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United Families through Interior Design

Marissa Heintz

Western Michigan University, marissa.r.heintz@gmail.com

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UNITING FAMILIES IN THE FOSTER CARE
SYSTEM THROUGH INTERIOR DESIGN:
A RESEARCH PAPER

Introduction

“Design with purpose and passion.” Any successful design is driven by intentionality. Any design decision should be made with rationale and reasoning behind it. A designer should be passionate about what they are designing. Design is creative problem solving. It evaluates various issues in how people live, work and play and works to make people's lives easier. Design can play a role in helping resolve some of the problems in this world such as homelessness, poverty, or division by looking at them from a different perspective.

One particular issue that design could help solve are the problems within the foster care system. Many children are separated from their biological family and are transferred from house to house without having a place to truly call their own. This is partially due to the fact that children are re-introduced into an unstable home too quickly, when no real change has occurred. This causes them to be moved back and forth from a stable environment with their foster parent, to an unstable one. This obviously does not seem to be in the best interest of the child. According to one foster parent, the two girls she was watching had to be placed back into the volatile home of their birth mom in order to get her rights as a parent taken away. The social workers knew that it was an unsafe home, and that the birth mom was continuing to make poor choices, yet they needed evidence of her neglect in order to get her rights as a parent revoked (Forster). Imagine how difficult this must have been for these children. One minute they were in a safe home, and the next they were able to

be reunited with their mom, yet only for a short time and in a dangerous place. Although this is just one example of the problems within the foster care system, a bigger problem is that this does not address the heart of the issue. The heart of the matter is doing what is in the best interest of the children. Too often children are torn apart from their family too quickly and placed within a foster home as soon as possible. What if instead, the focus was to keep them with their biological families and work to teach them to be a healthier family? Of course, this solution will not work with every situation. Some children do not have any biological family who are living, and some parents will be unwilling or unable to change to become a suitable parent. This project works to explore the possibilities of reuniting families by providing the proper facilities and training to do so. Research reveals that the foster care system could be improved upon significantly. **The question here however is how can a facility be designed intentionally to unite and support families and improve the foster care system?**

Hypothesis

Of course, the design of a building can only do so much to truly solve a problem. However, according to Maslow's hierarchy of needs, we cannot advance ourselves if our basic needs are not met. Therefore, providing a facility that provides shelter and other basic needs will help motivate them to better work within a facility that trains them in independent living skills and maintaining and obtaining employment. Furthermore, the environments we surround

ourselves with everyday have tremendous effects on our health (Augustin, 1-14). Raising a child in a healthy, supportive environment is crucial. Providing a facility that works to support and develop a family as a whole instead of separating them in order to later reunite them, is in the best interest of all of those involved. Consequently, I believe that a transitional housing facility partnered with a community center that focuses on developing parenting skills, life skills, and focusing on their holistic health in order to unite families will be successful.

Foster Care: Definition and Goals

In order to design a facility that works to improve the foster care system, it is imperative to understand exactly what the foster care program does. The foster care system "is a temporary arrangement in which adults provide for the care of a child or children whose birthparent is unable to care for them" (National Adoption Center). The ultimate goal is to provide the best home for the child, which usually is done through reunification with their birth family. However, it may be determined that reunification is not in the child's best interest, in which case an adoption family is then found for them. Foster care is a temporary service, while adoption is permanent. In some cases foster parents do become adoptive parents (National Adoption Center).

Process of Removal

It is imperative to understand the process of removal of a child from a home in order to best understand how to provide for them. If a child is found to be in an abusive home or is being neglected, how soon are they removed? Is a safe home for them found first before removal? Or are they separated from their parents as soon as possible? To begin, there are a couple of different types of removal; emergency removal without a court order, emergency with a court order, non-emergency removal and contesting removal. The Department of Family and Protective Services (DFPS) can remove a child from a parent or legal guardian without a court order in certain emergency circumstances. In this case, the court appoints an attorney ad litem for the child (Legal Aid of Northwest Texas and CPS Family Helpline for Strong Families & Safe Children) and they may be placed in a medical facility for treatment, a behavioral treatment facility for evaluation or foster home. There is also the possibility that they are placed with an emergency guardian or relative that the parent delegates. This is not an ideal situation for the child, but luckily most children do not end up in emergency custody (Washington). In an emergency situation, DFPS can also request an order to remove the child in an ex parte hearing that does not require the parents to be present. If the child is not believed to be in immediate danger, they may request Temporary Managing Conservatorship of

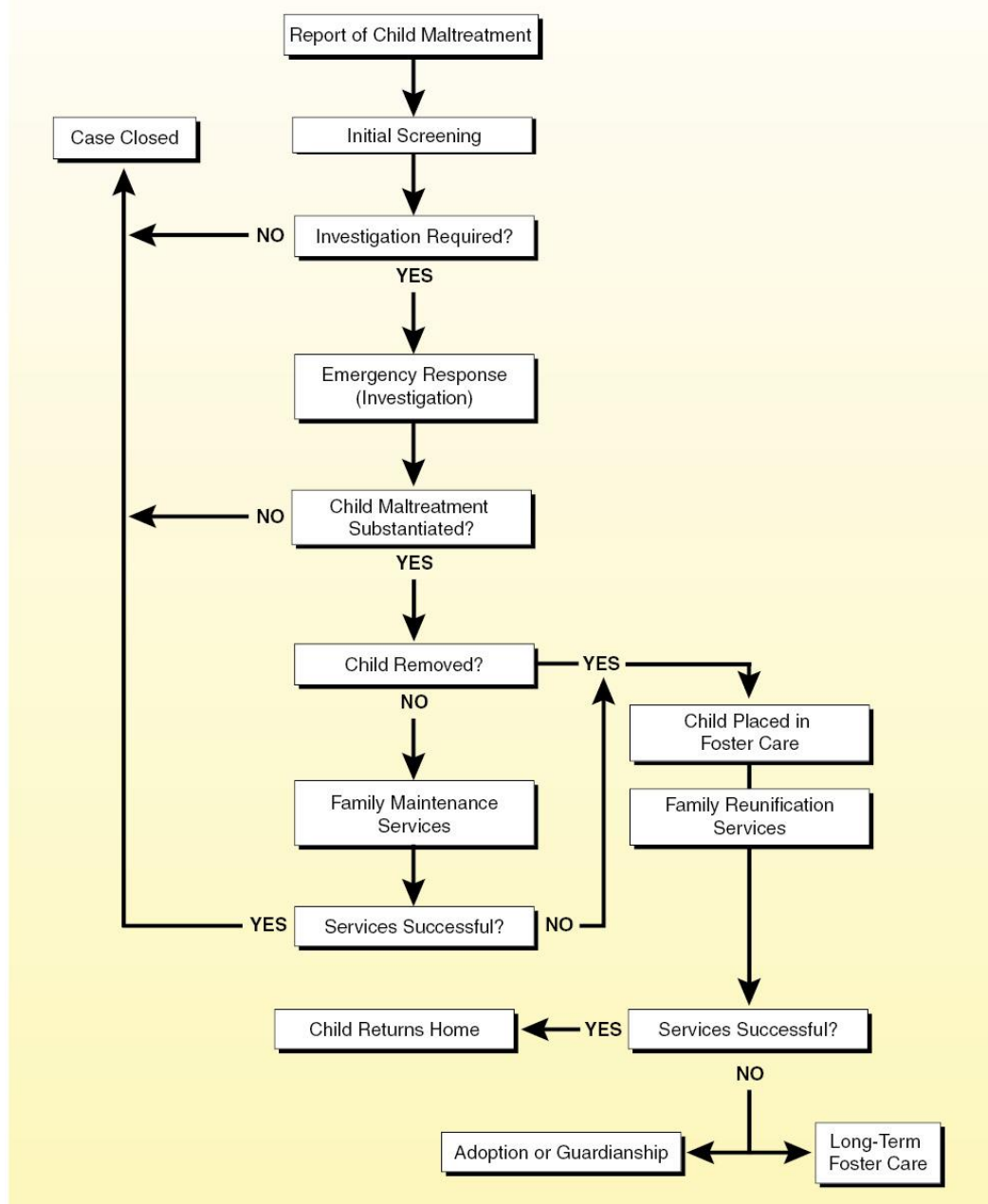
a child. This requires filing a petition and notices the parents of the hearing, in which they are allowed to attend and provide a defense concerning the request of DFPS. If a parent does not agree with the court order, they may contest the emergency removal or request a full hearing (Legal Aid of Northwest Texas and CPS Family Helpline for Strong Families & Safe Children). There are some problems with this removal process. To begin, abuse or neglect is not clearly defined. For example, substance exposure is not clearly defined as a criteria for removal. Furthermore, parents and guardians are not always properly informed about their right to request a review by the Family Advocacy Office. In fact, around half of the case workers that were interviewed were not even familiar with the Family Advocacy Office themselves and therefore are unable to explain this right to the parents. Lastly, there is no real study evaluating the impact that the removal review teams are having and therefore the process could be doing more harm than good (Office of the Auditor General). Although the removal of the children from the home is done in order to protect them, the process of removal does not seem to take the child's needs as the first priority. The foster parents that they are placed with have all been evaluated and are considered suitable parents, however like any relationship, bonding and chemistry should be considered. It is never a good situation when a relationship is one sided. A child has no say in who they are placed with temporarily and could easily not get along with their foster parent. This of course is not the main

concern in this situation, as finding a safe place for them to stay is the real goal. However, their emotions in the situation should be a consideration.

The chart below shows a general overview of the process of removal and placement in a foster care home (Harper).

Figure 3

Pathways Through the Child Welfare Services System



Reasons for Placement in the Foster Care System

Reasons that children are in the foster care system range from abandonment, neglect, physical abuse, sexual abuse, or not having an available caretaker. A study done from October 1991 to December of 1992 examined 749 children at the Child Protection Center in San Francisco to evaluate the reasons they were there. Half of the children that were studied were under 6 years of age. Neglect was the most common placement reason at 30%, physical abuse was a close second at 25% and not having an available caretaker was 24% of the children studied. Abandonment was 9%, failed placement was 7% and sexual abuse was 5%. Substance abuse was found to be a problem for 30% of the parents studied. In cases of neglect, the percentage was even higher at 51% (Takayama, 201-207).

More current data from 2015 shows an increase in the number of kids entering the foster care system and a decrease in those leaving. In 2015 there were 427,910 children in foster care. This has been growing progressively since 2012 when there were only 397,301 children in foster care. Although neglect is still the most common reason for placement into foster care (61%), there has been an increase in the cause being parents abusing drugs (32%). This percentage has also risen from 2012 when it was only 28.5%. A child welfare director at Advocated for Children and Youth, Melissa Rock, says "the single biggest factor driving the numbers up is the substance abuse issues among parents". Other reasons for placement include caretaker's inability to cope (14%), physical abuse (13%), child behavior problem (11%), inadequate housing

(10%), parent incarceration (8%), alcohol abuse (6%), abandonment (5%), sexual abuse (4%), drug abuse child (2%), child disability (2%), relinquishment (1%), and parent death (1%). It is important to note that these percentages are not mutually exclusive meaning that there can be more than one reason for the child to be removed from the home (The AFCARS Report, 2016).

This data is intriguing in that it shows that the majority of these reasons have the potential to be prevented. Of course, there are many circumstances that are beyond anyone's control, and some things no one can change no matter how hard they try. However, most of the issues such as neglect, abuse, behavior problems, inadequate housing, and drug abuse could be prevented. This does not mean that it will be an easy task, but it is definitively not impossible.

Existing Problems within the Foster Care System

The general public was asked what they thought were some of the main issues with the foster care system today. This was done through an online survey and the participants ranged from the following: people who knew someone who had fostered children before, people who had fostered children themselves, people who had been fostered themselves or people who had no personal experience with the system. A majority of the respondents thought that the foster care system did not focus enough on the children's needs. Some concerns included; inconsistencies with the placement of the kids, placement in foster care homes that are not safe, splitting up siblings, children that "age out"

of the system without support systems in place, foster children getting switched from home to home, and children being removed and returned too quickly to unstable environments. The list of problems continued, but many of the issues involved how the foster care system had gotten away from focusing on the main issue; the health and well-being of the children. Other problems that were of concern for the respondents were those families that become foster parents in order to get compensation from the government for their own well-being instead of working to improve the children's lives. At the same time, the process to become a foster parent is highly complicated, making fewer people interested in becoming foster parents, which there is already a lack of (Heintz).

Screening Foster Care Parents

In regards to the issues addressed through the survey, understanding how foster care families are evaluated as well as what determines when placement back into the home is acceptable was thought to be vital. Through a personal interview of an individual going through the process of becoming a certified foster parent, the complexity of the process became clear. This person has still not been able to complete the drawn out process and they have been working towards completion for months. In order to become certified foster parents, each member of their family had to go through a case study of themselves evaluating everything from how they were raised, to their past relationships to their current mental health. Each case study was around twenty five pages

long. In addition, they had to have personal references, employer references, and employment histories of resumes, financial statements, and medical statements. They also each had to go through physicals, document that they had never had any mental issues or counseling, go through 12 hours of education outside of the home, and have a caseworker perform multiple home visits to ensure the safety of their home. Although these requirements are fairly strict, they seem to be reasonable evaluations to ensure that the home is safe for a child. However, the requirements continue to include elements that might seem excessive. Such things included measuring each bedroom, making sure medications and cleaning products are in a locked box regardless of the foster child's age, having a well test, completing a carbon monoxide test, testing the temperature of the water, and making sure fire alarms are on every floor (Forster). These are just a small list of the requirements and paperwork that needs to be filed to receive certification. Understandably, it is a good thing that the process is thorough. However, from talking to this individual, it was clear that the process is so extensive that it has been difficult to stay motivated and continue to the end. This family has had to change things within their home and go through a tremendous amount of work just to childproof the space. On one hand, this is reasonable, but on the other, they have successfully raised three of their own children under that roof and they are changing things in their home that they did not even do for their own biological children. Another problem that arose through the questionnaire was the lack of foster care parents to

place children with. This could be directly related to the fact that the path to becoming one is so complicated that it discourages others to become one. This raises the question, how do unfit foster parents make it through the system? What, besides compensation, motivates them to go through the drawn out process?

Interviews with two different social care workers revealed that unfit foster parents might not be as common as people assume. Unfortunately this does not mean that it does not occur at all, but is rare. The evaluation of foster parents does not end as soon as they complete the process of becoming a registered foster parent. During the first two months a social worker checks in at the home twice a month. If the family stays in the same home after the first two months, their home visits are reduced to once a month. In reality the social worker ends up visiting more frequently. This is because, if the child is 5 years or younger, they offer at least two visitations a week that the social worker supervises. This visitation is between the birth parent and child and allows the parent to be able to reconnect with their child under professional supervision (Leightner). To ensure the child is in a safe home, this evaluation process continues when the child stays in the same placement for more than one year. Each year the foster parents are required to participate in six hours of training similar to the courses that they take when first entering the process. They also fill out paperwork yearly to see how they and the child are doing together. Every other year this paper work is more thorough and in depth. A caseworker also comes into the home to

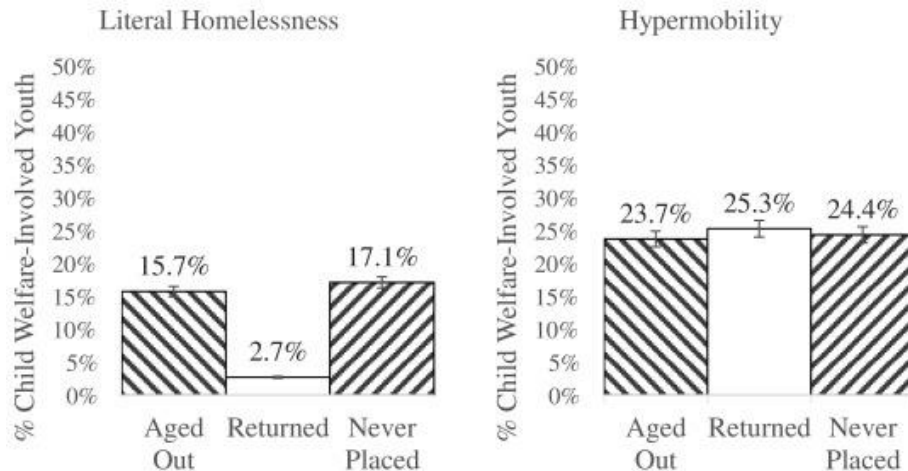
evaluate it every month (Taylor). So how is it that foster children end up in unsafe foster care homes? This most likely happens when the “foster care parents” are relatives of the birth parents. They may call themselves foster parents, but have not been registered. Relatives still have to be assessed similarly to a foster parent. A general house check is conducted, their financial records are evaluated, records of their medical history and mental health are submitted and a background check is conducted. Although their criminal record is also still assessed, there is more leeway. They can still be approved to parent the child if they are found to have a felony as long as it is not child -related or a violent crime. Overall, the process is definitely not as thorough. A big background check of the relative is still completed to assess and see what their convictions are, however they are not required to do a local background check to see whether police have had to be involved. In one case, children were living with their aunt and uncle for two years. After a social case worker got their case, a local background check was conducted and found that the uncle had 16 different allegations of domestic violence against his wife. He had not been convicted, but the home the children were in was obviously not a safe place (Woods). This is one way children end up in foster homes that are still not safe and harmful to their growth and development.

Children “Aging Out” of the System

Another problem found within the foster care system are those youth that “age out” of the foster care system. Transitioning to adulthood can be a challenge for all adolescents, however most have supportive families that provide both emotional and economic reinforcement. The youth transitioning to adulthood in foster care however are faced with lack of family support, educational deficiencies, employment and income problems, inadequate or inappropriate living arrangements, and medical and mental health problems. Sadly, a lot of these needs are not met because they lack health insurance. The good news however is that the federal government is working on various policies and programs to better support the older youth in the system. States are now required to work with youth to develop a transition plan that includes health insurance with the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub L No. 110-134). Youth are also now qualified for Medicaid coverage until they are 26 under the Patient Protection and Affordable Care Act of 2010 (Pub L No. 111-148). Even though these Acts have strengthened the provision of health care needs for adolescents in foster care, there are still lots of challenges. Access to care will still be troublesome if Medicaid payment rates do not improve. Furthermore, medical professionals may be hesitant to serve these youth because of lower payment rates (Council on Foster Care, Adoption, and Kinship Care and Committee on Early Childhood). This is the government’s way of assisting with this problem but they are only focusing on the youth’s

medical needs. They still lack family support, employment, and adequate living arrangements.

One study that looked into this issue further tested whether aging out of foster care contributed to homelessness risk in emerging adulthood by using prospective comparison. It examined national rates of homelessness in the transition to adulthood with those who were involved in the child welfare program. Interestingly, those who age out of foster care are just as likely to experience homelessness as those who were never placed in a foster care home. Those who were reunified with their families after being placed in foster care were found to have the lowest probability of homelessness. The policies and programs that are provided by child welfare involvement protect youth and without it they would have greater risk of housing problems. There is no evidence however that extended foster care after one turns 18 is beneficial. The favorable connection shown between lower rates of homelessness and reunification emphasizes the potential of families and promoting housing stability. Families provide a safety cushion for youth when transitioning to adulthood by providing a place to stay, assistance with rent, or advice in practicing independence. Although more research is needed, child welfare services that work to accentuate family functioning could reduce the homelessness risk of youth (Fowler, Marcal, Zhang, Day, Landsverk).



Different Perspectives of the Foster Care System

Now let us take a look at the perceptions of the different problems within the foster care system. Understanding the foster care system from multiple perspectives such as the foster parent, the biological parent, child protective services, and as a foster child is essential to understanding the problems as a whole. These perspectives were drawn from surveys of 243 people who were asked what the role of foster care is, the challenges within foster care, what some misconceptions in foster care are and improvement ideas for foster care. Key takeaways from listening to the viewpoint of biological parents were that they see foster care as a way to abduct their children from them. The foster parents however view the system as a way to help a child by taking them away from a harmful biological family. A politician's view on foster care is that it is only necessary if a child is in physical danger. From the participants who were interviewed, all of them, with the exception of the social worker, were aware that there is significant corruption in the foster care system. The biological parent

saw corruption through the system retaining their children from them. The foster parents thought it was corrupted by withholding their rights and the politician saw problems with sex trafficking within the system. The next question asked was what each participant thought could be improved upon. Biological parents felt that they should have more authority in how they raise their children. Foster parents thought that teaching biological parents to be more responsible as well as offering additional adoption incentives would help. Social workers on the other hand thought that there was a need for more caseworkers, and politicians thought that the system should be demolished altogether. A final question that was asked in the survey was whether or not each participant thought that the foster care system as a whole was working. This was one question that the majority could agree on, in that most participants responded no. Some other intriguing insights and ideas for improvement in the system included pairing up successful families with families that are in need and providing training and support for them. Another idea was to create treatment facilities where kids can receive intensive therapy with experienced trauma informed professionals. Furthermore, providing funding for biological parents to obtain a skill and one-on-one support for both the child and the parent was another proposed solution. Weekly therapy focusing on strengthening the family was another notion. In general, anything that stops the “us versus them” mindset in which both foster parents and birth parents can work together would help improve the foster care system (Schwandt, 2017).

The results from this survey are particularly remarkable in the fact that most biological parents truly want to care for their children and want to remain with them. Unfortunately they might not have the resources to do so. They may not even be able to care for themselves. Furthermore, this information comes into play in correspondence with the reasons why kids are put into the foster care system in the first place. As stated earlier, many of the reasons could be prevented. However, a lot of them could really only be prevented if the biological parent is cooperative and willing to try. This survey gives reason to believe that most biological parents are willing to put in the effort necessary to prevent them from having to give up custody of their child.

Of course the perspective of the child within the system is also crucial. No matter what kind of relationship a child has with their parents each and everyone one of them are biologically hard-wired to form an attachment relationship with their parents. Even abused and neglected children form this relationship with their abusive caregivers. Multiple articles and research have discovered that the majority of kids in the foster care system report feelings of "rejection by and longing for an attachment with their parent" (Baker, 177-183). One particular study of over 700 children in foster care in England stated "It was significant that many young people took every opportunity to reiterate that they missed their families, would like more contact with family and friends and would like to return home eventually" (Timms and Thoburn, 94). Furthermore, another study in 2008 in the United States found that "No matter what their parents had

done, all the respondents missed and longed for their birth parents, and thought about them frequently" (Bogolub, 94). Many even found that the majority not only wanted to be with their birth parent but actually were afraid to be separated from them, despite them being abusive. Furthermore, children often blame themselves for placement in the foster care system. Even when they recognize their parents for having shortcomings they still blame themselves as the main contributing factor. On the other hand, there are still quite a few children who are grateful for being removed from their home, recognizing that they are much safer in a new one. A handful of the children reported missing their birth parents, but the possibility of being reunited with them was still concerning for them. They recognized that the foster home was much safer than their previous home (Baker, 177-183).

According to a foster child who is now with an adoptive family, one way that the foster care system could be improved is maximizing efforts to keep siblings together. As a young child she was separated from her older siblings and was not able to see them for months at a time. As one can only imagine, it was extremely difficult to be away from her siblings. To make matters worse, every time there was a court hearing while going through the adoption process, she would have high hopes of being reunited with her siblings and going home with them. Unfortunately, this was not the case until age four when a family adopted all four of her siblings and they finally were able to be together again.

How the Person Raising a Child Affects Their Health and Well-being

Although both parents and their children may have a wide range of opinions about how they feel about the foster care system, it is important to see how being separated from ones biological parents affects their health.

According to the University of California, the probability of having mental and physical health problems is much higher for those who have been in the U.S. foster care system. This spans from learning disabilities, developmental delays, depression, behavioral issues, asthma and obesity. The study analyzed data from the 2011-2012 National Survey of Children's Health that included more than 900,000 kids. The demographics of the children ranged from those living in a variety of family arrangements who hadn't spent any time in foster care such as single-mother and economically disadvantaged households and compared them to those who had spent time in foster care. A logistic regression model resulted in finding that children who had been in foster care were seven times as likely to suffer from depression. They were also six times as likely to exhibit behavioral problems, five times as likely to feel anxiety, and three times as likely to have attention deficit disorder, hearing impairments and vision issues. Additionally, they were twice as likely to experience learning disabilities, developmental delays, asthma, obesity and speech problems. Kathy Turney, a UCI associate professor of sociology, even stated "This work makes an important contribution to the research community by showing for the first time that foster care children are in considerably worse health than other children. Our findings

also present serious implications for pediatricians by suggesting that foster care placement is a risk factor for health problems in childhood.” (University of California). In fact, one social worker stated that “kids in foster care have a higher percentage of post-traumatic stress disorder than even war veterans” (Leightner).

Furthermore, decades of social research has discovered that children ultimately have the best opportunity to thrive when raised by their biological parents. One research study from 2015 found continual evidence that the most effective way to avoid poverty, abuse, school failure, criminal behavior and serious emotional problems is being raised by ones married parents (Stanton). Likewise, scholars from Princeton, Cornell and UC Berkeley used advance research designs to evaluate if the impacts a fathers absence on a child’s well-being were causal rather than coincidental. The study found strong evidence that a father’s absence does affect a children’s social and emotional development in a negative way that can continue into their later life (McLanaham, 399-427).

Another study in 2010 evaluated how a parent’s affection shapes someone’s overall happiness. Researchers from Duke University Medical School observed around 500 infants and how their mother’s interacted with them as they took several developmental tests. They then ranged the levels of attention on a five-point scale. Thirty years later, these infants were interviewed about

their emotional health. Those who were given more affection reported feeling less stressed and anxious than those who were shown less affection. Those who were shown more affection as infants also reported less signs of hostility, distressing social interactions and psychosomatic symptoms (Schwart).

Birth Parents Ability to Change

Even though a parent might wish to be with their child, it is also essential to evaluate whether or not they are capable of change in order to best provide for their child. Real change in any situation cannot be forced. It is up to each individual person to be willing to change. This has been shown to be a problem with social workers in the past as parents have denied that there is a problem and appear unwilling to change. This resistance to change can actually indicate other factors such as shame, knowing that change is actually a necessity but they lack confidence in their ability to change. This unwillingness to change can be particularly challenging for social workers when parents are frightened that their children may be removed. Parents are much more likely to deny that a problem exists if they are afraid admitting so will mean the removal of their child (Ward, 17-21). Lack of effort to regain custody of the child could also be the parent's unawareness of the issue. In some cases, the main reason for removal is the parent's addiction to drugs or alcohol. In this situation, they may be so intoxicated that they do not even realize the scale of the situation (Leightner). This circumstance shows that these parents need dire help. No one

wants to have an addiction, it is not a decision that someone actively makes. Therefore, this problem should be directly addressed and help should be provided for the parent. Of course one still has to take into consideration that motivational factors for change depend on the parent. However, incentive for change does appear to begin when the advantages of change outweigh the perceived disadvantages. How their children view the situation can also be highly influential to their willingness to change. It is important to be careful when pressuring change. Pressure may work for some while for others it can cause them to retreat even more deeply into their poor behaviors. Parents that have multiple problems that are in need of adjustment may be motivated to modify one area of their life while not recognizing their need for change in another. Regardless of how motivated someone is, change and recovery is a process that takes time. A person's ability to continue change is influenced by the type and number of difficulties present and whether they can be fully tackled or only alleviated. Factors that support maintaining a change include; demography, self-efficacy, having a "normal" role in society, having a positive support network, and appropriate ongoing support from professionals. On the other hand sustaining change can be disrupted by things such as stress, negative emotions, isolation, inadequate support networks and poverty. Not all interventions are beneficial. Those that fall short, fail to make sure that the children are safe or lack support for destructive behavioral patterns. Conversely, successful interventions include those designed to develop better parenting skills

and to address specific problems such as substance or domestic abuse. Some of the most valuable and successful methods are those that work to incorporate a variety of services for the entire family. This is especially the case when the parent is already dealing with a variety of long-term problems that are already having a negative effect on the children's development and their relationship with their parent (Ward, 17-21).

The Reunification Process

The goal of foster care is ultimately to reunite children with their family or provide a safe family for them to be united with. In fact the majority, 3 out of 5 foster kids, do end up returning to their home (Child Welfare Information Gateway). It is important to consider what factors work to successfully reunite families, and what do not. Understanding what factors help determine when placement from foster care back into the home is acceptable is also essential.

In order, to gain custody of their children back, the birth parents have to show that they are making progress towards removing the barriers in their life. This might include going to parenting classes, remaining drug and alcohol free, and finding employment. The birth parents are also allowed to visit their child under the supervision of a social worker. Ultimately, the court will determine whether or not it is the child's best interest to be returned to their birth parent. The more effort the parent is appearing to make, the more likely the court will rule in their favor (Woods). Unfortunately, the court system seems to rely more on

facts then common sense. One particular story from a foster care parent shows how frustrating dealing with this can be. The birth father was trying to regain custody of his baby girl and was doing everything he could to look good for the court. However he had older children who refused to live with him, for various reasons. The reasons that his other children did not want to live with him were not considered as strongly, but instead they focused on the facts of whether or not he was “improving”. He did show efforts in improving and therefore the court ruled in his favor. Unfortunately, as soon as he gained custody of his younger daughter, he lost his job, and lost his housing (Taylor). Although birth parents should be given the chance to regain custody of their child, what is truly more important is whether or not it is in the best interest of the child. Is someone who is unemployed and homeless really the best person to care for a newborn child? The good news is that birth parents are monitored similarly to foster parents, at least for a little while. When they are initially returned to their birth parents a social worker will check in on their homes once or twice a week for the first 4 weeks. If everything appears to be going well after the first 90 days, they will stop visiting (Woods). In the case of this particular birth father, it is very likely that his baby did not stay in his care. Although hopefully this means that the baby is now in a safe home, it is unfortunate that she had to be transferred back and forth in the system. In fact, the foster care system is a long battle, and this baby girl could still be moving from home to home.

Research has already told us that children staying connected to their biological parents is best for their well-being. However what does that look like in the foster care system when that knowledge is lived out? A study was done in Virginia to compare 50 children who effectively left foster care and stayed with their biological parents to 50 children who returned to the foster care system. The sample population from which the study was conducted involved children in the Richmond and Tidewater regions who before being returned to their biological parents between June 1977 and 1979 had been placed in foster care a single time. From this group 50 children were randomly selected to make up each group. One group consisting of those who had returned to foster care and the other those who had stayed with their biological parents. The case records of each child was then carefully examined along with telephone interviews of the child welfare worker most familiar with the case. The data was analyzed by computing descriptive statistics. From this study, parents whose children were returned to foster care received few community services and had little improvement in their existing problems before the child's return home. Those families with the greatest number of problems also received the shortest duration of DSS case management services both while the child was in foster care and when they were at home. Most families in this study were of low socioeconomic status. However, the families received almost no other community services other than mental health counseling and treatment. This seems backwards especially applying such models as Maslow's hierarchy of

needs. If the parents basic needs are not being met, how can they improve their situation? They will never be able to move up to achieving one's full potential if their basic physiological needs are not met. This study also found a relationship between re-offence and the lack of DSS service activity after a child is returned home. This suggests that DSS services should continue not when a permanent placement has been achieved, but instead only when that placement has been sufficiently monitored and supported to assure that the child's physiological and psychological needs are being met (Turner, 501-505).

A more recent study done in June of 2000, used a survey of New York State foster parents conducted by the Professional Development Program in 1993. The goal of this study was to evaluate how providing foster parents with specialized training and ongoing support would affect how successful biological parent-child reunification is. This study contains three different variables; foster parents receiving specialized training, foster parents receiving agency support and foster parents involvement in parent-child contact. The study supported the hypothesis. Those who received both specialized training and ongoing support went to considerably more visitations, and total activities than those who did not receive any training or support. Those who received either training or support, but not both, were in between the two extremes in the number of activities that they performed. By using regression analysis, it was confirmed that these observed relationships were causal. It also showed that having both training and support was the biggest variable and even outweighed being biological family-

oriented or being related to the foster child (Sanchirico, 185). This data again reemphasizes the strength of the idea of providing support and training for families, whether they are biological or foster families.

Providing programs to birthparents to prevent child abuse is not a new idea. The four common risk factors of abuse have also been identified as substance abuse, mental illness, domestic violence and child conduct problems. As a result, lots of prevention programs directly focus on these risk factors in order to improve parenting skills. Surprisingly, however, many of these interventions have shown very little effect on the neglect and abuse of children. Richard P. Barth, a professor and dean at the School of Social Work at the University of Maryland-Baltimore, suggests that classes should be designed to improve parenting. However, the question is whether or not these parenting programs should directly address these four re-occurring issues or just focus on improving parenting skills in hopes that these problems will stop if the parenting programs are effective. In fact, it has been shown that improving parenting skills helps reduce mental health problems according to the findings of David DeGarmo, Gerald Patterson and Marion Forgatch. A CDC of parent training programs also found that parents who are given hands on practice using their skill under the guidance of a professional are much more likely to develop that skill. The CDC along with Mark Chaffin's work found that it is way more effective to focus on parenting than multiple problems at once. This shows that overall it may be more effective to have a standard parent training program instead of

mental health interventions based on who may need it (Barth). These findings go along with the research stated earlier showing how ultimately biological parents want their children back and will willingly work towards achieving that goal. It makes sense that learning parenting skills would be a great motivator to not only get their kids back, but also stop some of the negative habits that they have grown accustomed to.

Case Studies of Similar Facilities

Keeping Families Together

In order to successfully design a building that works to unite families and improve the foster care system, it is essential to study other facilities that have a similar objective. One such program is the Keeping Families Together program. The program focuses on keeping vulnerable families together by providing them with housing and support so that they can live safe and healthy lives. It has been thought that poverty, homelessness, mental illness and substance abuse may contribute to child neglect and abuse and lead to family separation. Families with a history of shelter stays are at a higher risk for being involved in child welfare. Keeping Families Together helps bridge this gap between homeless assistance programs and child welfare. The program started with a pilot to verify whether supportive housing with child welfare preventive services can help avoid family separation and child removal, and improve how high-risk families function. The program was launched in 2007 in New York City. Twenty nine

families with histories of child welfare involvement, substance abuse or mental illness, interpersonal violence and trauma and homelessness were placed in the program and evaluated. About 60% of the one hundred and five children were not living with their parents when they were brought into the program. Another 40% were living in foster care and 22% had been freed for adoption. The majority of the parents at Keeping Families Together did not have supportive networks whom they could rely on. In addition, they had extremely high rates of mental health and substance abuse issues. Only 10% of the heads of the household had worked in the three years before placement. As part of the program, all of the families moved into supportive housing where they received individual case management services from social workers on site. Substance abuse treatment, medication management, parenting skills training and other services they needed were also provided. Their progress was examined at least twice a month by a case manager who would check in on them. Many had previous negative experience with government programs and were distrustful of the program. The results of the program so far have been incredible. Around 60% of the child welfare cases that were open when they entered the program were favorably resolved. Of the 29 families in the program, 26 of them remained housed and together at the pilot's end. The other three voluntarily moved out of their housing apartments. Furthermore, almost all of the families that came in with a substance abuse problem were clean and sober at the end of the trial. The children in the program who participated in school showed steady

increases in school attendance. The program also helped the families reconnect with their surrounding community and other family members. The parents themselves reported that the program helped them become better parents for their children. The supportive housing units differ from a shelter in that each family has their own space and furniture. It provides a home for the families instead of just a roof over their head. One struggle for a particular family was finding child care that he felt was safe for his daughter so that he could work. He did not feel that the neighborhood of the child care was safe enough and so instead stayed home to watch her (Corporation for Supportive Housing). Nancy Barrand, senior program officer at the Robert Wood Johnson Foundation stated; "supportive housing for vulnerable families can break the intergenerational cycle of poverty, homelessness and abuse. By providing families with services they need to stay together, we can protect children who otherwise might be at risk for abuse and neglect and create a better future for them" (Corporation for Supportive Housing).

Interfaith Housing Coalition

Another program of interest is the Interfaith Housing Coalition. This facility has very similar goals but it focuses on the homeless population instead of foster care families. It not only works to train the homeless for employment, but it also houses them while it does so. Founded in 1985 in Dallas, Texas the IHC helps about 100 families annually. The program allows everyone in the program 90 to

120 days to complete educational training, find a job and save up money to get their own apartment. They have a high success rate, 70% successfully go through the program, showing that homeless families do have incentive to break away from their homelessness, they just need a little support (Selle).

A case study was conducted in 2016 that explored this issue further and evaluated job and life skills training programs. This study assessed the changes in social network quality, size and composition in the Moving Ahead Program (MAP) at St. Francis House in Boston. MAP includes community-style sober housing, basic services such as meals, fresh clothes, showers, and on-site medical services. It also includes rehabilitation services such as individual mental health and substance abuse counseling, detoxification referrals and training for employment and life skills. The investigation was completed using intake assessments of a random selection of 262 guests in the program. About half of the guests were women and the other half male, from a variety of different ethnic backgrounds. The majority all had one thing in common however, 86% of them identified as homeless. The assessment worked to understand the participant's mental health, substance use frequency, their social network quality and their social network size and composition. Each of these were conducted using different research techniques. Studying each individual's mental health was done through survey questions, while their substance use frequency was acquired through intake interviews. Understanding their social network size and social network quality was evaluated through the Social

Connectedness Scale-Revised. This scale worked to obtain the respondent's sense of closeness with others. It does this by having them rate their agreeance with 20 different statements related to socialization. Such as "I am able to connect with other people" in which they respond on a six-point scale ranging from one (strongly disagree) to six (strongly agree). Who they are socializing with was also studied through established procedures for measuring social network size and composition when they entered the program and when they left. Each participant provided the initials of up to 20 different people in their social networks. Then they were asked to show how probable that individual was to drink alcohol to the point of being drunk during the last six months, if they were likely to have used illegal drugs during the last six months or if they were currently homeless or unemployed. This was also evaluated using a Likert scale ranging from one (unlikely) to three (highly likely) (Gray, 799-808).

All of this data collection was done in order to understand how MAP was impacting the lives of those who went through the programs. In summary, positive changes in social network quality was found upon graduating from MAP. This result suggests that positive and supportive social networks plays a big role in being able to complete a program such as MAP. MAP is designed in a social aspect in which one works to improve job and life skills with a supportive network of people to back them up. This results not only in improving these skills, but also in increasing their health and overall well-being by improving their social network quality (Gray, 887-88).

Another case study evaluated a similar training program for unemployed, homeless, alcohol-dependent adults and how monetary incentives affected their achievement in the program. The participants were randomized into three different groups. The first was a no-reinforcement group in which they had full access to the training program, but they were not given incentives. The second were given incentives based on their attendance and performance. The third group was also given incentives that were also based on attendance and performance but they were only allowed to participate in the program if they abstained from alcohol (Koffarnus). The results from this study help confirm previous studies that monetary incentives can promote positive behavior especially for those of low socioeconomic status or alcohol-dependent adults. This is because they often underrate benefits that do not have an immediate outcome (Bobova, Finn, Rickert, & Lucas, 51-61). This study showed that money served to motivate more engagement in the job-skills training program, and the performance quality. This is evident in comparing the reinforcement groups with the group that had no reinforcement. The rate of timing initiation, typing speed and accuracy was higher in the reinforcement group. This also shows that money served as a motivator to abstain from alcohol. The abstinence and training group completed a median of 91 steps or levels in the program, while just the training group completed 88 and the no-reinforcement group only completed an average of 10.5. This is significantly lower and shows the role that money can have. However, using money as a reinforcement may not be

necessary for every individual. This study also showed individuals that made substantial progress in the training program without any monetary incentive. There may have been other factors such as obtaining job skills that served as encouragement for them. The majority of those without the monetary incentive demonstrated less motivation and improvement in their work (Koffarnus). This case study was important to evaluate in order to understand what motivates people to change.

Observations of Similar Facilities

Kalamazoo Gospel Mission

Although a facility that works to unite families in the foster care system does not currently exist in the area, there are a lot of other programs and facilities that provide some of the services that such a facility would provide. One example is the Kalamazoo Gospel Mission. The Kalamazoo Gospel Mission is a local homeless shelter in the Kalamazoo area. Their facilities include a women's shelter and a men's shelter and they also provide children's ministry, job skills training, and food service. In addition, they have a resale shop, called Rescued Treasures and a car shop, Rescued Wheels. The proceeds from both of these shops help to support those staying at the mission as well as providing jobs for them. Rescued Wheels works directly with the recovery and job skills programs that the Kalamazoo Gospel Mission offers and trains the homeless to

receive state certifications in automotive repair so that they can find a job and support themselves.

The shelters offered at the Gospel Mission are divided into different levels. The first level is the Good Samaritan program. This program offers anyone a safe place to sleep for the evening, no questions asked. It also offers three meals a day, laundry services, hygiene products and clothing vouchers to the Rescued Treasures store. The general shelter is the second level of the program and is split into four different parts: single's dorm, women's dorm, men's shelter and family shelter. This second level offers more stability in offering a temporary place to stay for longer. The men's shelter is set up in an army-style sleeping arrangement fitting about 80 men in one room (Kalamazoo Gospel Mission). The general shelter is a 90 day program in which they have to stay clean, and drug and alcohol free. This 90 days can be extended if they are working to make progress in bettering their future. This could be getting help with an addiction, finding employment, or seeking mental health services (Clubb). Along with the basic need of the Good Samaritan such as clothing and laundry, the general shelter also offers one-on-one staff support, free childcare and job and housing assistance (Kalamazoo Gospel Mission).

The Kalamazoo Gospel Mission also has a high volume of children staying with them and therefore have two programs specifically designed for children. The first is Sonshine kids which is a free activity center for infants through pre-k

and runs on Mondays through Fridays. This free service allows the children a safe place to play during the week days and allows their parents the ability to find a job and home for their family. The second program is the Creation Station program which is designed for children in kindergarten through eighth grade. This program offers after-school tutoring and helps the kids with their homework. When school is not in session, it is a day camp for students. The Gospel Mission not only serves as a shelter providing housing for the homeless but also offers a job skills training program to help them gain and obtain employment so that they can support themselves. Individuals can gain state certification and on-the-job experience. Towards the end of the program, qualifying participants are hired into a leadership position and start receiving payment for the amount of time they work each week (Kalamazoo Gospel Mission).

As the Gospel Mission is all funded through donation, it is of course unreasonable to provide a state of the arts facility. Their funds focus on providing the basic needs of the community such as food and shelter, not designing an aesthetically pleasing space. However in meeting with the Director of Development at the Gospel Mission, Tammy Clubb, and through observing the space, improvements could be made to the facility to better serve the community in meeting those basic needs. One of the biggest changes they could make to enhance their space and improve the lives of the people housed there is allowing more space for privacy and personalization. Currently, housing is arranged to fit as many people in one space as possible. This makes

sense as they want to be able to have room for anyone who may need it. The men's housing has very little privacy with the beds set up in rows, one after the other to allow room for around 80 men. Although there are also dorm style layouts for sleeping arrangement that allow for more privacy, individuals still end up sleeping with around ten people per room. Luckily families can stay together, in the shelter allowing for a little more privacy. However, they still usually share a space with another family. Logically, this makes sense as they want to be able to have room for anyone who may need it. However, the housing program goes up to 90 days and can be extended if the individual is working on making improvements. Some even end up staying there for years (Clubb). In this way, the shelter is really a temporary home for lots of people, however their facility does not reflect a home but an institution. As a result, to better promote the health and well-being of the homeless being served there, creating a more homelike setting and having areas of privacy and personalization should be considered. In order to better understand who we are, we all need a place to retreat. Privacy is actually part of our basic needs and when that need is not being met, it affects us negatively (Augustin, 230). Therefore, dividing housing in individual apartment style layouts could better the lives of those living there and make them feel more valued as individuals.

Some important takeaways from observing the space is keeping the facility clean. The Gospel Mission has an open arms policy that allows anyone who may need a place to stay that opportunity. This can create a challenge

when it comes to sanitation and cleanliness. The shelter has no control over what sort of bugs and dirt people may bring in through their clothing and belongings. Subsequently, delousing or getting rid of other parasites is done with all of the belongings someone brings in. Likewise, cleanliness was considered when selecting materials and furniture for the shelter. For example, the beds are all made of metal to keep bed bugs away.

Ask Family Services

Ask Family Services is another non-profit organization that provides services that a facility that works to unite families in the foster care system might offer. ASK's goal is to improve children's mental health and is dedicated to supporting families and youth to help reach that goal. They assist families and their children who have developmental, mood, emotional and behavioral challenges. In order to do that they have a variety of different services. These include: Family and Youth Peer Support Services, Parent and Youth Advisory Committees, Sibling, Youth and Family Support Groups, Information, Referrals and Community Resource Assistance, Stigma Reducing Presentations and Activities, Community Training Programs and State Wide Parent Mentoring. Through the program individuals are paired up with a Family Support Partner. A Family Support Partner is a parent or caregiver that have faced and overcome many barriers while trying to access services for their children with developmental, mood, behavioral, or emotional challenges. They are then able

to help other parents in similar situations navigate the system and care for their children. They provide parents with support training and advocacy skills. This could be helping them find and arrange different types of training, seminars, conferences, support groups or discussions to improve their knowledge in essential areas like Individualized Education Plans, Section 504 plans, evaluations, specific disabilities, parenting strategies, and local resources (ASK Family Services). ASK also has Youth Peer Support Specialists. Similarly to a Family Support Partner, Youth Peer Support Specialist are young adults who have experience as a youth with emotional, behavioral, or mood challenges. They share this experience with another youth and help empower them to reach their goals. Most importantly they provide youth with hope that they can achieve their goals and those things that are most important to them. To do this, they work directly with the youth with various skill-building activities such as exploring career options, success in school and increased community inclusion.

Furthermore, youth have the opportunity to be a part of C.A.Y.M.O.V.E. (Calling All Youth Motivating Others through Voices of Experience). C.A.Y.M.O.V.E. is a group consisting of high schoolers who have experience with an emotional, mood, or behavioral challenge. This group works to improve mental health services in the community by working with professionals, parents, and community members. The mission is to educate and empower youth to advocate for themselves and improve children's mental health services. By being a part of this group, kids have the opportunity for their voice to be heard

by authority figures, develop healthy relationships and friendships and give back to the community (ASK Family Services).

Their actual facility is mostly used as office space for the professionals who work there. There is also an open common space that includes a seating area as well as a small kitchen for the youth to hang out and cook in. According to the Director of Operations, most of the meetings between Family Support Partners and Youth Peer Support Specialist happen off the facility where it is most convenient for each individual (Angell).

Through observing the facility and talking with the Director of Operations, Jill Angell, the significance of the location and access to outside space was recognized. Having access to parking, more exterior space for activities, and having more windows were all concerns that she would want in an ideal space. Angell also noted that the location was perfect with easy access to the hub of Kalamazoo and being along the bus line. Furthermore, through conversing with some of the office workers the importance of having a place to retreat and have private telephone conversations was noted.

Psychology of Interior Design

When designing a community center that works to keep families in the foster care system together it is valuable to note the various functions it may have. Ideally it would not only serve as a home for multiple people, but also as a learning environment, training and healthcare facility. The center would also

serve a wide variety of users with various backgrounds, cultures, ages and occupations. Subsequently, researching both the different users and how they are affected by their environment, as well as the different functions that the building will have and how to best design them is important to create as successful of a space as possible.

With this in mind, discovering how a child is affected by their surroundings is vital. Environments with a variety of sensation-rich objects and an assortment of places for them to investigate can aid in positive cognitive development in children. This visual stimulation should be done in a multitude of ways such as shape and size differences instead of just through variations in color. Both children and adults have many of the same psychological needs such as privacy, as well as a need to socialize. Similarly to adults, children need their own space in which they can retreat and have privacy to sort out their day and better understand who they are. Even as early as age three, psychological benefits have been found from having one's own room or a clearly defined space. Having one's own space is also important to showcase who they are and discover their individual personalities. On the other hand, having areas to socialize in is also imperative. Having views of nature is also highly significant both for adults and for children. In fact, faster cognitive development has been found to be directly related to viewing nature as a small child. Just having the ability to have a view of nature or look out at something green has many benefits. Colors play a big role in children's perception to emotions. Light colors

are associated with positive emotions while dark colors are associated with negative emotions. Privacy, having the ability to control their environment, or the ability to personalize their living space to make it their own is still essential when creating a home environment for adults (Augustin, 173-76).

While all of us learn differently, good places to learn do have a lot of the same physical and symbolic characteristics. How an interior is designed communicates a lot to the user. If it is poorly and haphazardly designed, this communicates that the users are not valued and their learning is not supported. The opposite is also true. When it is well designed, this tells the occupant that they are cared for and their learning matters. It has been discovered that people learn the best when they are moderately energized. This is important to note when selecting which colors and materials to use in order to achieve this affect. Colors in learning environments are most effective when they are in the midrange both in saturation and brightness. For example, the lighter, less saturated greens that are so common in institutions. Red however, hinders the ability to learn new material or use information that we have already learned. There are more appropriate uses for these energizing colors in areas outside classrooms such as hallways and other circulation spaces. There are also inappropriate uses for cooler calming colors such as blue tones in a cafeteria as they suppress the appetite while warm colors stimulate the appetite. Another effective way to create an appropriately energizing environment is through a moderate variety in the different textures, shapes and types of symmetry used.

However if there is too much variety and the environment is highly complex, this can be particularly challenging for young children.

Lighting is another aspect that affects a learning environment greatly. Lighting levels should be at a level that is moderately energizing. Better performance on various sorts of mental activities are influenced by different colors of light. In a classroom setting, where an assortment of mental activities take place, lighting systems that allow a range in light color and intensity are ideal. Having access to daylighting and views of nature is also vital. Natural scenes help both the student and the teacher restore their mental energy. If views are not available having green, leafy plants cause students to perform better than when they are not present. Sunlight also reduces stress by keeping our circadian rhythms properly regulated. Daylighting helps students to learn better, whether that source is through windows in the walls or through skylights. Windows that allow a view reduce both student and teacher mental exhaustion as well as stress. Full-spectrum lightbulbs just do not have the same psychological benefits as sunlight, even if they perform excellently.

The layout of a classroom also impinges on learning experiences. Nonrectangular or square classroom shapes allow several different uses of the classroom space such as group work, hands-on learning, or individual projects. However the teacher may not be able to supervise everything as easily. As one might think, different learning activities require different spaces to promote

them. A space set aside for reading should not look the same as a space for group work. The ability to maintain eye contact is vital for natural conversation and creating a space where group work can flow naturally. Similarly to lighting, adaptability is key in how a classroom is laid out. This means selecting furniture that is easy to move so that a space can easily be arranged for an array of activities. Adaptability is also important in order for the space to stay stimulating. As humans, we can become bored and unmotivated if the space stays the same day in and day out. Keep in mind however that it is just as bad for a space to be too stimulating as it is for it to not be stimulating enough.

Creating a homelike atmosphere has been found to create a better setting for learning, as familiar environments are relaxing. Creating an education setting to mimic a home can be done through the use of similar furniture materials as well as in the general layout of the space that would be found in a home. Furthermore, a setting feels more homelike if it includes sheltered outdoor spaces that imitate that of a residential backyard or if the architectural style is the same as the community in which it resides. Ceiling heights are another element of design that play a role in how they make people feel. Higher ceiling heights with a brighter environment are understood as public space while lower ceilings convey a more private setting. People naturally move from more public areas of space to more private ones. With this in mind one can move people through environments through the modifications of ceiling heights and lighting levels. The variations in ceiling height also have a greater effect on children of

preschool age. Variable ceiling heights encourage them to be friendlier and promotes feelings of comfort (Augustin, 221-28).

Designing for all users should be the mindset of the designer when designing anything. In this case it means not only considering the needs of the students in a learning environment but also those of the teachers and trainers. Just like children need their own space to be able to personalize and make their own, so do teachers. Privacy is also a basic need that we all desire and so special space that allows for a teacher to have privacy is also important (Augustin, 230).

Addiction, mental illness, and other healthcare needs are often a big problem for birthparents of foster kids. Therefore, to solve this problem through design, the facility should also serve as a healthcare and rehabilitation center for those struggling with these issues. Hence it is essential to understand how to create a space that will promote their mental and physical health. Tension is often an overwhelming feeling when in a healthcare environment so it is important to create a space that is relaxing and calming. The overall environment, design and architecture of a healthcare environment plays a significant role in a person's satisfaction with a treatment. Overall, staying away from designing an institutional like space that lacks artwork and comfort is vital in creating a space that has a more positive impression. Just as in schools, workplaces and homes, being around nature in healthcare settings restores

mental energy and lowers stress. Views of nature has even helped speed up the recovery process from surgeries and allowed patients to require smaller doses of pain medicine. While watching a nature video, blood donors were found to have lower blood pressure than if they were to watch other videos. If scenes of nature cannot be achieved, placing calming scenes of nature through artwork or plants in the space can be effective as well. Research has shown that art displaying open pastures with trees and meadows that are outlined with a forest, gardens and calm waters are the most beneficial in a healthcare environment (Ulrich and Gilpin, 117-46). On the other hand, the worst choice for artwork in a healthcare setting is abstract or ambiguous paintings or sculptures. It would actually be better if no art was used at all. Lots of things can have negative connotations for people under extreme stress or delusion. Even things such as shiny surfaces on floors, walls and windows can create reflections that frighten people and could create a negative reaction for someone.

Lighting levels are another aspect that play a big role and even impact noise levels. Lower lighting levels can cause people to talk at lower levels while brighter areas are more stimulating and cause people to talk louder. Lower lighting levels can help private areas be kept quieter. Stress levels are also directly related to noise levels. Higher noise levels can cause higher stress levels, and emotional exhaustion. Noise from conversations is the most stressful background noise. This is why it is important to create both areas with higher noise levels where people can socialize and ones with lower noise levels so that

people can have a private conversation. Eliminating noise altogether can cause anxiety too. Echoing is another problem in building design. It causes users to have trouble relaxing and often they have to speak louder to understand each other. It also effects stress levels. In fact, one study showed that staff felt less stressed at work after sound-dampening ceiling tiles were installed. Therefore creating a space that has materials that muffle and absorb sound so that it is at a level that is not distracting but also not too quiet is essential. This can be done by installing sound insulation in walls and ceilings to make sure structural noises such as closing doors are reduced. Paying attention to the affect that the specified flooring has on noise levels is also important. Softer flooring like carpet, or rubber tiles could also help reduce sound levels (Augustin, 238).

Just as with children, areas of refuge and privacy are also a necessity for adults especially for rehabilitation. Patients need time and space to be able to reflect on their lives and manage the complex situations that are happening in their daily life. Talking privately with a medical professional or counselor is often a huge part of a rehabilitation center, therefore patients need a space to feel more comfortable with sharing and talking to their medical professional. Allowing patients the ability to make their own decisions and feel as if they are in control is also significant. As humans, when we lack control we are more susceptible to becoming stressed, depressed and therefore our immune systems become more susceptible to disease. Allowing patients to have more control over their environment such as controlling light levels, temperature or who they

socialize with can make them feel more at home. Having the ability to personalize an area also creates positive psychological outcomes (Augustin 239).

The needs of medical professionals require consideration also. They also naturally desire control so giving them the ability to change work surface heights, lighting and temperature should also be a design goal. Rehabilitation centers and healthcare centers have naturally stressful and tense environments and most people do not want to be in them. This is why it is essential to create as pleasant and calming of a physical environment as possible to better enhance the lives of the individuals who are there (Augustin, 240-21).

Design Solution

In conclusion, people can do amazing things when they are surrounded by support and community that can help break down the barriers in front of them. One of the key takeaways from this research is the success of partnering with other services to provide the best assistance for someone as a whole. There are many programs and services that exist to try and help support struggling parents, the homeless, those struggling with addiction, those with mental health issues, or those who are seeking employment. However it is rare to find a facility that addresses all of these issues, even though they are often correlated and there are lots of individuals who are struggling with more than one of them.

Understanding the foster care system and the challenges within it is essential in order to help solve the problem through interior design. Research has shown that the majority of families that have children in the foster care system are low socioeconomic status (Turner, 501-505). Therefore, designing a center that can meet their basic physiological needs can help them advance on Maslow's hierarchy of needs and help support themselves as well as their family. This being said, my solution would be to create modular housing along with a community center as a way for families to live together and learn to work together as a family, while still having the ongoing support of the community center to guide them. In this way the housing can work as a transitional point that will eventually lead them to successful independent living. This community center would not only develop independent living skills, but also provide training in order to obtain and maintain employment. It would also focus on providing parenting skills and coming alongside each individual to help them become the best person they can be. The main reasons children are placed in the foster care system are neglect, drug or alcohol abuse, physical abuse, child behavior problem and inadequate housing ((The AFCARS Report, 2016). As a result, this center would work to tackle these challenges by offering drug and alcohol programs, teaching work and life skills, helping parents find a job, educating them in family and life advice, and providing counseling, literacy training, and the motivation to be successful.

It is important to understand that the reunification of children with their birthparents will not work in every case. Ultimately no one can force someone to change, it is up to each individual. For those cases, finding a foster care or adoptive parent would be one of the best options. Therefore, the facility would be designed with training for foster care parents as well. Parenting is a difficult and challenging task especially when that child is not biologically yours. Therefore having a supportive facility to walk beside foster parents and build them up would not only help them succeed but provide the best care for the children as well. A child going through the foster care system is going through a lot of life changes and adjusting to new environments as well as new parents could be quite daunting. As a result, this center would also be a way for children to bond with their potential adoption or foster parents before they transition into a new home. The foster care parents can bond with the children as a family before the children are introduced to yet another new environment.

As stated earlier some of the existing problems with the foster care system include: inconsistencies with the placement of the kids, placement in foster care homes that are not safe, splitting up siblings, children that “age out” of the system without support systems in place, foster children getting switched from home to home, not enough social workers or foster parents and children being removed and returned too quickly to unstable environments. A community center designed to keep families together would help solve these problems. Most children would not have to be placed with foster care homes, as they

would stay together as a family so siblings would not have to be split up. This facility could also provide a home for the kids that “age out” of the system. Furthermore, children would not have to jump from home to home but could stay in the same housing unit in the community center. Finally, not as many foster parents would be needed to care for the children because their parents would be the ones caring for them.

Overall, support and community are key. If these are kept at the forefront maybe how the foster care system is run can be changed for the better.

Works Cited

- Angell, Jill. Director of Operations, ASK Family Services Personal Interview. 3 Oct. 2018.
- Ask Family Services: Sharing Experiences Strength & Hope, Psonoma Design Group, www.askforkids.org/services. Accessed 3 Oct. 2018.
- Augustin, Sally. *Place Advantage Applied Psychology for Interior Architecture*. John Wiley & Sons Inc., 2009.
- Baker, Amy J., et al. Foster children's views of their birth parents: A review of the literature. Vol. 67, Elsevier Ltd, 2016, pp. 177-83, adoption.com/different-perspectives-of-the-foster-care-system. Accessed 12 Sept. 2018.
- Barth, Richard P. "Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities." *The Future of Children* 19.2 (2009) ProQuest. Web. 17 Sep. 2018.
- Bobova, L., Finn, P. R., Rickert, M. E., & Lucas, J. (2009). Disinhibitory psychopathology and delay discounting in alcohol dependence: Personality and cognitive correlates. *Experimental and Clinical Psychopharmacology*, 17, 51–61. doi: 10.1037/a0014503
- Boes, Isabel. Foster Child Personal Interview. 2 Oct. 2018.
- Child protective services investigations and the transition to foster care: Children's views *Families in Society*, 81 (1) (2008), pp. 90-99
- Child Welfare Information Gateway. (2016). *Reunification: Bringing your children home from foster care*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Clubb, Tammy. Director of Development, Kalamazoo Gospel Mission Personal Interview. 2 Oct. 2018.
- Corporation for Supportive Housing, . "Keeping Families Together." Corporation for Supportive Housing, Robert Wood Johnson Foundation, www.csh.org/wpcontent/uploads/2011/12/Tool_KeepingFamiliesTogether_Brochure.pdf. Accessed 30 Sept. 2018.
- Council on Foster Care, Adoption, and Kinship Care, and Committee on Early Childhood. "Health Care of Youth Aging Out of Foster Care." *Pediatrics*, vol. 130, no. 6, 2012, pediatrics.aappublications.org.libproxy.library.wmich.edu/content/130/6/1170. Accessed 26 Sept. 2018.
- Forster, Cindy. Foster Parent Personal Interview. 26 Sept. 2018.
- Fowler, Patrick, Katherine Marcal, Jinjin Zhang, Orin Day, and John Landsverk. "Homelessness and Aging out of Foster Care: A National Comparison of

- Child Welfare-involved Adolescents." *Children and Youth Services Review* 77 (2017): 27. Web.
- Gray, Heather, Shaffer, Paige, Nelson, Sarah, and Shaffer, Howard. "Changing Social Networks Among Homeless Individuals: A Prospective Evaluation of a Job- and Life-Skills Training Program." *Community Mental Health Journal* 52.7 (2016): 799-808. Web.
- Groark, C. J., McCall, R. B., Fish, L. and, (2011), Characteristics of environments, caregivers, and children in three Central American orphanages. *Infant Ment. Health J.*, 32: 232-250. doi:10.1002/imhj.20292
- Hamilton, Ronicak. Director of the Sieta Scholars Program Center for Fostering Success Western Michigan University Personal Interview. 26 Sept. 2018.
- Harper, Eric. "Protecting Children From Abuse and Neglect: Trends and Issues." *Legislative Analyst's Office*, edited by Mark C. Newton, 8 Aug. 2013, lao.ca.gov/reports/2013/ssrv/child-neglect/child-neglect-080813.aspx. Accessed 3 Oct. 2018.
- Heintz, Marissa. "Foster Care Survey". Questionnaire. 25 Sept. 2018
- Kalamazoo Gospel Mission, www.kzoogospel.org/. Accessed 3 Oct. 2018.
- Koffarnus, Mikhail N., et al. "Monetary incentives to reinforce engagement and achievement in job-skills training program for homeless, unemployed adults." *Journal of Applied Behavioral Analysis*, vol. 46, 2013, pp. 582-91, onlinelibrary.wiley.com/doi/full/10.1002/jaba.60. Accessed 25 Sept. 2018.
- Legal Aid of Northwest Texas, , and CPS Family Helpline for Strong Families & Safe Children. "Child Protective Services Article 4 of 7: The Removal Process." *Texas Law Help.org*, 2001, texaslawhelp.org/article/child-protective-services-article-4-7-removal-process#toc-2. Accessed 25 Sept. 2018.
- Leightner, Abigail. Foster Care Specialist Personal Interview. 1 Oct. 2018.
- McLanahan, Sara, et al. "The Causal Effects of Father Absence." *HHS Public Access*, vol. 39, July 2013, pp. 399-427, www.ncbi.nlm.nih.gov/pmc/articles/PMC3904543/pdf/nihms547588.pdf. Accessed 13 Sept. 2018.
- National Adoption Center, "What is Foster Care." National Adoption Center, www.adopt.org/what-foster-care. Accessed 27 Sept. 2018.
- Office of the Auditor General, "Report Highlights Special Performance Audit." Department of Economic Security, Oct. 2002, www.azauditor.gov/sites/default/files/02-10Highlights.pdf. Accessed 25 Sept. 2018.
- "Preliminary FY1 2015 Estimates as of June 2016 No. 23." *The AFCARS Report*, June 2016, www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf. Accessed 12 Sept. 2018.
- Rosas, J., & McCall, R.B. (2009). Characteristics of institutions, interventions, and children's development. Unpublished manuscript. Pittsburgh, PA: University of Pittsburgh Office of ChildDevelopment.

- Sanchirico, A. & Jablonka, K. *Child and Adolescent Social Work Journal* (2000) 17: 185. <https://doi-org.libproxy.library.wmich.edu/10.1023/A:1007583813448>
- Schwandt, Jamie. "Different Perspectives of the Foster Care System." *Adoption.com*, 1 Dec. 2017, adoption.com/different-perspectives-of-the-foster-care-system. Accessed 12 Sept. 2018.
- Schwartz, Sandi. "How a parent's affection shapes a child's happiness for life." *Motherly*, 2010, www.mother.ly/child/how-a-parents-affection-shapes-a-childs-happiness-for-life. Accessed 13 Sept. 2018.
- Selle, Robert R. "Homelessness Healer." *The World & I* 03 2001: 44-7. ProQuest. Web. 24 Sep. 2018.
- Stanton, Glenn T. "Family Formation and Poverty: A History of Academic Inquiry and Its Major Findings." *The Family in America*, 2015, familyinamerica.org/files/3214/5806/3564/Stanton.pdf. Accessed 13 Sept. 2018.
- St. Petersburg–USA Orphanage Research Team. (2005). Characteristics of children, caregivers, and orphanages for young children in St. Petersburg, Russian Federation. *Journal of Applied Developmental Psychology*, 26, 477–506.
- St. Petersburg–USA Orphanage Research Team. (2008). The effects of early social-emotional and relationship experience on the development of young orphanage children. *Monographs of the Society for Research in Child Development*, 73(3, Serial No. 291), 1–262.
- Takayama, John I., et al. "Relationship Between Reason for Placement and Medical Findings Among Children in Foster Care." *Pediatrics*, vol. 101, no. 2, Feb. 1998, pp. 201-07, pediatrics.aappublications.org/content/101/2/201.short?casa_token=XoQ8fc8qqbQAAAAA:yg0KAE6HCnv8zfCo7Os-ZQOXDj7yQHkuOjnPwNdTg1PokRbkeyM_qvyticCZCIShOKBQubDKVTs. Accessed 12 Sept. 2018.
- Taylor, Melissa. Foster Parent Personal Interview. 1 Oct. 2018.
- Timms, J., & Thoburn, J. (2003). *Your shout! A survey of the views of 706 children and young people in public care*. London: NSPCC
- Turner, J. (1984). Reuniting Children in Foster Care with Their Biological Parents. *Social Work*, 29(6), 501-505. Retrieved from <http://www.jstor.org.libproxy.library.wmich.edu/stable/23713781>
- Ulrich, R, and Gilpin, L. (2003). "Healing Arts." In S. Frampton, L. Gilpin, and P. Charmel (eds.), *Putting Patients First*. San Francisco: Jossey-Bass, 117-145.
- University of California, Irvine. "Foster care children at much greater risk of physical, mental health problems." *ScienceDaily*. ScienceDaily, 17

October 2016.

www.sciencedaily.com/releases/2016/10/161017084248.htm.

Ward, Harriet, et al. "Assessing Parental Capacity to Change when Children are on the Edge of Care: an overview of current research evidence." Research Gate, June 2014, pp. 17-21. Accessed 12 Sept. 2018.

Washington, Debrina. "Emergency Custody of a Child: Who May Serve as an Emergency Custodian?" Very Well Family, 9 Apr. 2018.

www.verywellfamily.com/emergency-child-custody-overview-2997866. Accessed 25 Sept. 2018.

Woods, Stephanie. Social Care Worker Personal Interview. 1 Oct. 2018.