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GUIDING DOTS

ABSTRACT

The project is about creating a better experience for younger children when they come visit the Queen Silvia Children's Hospital and to help them understand and feel safer in an environment or situation that they are not in charge of themselves. This project is limited to the entrance of Queen Silvia Children's Hospital and the surrounding area of Östra hospital in Gothenburg. The basis of this project was mainly my own experiences while growing up and observations of how children act and move in the area and in the entrance room.

The project resulted in translated signs into pictograms that works as a way finding system in the building and also as a signal to prepare the child for what department of the hospital they are entering. It also resulted in a way finding system on the outside area of Östra hospital that makes it easier to find the way to Queen Silvia Children's Hospital and also connects the outside with the inside of the hospital. The way finding system and the new pictograms are supposed to give the child a better experience and more control of their situation but also to make it easier for the parents finding their way, an effective flow of information is an elementary condition for the visit to be as effective and pleasant as possible, with comfortable parents you get a comfortable child.

KEYWORDS

Information, Included, System, Children's perspective, Experience, Awareness

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INITIATION

The foundation of this project is a subject that have been discussed quite a lot during my time at the Child Culture Design education at HDK (School of Design and Crafts) in Gothenburg, children's role in the society and how we as adults see children in the society and what role we give them.

The idea started growing when I made a smaller research in a library in how available the library was for children. What I found was that all information and signs were addressed to adults, even if they were meant for children. I started to look around in other public spaces and found this being standard.

1. BACKGROUND

1.1 Problem area

1.1.1 Signs and information.

Today we can rely on to be guided through cities and public spaces. We are guided by pictures and text so that we can find our way and feel safe in how we should move.

How would it feel if you could not read these guides? Would you still feel safe if you couldn't understand your surroundings?

1.1.2 Information and way finding at Östra Hospital and Queen Silvia Children's Hospital.

The information and way finding system at Queen Silvia Children's Hospital is today very unclear and invisible. This makes a visit at the hospital uncomfortable both for the parent and the child. If the parent is not feeling comfortable in a situation and don't know where to go or what to do, probably nervous and worried in this situation. The child can feel this and gets anxious which results in an unnecessary tense situation.

1.2 Project limitation.

The project is limited to the entrance of Queen Silvia Children's Hospital and the surrounding area of Östra Hospital. It is limited to give a better foundation for the child to stand on when entering different departments at the hospital. My biggest focus has been translating signs and text into pictograms.

1.3 Question formulation.

How can I communicate with children who are not old enough to read? Is it important to communicate directly to these children? How do these children move in this room and do they look for information at all? Does the child need to know the same things as the parent?

1.4 Goal and purpose.

The goal is to invite the child to participate in its own environment and situation. I want to give a tool for the child to be able to understand its surroundings or situation by its own. The goal is also for it to be easy to apply at any time,

The purpose is to make the visit at the hospital a more pleasant experience for the child but also for the parent. I want them to be able to be more relaxed in this environment.

2. THEORY, EARLIER RESEARCH AND BACKGROUND FACTS

When I started my research I felt I needed something to back me up on my theory of how children are seen in the society so I searched for texts and researches that have discussed the same kind of issue.

In the book *Barns syn på vuxna - att komma nära barns perspektiv (Childrens view of adults – to get close to childrens perspective)*, written by Elisabeth Arnér and Britt Tellgren they are talking about how important it is not to see the child as a disconnected individual from its parents or other adults in its surrounding. They mean that when we are talking about the importance of child perspective the intention is not that the parents are to be forgotten but also that the child should be visible. This I think is an important aspect to take in consideration in any project when you are working with children and especially in a project like this when the act and experience is a collaboration between a child and its parent.

What they also mean is that children find themselves in subordination in the society and mean that that subordination is the least questioned group in the society. They believe that the childhood often appears as a transition period without its own value and the child is getting the character of 'not yet adult'. I find myself reading and discussing the fact that we easily are preparing the child for adulthood and not taking care of the time that is now, the child's childhood. How do we treat the child as a being and not as a becoming? This is a question often appearing during my research.

I read a text in the book *Barnets rätt till respect (The child's right for respect)*, written by Janusz Korczak that gives a good explanation to the question I am working with in this project and that gives a good view in what issue I am trying to target.

"From our earliest childhood we have been taught that what is big is more valuable than what is small. 'Now I'm big', the child happily calls out when you put it on a table. 'I'm bigger than you', another child proudly says when he is comparing himself to another child who is shorter.

It is tiresome to stand on your toes and still not reach.

It's hard to walk in the same speed as grownups, when you walk with small steps. A glass easily slides out of a small hand. When a child is climbing a

chair, getting in to a car or walk up the stairs, he/she is doing it backwards and not without trouble. They can't reach up to the doorknob, can't see out the window, take something down from/- or hang something on a hook, because it's too high. You can't see them in a crowd; they get in the way and get pushed away.

It's uncomfortable and troublesome to be little.

Respect and admiration is directed to what is big, for what takes a lot of space. But what is small is considered insignificant and not as interesting. Small people - small needs, small subjects of joy - small sorrows. What is impressive – a big city, high mountains, a high tree? We say: 'A great work, a great man.'

A small child is so light, so tiny. We have to get down, lower us to the level of the child"

The result I've come to in my research is the credibility of the issue I am bringing to the surface. What I also think is important to take with me is not to forget the parents in an issue of children. The children and the parents will always have a connection in situations like this and to work with one or the other would only solve half of a problem.

3. METHOD

Methods I have used are observations, situation analyses, analyses of public spaces for children and conversations with working professionals in play therapy. I will later go deeper into each one of them.

3.1 Practical build-up.

In my practical preparatory work I made a study visit at Play therapy at Queen Silvia's Children's Hospital in Gothenburg (*see attachment nr 1, Study visit*), had conversation with Cecilia Holmgren, who works at the Play therapy at Queen Silvia's Children's Hospital about what they do and also things I might need to think about in my work. I have analysed two locations for children and the area surrounding Queen Silvia's Children's Hospital.

I have worked with sketching and models.

3.2 Conversation with pedagogue

As a part of my research I had a conversation with Cecilia Holmgren, pedagogue at the Play therapy at Queen Silvia's Children's Hospital. (*see answers in attachment nr 2, Conversations.*) What I was mostly interested in was how they work with information and communication with the children and these are

the topics we discussed.

1. What happens when you arrive to the hospital?
2. How do you receive new children at the Play therapy?
3. How do you work with information here at the Play therapy?

From our conversation I got some notes that I tried to keep in mind during my work.

- Children like to leave a trace.
- Adolescence are easily forgotten, Play therapy and projects like this easily tend to get a bit "childish".
- Tone down the "childishness" and maybe work with symbols?
- Tone down the impressions, think about the children who cannot handle to much at the same time.

4. ANALYSES

I needed to go deeper into what is missing and what is needed for this project so I choose to make a more thorough study of two locations, Universeum, a science centre for children of all ages in Gothenburg, and the location I choose to work with in this project, the entrance of Queen Silvia's Children's Hospital. What I was looking for in these specific locations was if there had been any consideration of the child or if there were only information for the adult to transfer to the child, both in way finding and required information for the location. During my research I also found the way finding information in the area outside Queen Silvia's Children's Hospital, area of Östra Hospital, did not work and I decided I needed to connect that with my initial project idea.

4.1 Analysis of Universeum, 2013.02.19

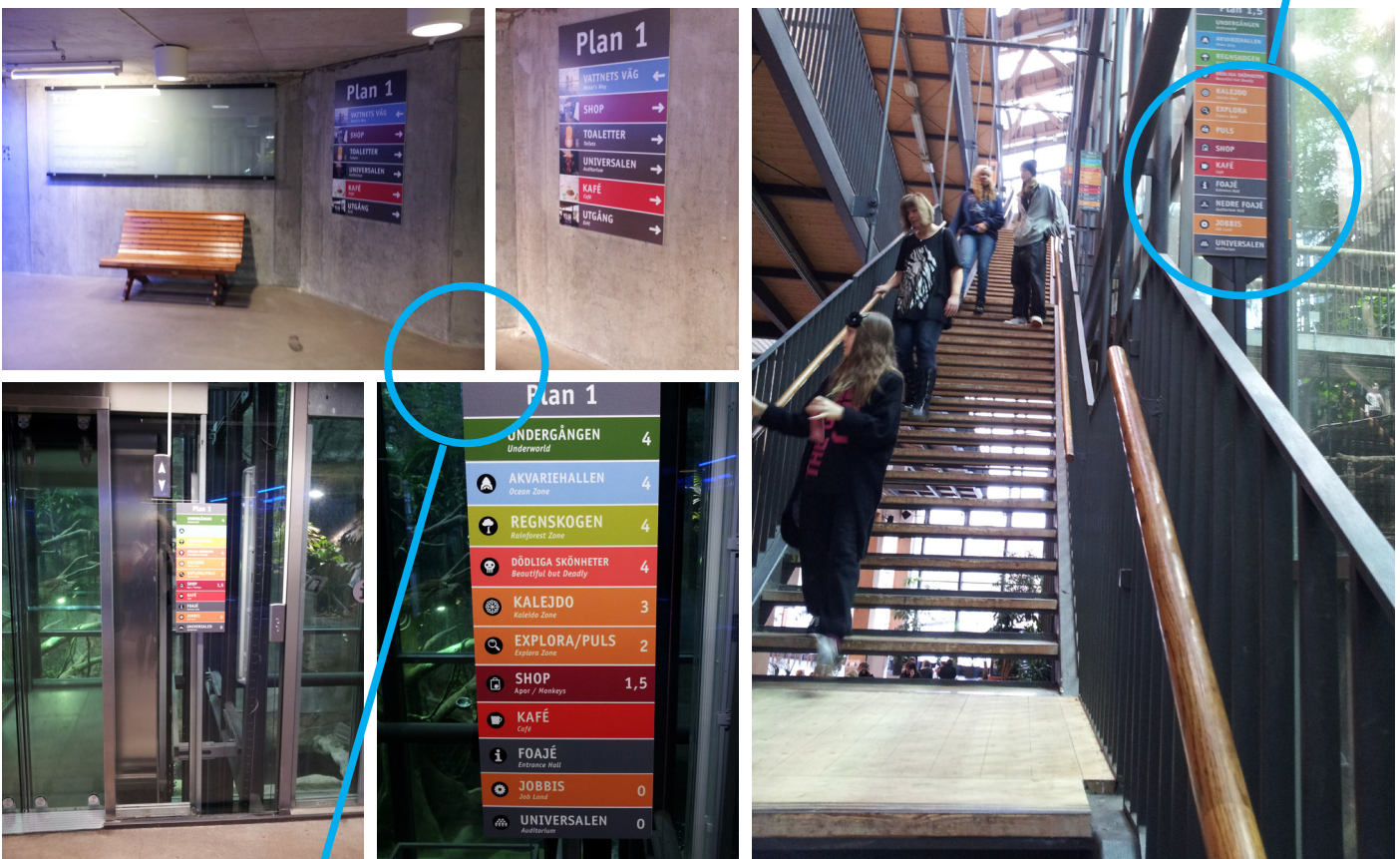
Not so attractive and not at all clear what's inside.



Loud, empty and big.
No clear signs of where to go and if there are signs they are for grown ups/people who can read.
CONFUSING!

Old animal tracks on the floor leading into the coffeetables (?)

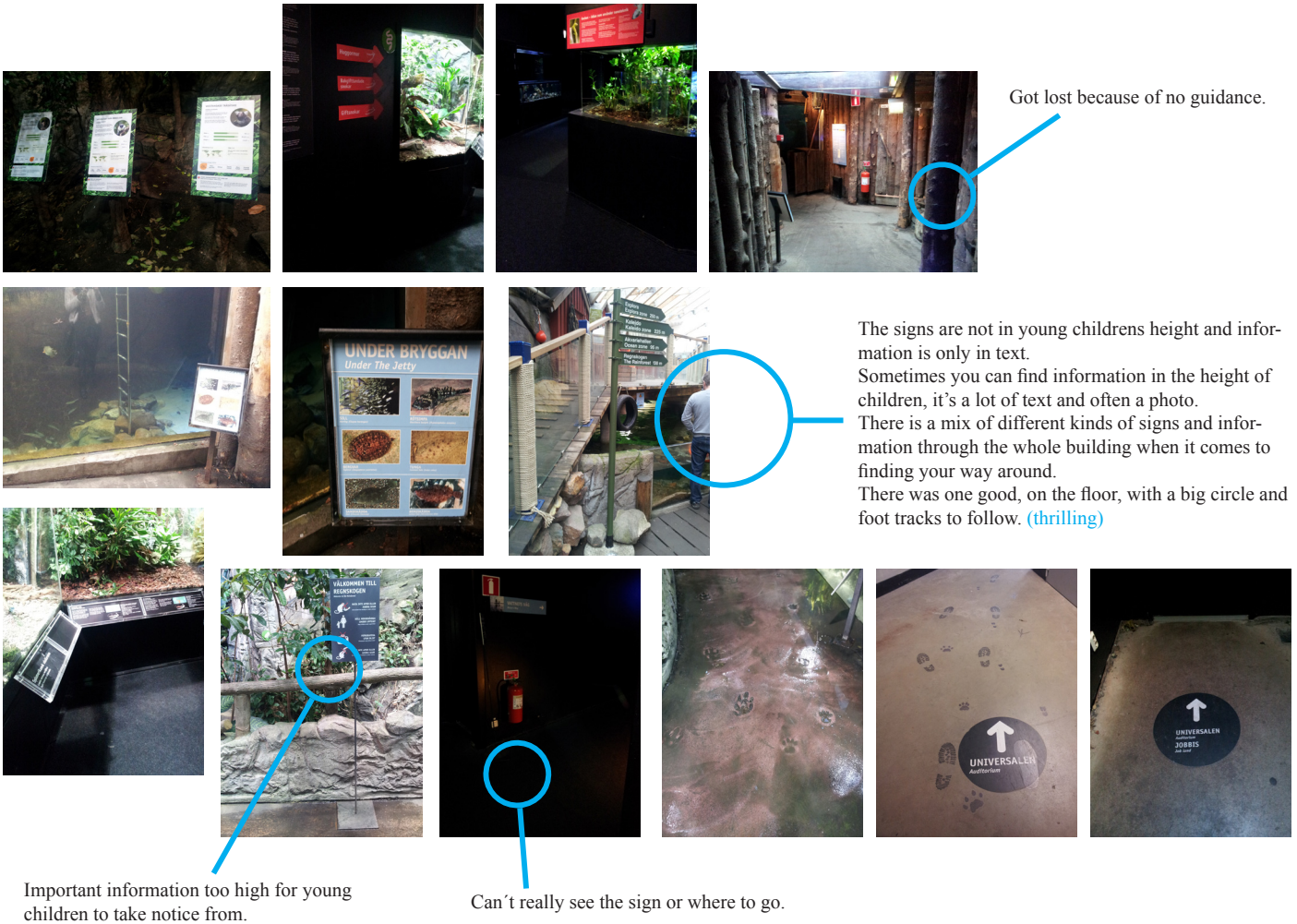
Signs hard to see if you are not tall and can read!



Makes it clearer with color divided areas, but !! the colors end here, no connection with the different floors or categories.
Good with pictures to try to simplify the text.

5

! Information is in Swedish



Got lost because of no guidance.

The signs are not in young childrens height and information is only in text. Sometimes you can find information in the height of children, it's a lot of text and often a photo. There is a mix of different kinds of signs and information through the whole building when it comes to finding your way around. There was one good, on the floor, with a big circle and foot tracks to follow. (thrilling)

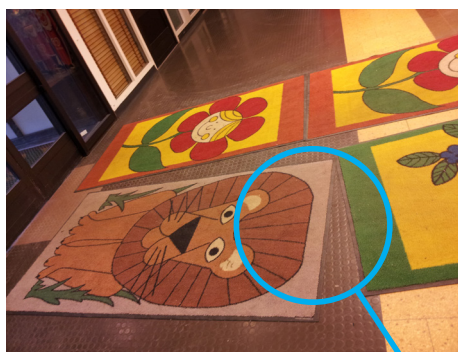
Important information too high for young children to take notice from.

Can't really see the sign or where to go.

I wanted to see how information and way finding is displayed on places that are mainly for children. I was curious if they have been thinking of the children or the adults when working with signs.

The analyze of Universeum gave me a recognition in what issue I am targeting. The information and way finding was not ment for children, it was even hard for me as an adult to understand. Signs were placed in strange places, not in sight for smaller children and they were not cohesive.

4.2 Analysis of Queen Silvia Childrens Hospital, 2013.02.20



Door into EEG. Painted animals on door.
Note: NOT in childrens height.

Welcoming (?) doormats with animals and flowers. No more animals in this room, no connection to anything.

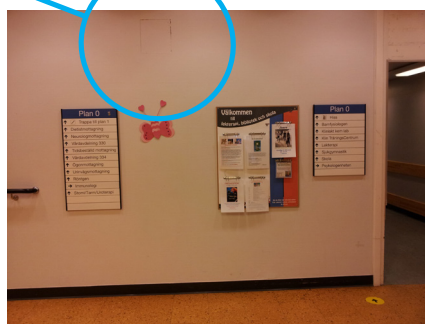
Big exciting ship to play on. Very popular.

upstairs

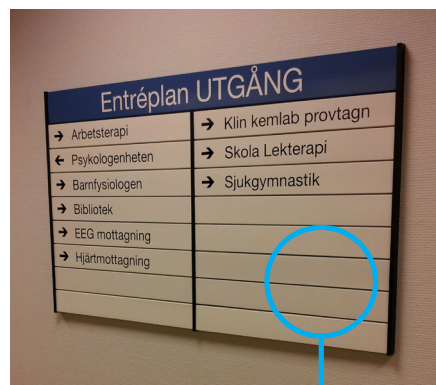
One floor up there are wallpieces to play with/ distract yourself with on the go.



Most information is at the end of the other side of the entrance.



Information concerning children! In the wrong height and with a lot of text.



All signs and information are in text and in height not suitable for young children.



Fun way to lead children to activities. But wrongly informed, "follow the lines from the ship..." the lines starts a bit in the hallway and took a while to find.



Why is the information only in the ceiling?

At the hospital I found that the information was not visible and some of the information was confusing. All the signs and information was targeted to adults, even the information concerning children.

4.3 Analysis of the outside area

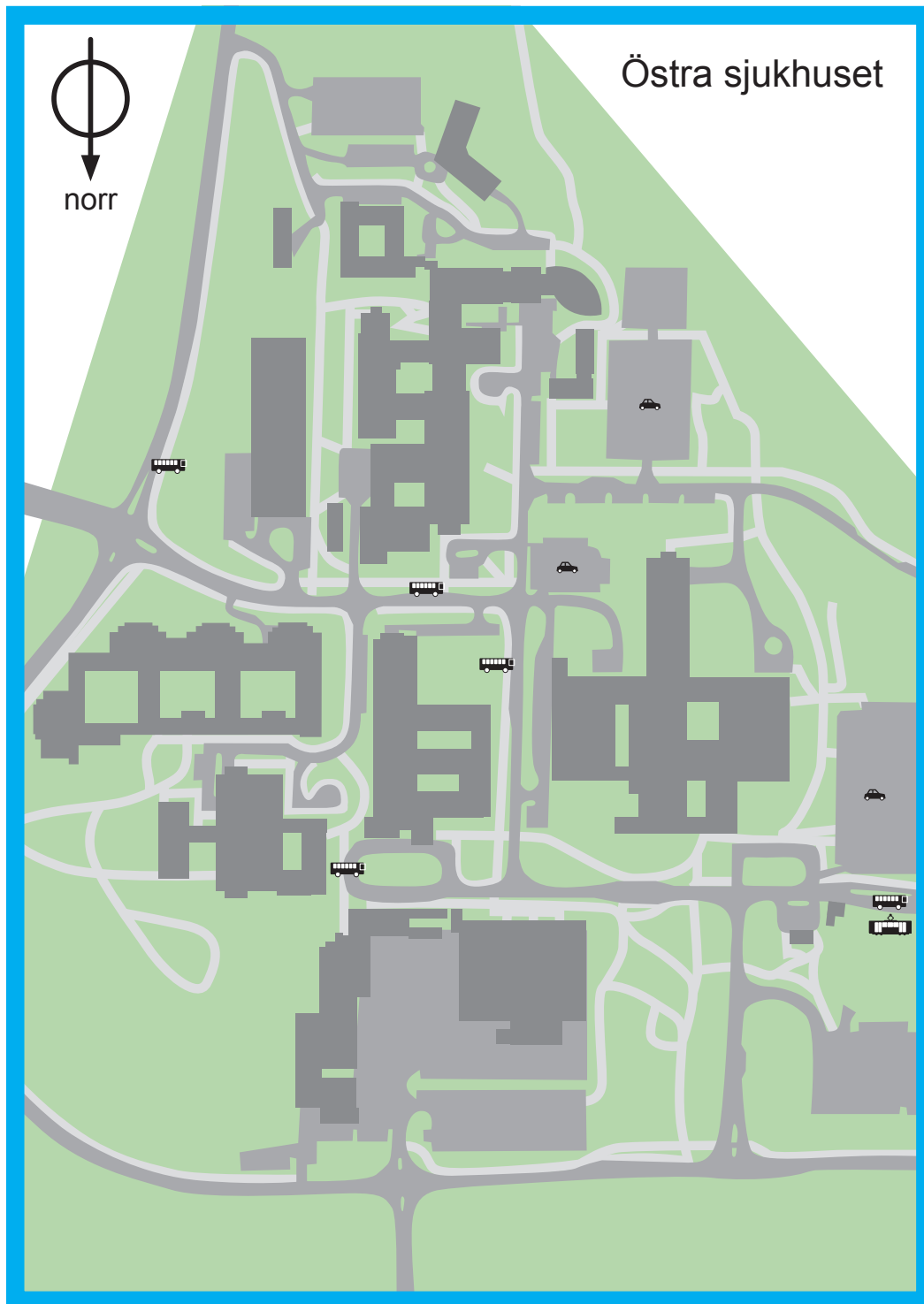


A sign/map over the area, not easy to find.



Outside the entrance of Queen Silvia's Children's Hospital.

The area of Östra Hospital. Here I have placed where you can come with the bus, tram or car.



The outside area does not tell much of where you should go. I walked all over the area as is I was coming with the tram, bus or car. There are no signs telling where Queen Silvia's Children's Hospital is and where to go. a sign with different places to go, one of them is Childrens Emergency.

5. RESULT

The result contains 3 different topics, the pictograms, clarifying information and the way finding system. It is supposed to give the child a feeling of being more in charge of its situation. Both in way finding and in knowing what is happening behind the door he or she is about to enter. It will give the child a chance to prepare and maybe even ask the doctor or nurse themselves what they do there or what is going to happen. I have made some changes in the entrance of Queen Silvia's Children's Hospital so it becomes more cohesive with the rest of my project and to make the information more visible and easier to find, that is also what I have been working with in the way finding surrounding the outside area. A problem I had was that it easily became a "new identity" for the hospital, and that is not what I wanted, since I want it to be apply able on other spaces and not to intrude on rules and regulations concerning the hospital and Västra Götalands region. I needed to be aware of this during my process.

Down below I will go more into detail of each part and argue for the choices I have made.

5.1 Pictograms

I started working with the pictograms by searching for the meaning of all the words I needed to make pictures of had. Then I started sketching both by hand and in the computer. When I was trying to sketch by hand I was searching for what kind of style I was going for. It needed to be simple and clear but I also wanted it to be aesthetically my design, which often is clean, clear and a bit humoristic. I read in *Bilder för barn, Skrifter från Centrum för Barn och Kulturforskning (Pictures for children, publications from Centre of Child and Culture research)* written by Stellan Ellboj, that to identify an object you need to discover the simplest characteristic features. It's the general features who are important and not the details, especially for children younger than 4-5 years old. Children first discover the edges of an object, two-dimensional or three-dimensional. This also implies adults but for children this is of vital meaning to be able to identify an object.⁴ This is something I bring in to my sketching and my decisions of what kind of look I should have on these pictures.

I decided that the person I need to have in some of the pictures should look like a child, to connect with the children reading the pictures, since it is

a children's hospital. The shape and expression is also made to attract teenagers and older children, I needed to be aware that the expression didn't get to childish so it would suit all ages.

The round shape is a shape going through all of the components of this project, the shape is friendly, easy to recognize and a translation from my inspiration of pins on a pin board marking important things.

The colour blue is a colour going through almost all of the components of this projects. I decided the colour blue to match the website and other parts of the hospital, but to stand out and make the Queen Silvia's Children's Hospital easier to find and recognize I choose a brighter blue that is more visible.

After my presentation I made a revisit to the Play therapy to get some feedback from one of the pedagogues, Ewa Gustafsson, she gave me some feedback that we discussed and from that I changed some of the pictograms.

(see *pictograms, signs and comments in attachment nr 3, Pictograms*)

5.2 Clarifying information

Clarifying the information is about making the existing information more visible and clear, both for the children and for the parents.

I started by analysing the entrance of Queen Silvia's Children's Hospital (see 4.2, *Analysis of Queen Silvia's Children's Hospital*), since that is the area I defined my project. I observed how people were moving and I looked for information and followed the signs myself. I tried out some simple sketches and models to see how things were moving in the room.

At first I thought I needed to move the locations of the signs, because they are not visible from the entrance with the big ship in the middle of the room, which is a really popular item in the entrance, but I realized soon that the original placement is the only option because that's the starting point for when you are going to different departments. So instead of moving the signs I worked with the room. I used the blue colour I chosen for this project and made the information booth more visible and decorated the wall and seating area to lead the eye further into the room so you easier can find the signs/information at the other end of the room. To make the room a bit calmer and enhance the blue colour I changed the color of the pillars on the left side of the room from red to white, so the red colour doesn't take the at-

11⁴ Stellan Ellboj, *Bilder för barn, Skrifter från Centrum för Barn och Kulturforskning (1986)*

tention from the blue.

(See process and comments in attachment nr 4, Clarifying information)

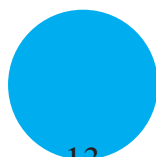
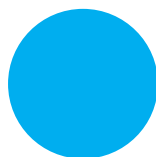
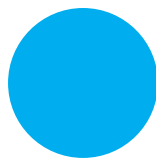
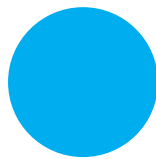
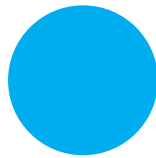
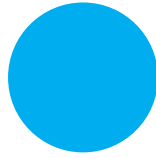
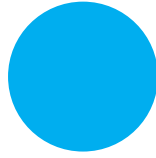
5.3 Way finding system

When walking in the area of Östra Hospital, looking for Queen Silvia's Children's Hospital I realize there are no good signs for finding the way. So to make this visit to the hospital as pleasant as possible both for the child and the parent I needed to work with the outside as well. If you are stressed when you are entering the hospital the risk for not being open to find information is higher than if you are calmer and more relaxed, the stress over being there at all is probably stressful enough. I also wanted to make a way finding system in the area that is easy to recognize for the child so he or she are prepared for where they are going even before they are entering the hospital.

The way finding system are blue dots that are strategically placed around the area of Östra Hospital. I was walking around the area as if I was arriving with a car or the tram/bus to find where these dots are necessary. These dots are connected to the system inside the Queen Silvia's Children's Hospital, same colour and shape, so the child will recognize themselves when they are entering the building and both the child and parent know what to look for to find information, the blue dot's. To be able to see the dot's when it is dark they are lighten, I have not gone further into how they should be lighten in this project, that is to be a further development.

(See process and comments in attachment nr 5, Way finding system)

6. REFLECTIONS



6.1 My design issue

The idea of this project is founded in my own experiences as a child in hospital environments. I have been to the hospital and the doctor many times growing up since I was what you call a child susceptible to ear infection and also a pretty clumsy child hurting myself. I early got afraid of needles and with that also the whole hospital experience. I can now when I look back realize that part of that is because of me not being in control over my own situation. I was told what to do and where to go but I didn't know what was going to happen and that gave me a very uncomfortable and doubtful feeling.

Today the hospitals are working a lot more with information and talking to the child and handling the child more carefully, of course differently at all hospitals and even at different departments. Now there are information on the internet you can look at before going to the hospital, there are films, pictures and other child friendly ways of telling the child what happens where and how things are done. The Queen Silvia's Children's Hospital send out information about their website when they send the summon for the child. There you find a parrot showing you around in the different departments and receptions. This is definitely something that would have made me as a child calmer, going to the hospital knowing what will happen. But my project is more hands on what's on the wall when you are at the sight. I want to give the child the chance to be prepared, and I think this is a good way.

This issue is not only in hospitals, it is everywhere. There is no world for children in this world; the children are living in the adult's world, waiting to fit in. We need to be aware of this. I don't think we should create a world where children can handle everything themselves, because they can't, they need help and support in different aspects. But I think a lot of situations in the society could be more adapted to children to make them feel more comfortable and confident in what they can do.

6.2 Relevance to my target group/s

My main target group are the children and my second target group are the parents. From the beginning the problem and my project were focused on the children, but as it usually ends up I realize the child's parents are a big part of making a change in the child's world. So in a project like this you cannot focus only on the child, you have to see in a bigger perspective and see how the child is connected to and effected by the parent.

In this particular project I am translating the signs into pictures to make it easier for the child to understand but I also worked on making information and way finding easier for the parent because if you have a calmer parent you get a calmer child. To make the visit at the hospital as easy as possible both for the child and the parent will benefit all. But this also makes your decisions more complicated because you have to find a way to meet the need and interest in both adults and children. I tried to be aware of this during my whole process and find an expression and system that can appeal both target groups. I did that by keeping it clean and clear but still in a bit humorous way. I also tried to make the pictures in the signs connect to the children by making the characters look more like children, they become a friendlier character that they can relate to.

6.3 Societal, ethical&technical and ecological&economical

This project is mainly focused on a societal and ethical issue. I have lifted a problem we have in society and worked with a problem we encounter every day in our everyday lives. This is an issue in society that needs to be brought into the light, not just to give information to children but also the way we see children. As I mentioned in the beginning, do we see/treat children as beings or becoming's? Since my work has been mainly about graphics, there have not been any technical parts to consider. A part of my project is the dots/signs in the outside area, but that is a part that in this project is more like a suggestion. I show the problem and a suggestion for how to solve it. I made a sign and also a suggestion for lighting it but that is a further development that I have not considered in this project and it's time-frame.

My goal was to make a solution that could be applicable really soon and as the building and rooms look today. I think that would make it attractive for the hospital, a fast and working solution but also a pretty low cost solution. I have not counted in how much it would cost, but the changes are small and it is print-material. My guess is that it is no bigger cost in comparison to other solutions.

6.4 Process, methods, learning and results

My process has been a bit shorter than I planned. I had a hard time figuring out what I wanted to work with, I usually need to find a problem I feel I want to solve and this time I had a hard time finding one. As soon as I looked back and found the issue I felt passionate about I started looking for information and literature about this, I found myself looking for "proof" that this issue existed. For some reason I felt I needed backup to make this problem true. That is something I regret, because I actually knew the problem was there and needed a solution. Now when I look back I probably would have needed more information about how others have attacked this issue, not that this issue exists.

My sketching in this project was to take pictures of the space and the area and then draw different ideas on those pictures. I think this was a quick and efficiency way to work. I could easily bring the pictures to friends and show them and discuss different ideas. This is also a good way because the people I talked to could easily point and draw themselves right on the picture. After a couple of visits, observations and analyses I had a few thoughts and ideas but nothing really worked, when I finally came up with this idea of dot's I decided to work with that. Usually I am a bit afraid of just going with one idea instead of trying out a couple, but this time I felt confident in the concept I started developing. Now I started to build a model of the room (the entrance at Queen Silvia's Children's Hospital) to be able to see how I would place things and what I needed to do to clarify the information in the room. I took pictures from a visitors perspective and could see and work with the room without being there. This is also a way to make the work easier and it gives me a way to quickly try things and take them away again.

I early decided that I needed a clear frame for what I am working with, mainly because of the timeframe we had, and I had to remind myself all the time during my process what my project is about - Information. I was time to time slipping in to other things, such as guiding systems throughout the hospital (I was only working with the entrance) and play solutions (I wasn't working with a playground, that's another project). Sometimes it felt like I was slipping in to making a new identity for the hospital but that was not the result I was aiming for, I needed to be aware and take a step back now and then to make sure I didn't go in the wrong direction.

Something the project is missing right now is a try-

out with children, to see how they are thinking about the pictures and way finding system. But after my presentation I did go back to the hospital to talk with one of the pedagogues at the Play therapy at Queen Silvia's Children's Hospital, Ewa Gustafsson, to get some feedback on my work. This was very helpful and I made some smaller changes in some of the pictograms. Another change I did after the presentation and discussing my project was to separate the signs and information boards. At first all the signs and information was in the blue colour I've chosen to work with, the information signs, the dot's outside, the pin board for the Play therapy and the dot's on the floor, but after having my presentation I realised it could get confusing. The pin board for the Play therapy and the dot's on the floor leading to the Play therapy could get mixed up with the information about what unit to go to, so I decided to make a change and give the Play therapy a colour of its own. This also makes the Play therapy unit stand out from other information and makes it easier to find and see.

I am not a graphic designer, I usually work with products. I wouldn't say this project was too hard for me to handle, I think I set some good frames to make it possible, but sometimes I felt my knowledge might have been too small and that made my self-confidence go down which I think effected the project, mostly in time-consuming issues. I questioned things one too many times and if I would have been more confident I could have made faster decisions which I felt was necessary. But I also feel that with this project I have expanded my knowledge and field that I'm comfortable working in.

7. SOURCE REFERENCE

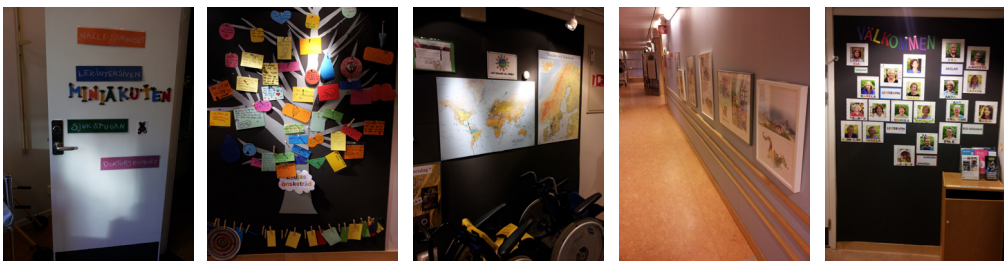
Arnér and Tellgren, *Barns syn på vuxna* (2006)

Janusz Korczak, *Barnets rätt till respekt*. (1998)

Stellan Ellboj, *Bilder för barn, Skrifter från Centrum för Barn och Kulturforskning* (1986)

8. ATTACHMENTS

Attachment nr 1, Studyvisit Play therapy



“the childs perspective” is new for them.



Most information is hard to see and only in *text*.



Information ?!

When I visited the Play therapy at Queen Silvia’s Children’s Hospital I wanted to see how they work with information for children. What I found was that they don’t actively work with how to communicate in signs without text. There was a lot of informational signs everywhere, but all in texts and placed too high for the children.

Attachment nr 2, Conversations

Topics,

- 1. What happens when you arrive to the hospital?*
- 2. How do you receive new children at the Play therapy?*
- 3. How do you work with information here at the Play therapy?*

1. If you are a returning visitor you probably go directly to the information-disc or to the department you are visiting. The waiting area in the entrance are mostly for those moments you are waiting between visits.










2. The children are always arriving with an adult. The pedagogues give new visitors their attention, they come up to them and presents oneself. Smaller children usually go and play right away, you don't interrupt that. Older children might want a tour.









3. We have started to think about that and we realize it's not so good at the department. Child perspective is a new thing for us.

Attachment nr 3, Pictograms, signs and comments

The signs, these are a suggestion for how the signs might look with the pictograms.

I also made a suggestion for the information board for Play therapy.

Entréplan UTGÅNG	
→ Arbetsterapi 	→ Klin kemlab provtagning 
← Psykologenheten 	→ Skola Lekterapi 
→ Barnfysiologen 	→ Sjukgymnastik 
→ Bibliotek 	
→ EEG mottagning 	
→ Hjärtmottagning 	

Plan 0	
↑ Hiss 	
↑ Barnfysiologen 	
↑ Kliniskt kem lab 	
↑ Klin TräningsCentrum 	
↑ Lekterapi 	
↑ Sjukgymnastik 	
→ Psykologenheten 	
↑ Stomi/Tarm/Uroterapi 	












Välkommen



lekterapi, bibliotek och skola



om du följer prickarna på golvet kommer du till oss!

Plan 0	
↑ Trappa till plan 1 	
↑ Dietistmottagning 	
↑ Neurologmottagning 	
↑ Vårdavdelning 330 	
↑ Tidsbeställd mottagning 	
↑ Vårdavdelning 334 	
↑ Ögonmottagning 	
↑ Urinvägsmottagning 	
↑ Röntgen 	
→ Immunologi 	
↑ Stomi/Tarm/Uroterapi 	



Dietismottagning (Dietitian unit)

I had some problems finding a symbol that clearly says what they do but still not be too much about eating and food. I had decided for one but got the comment it looked like it was the way to the restaurant, so I took away the knife and spoon. The restaurant is gone, it's about nutrition/eating but the food issue is not thrown in your face.



Neurologmottagning (Neurologistic unit)

This is about the brain and neurological diseases, therefore I made a clear picture of the brain and the spine going down along the back.



Vårdmottagning (Care unit)

I first had a bandage at this unit but after talking to Ewa Gustafsson at Play therapy I changed it into a bed. At the care unit's people are mostly in bed resting.



Stomi/Tarm/Uroterapi (Stomia/ Intestine/Urotherapy)

Since this is about organs in the body I wanted to show that. Also the connection between what you put in your mouth should also come out.



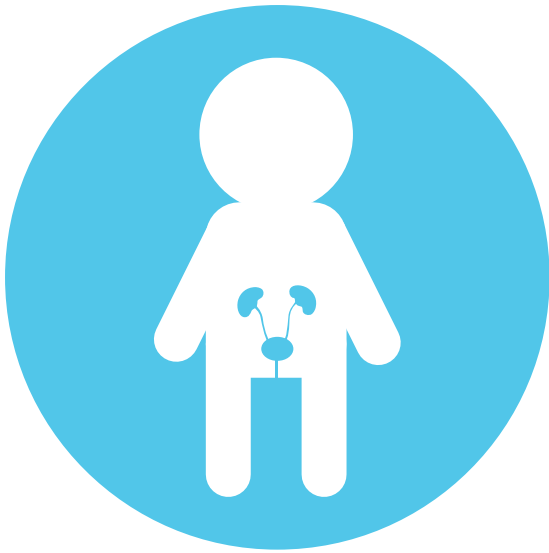
Ögonmottagning (Eye unit)

This is about different eye disorders so I made a simple eye that is easy to recognize.



Röntgen (Xray unit)

The xray is about seeing what's inside your body. With this picture you see a child both outside and inside the body.



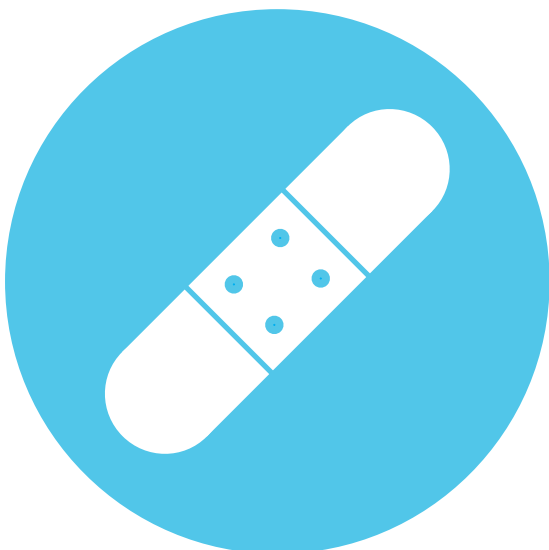
Urinvägsmottagning (Urinary unit)

Kidney and urinary problems. And since this also is about organs in the body I wanted to show that.



Barnfysiologen (Child physiologist)

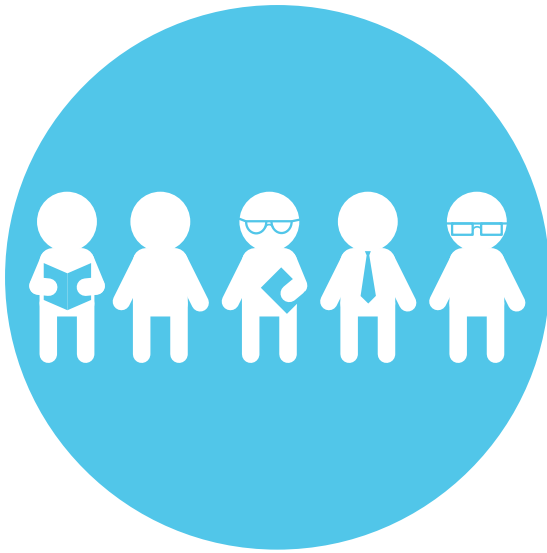
Here they are investigating the function in heart, brain and lungs, amongst others. Here I wanted to show examples of what they are working with at this unit.



Kliniskt kem lab (Clinical lab)

This one was first the picture for the care unit but it suited better here, a decision also after talking to Ewa Gustafsson.

At this unit they take blood samples for example, that's when the child gets a plaster.



Klin TräningsCentrum (Clinical Tryout Center)
This is where students can practice and develop practical skills. I wanted to give a picture where you see you might meet different people here.



Lekterapi (Play therapy)
Talking to Cecilia Holmgren, pedagogue at Play therapy, in the beginning of the project made me want to give a suggestion for a new picture for the Play therapy unit. Now they have a teddybear with band-aids. This symbol doesn't work for older kids, teenagers. I wanted to make a symbol that is simple and clean, not childish, and I wanted it to be positive.



Sjukgymnastik (Physical therapy)
At the physical therapy there are many different treatments depending on what condition you are in. But you work together with a physical therapist and that's what I am trying to convey in this picture.



EEG (EEG)

Here they are measuring changes in the brains electrical activity. Here I translated brain and electrical activity into a combined picture.



Bibliotek (Library)

A child reading a book.



Arbetsterapi (Occupational therapy)

Once again after talking to Cecilia Holmgren I made some changes. Occupational therapy often has to do with different recourses so I wanted to enhance that.



Hjärtmottagning (Heart unit)

Measuring activity and investigating the heart. I wanted to make a simple and clear heart and give a hint of activity in the heart.



Skola Lekterapi (School Play therapy)

A combined picture of school and play therapy.



Skola/School

For the school I made a picture of a book, writing tool and problemsolving. All objects that you find in a school scenario.



Psykologenheten (Psychologist unit)

This one was hard to make. I didn't want to do anything with the brain, because the child might think something is wrong with his/hers brain. I made these two talking bubbles to symbolise a conversation.



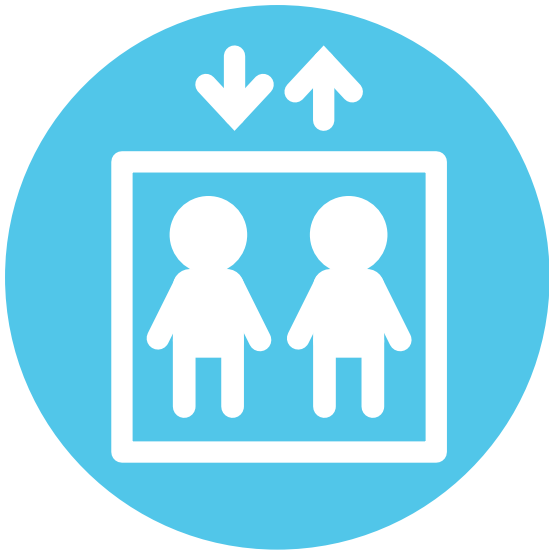
Immunologi (Immunology)

This is about immune defense. I wanted to show a picture of bad vs good and also I made the good side bigger and happy so it doesn't get to scary.



Tidsbeställd mottagning (Time booked unit)

Here you have booked a time to meet a doctor. So I translated that into a doctor and a clock.

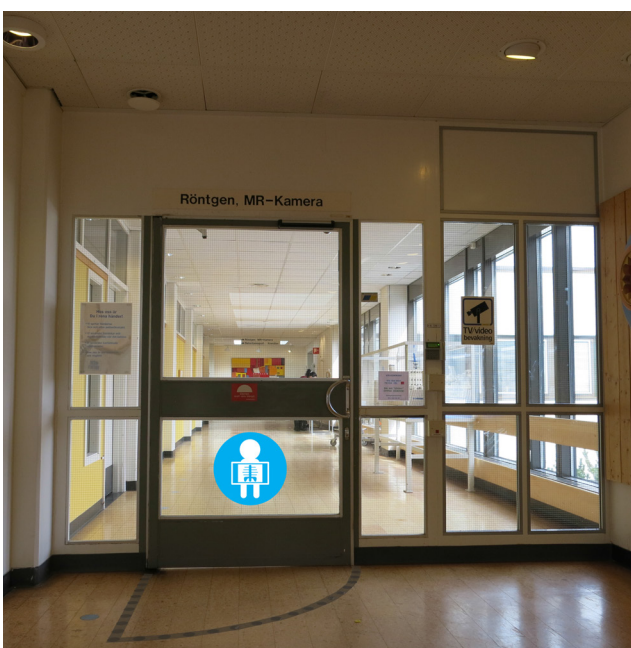


Hiss (Elevator)



Trappa (Stairs)

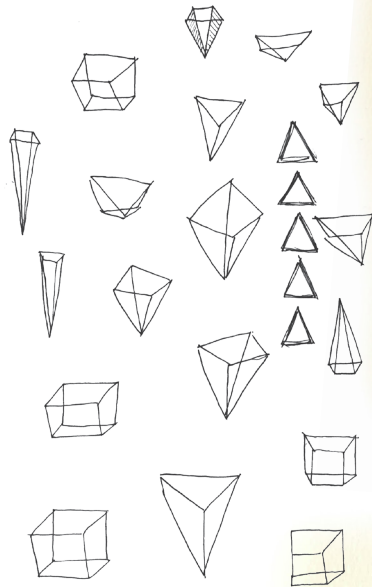
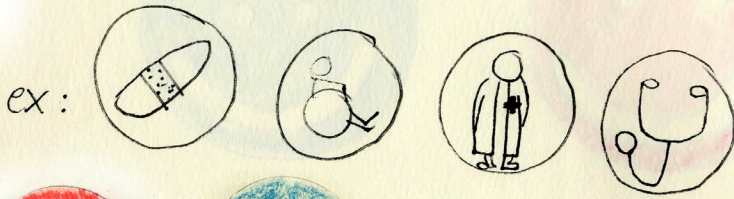




Placements on the doors in to different units.

Sketches

Piktogram vid entrén så man visar vad som händer här.



De små barnen springer inte fram till skeppet. De följer sina föräldrar (hand i hand)

Leker med skeppet men ej då man kommer in, då går man dit man ska - tid att passas!

SÄNK Å SKYLTA

de som jobbar här har blåa & vita kläder, helt blått, eller helt vitt och gråa?



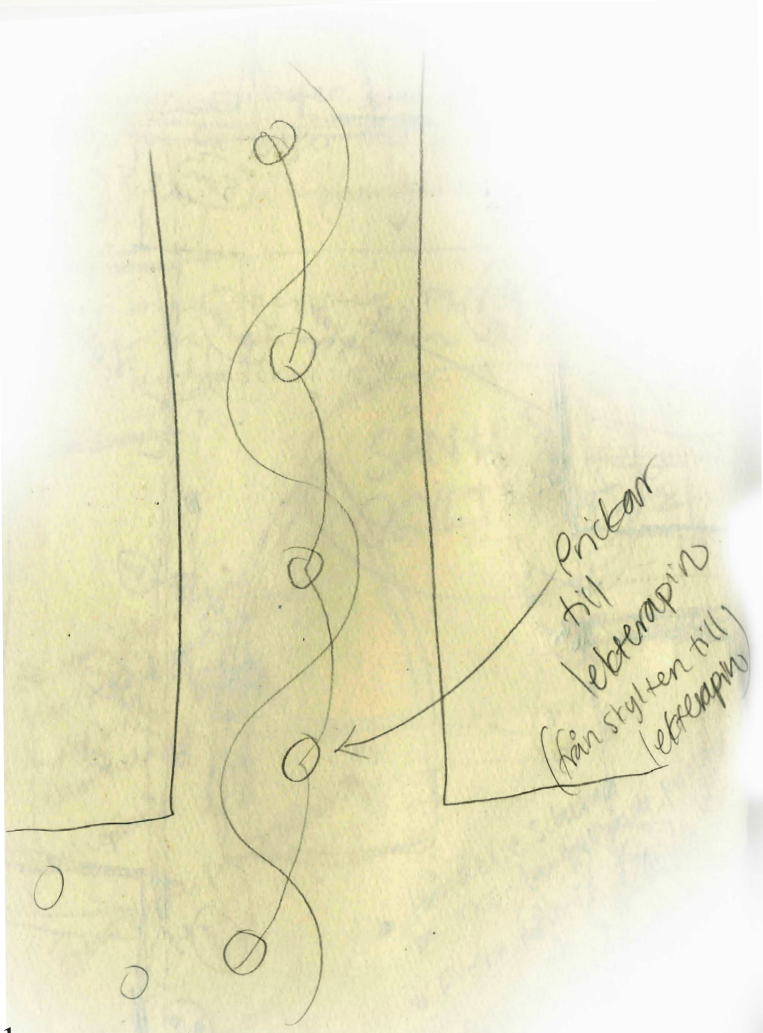
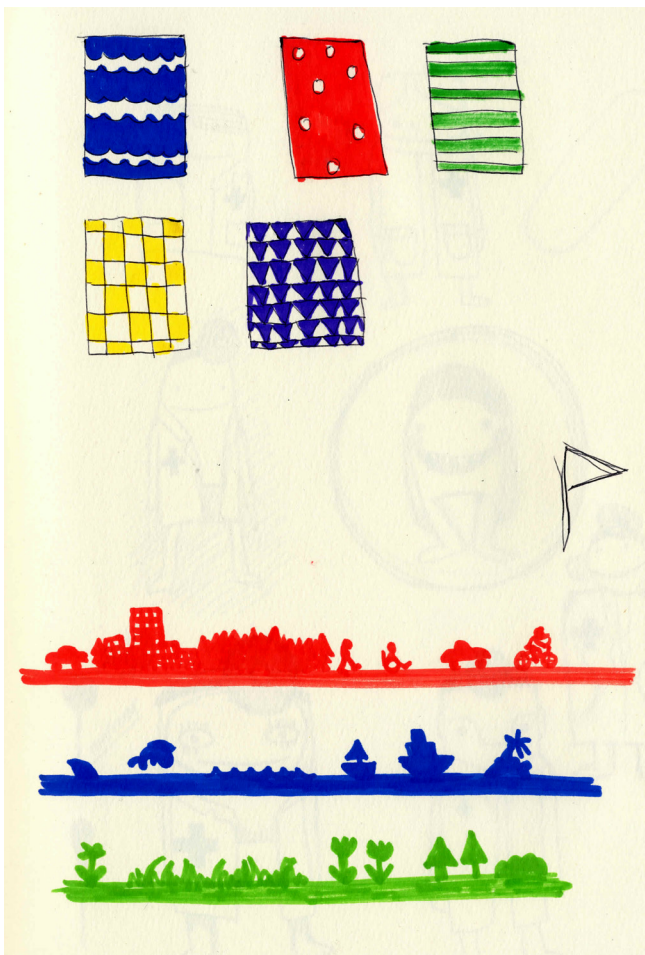
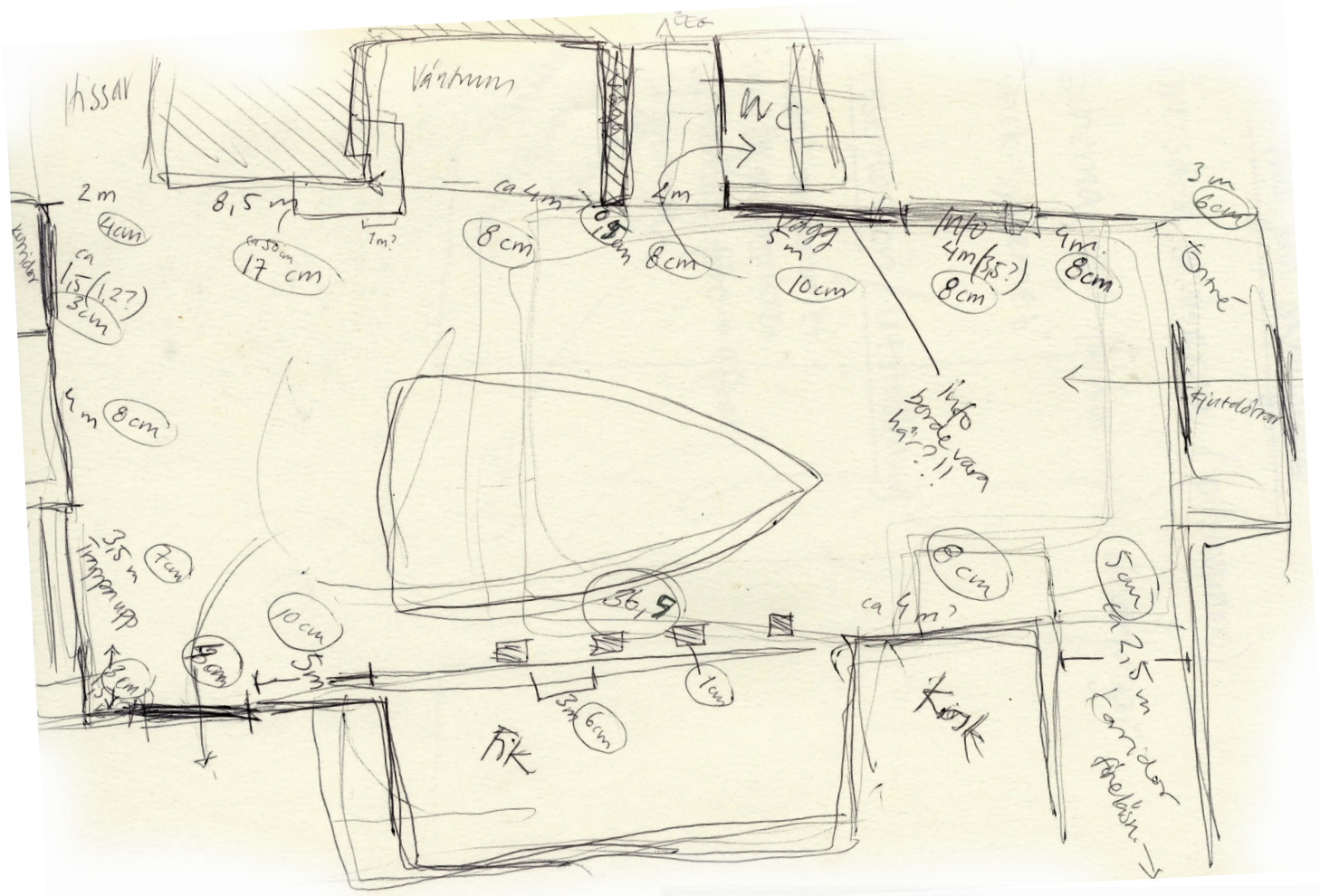
Beroende på avdelning?

- Händelse schema m. ICKE-fingerande punkter
- Prova entrén MASSA
- Påbörja piktogram (gör de som översatta?)
- Hemsidan! Vad har de där? (för piktogram)

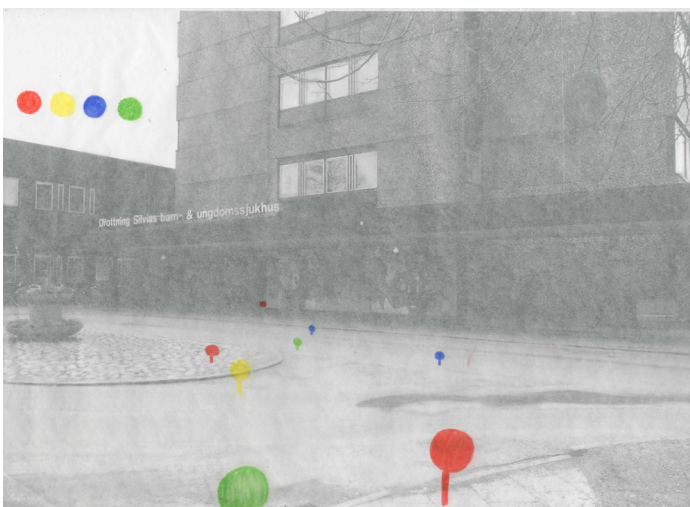
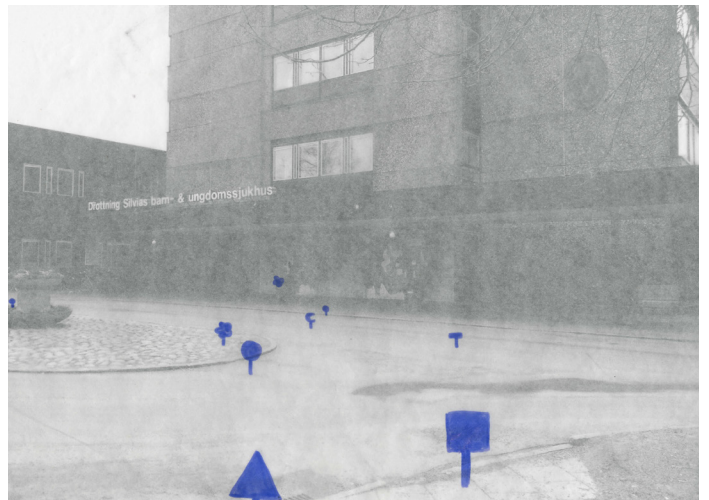


Krypp
märken

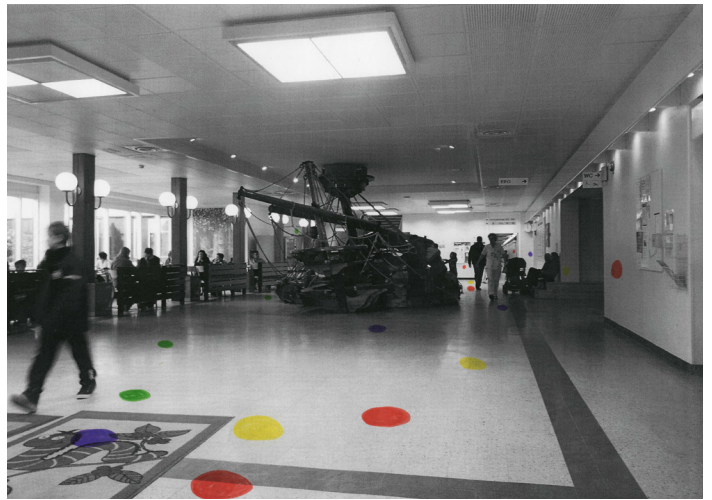
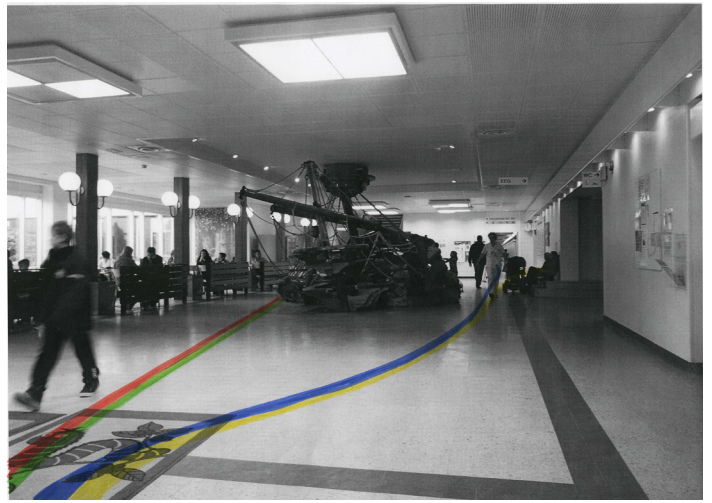
Sketches



Scetches



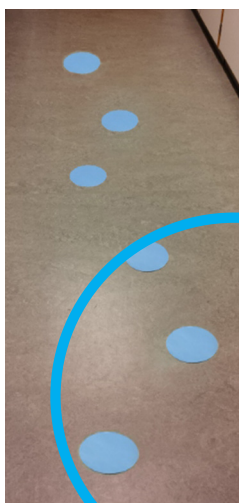
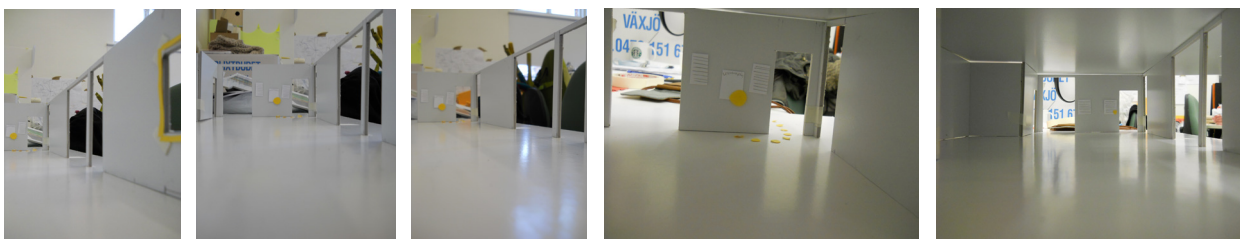
Sketches



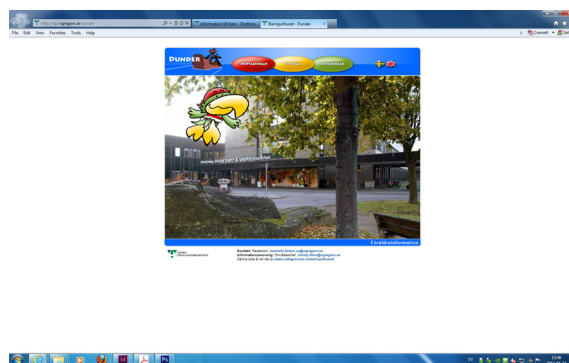
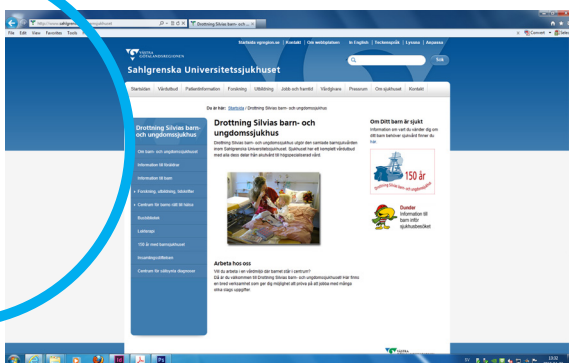
Attachment nr 4, Clarifying information

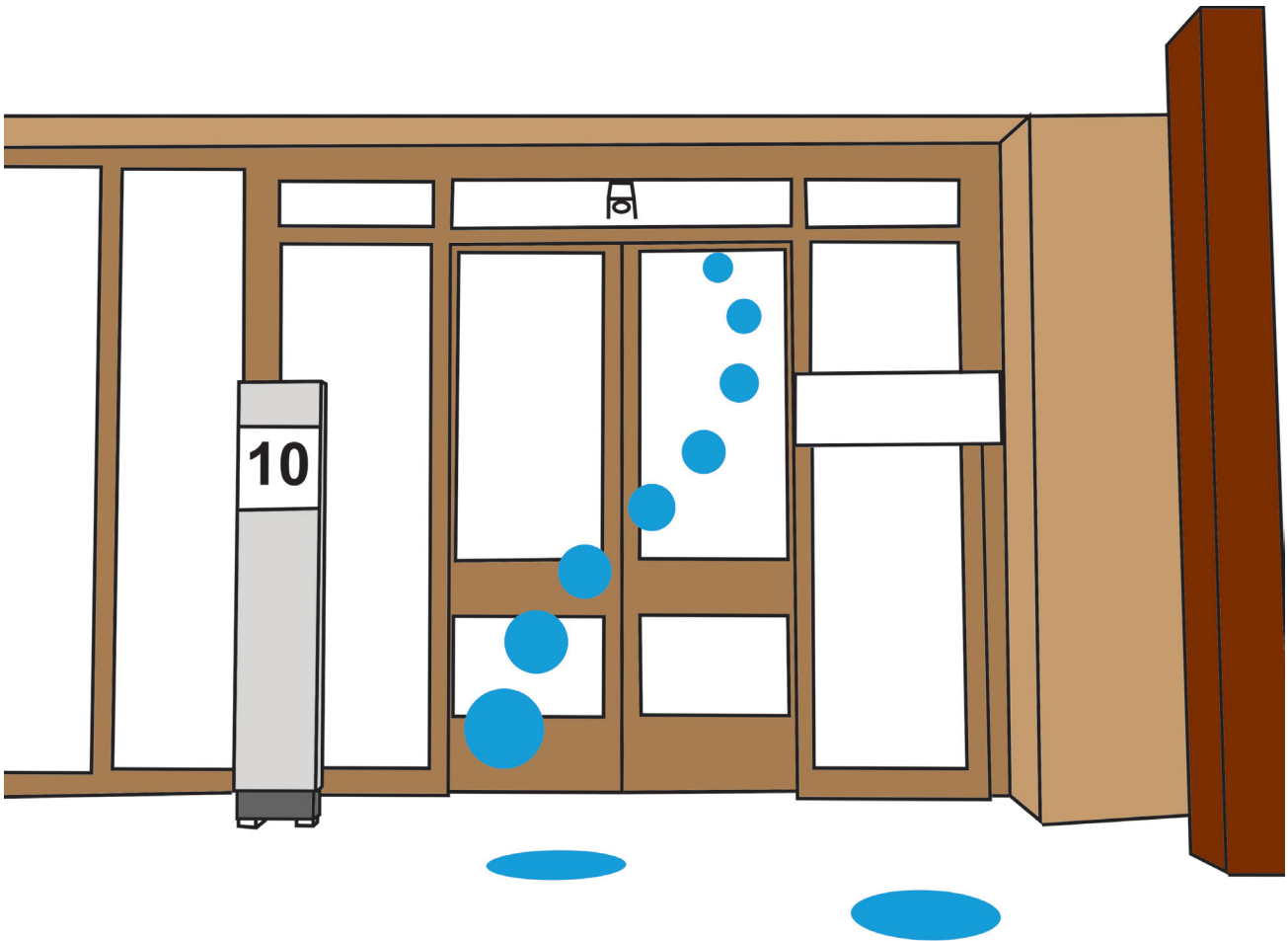


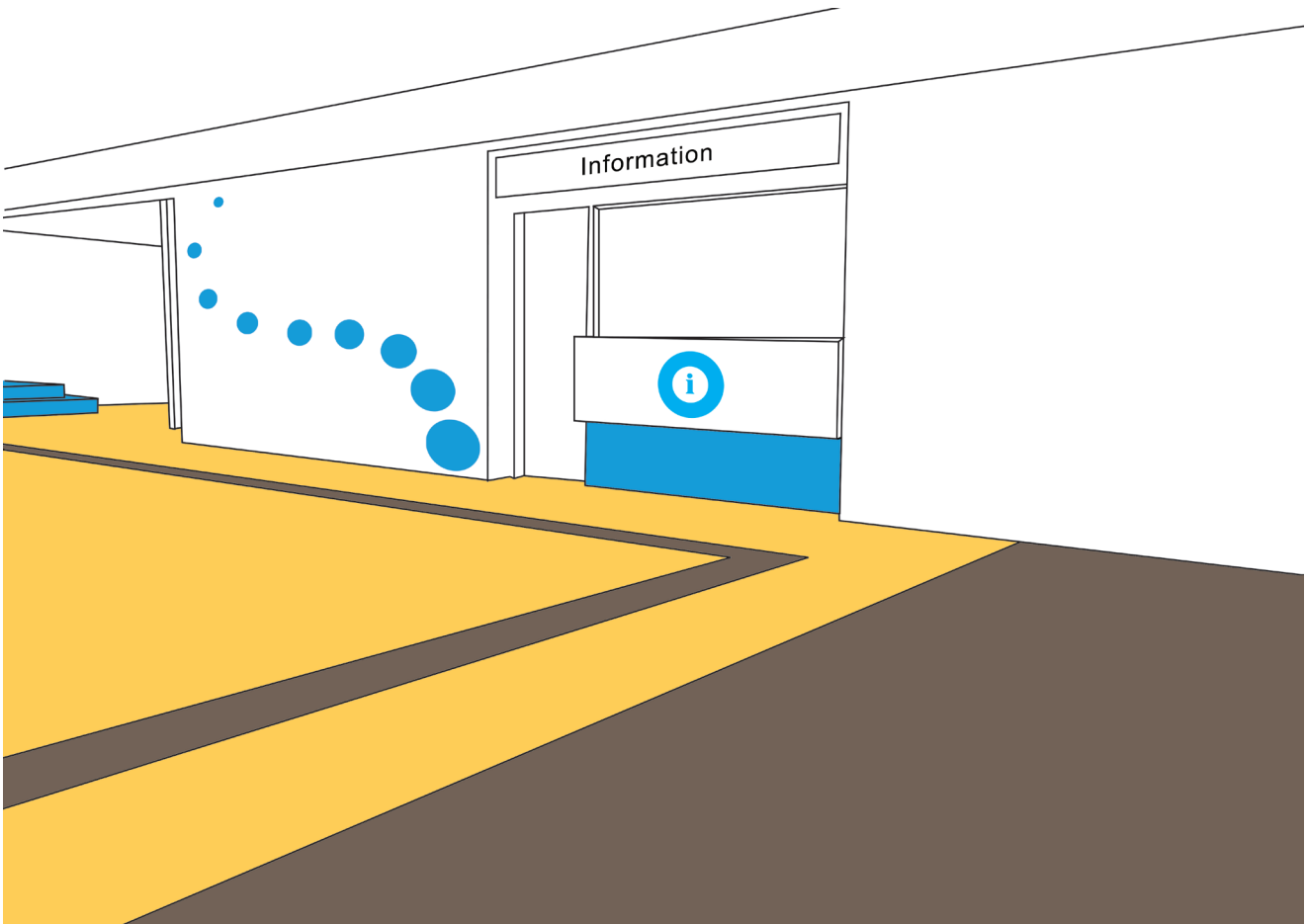
Testing of model



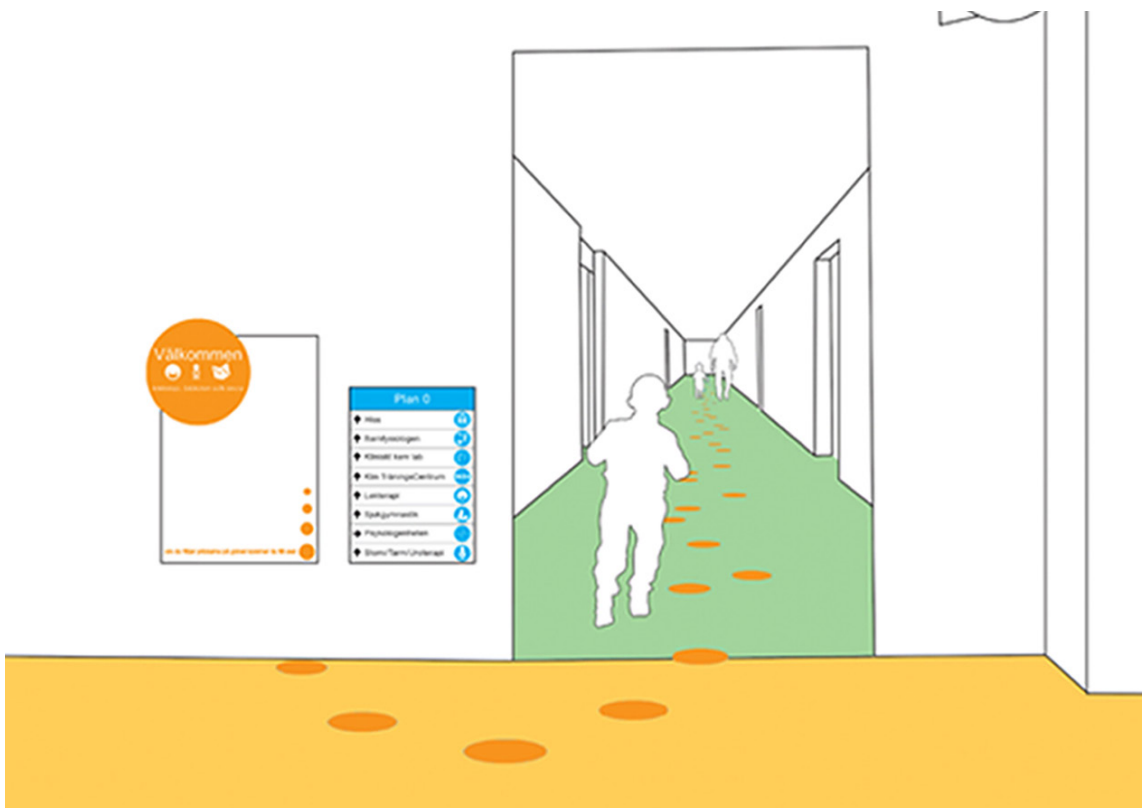
Choice of color



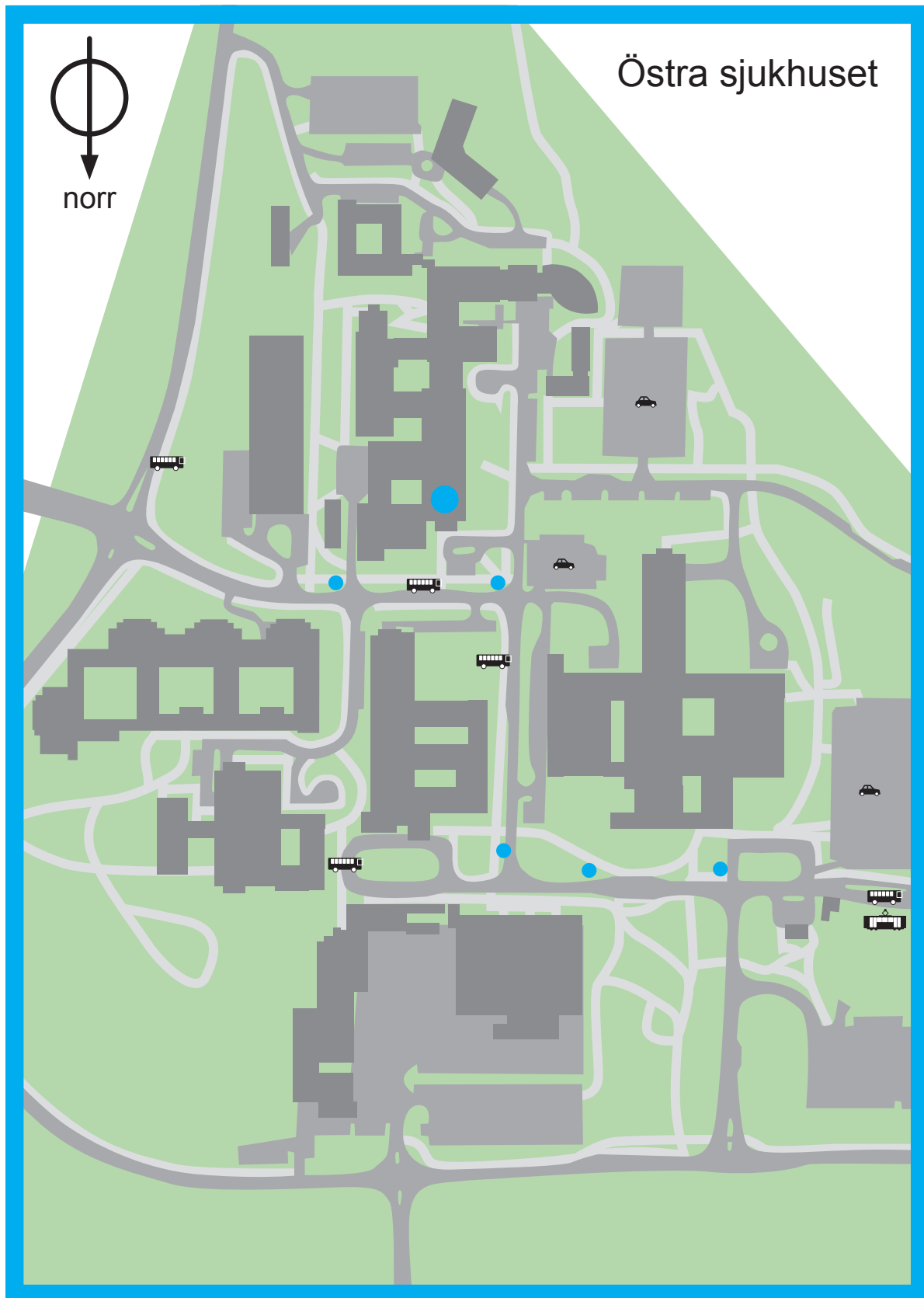




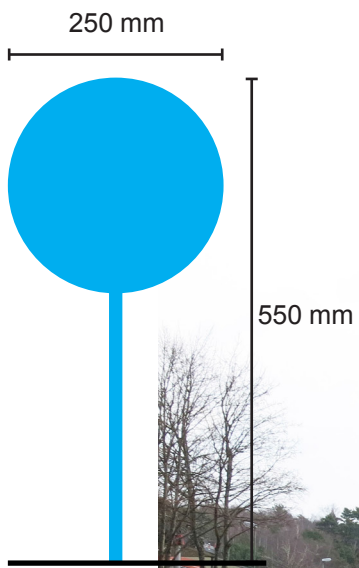




I made the Play therapy's information board in an other color because you might get confused by these dot's leading you somewhere. I decided the blue color is for information and the orange will be the Play therapy's color, they are to me a more freestanding part of the hospital and can carry their own color.



Placement of dots in the outside area.





Project Description

Background/Purpose

In this fall during a course we were asked to visit a cultural institution for children to study the accessibility for all the children. I choose to go to the library in the city I was and found there were no information anywhere directed to the children, even if the information was for the children. The information that were for the children had to be read and "filtrated" by an adult.

When I started thinking of this issue I also expanded the place, from only the library to public spaces in general. I thought about uncomfortable situations that could be eased if you as a child understood or knew the situation or site better. For example I remember as a child going to the hospital or doctor with my parents and all I could do was to follow them and do as they said (of course with trust that they handled everything) with no control of my own over the situation. If I would have had the opportunity to participate and/or understand the place and situation more I would probably have had a better experience and felt more secure in that situation.

Aim:

My aim is to find a way to communicate directly to children in hospital spaces, where there is information for them or for them to take part of.

Purpose

The purpose is to invite the child to participate instead of "following". What I mean is to give a tool to the child to understand it's surroundings or situation by their selves.

Question at issue:

- How can I communicate to children who cannot read? Is it pictures, shapes, colors, symbols?
- Where is this kind of information necessary and why? What room/space?
- How do children move in these spaces and where do they look for information today? Do they look at all? What attracts children to make them look?
- Is there a difference in information needed for the adults and for the children? What kind of information needs to be formulated?

Target group:

The target group are younger children.

Expected results:

I want to look more into the field of System design and perhaps use that kind of thinking in the results of this research. The end result could be something in 3d or 2d or depending on what space/spaces I decide to work with. I will probably work with graphics.

Keywords:

Information, inclusion, system, child perspective, experience, awareness



PUNKTLIGHET



“Det är svårt att gå i samma takt som de vuxna, när man går i små steg. Ett glas glider lätt ur en liten hand. När barn ska klättra upp på en stol, sätta sig i en bil eller gå upp för en trappa, sker det bakvänt och inte utan besvär. De når inte upp till dörrhandtaget, kan inte se ut genom fönstret, ta ner något eller hänga upp något på en krok, för den sitter för högt. De syns inte i folkträngslet, de kommer i vägen och blir kringkuffade. Det är obekvämt och besvärligt att vara liten.”

[Korczak, J \(1998\) Barnets rätt till respekt. p. 13](#)



Information riktat till barn på allmän plats



Mål:

Mitt mål är att hitta ett sätt att kommunicera direkt till barn på allmänna platser, där det finns information för dem att ta del av.



Syfte:

Syftet är att bjuda in barnen att delta i istället för att "följa". Jag vill ge barnen ett redskap för att förstå sin omgivning eller situation.

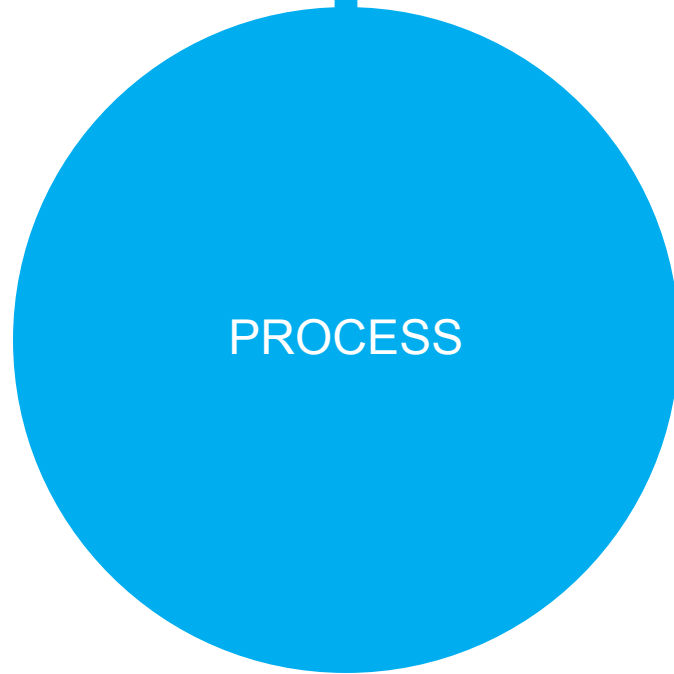
Being
or
Becoming





FRÅGOR
att besvara

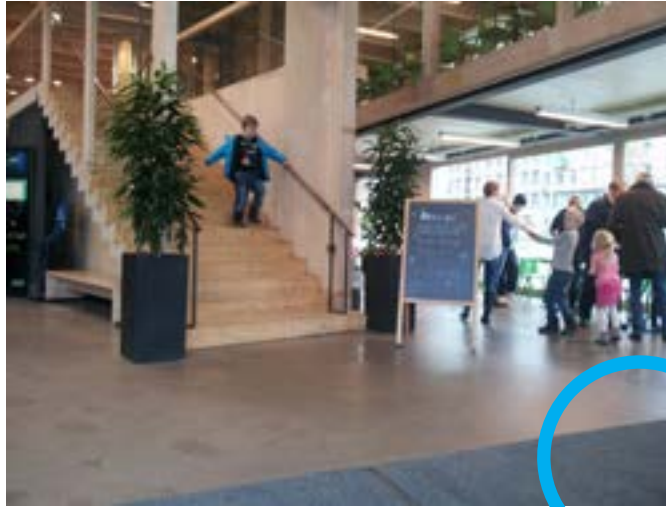
- Hur kan jag kommunicera med barn som ej kan läsa?
 - Var är denna information viktig och varför?
- Hur rör sig barnen i dessa lokaler? Var letar de efter information och letar de efter information i huvud taget?
- Kan jag kombinera denna slags information med den som finns idag? Är det samma slags information?



UNIVERSEUM 19/2-2013

entrén

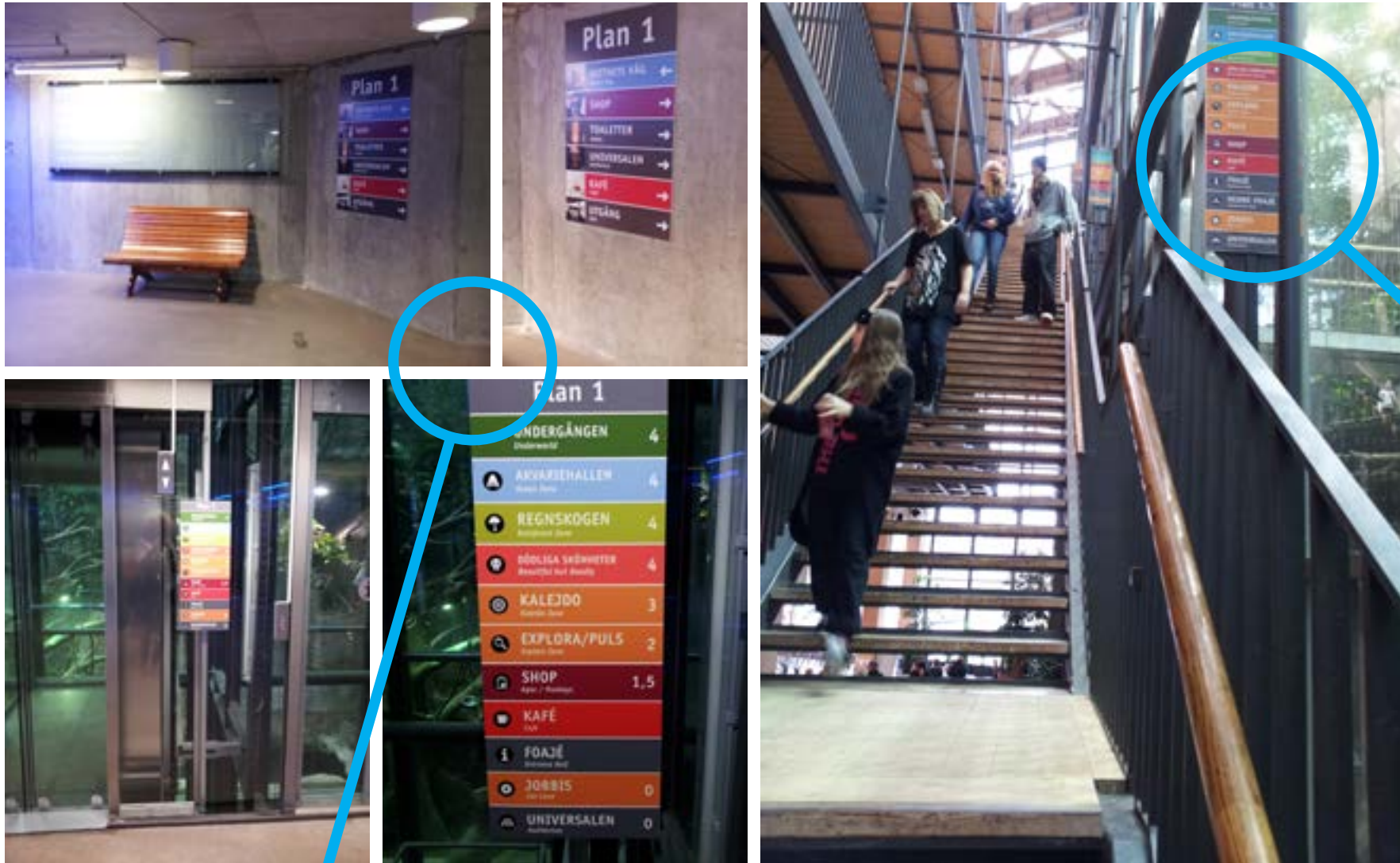
Inte attraktivt och berättar inget om vad som finns på insidan.



Högljutt, tomt och stort.
Inga tydliga skyltar som visar var man ska gå. De skyltar som finns är riktade till vuxna som kan läsa.
FÖRVIRRANDE!

Gamla tassavtryck som leder in bland fikaborden (?)

Skyltar



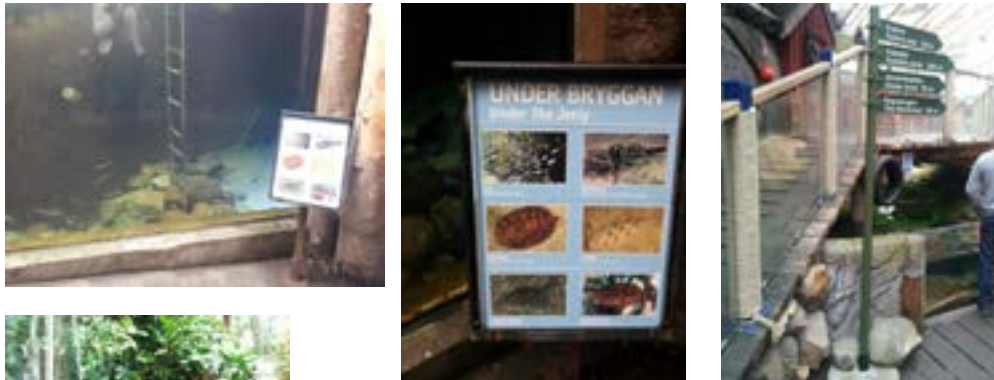
Svårt att se/
förstå om du
är liten och
inte kan läsa.

Blir tydligare med färgkoder, men !! färgerna finns bara här, det finns ingen koppling med de olika våningarna eller kategorierna. Bra med bilder som förenklar texten.

skyltar

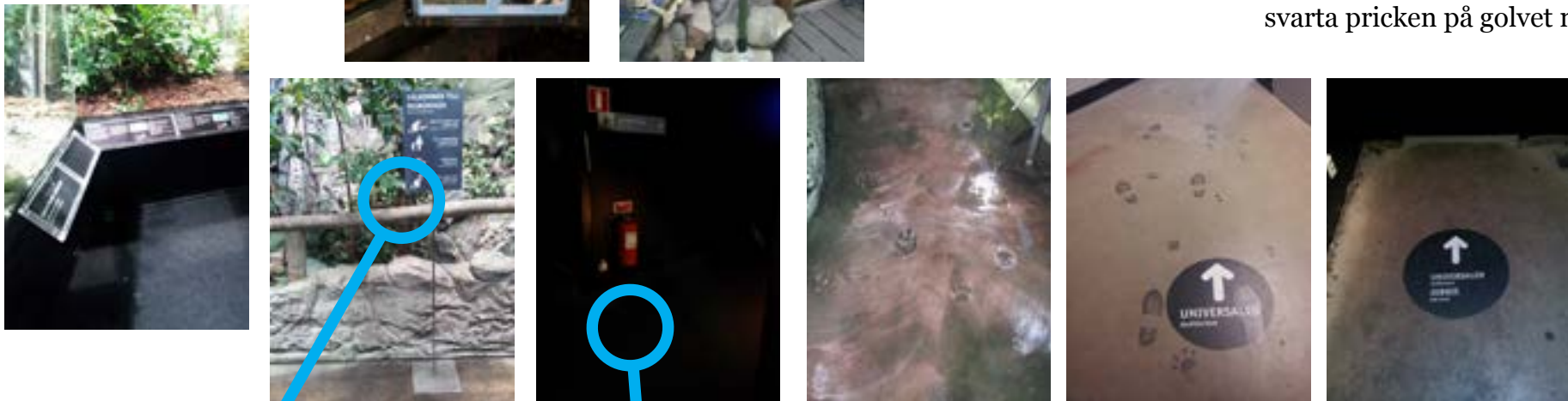


Gick vilse på grund av dålig vägledning.



Skyltarna är inte i höjd med yngre barn och informationen är endast i text. Ibland kan man finna information i lägre höjder, med mycket text och ibland ett foto.

Det finns en blandning av olika slags skyltar och information runt hela byggnaden när det handlar om vägledning. En tydlig och bra vägledning var den svarta pricken på golvet med text.



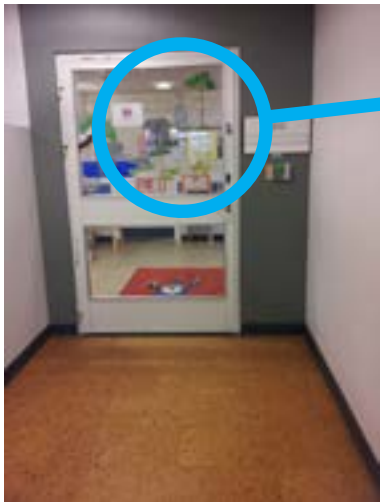
Viktig information placerad så yngre barn ej ser.

Kan inte se skylten så bra, eller var jag ska gå.

! Informationen finns på engelska och svenska.

DROTTNING SILVIAS BARN- & UNGDOMSSJUKHUS 20/2-2013

entrén



Dörr in till EEG. Målade djur på dörren.
Notera: INTE i barnens höjd.

Välkomnande (?) dörrmattor.
Finns inget tema i rummet som kopplar ihop detta.

Stort skepp **skepp** att leka på, väldigt populärt.

en trappa upp

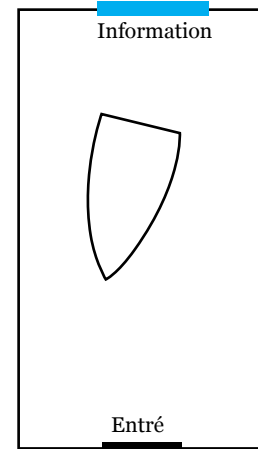
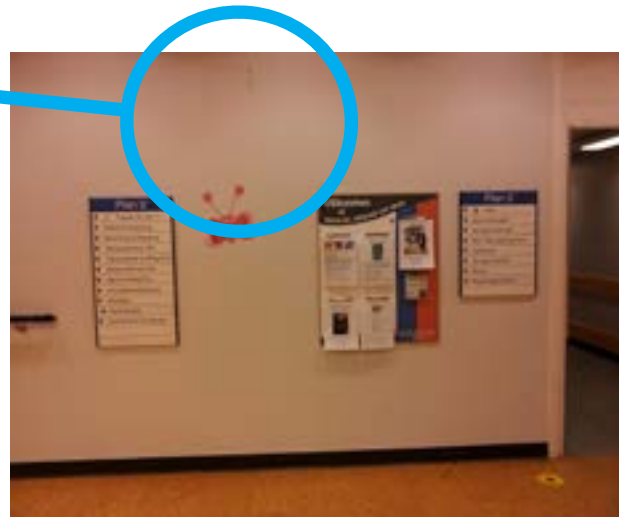


väggdekoration att leka med på väg.

skyltar

Den mesta informationen finns på andra sidan rummet mot entrén.

Information concerning children! In the wrong height and with a lot of text.



Alla skyltar är textade och sitter på högre höjd.



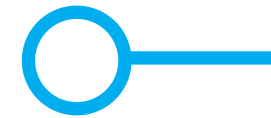
Varför finns informationen i taket?

Roligt sätt att leda barnen. Men fel information, "följ linjerna från skeppet..." linjerna börjar en bit in i korridoren och tog en stund att finna.

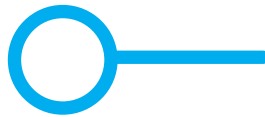
! Informationen finns endast på svenska.

DROTTNING SILVIAS BARN- & UNGDOMSSJUKHUS 7/3-2013

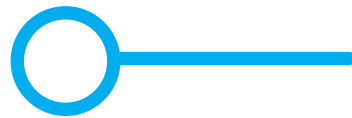
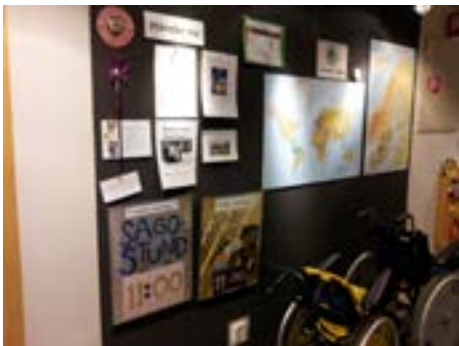
lekterapi - Cecilia Holmgren



“barnens
perspektiv”
är ett nytt
begrepp för
dem.



Den mesta information är
svår att se och endast i *text*.



Information ?!

anteckningar

lekterapi - Cecilia Holmgren

- **Barn tycker om att lämna något efter sig. Ett spår.**
- **De äldre barnen (tonåringar) glöms lätt bort.**
- **Det får inte se barnsligt ut.**
- **Inte så mycket intryck, tänk på de barn som inte kan processa så mycket på samma gång.**

slutsats

*Röra
Färg
Bilder
Mönster
Geometriska former*

● Hur kan jag kommunicera med barn som ej kan läsa?

● Var är denna information viktig och varför?

Allmänna platser där barn vistas

● Hur rör sig barnen i dessa lokaler? Var letar de efter information och letar de efter information i huvudet?

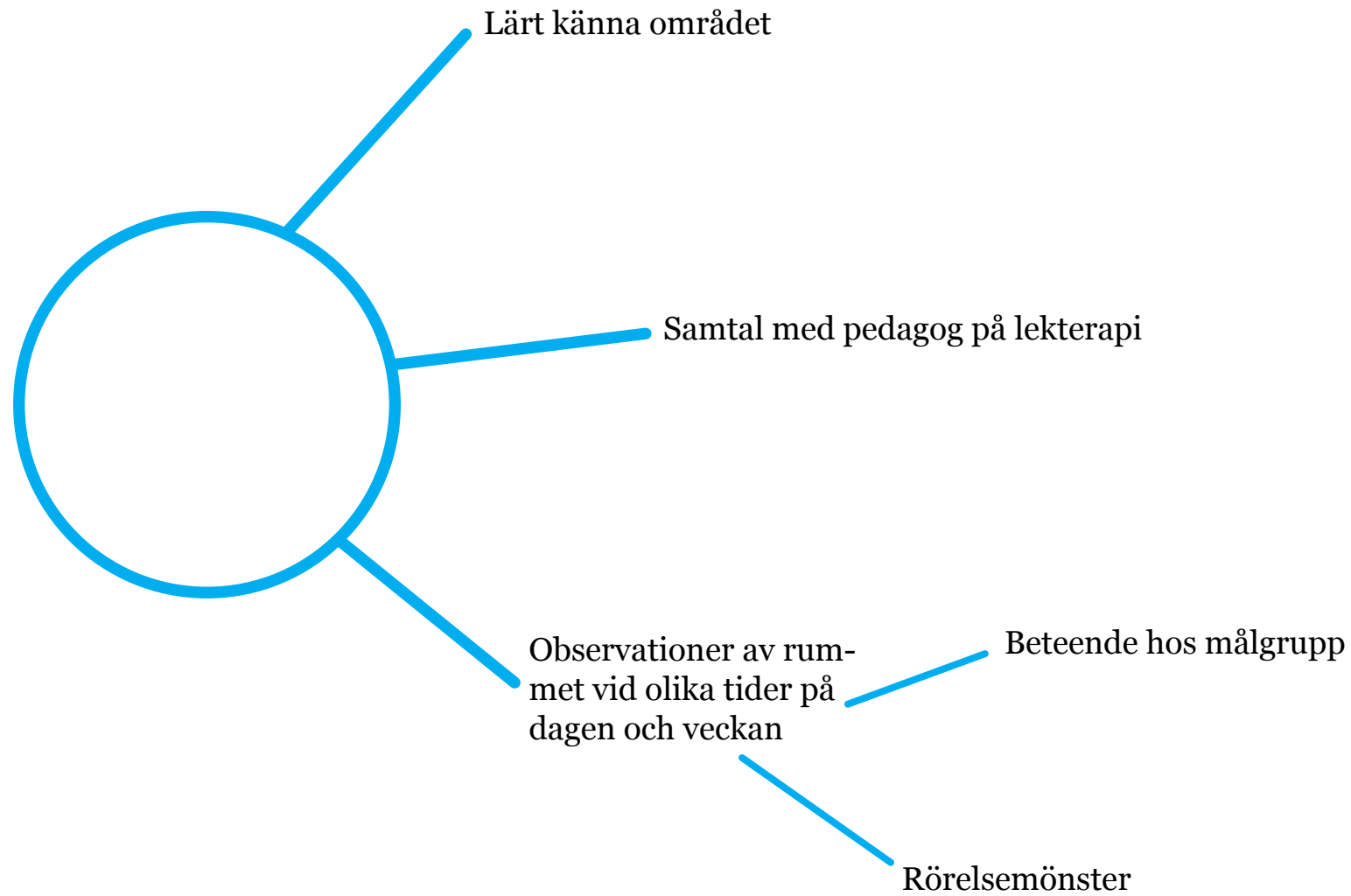
Följer ofta förälder/vuxen

● Kan jag kombinera denna slags information med den som finns idag? Är det samma slags information?

Informationen som idag finns borde vara tillgänglig för alla



- information
medräknad
system
barns perspektiv
upplevelse
medvetenhet



Deltidsmorgning Nattvårdsmorgning Vårdskövning 330 Tjänstebil morgning Vårdskövning 354 Öppnaregning Röntgen Immunologi Skriv / Sam / Vårdskap	Barnpsykiatri Kliniskt KEM lab Kliniskt Talspråk/Commun Lektörskap Sjukgymnastik Skola Psykiologheter
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All information på skyltarna

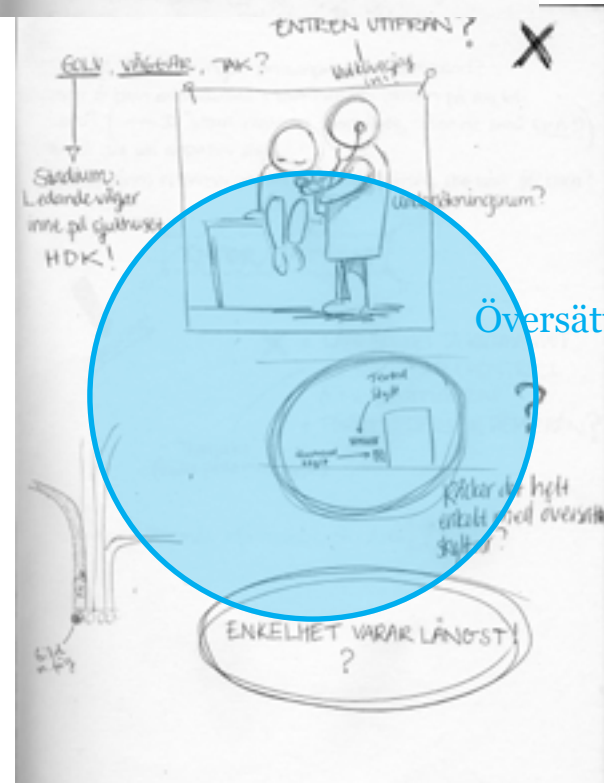
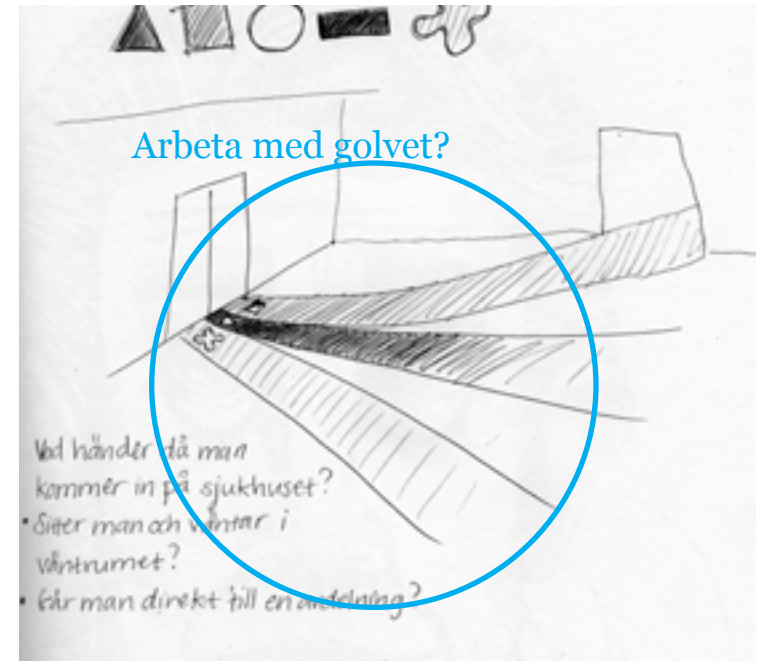
Arbetsterapi Psykiologheter Barnpsykiatri Bibliotek EEG morgning Hjälpmedel	Klin KEM lab morgning Skola Lektörskap Sjukgymnastik
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Kanske kan gruppera dem beroende på var de befinner sig!

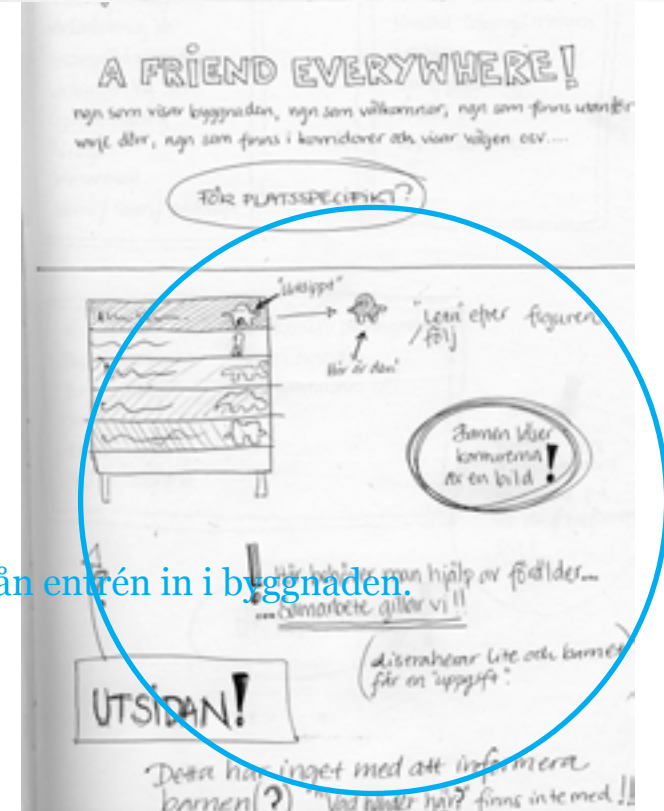
SKYLRTARNA!



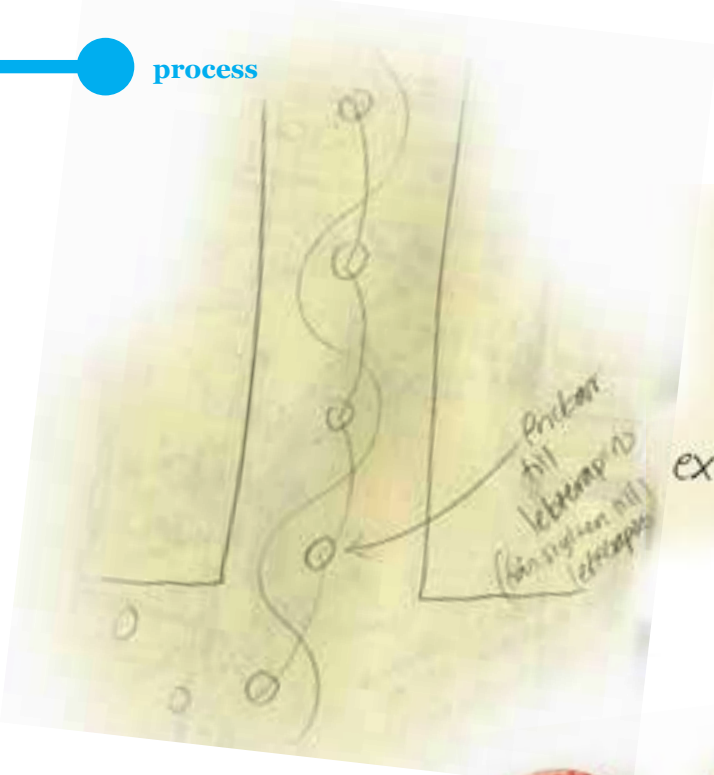
Information vid entrén?



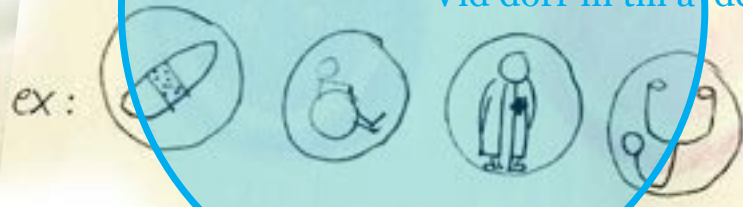
Översätta skyltarna till bilder?



En "vän" att följa från entrén in i byggnaden. Som en skattjakt?



Piktogram vid entrén så man visar vad som händer här.

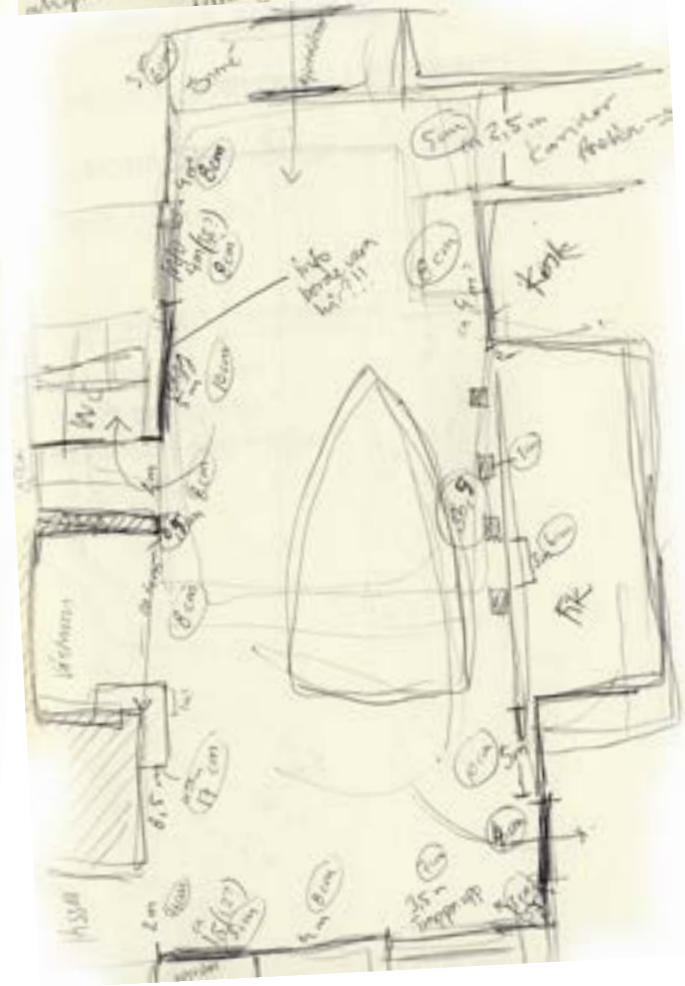
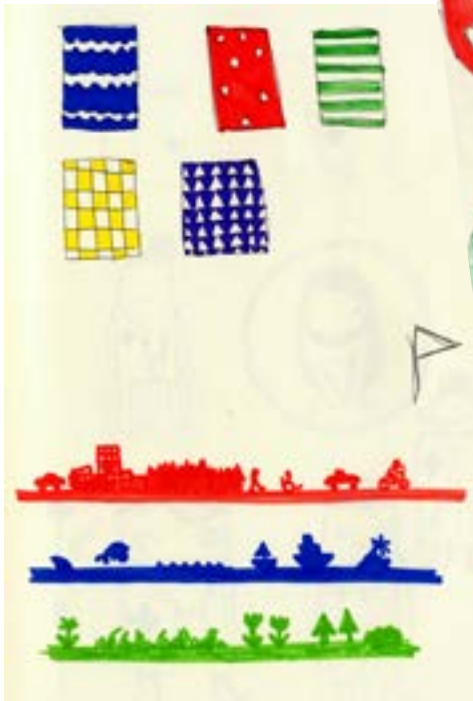
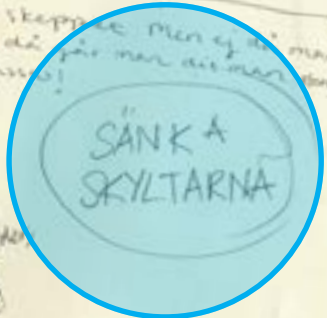


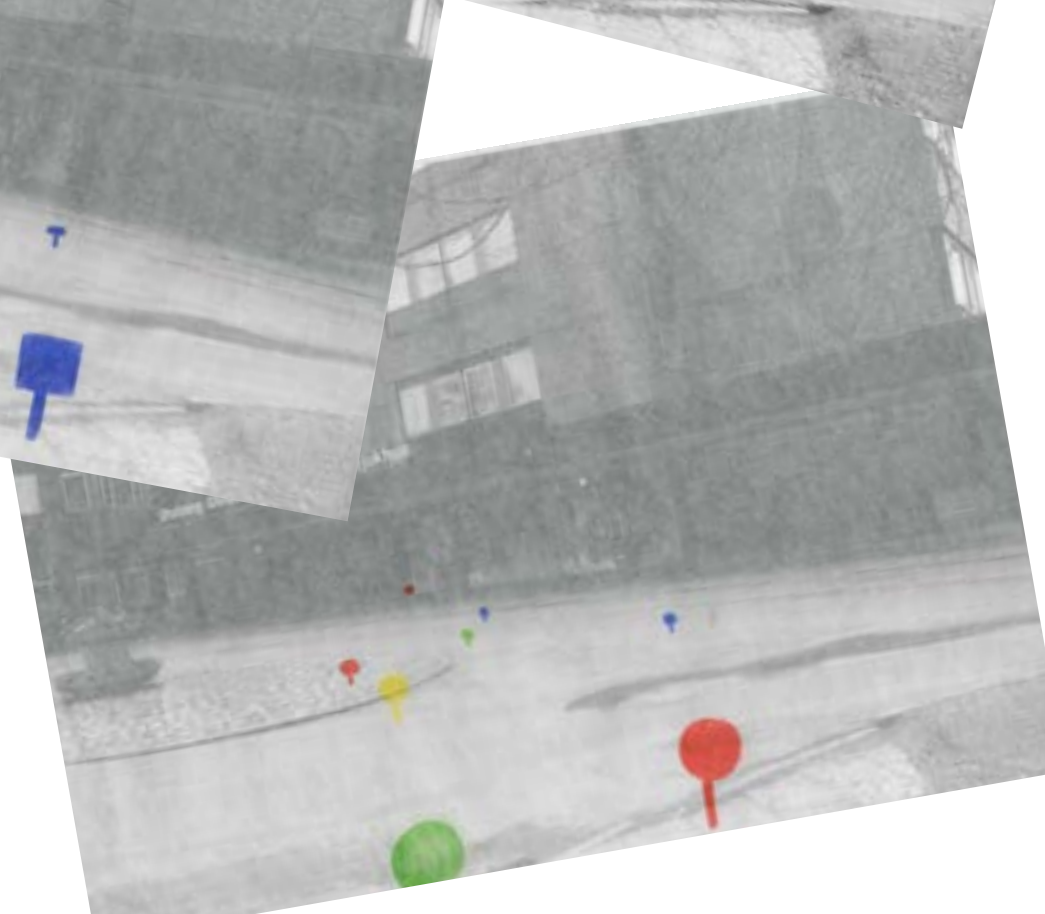
Vid dörr in till avdelning?

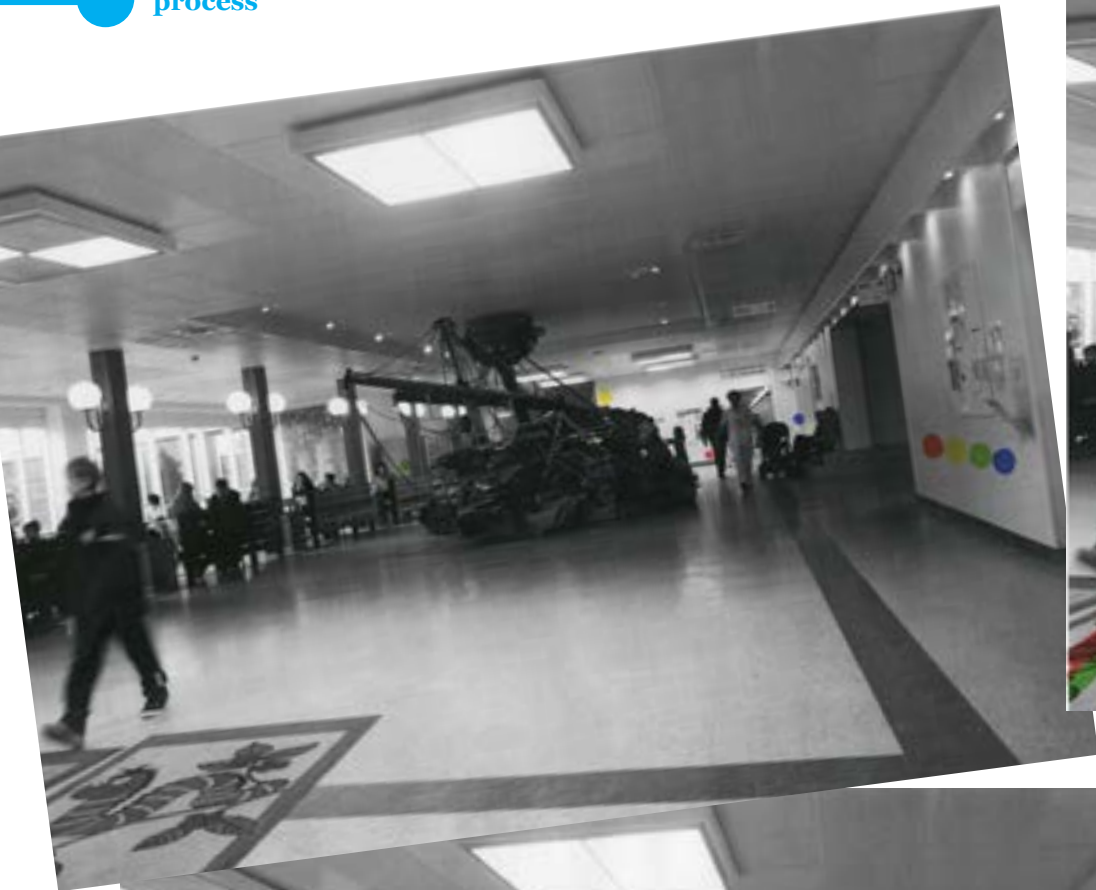
De små barnen springer inte fram till stappet. De följer sina föräldrar (handi-hand)

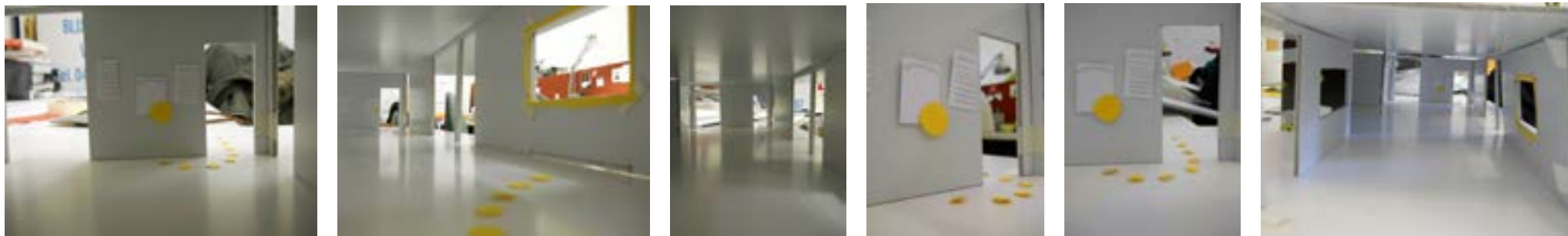
Leter med skoppor men ej någon kommer in, då får man också vara med - vad ska passet!

De som jobbar här har blått & vitt kläder eller hela utrustningen?





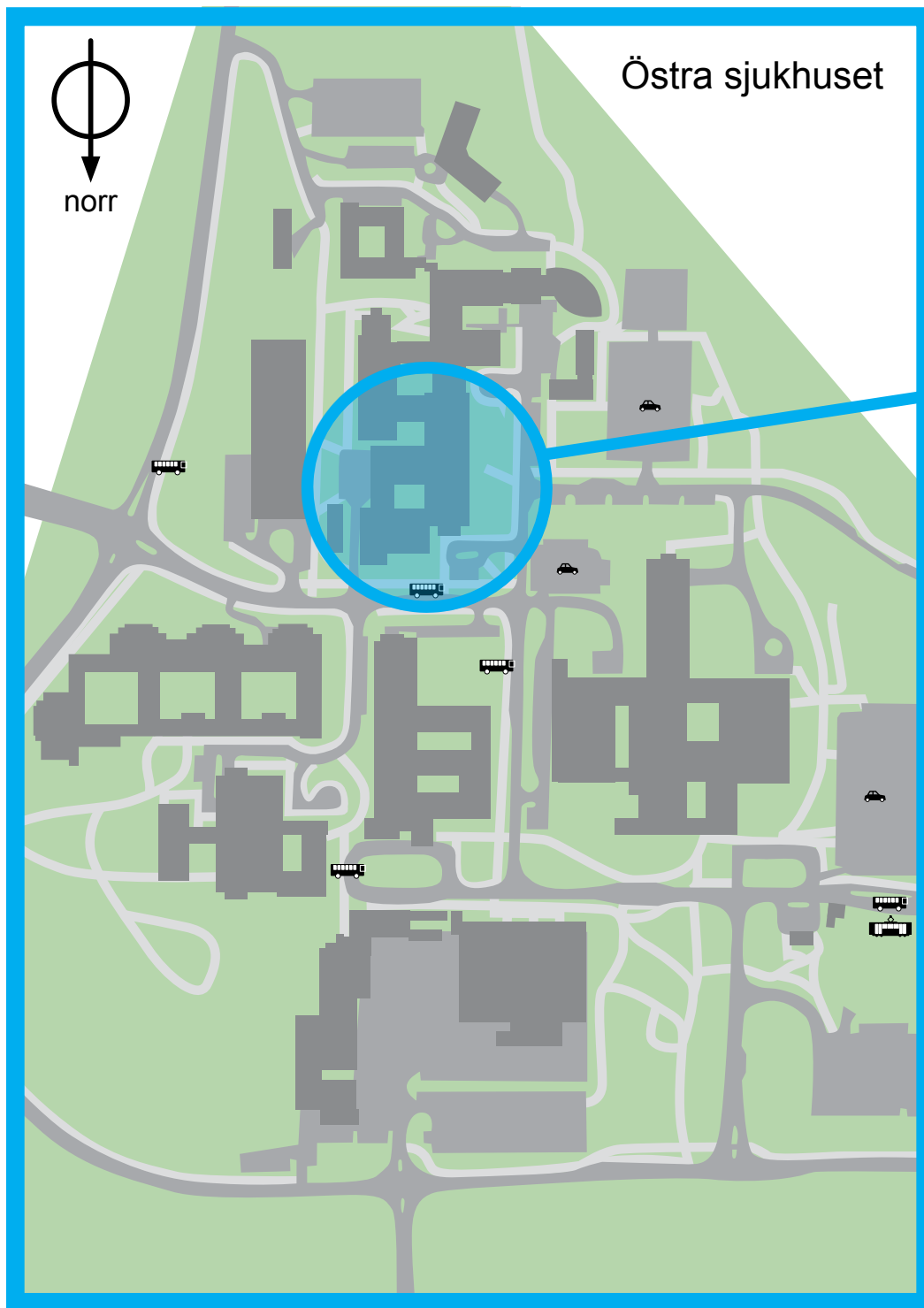




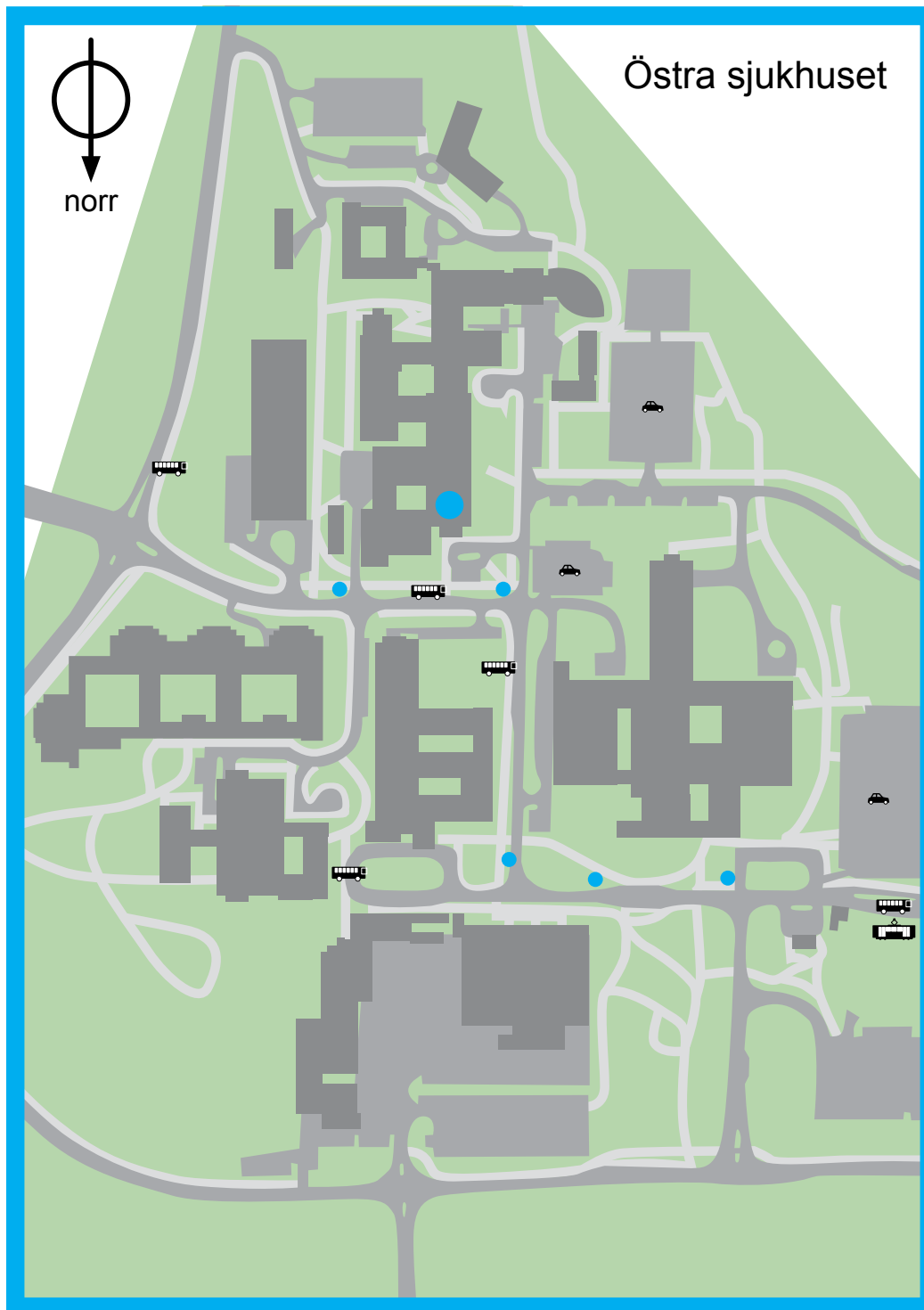
Färgval

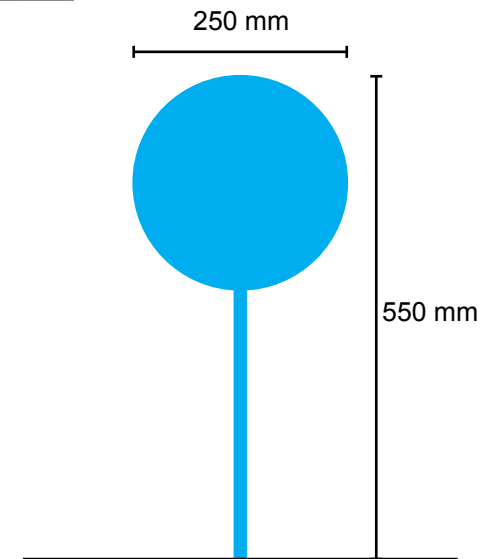


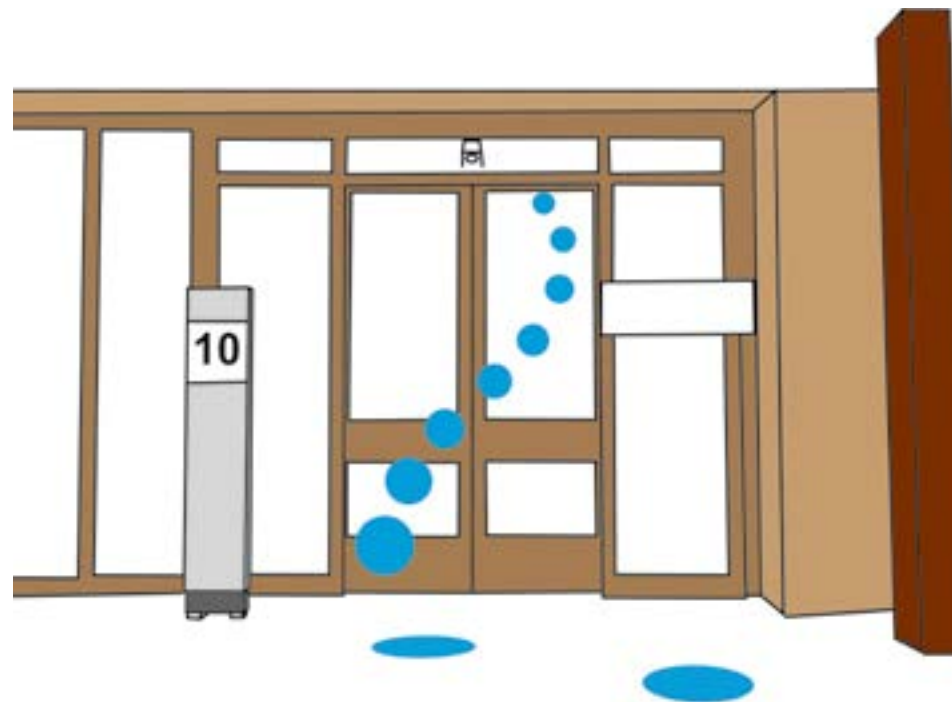
PUNKTLIGHET

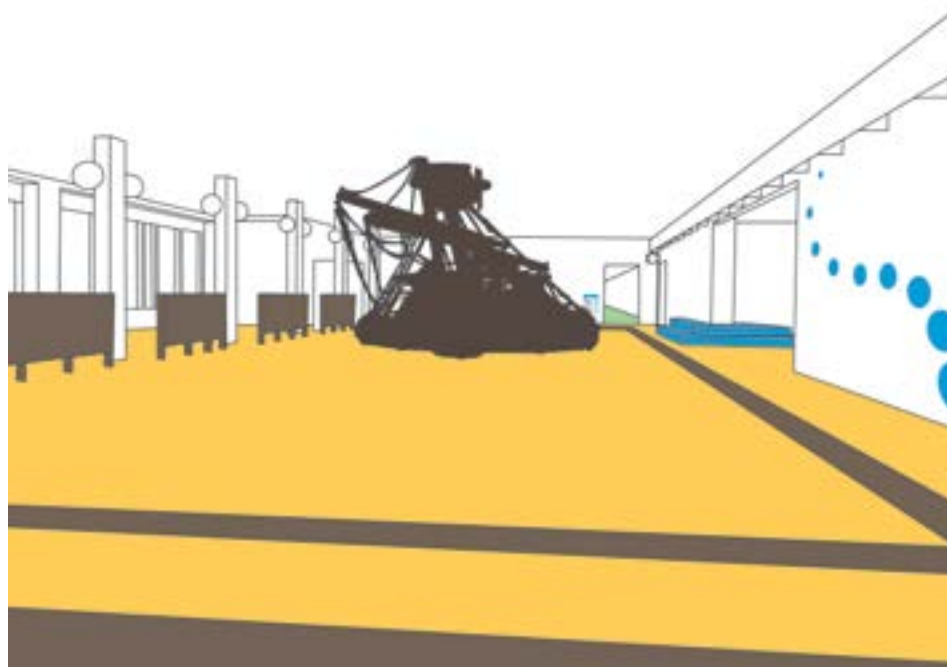


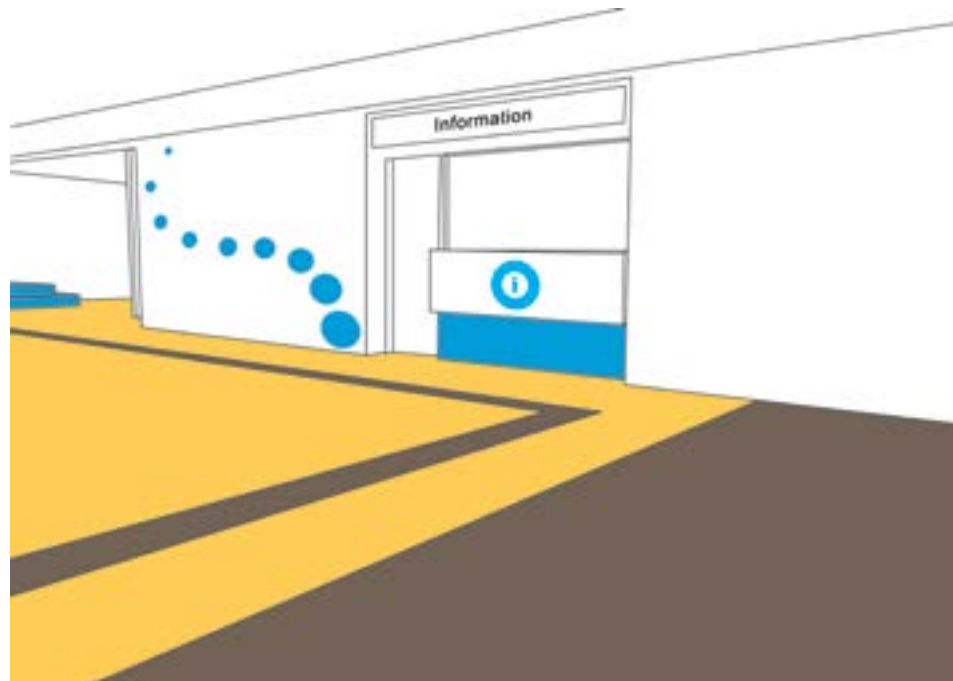


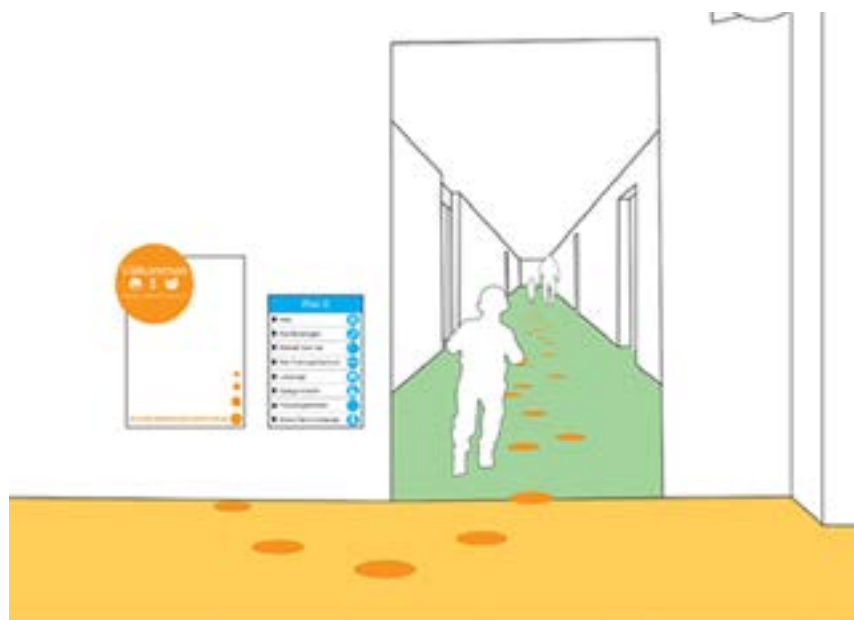


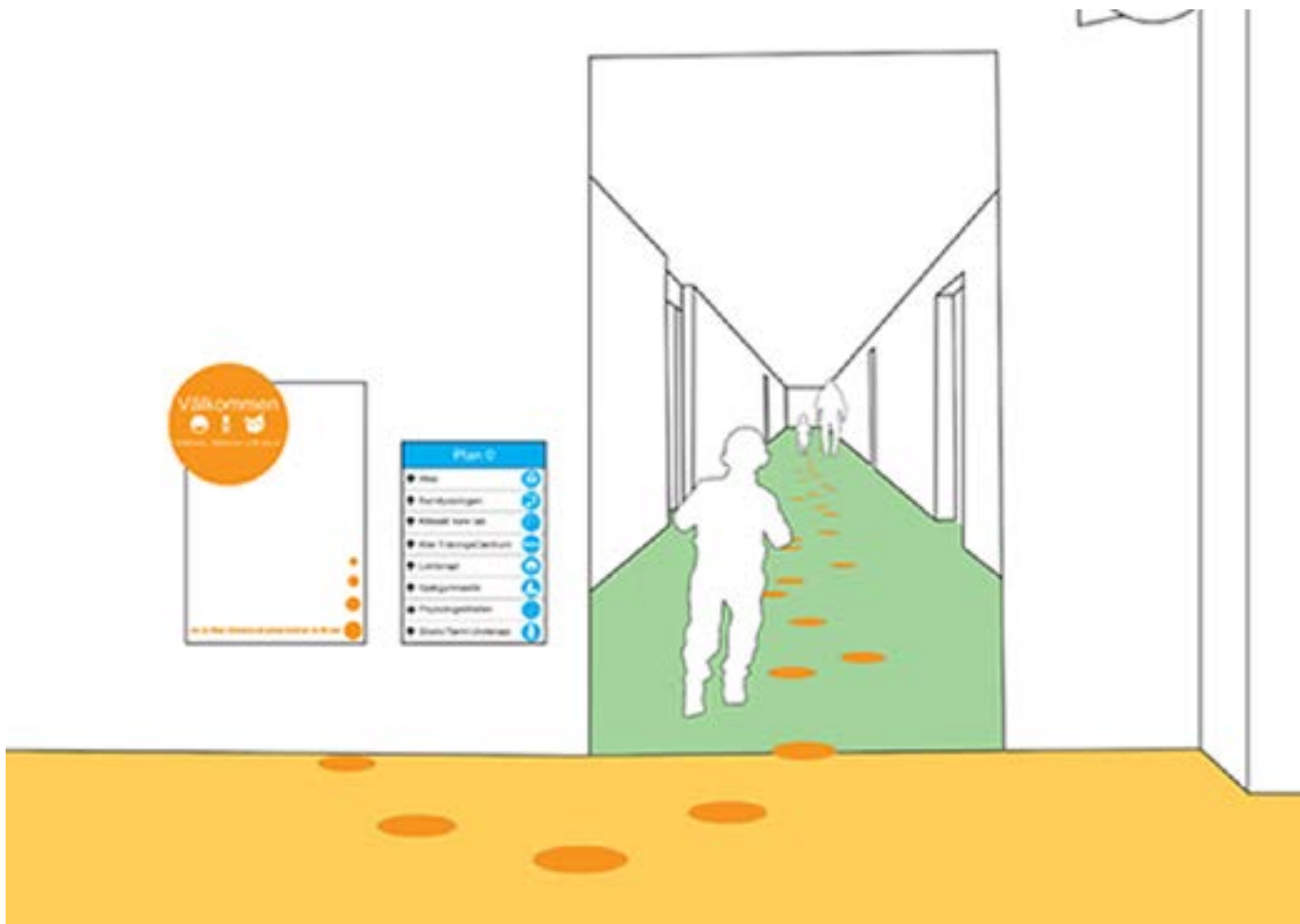














Översättning
Vägledning
Tydlighet



Bilderna handlar om att ge en hint,
ett hum om vad som komma skall, en
chans att förbereda sig.



Dietistmottagning

Jag fann det problematiskt att hitta en symbol som tydligt berättar vad de gör men utan att fokusera på mat. Det handlar om näring och mat, men det är inte övertydligt.



Neurologmottagning

Det här handlar om hjärnan och neurologiska sjukdomar, därför gjorde jag en bild som tydligt visar hjärnan och ryggraden som löper nedåt.



Vårdmottagning

På vårdavdelningen ligger de flesta patienter och vilar.



Ögonmottagnin

En tydlig bild på ett öga eftersom man arbetar med ögon på denna mottagning.



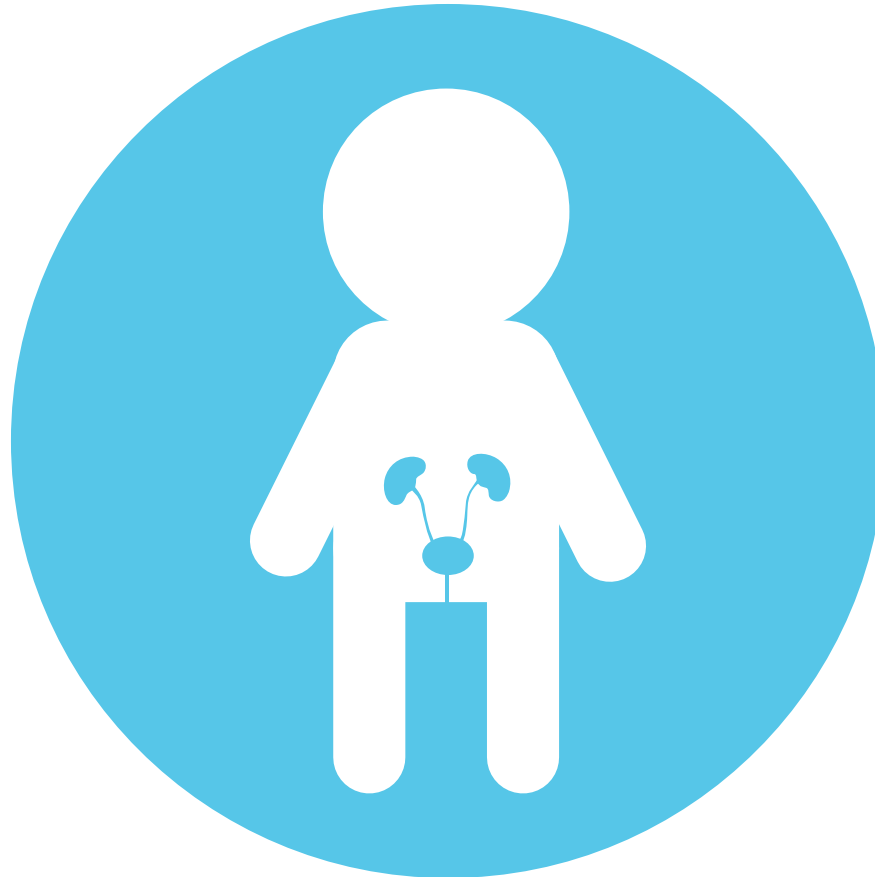
Stomi/Tarm/Uroterapi

Eftersom det handlar om organ i kroppen på denna mottagning vill jag visa detta.



Röntgen

Röntgen handlar om vad som finns inne i kroppen. På denna bild kan man se ett barn på de utanpå och inuti kroppen.



Urinvägsmottagning

Även detta handlar om organ i kroppen. Barnet behöver inte förstå vad för organ det handlar om, jag vill mer ge barnet en ledtråd till vad som kan behandlas på denna mottagning.



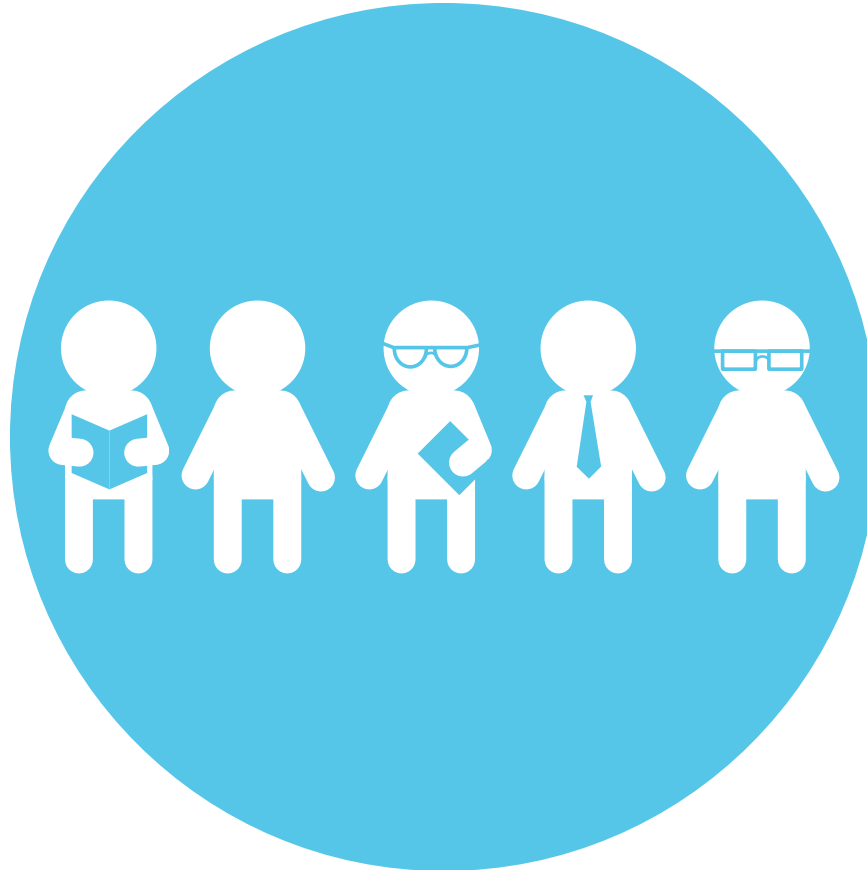
Barnfysiologen

Här undersöker de hjärtfunktionen, hjärnan och lungorna, bland annat. På bilden ger jag exempel till barnet vad de arbetar med här.



Kliniskt kem lab

På denna mottagning brukar de göra tester och ta blodprov, därav ett plåster som ger barnet en hint om att de kan behöva ett efter de besökt denna mottagning.



Klin TräningsCentrum

Här brukar studenter öva deras praktiska färdigheter. Jag ville ge en bild där barnet förstår att de kan få möta många olika människor här.



Sjukgymnastik

På sjukgymnastiken har man många olika behandlingar beroende på vilket tillstånd du är i. men du arbetar ofta tillsammans med en sjukgymnast och det ville jag visa med denna bilden.



Lekterapi

En symbol för lekterapi som ska tilltala både barn och unga.



EEG

Här mäter man hjärnans elektriska aktivitet. Jag ville visa hjärnan men även den elektriska aktivitet man mäter.



Arbetsterapi

Arbetsterapi har ofta att göra med olika hjälpredskap så jag vill med bild visa detta.



Bibliotek
Ett barn som läser.



Hjärtmottagning

Här undersöker man hjärtat och mäter dess aktivitet. Bilden visar ett symbolen för hjärtat och dess elektriska pulser.



Skola

För skolan försökte jag avbilda en bok, skrivredskap och problemlösning. Alla objekt som du finner i en skolmiljö.



Skola Lekterapi

En kombination av bilden av skola och bilden av lekterapi.



Tidsbeställd mottagning

Här har du bokat en tid för att träffa en doktor. Så jag översatte det till en doktor och en klocka.



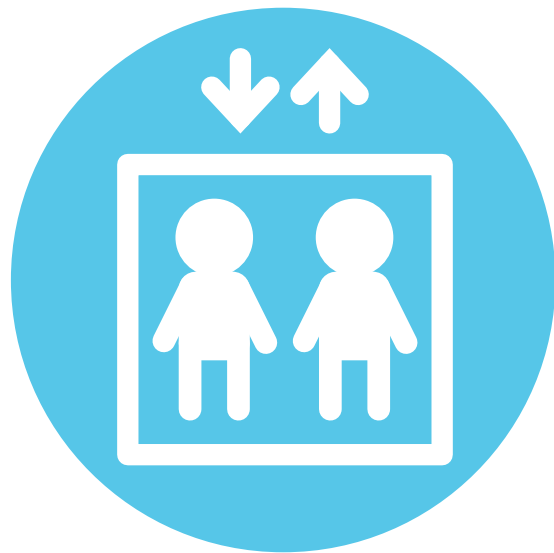
Immunologi

Denna handlar om immunförsvaret. Jag ville ge en bild av det dumma mot det goda (baciller mot immunförsvaret). Jag såg till att det goda tar störst plats så att det inte blir för läskigt.



Psykologenheten

Jag ville inte göra en bild av hjärnan då barnet lätt kan misstolka att de har något fel med hjärnan då. Jag kom istället fram till två pratbubblor då det ofta handlar mycket om att samtala.



Hiss












Trappa














Information

Exempel på skyltar

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Välkommen



lekterapi, bibliotek och skola



om du följer prickarna på golvet kommer du till oss!



TACK!