services. Observations were conducted from behind a one-way mirror in the supervised visitation room.

Because of the nature of supervised visits (i.e., parties involved arriving at different times, conflicts between parties, general suspicion about being watched and/or reported) parents/caregivers and caseworkers required an orientation to the changes in the room and reassurance about the purpose of the testing.

The exhibit elements available for testing on July 22 and 23 included the following: a storytelling chair, children's art work, story starter labels, a tic-tac-toe floor board with cardboard X's and O's and a multi-drawer supply cart filled with parenting books, children's books, art supplies (paper, coloring books, crayons, pencils, pipe cleaners, googly-eyes, glue; baby wipes and clean up items); weather ceiling panels, and gel ceiling light covers. Three separate families were observed: a father and grandmother visiting two children between the ages of one and three years old; a mother visiting her two children between the ages of one and three years old; and a grandmother visiting with four grandchildren ages one to seven years old. At least one caseworker was in the room at all times.

Overall, all of the elements proved to be durable throughout the visits. Children often noticed elements before adults, pointing, picking up, pulling out, or climbed onto elements.

<u>Storytelling Chair</u>



When used, the storytelling chair was quite effective. Children were drawn to it for sitting but did not seem to notice that they could crawl under the chair until an adult pointed out that feature.

- Only one of parents in the three groups used the storytelling chair. The parent in this group immediately showed it to his two young children, pretending to be stuck in the tunnel or sitting in the chair. The older of the two children, a 2 ½ year old girl, took great interest in the chair, climbing up on it to have a snack and identifying it as her own when her father sat in it. He played along, allowing himself to be dragged out of the chair each time he sat in it. The father engaged both children in using the tunnel, at first by pretending to be stuck and asking the children to push or pull him through and then by encouraging them to go through the tunnel themselves. The chair worked well throughout the one-hour visit.
- A caseworker sat in the chair but did not use the chair to engage with the child she was attending.

Recommendations:

- *Continue to test that the chair to determine what might encourage parents to notice the chair and help them to use it to engage children.*

- *Develop a short, one-page, orientation sheet for caseworkers to help them encourage parents to use the chair.*

Supply Cart

This element was the most used component in the room. Children seemed drawn to it, pulling open the drawers, taking them out to set on the floor or take to the table, and rooting through their contents until they found something that appealed to them. This was often a marker or crayon and paper. Supplies were well organized and easily repacked when usage ended.

- One family worked together on coloring. A parent and caseworker brought art supplies to the table and sat with the children, helping them as well as coloring their own pictures.
- Children were able to easily access art supplies; older children used scissors, pipe cleaners and glitter glue on their own without incident.
- A couple of children wanted to display their art works and attempted to do so by sticking their art work under the Story Starter labels.
- One parent found and used the baby wipes; none of the parents looked at the parenting books or used the children's books on the cart.

Recommendations:

- *Add some element for displaying children's art work, i.e., a magnetic bulletin board.*
- *Provide caseworkers with instructions for introducing the parenting books and/or suggest that parents read to their children.*

Tic-Tac-Toe Board and Pieces

Adults and children recognized the tic-tac-toe board on the floor. Although most children observed were too young to actually play the game, adults encouraged children to play with the pieces.

- One mother used an X piece to play peek-a-boo with her 13-month old.
- At least one adult encouraged a child to place pieces on the squares on the board and applauded when this was accomplished. This adult also showed the child how the O piece could be twirled on their finger and called out "duck, duck, goose" when the child hopped from square to square on the board.
- The board was also used as a seating area by some families as it was located directly in front of the supply cart with art supplies. (See below)
- The cardboard prototype pieces were a little slick; one child slide on a piece as she walked over the board.

Recommendation:

- *Use some kind of tacky material in the final constructed of X's and O's to prevent slipping.*

Ceiling Art and Lighting Gels

Ceiling art was installed to help create conversations and add natural elements to the room. The colored gels were placed over one of the two fluorescent light fixtures to tone down the harsh light and create a calming environment.

- Three weather-related photos (lightning, clouds, clear sky) were mounted on ceiling tile-sized boards and installed in a row across the middle of the room.
- Two gels were taped together to fit over the light fixture. One gel was a pale blue, the other a darker blue. The pale blue definitely cut the harshness of the light but the darker blue gave off a calming effect.
- Children and a couple of adults (parents/caregivers, caseworkers) noticed the ceiling features. Adults pointed them out and children pointed to them.

Recommendations:

- *Use a lighter blue background for some of the photos and adding one with large, puffy clouds.*
- *Consider testing panels of flora from all four seasons or local landscapes.*
- *Provide caseworkers with strategies for interacting and/or encouraging parents to use ceiling panels as a tool for engaging with children.*

Children's Art and Story Starters

Four pieces of children's art and three story starter labels were strategically displayed in the SV room. One piece of art and a story starter label was placed over the sofa and three were placed on the wall opposite the sofa with the remaining two story starter labels.

- Some adults noticed the art on the walls and made admiring comments and some children looked or pointed at the art.
- As mentioned earlier, a couple of children tried to display their own art by tucking it under the story starter label.
- One young child removed a story starter label twice and handed it to her mother who admonished the child and attempted to put the label back on the wall. A case worker intervened and held the story starter label in her lap. Neither adult seemed to recognize the potential purpose of the label.

Recommendation:

- *Provide caseworkers with instructions for introducing the children's art and story starters to parents and model how to use them to engage children with their parents.*

While it can be beneficial to test components in the environment in which they will ultimately be placed, the nature of formative evaluation allows for components to be tested in other similar environments in order to observe usability, whether people understand purpose, and attractiveness. Rather than being dependant on the unpredictability of DHHS scheduling of supervised visits, it is strongly recommended that the BTLT staff continue to prototype these and additional features in a fairly similar setting at LICM. For example, the story telling chair could be placed in a two or three spots around the museum on different days or times throughout the week. BTLT staff could recruit visitors to use the chair, share their expectations for the chair, and/or provide suggestions for changes to the chair. Observing and talking with 5-10 families over the course of a week could greatly inform the next iteration of the chair. The children's art could be tested with and without the story starters in a similar fashion; even the ceiling art could be tested this way. Perhaps a caseworker with a family ready for supervised visits away from DHHS could bring them to LICM to use some of the Supervised Visitation Room elements.

ILI would be happy to work with BTLT staff to develop a schedule of testing. The testing could use the original prototype questions from the July 22-23 prototype testing or develop additional questions to address new or specific issues.

What is/are the problem(s) to be addressed by the BTLT program?

SV Rooms (1st priority; audience is family and caseworkers)

1. Lack of organization, cleaning responsibility, general hygiene
    - No structure for cleaning rooms
    - No skills for modeling neatness skills for families
    - Lack of respect for room and contents
    - Caseworkers not accountability for condition of room (no supplies, etc) – build awareness thru partnership

Activity/Action to address problem:

Caseworker Training
    - At upcoming DHHS training being held at LICM, JW to introduce changes to rooms, need for caseworker involvement in keeping rooms clean, strategies for keeping rooms clean & organized

Develop sense of by-in
    - Caseworker unit meetings to be held in SV Rooms
    - Create "customized" tool kit for caseworkers to draw from for various family situations (clarify what Eric means by "customized")
    - Create opportunity for caseworkers to model healthy behavior for adults and for adults to model for kids.

2. Limited opportunities for caseworkers to engage with families
    - Lack of tools to work with families

Activity/Action to address problem:
- Create "customized" tool kit for caseworkers to draw from for various family situations (clarify what Eric means by "customized")

3. Design/Environment
    - Hygiene
        - No sanitary place to store items (i.e. "Mouth bag" for items that have been in kids' mouth)
        - Flooring and furniture made of materials not most conducive to keeping sanitary (replace)
        - Need for diaper change area –
        - Lack of toilet, sink, pantry (kitchenette) facilities in rooms

Activity/Action to address problem:

- Replace flooring and furniture (see below)
- Install fold up counter w/disposable sheets for diaper changes
- Work with DHHS to support installation of toilet, etc.

4. Aesthetics
    - Cold and uninviting
    - Not conducive for family engagement – doesn't spark imagination, conversation, doesn't relate to "surrogate" living space etc.

Activity/Action to address problem

- Display children's art from around the world collection in rooms Also in hallways leading to rooms
- "Guerilla art" – design applications in out-of-the-way places for discovery
- Furniture that is also exhibit piece
- Add color
- Living room with sense of whimsy, i.e. exhibit chair, mirror on wall with illustrated frame; two-way mirror to reflect real mirror; window pane/view nature
- Floor treatment – linoleum floor in pantry area; toddler area w/four different squares with different texture; patterning flooring for hopscotch/tic tac toe
- Refrigerator door exhibit component
- Ceiling tiles
    - Story starters
        - Picturorial
        - Words – Once Upon A Time
        - Bilingual
    - Night and day features
    - Seasonal/weather – clouds to reflect moods

5. Uncomfortable space
    - Seating not appropriate for number of people or the size of the room

Activity/Action to address problem

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- Furniture placement – children's round table with chair
- Furniture that fits function – not just because it becomes available
- Replace plastic with wood where possible;
- Appropriate size for furniture.
- Clock
- Storage bench, two-seater (addresses seating), padded cubes, caseworker chair

6. Demand for room
    - Number of rooms not sufficient High turnover=minimal time to clean up
    - Lack of system for scheduling and use of rooms

<u>Activity/Action to address problem</u>
- Shift some visits to the museum
    - At least one casework has indicated strong interest and has suitable family
- Primarily DHHS issue

7. Lack of good materials
    - Lack of educational materials
    - Existing materials in poor condition
    - Need more age appropriate toys and books
    - Existing materials not valued, low quality
    - Lack of appropriate storage
    - Lack of materials to encourage and support family and caseworker engagement

<u>Activity/Action to address problem</u>
- Book and toy collection
    - Staple of books and toys (blocks, dolls/puppets, puzzles, card and other games, i.e. checkers, Cranium) that will always be there; "classics"
- Rotating collection of books
    - Need to select better
    - Need to talk about source for these books – development person?
- Structure for sorting and placing materials
    - Training to organize – everything in its place
    - Designing storage boxes by item, i.e. picture of lego on lego storage box

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- Create and organize storage behind two-way mirror

Welcome Center (2nd priority; audience is primarily children)

1. Lack of child friendliness at Welcome Center (Environment - lack of activities, materials for kids to do and diversity of clients (not child-friendly), adult-oriented, tense environment)
    - Want to refocus children time at Welcome Center from the stress of the visit to something happier
    - Solution: Include children's art = less intimating space, create a more welcoming and relaxed environment to
    - Connect WC as a community resource

Activities/Actions to address problem:

- Having a presence
    - Informational LICM brochures
    - Bilingual LICM newsletter
    - Books provided by LICM book drive
        - LICM provides kids books collected from public and staff (also coat drive)
- Integrate LICM programming into DHHS scheduled workshop – Family Night-type event
- Weekly tabling
    - Needs to be prolonged activity
    - Needs to be open-ended
    - Needs to be beginning, middle, end
    - Connected to history/culture/season
    - Mostly early childhood friendly
    - Card lacing – Pre K-3rd
        - Sequencing, placing
        - Fine motor skills
    - Play Dough – Pre K-Adults
        - Tactile
        - Creative
        - Fine motor skills with tools, rolling, pressing
        - Critical thinking and planning (older kids & adults)
        - Sensory, soothing, theraputic
    - Sort and stack – Pre K, K
        - Spacial relationships
        - Gross motor skills

        - Repetition
    - Building – Pre K, K-4th grades
        - Spacial relations
        - Gross motor skills
        - Foundation and structure
    - Magnetic play – K-4th grades
        - Laws of Attraction
        - Patterns
        - Tension, invisible forces
        - Experimentation, predictions, evaluation
    - Memory Game
        - Matching pictures on cards
    - Mural (Need consider medium – not too messy, easily washed out)
        - Working with color
        - Experimental
        - Discovery (mixing color)
        - Sharing and socializing (exposure to different points of view)
        - Creative
        - Visual imagery
    - Kinesthetic – K-4th
        - HopScotch
        - Tic Tac Toe
        - Dance Steps
            - Gross motor
            - Sharing
            - Socializing
            - Individual challenge
            - In taped-off area
- Have tried having two activity choices but better to have just one thing
- Need more than one table; more than one person at the table
- Need Monique's input to develop early childhood activities; have her table with JW
- Need to include elementary age activities, too

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2. Limited opportunities for parent to engage children
    - Lack of understanding of child development, learning, importance of play, redirecting in a positive way

<u>Activities/Actions to address problem:</u>

- Having a presence
    - Informational LICM brochures
    - Bilingual LICM newsletter
    - Books provided by LICM book drive
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- Integrate LICM programming into DHHS scheduled workshop – Family Night-type event
- Weekly tabling
    - Need to provide more than one table so parents can interact with kids

<u>Parenting Workshops (3rd priority; primary audience preventive provider parents)</u>

1. Lack of parenting skills
    - Little or no concept of play (what is it, how to do it, its role)
2. Lack of empowerment as individuals and parent (use advisory board members for input)

<u>Activities/Actions to address problems</u>

- Focus on language – what to say – and voice – how to say it, 100 great things to say to your kids poster
- Redirect negative behavior into positive interaction
- Need sequence
- Focus on preventative providers (CAPS, Long Beach Reach, Family & Children's Association) families
    - Provide at preventative provider site
- Focus on language – what to say – and voice – how to say it, 100 great things to say to your kids poster
- Redirect negative behavior into positive interaction
- Need sequence
- Focus on preventative providers (CAPS, Long Beach Reach, Family & Children's Association) families
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<u>Children's Room (not currently a priority)</u>

- Limited space=limited number of kids
- Run by volunteers, retired nurse/teacher

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Not always open all day

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Be Together, Learn Together Collaborative Partnership Survey

As the *Be Together, Learn Together* program components develop and take shape, so to does the collaborative partnership that supports it. The questions presented in this survey are meant to begin to understand and document the development of the partnership. The survey also offers an opportunity for members to lend their expertise in developing achievable program outcomes.

The survey should take about 20 minutes to complete. If you are interrupted and unable to complete the survey, you can return to where you left off by clicking on the survey link in the original email then clicking on "Resume" to continue or "Delete" to begin again. Should you encounter any problems accessing or completing the survey, please contact Cheryl Kessler at kessler@ilinet.org.

Please be as candid and thoughtful as possible. There are no wrong answers and all responses will be kept anonymous.

1) What kind of expertise or resources do you and/or your organization bring to the Be Together, Learn Together project?

2) Has your involvement in *Be Together, Learn Together* changed as the program has moved forward?

❍ Yes ❍ No ❍ Not sure

3) Describe how your involvement in the *Be Together, Learn Together* program has changed. Please be as specific as possible.

4) On a scale of 1 to 7 where "1" is Strongly Disagree and "7" is Strongly Agree, please indicate the number that most closely reflects your agreement with the following statements related to the collaborative structure of the *Be Together, Learn Together* partnership.

	1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
I am informed as often as I need to be about what goes on in the collaboration.	❍	❍	❍	❍	❍	❍	❍
I have a clear understanding of what our collaboration is trying to accomplish.	❍	❍	❍	❍	❍	❍	❍
The people in this collaborative group are dedicated to the idea that we can make this project work.	❍	❍	❍	❍	❍	❍	❍
People in this collaborative group have a clear sense of their roles and responsibilities.	❍	❍	❍	❍	❍	❍	❍
There is a clear process for making decisions amongh the partners in this collaboration.	❍	❍	❍	❍	❍	❍	❍
The collaborative group has tried to take on the right amount of work at the right pace.	❍	❍	❍	❍	❍	❍	❍

5) Please share any comments you may have related to the statements you just responded to in the space below.

To aid in focusing activities and measure program impact, intended outcomes (reactions, knowledge, skills, attitudes, aspirations) must be developed for the *Be Together, Learn Together program*. The next set of questions are aimed at helping to define those outcomes for each of the program components - *Welcome Center Activities, Supervised Visitation Room, and Training* (parents and staff).

6) In the space below, please share what you feel the intended outcomes should be for *Welcome Center Activities*.

Welcome Center Activities are hands-on activities for children and parents to engage in as they wait for their appointment number to be called. Hands-on activities that may be available in the Welcome Center include working with PlayDough, playing a memory/matching game with cards, playing hopscotch, or creating a mural.

In your opinion, what would say are the intended outcomes for these activities? Please be as specific as possible.

7) In the space below, please share what you feel the intended outcomes should be for *Supervised Visitation Rooms*.

The focus for the Supervised Visitation Rooms is to create a clean and welcoming home-like space for families to interact. The rooms will have furniture and flooring that is durable and easy to keep clean, a diaper changing area; children's art work, wall color, floor treatments that delineate and reflect different areas of the home, family games, a permanent collection of children's books and toys as well as a rotating collection, and organized storage.

In your opinion, what would say are the intended outcomes for this program component? Please be as specific as possible.

8) Finally, please share what you feel the intended outcomes should be for *Training* component of *Be Together, Learn Together*.

Training includes parenting workshops for social services clients and caseworker training related to maintaining the Supervised Visitation Room, interacting with families during their visit in the Supervised Visitation Rooms and using the Long Island Children's Museum for supervised visits.

In your opinion, what would say are the intended outcomes for this program component? Please be as specific as possible.

Thank you for taking the time to thoughtfully and thoroughly answer these questions. Please be sure to click on "Submit Survey" to insure that your responses are submitted.

Intended Outcomes for Welcome Center Activities

To reduce pre-appointment tension and anxiety in both parents and children and to promote more relaxed and playful parent/child interactions.

Pleasurable, educationally-focused activities for children and parents and the role modeling related to the activity; relief from the extreme life pressures confronting the families who seek the services of HHS; interesting the families in visiting the LICM.

I think there are a number of intended outcomes for the Welcome Center Activities. One is to ease the experience of being at the Welcome Center. Another is the idea of therapeutic play, where the children and their adults can find an outlet or moment of joy in their day. Creating an awareness of the museum is another intended outcome. There are intended outcomes that are inherent with working with other children and adults in an activity. Children experience socialization and a positive adult interaction.

The intended outcome is to share with the community of availability of the LICM and the importance of play.

1. Lessen the stress for both parents and children 2. Introduce parents to the concept of the Children's Museum 3. Teach parent how to have fun with their children 4. Create a welcoming atmosphere at the HHS vertical .

The children will feel a sense of accomplishment, increased self esteem, and have fun. The parents will enjoy their time with their children and get ideas for playing with them. And learn about LICM.

Assist parents in engaging with their children in an age appropriate manner. Encourage more interaction.

The activities provided by the museum will provide a welcome distraction for the many children and families waiting in this less than friendly environment. They will also provide a small introduction and welcome to venture next door and experience the Children's Museum.

To keep children occupied as well as make the visit to HHS less stressful for parents that must bring their children; to provide a learning experience for both parent and child.

APPENDIX C

Intended Outcomes for Supervised Visitation Rooms

To provide a safe and pleasant setting for families to re-connect and spend positive time together; also to allow for staff to make important observations about the quality of family interactions that can be factored into any decision about future family contact.

Providing an environment for a happy visit, an atmosphere of "health and joy"...providing the opportunity for activities which would help the staff understand families' current level of functioning and progress in problematic areas.

Again an easing of the experience of being the rooms during a SV. Creating an opportunity for a richer parent/child experience with opportunities for positive engagement with one another. Creating an environment that promotes respect of themselves, the space, one another...).

The intended outcome is to teach families how to communicate and bond through play. It also teaches what appropriate play is based on age.

1. Stimulate healthy parent/child interaction. 2. Provide wholesome environment that can help to build and/or mend relationships.

To help parents and their children stay connected and feel good about their time together, while they go through the trauma of being separated by foster care placement. Help sustain/develop parent's motivation to have their children returned to them.

For workers to help parents engage with their children through modeling behavior. Often parents do not know what to do or how to act with their children. It is anticipated parents will mimic workers' behaviors and have productive and meaningful visits.

Families will find the welcoming environment relaxing and supportive to providing a positive visit with their children

Supervised visitation is so artificial and stressful; trying to make the visit more comfortable by improving environment may make the child and parent more relaxed and make the visit more positive and memorable. Most of these children have been parented by parents who are under a lot of stress and have been unable to focus on their children. This is an opportunity to learn and to create a positive parent/child bond

APPENDIX C

Intended Outcomes for Training

To improve parenting understanding and skills in the area of their child's developmental and emotional needs. To increase the caseworker's ability to understand developmental expectations for children of different ages as well as to improve skills in the area of promoting healthy parent and child interaction within the selected setting area.

Enhanced knowledge of how to develop programs, environments, and activities which enhance family experiences and assist families in achieving their service goals
The parenting workshops are intended to help the parents involved build better parenting skills, create an understanding of their children's learning process and developmental stages as well as the importance of play. The intended outcomes for the caseworker training related to the SV rooms are to create a method for room maintenance that also allows for an understanding of the reasons behind changes made. The use of the Long Island Children's Museum as a site for SV is meant to ease the load of the DSS as well as offer a richer, more educational experience for parents and children, with built in opportunities for positive engagement with one another.

The intended outcome is to show how families can benefit from a safe environment to interact in. Furthermore, to increase awareness of the important bond that can be created due to playing with each other.

Training for parents: 1. teaches them that they are important partners in their children's education 2. help them to develop and practice important skills Training for staff: 1. provides them with tools to reinforce learning for parents 2. provides them with tools to establish more positive relationships with parents.

Strengthen parent's abilities to meet their children's physical, emotional and social needs. Strengthen parent's abilities to keep their children safe. Reinforce all the good things parents do for their children that may be taken for granted.

Helping parents develop skills such as listening, engaging, and negotiating when dealing with their children. Also give parents the knowledge to discipline effectively. Teach age appropriate behavior and encourage positive interactions.

Clients will report that the training has provided them with new parenting skills. Service providers will model new supportive approaches to working with families in the visitation rooms and provide more care to those environments. Caseworkers will schedule supervised visits with clients at the Children's Museum where appropriate.

Training of parents in the DSS lobby has been very difficult. It means a culture of change to see the HHS facility as a community center attending to the needs of the whole family rather than just a place for Public Assistance eligibility

APPENDIX C

DHHS SV Rooms - Prototype Testing Plan – July 23, 2009
Be Together, Learn Together – OBSERVATIONS

Time In: _____ Time Out: _____
Time In: _____ Time Out: _____

Storytelling Chair

Ceiling Panels

Children's Art

Story Starters

Supply Cart

Tic Tac Toe

Sex and Age Range:
M = Adult Male
F = Adult Female
B = Teen Male
G = Teen Female
b = Child Male
c = Child Female

Interaction Codes:
M ------- F = M and F together
M ----- > F = M watches F
M < --- > F = M interacts with F

Engagement Codes:
I = Ignore: no acknowledgement of component
A = Attend: look, point or otherwise acknowledge component but do not attempt to engage.
E = Engage: briefly investigate, look through, or manipulate component
U = Use: fully engage in activity or component