all the rooms should be private with bathrooms. I would like to have intercoms and TV games in each room. Each room should have comfortable chairs for parents and a small table, too.

The halls should be colorful, with murals, and it would be nice to have the nurses’ station in the center of the hall with the rooms all around it. When you have to go to the surgery room, it would be less frightening if that room were colorful, too, not dull.

Also, the nurses should use the smallest needles possible, and the doctors should smile.

I think the people designing a new hospital should talk to kids first.

★★★★★

These essays were written by children at Rhode Island Hospital in connection with the “Museum on Rounds” program, a collaborative project of the Museum of Art, Rhode Island School of Design and Rhode Island Hospital. Coordinators of this program are Carole DiSandro and Paula Most.

Each week staff and students from the Rhode Island School of Design come to the hospital for three hours to work with children on various types of creative projects, including making puppets, painting, printmaking, ceramics, and weaving. Most projects relate to works of art in the museum’s collection.

Several projects have focused on planning for the new Hasbro Children’s Hospital at Rhode Island Hospital. The children’s essays highlight that color is an important but subjective issue. Giving children choices and enabling them to add color by selecting posters or prints for their room will give them a sense of control in an environment where they often feel powerless.

Children’s Participation in Health Care Facility Design

Roger Hart

Health care facility planners and designers, like professionals in many other fields have not often recognized the valuable contributions children can make to their work (Hart, 1987). There

Roger Hart, Ph.D., is Director of The Children’s Environments Research Group, the City University of New York, New York, New York.
serve for a period of time as home for many children. The qualities of “home-ness” cannot be designed for one person by another. All hospitals should therefore provide opportunities for children to establish a meaningful base for themselves.

Making the Bedside a “Home” Space
The space immediately surrounding the child’s bed is probably the easiest and most obvious place to begin to improve the quality of design. Bulletin boards, with a shallow shelf running along the bottom of them, for displaying personal items, are a must. In addition, hooks in the ceiling will enable children to hang their favorite toy animals, airplanes, or collages. These simple design opportunities speak more clearly than any verbal encouragements that children should feel free to make the hospital temporarily their “home.”

Children’s Participation in On-going Design Committees
Beyond the bedside, children should participate in aesthetic choices made throughout the facility. As an environmental psychologist, I am constantly asked by architects and interior designers to name the best color to use for children. My response is simply that they involve children in selecting the mix of colors. This answer is usually met with astonishment. Designers evidently believe children are seriously influenced by colors, but that they are incapable of articulating any of their preferences! This pervasive view of using the designed environment as a means of manipulating human behavior needs to be replaced by one that is liberating for hospital patients and staff alike. Aesthetic decisions should be made by those who live in an institution, with artists and architects serving as consultants and respondents rather than directors. For this reason, I propose that children and youth representing the entire range of ages served by an institution be involved in art selection committees. If children were involved, I believe we would see fewer “super-graphics” with anthropomorphic animals in bizarre colors painted on walls, less reliance on primary colors for large surfaces, and more sophisticated, complex art and photography, even for young children. If children were members of such committees, art might even be displayed at a height which young children could see!

Video Tours and 3-D Models: Two Ways to Involve Children in Design Projects
The most common, and almost exclusive, method through which designers have obtained children’s ideas has been the use of children’s drawings. Although these are easy to collect, they present many problems. Most notably, children’s limited drawing abilities may affect what they feel competent to draw. Such drawings, moreover, are subject to a wide degree of adult interpretation. Finally, the absence of any interaction between the children and the designers is not only a methodological weakness, but also has ethical implications, if children do not understand how their ideas may be used (Hart, 1992).

There are numerous effective ways of involving children and youth of all ages in the evaluation of an existing facility (Hart, 1992, 1987, Illus, 1992). Many of these same methods are also appropriate for helping a design team generate a more complete architectural program for the design of a new space. Two of the most effective methods are: child-lead video tours and 3-D modeling.

Video Tours. Video tours are a simple method of evaluating an existing space
or of generating information for the
design of a new space. Children (ideally of a range of ages and both genders)
should lead designers through the
space, pointing out, and even
demonstrating, its problems and posi-
tive features. The entire tour should be
videotaped, in order to make it clear to
the children that this is a serious
enterprise requiring them to fully ex-
press their concerns and to record com-
pletely and in context their comments.
Subsequently, teenagers and even older
preadolescents if they feel comfortable,
should join representatives of varied
medical and service departments for
similar tours. These diverse teams are
particularly valuable, because the dif-
ferent perspectives and views that are
revealed during the tours are highly in-
formative. Unfortunately, most children
under ten do not have the necessary so-
cial skills of group interaction required
for this method.

An especially valuable variant of the
video tour is to have a child recreate,
with a video an event with important
design implications. For instance, a
child might focus on the experience of
first entering a hospital. The person film-
ing can document the child’s verbal
recounting of the experience while ap-
proaching and entering the hospital, or
the child can do the filming. The latter
 technique can be best accomplished if
the child sits in a wheelchair and tells
the person pushing where to go. If the
video camera lens is permanently set
on a wide angle, the result can be a
smooth report that offers valuable in-
sights.

This technique was used effectively in
another context to capture the impact
of the school environment on a young
boy. He climbed what appeared to be
endless, steep steps with the large
school building looming beyond. He
panted while he talked about his dis-
orientation and fears when entering this
school for the first time. The videotape
had particular intensity because of the
boy’s direct involvement in its produc-
tion and narration.

3-D Modeling. A second method, one
that requires more preparation by the
designer, is to build scale models with
movable parts of an existing space. This
allows children to manipulate the parts
to express problems and possibilities.
This method can be very effective with
young children, especially when used
with dolls of the same scale, for it
enables them to reconstruct experi-
ences in the facility. Special care must
be taken when dealing with particularly
painful experiences, such as serious
operations or the death of a friend. The
assistance of a clinical psychologist is
recommended for such sessions.

Children’s participation in design is a lit-
tle-explored area with great promise for
improving the design of children’s
health care facilities. In the spirit of im-
proving the fund of knowledge, the
author would greatly appreciate hear-
ing of any experiences with these or al-
ternative methods.

REFERENCES

Hart, R. (1987). Children’s participation in plan-
ing and design: Theory, research and prac-
tice. In Carol S. and Thomas G. David (Eds.)

tokenism to citizenship. UNICEF Internation-
al Child Development Center, Piazza S.S. An-
nunziata, 12, Florence, Italy.

ticipation no. 3: Techniques. Childhood City
Quarterly, Children’s Environments Research
Group, Graduate School of the City Univer-
sity of New York.

new juvenile facilities for New York City.
New York: Children’s Environments Research
Group, Graduate School of the City Univer-
sity of New York.