

Architects of a brighter future

An imaginative scheme for a children's speech and language clinic to be sited in a part of Newcastle Upon Tyne rich in history, and a design for a new oncology centre, in Breda, Holland, conceived to help "break the taboo that shrouds cancer" won the student architects the first and second prizes respectively in the 2008 Architects for Health (AfH) Student Awards. *Health Estate Journal* reports.

Now in its second year, Architects for Health's annual healthcare sector student design competition aims, in organiser Jaime Bishop's words, "to challenge and develop future architects' approach to healthcare planning and design" and, equally importantly, to better engage schools of architecture with the healthcare sector while persuading architecture students that a career designing healthcare buildings can provide an excellent outlet for their creativity and skills.

This year competition entries came from across the globe; submissions were received from regions and countries including Europe, the US, Australia, Mexico and Jordan. In all the judges had to evaluate around 30 entries, with the panel, led by AfH chairperson Ann Noble, commenting that the eleven eventually shortlisted showed "an innovative and creative approach to healthcare design balanced with more abstract demands of architectural education".

The 2008 prize winner, former University of Newcastle student Elaine Neish, received, at a special awards evening at RIBA's London's headquarters on 15 August, a prize of £1,000, plus an invitation to return next year as a judge. Runner-up Chi-Hang Chim, formerly a student at the Eindhoven University of Technology in the Netherlands, was awarded £300 and second prize for his scheme for an oncology centre designed to help "break down the taboo" that shrouds cancer, largely by locating the proposed facility close to the hustle and bustle of a planned public transport terminal in the Dutch city of Breda.

Helping the stigmatised

In putting together her submission, and indeed conceiving the design for the new



Competition winner Elaine Neish: "I feel it takes you on a much more challenging role and journey to face healthcare design."

Children's Speech and Language Clinic (to be sited in Newcastle's Forth Street), Elaine Neish explained that she had drawn on the writings and thinking of 20th Century Canadian sociologist and writer Erving Goffman in his 1963 book, "Notes on the Management of Spoiled Identity".

The book examines the situation of individuals "unable to conform to standards that society calls normal", highlighting, for instance, the life experiences of the physically deformed, ex-mental patients, drug addicts and prostitutes, as well as those "ostracised for other reasons". Goffman argues that stigmatised people will find themselves in three possible "kinds of places": "forbidden, out-of-bounds places where exposure means expulsion", "civil places, where persons of the individual's kind, when known to be of his kind, are treated as if they are not discredited", and, thirdly, "back places", where the individuals in question "need not conceal their stigma".

Goffman adds: "The three types of places stand juxtaposed with personal identity. The forbidden place offers anonymity, the civil a place where one can expect mutual blindness, and the back a place where (the individual) will be a familiar personality."

Three types of space

Elaine Neish explained that, in her proposed speech and language clinic, the three different types of space would offer "differing emotional responses" to those who may be stigmatised.

The "forbidden" place will offer emotional comfort, providing children with "spaces to hide out of view from lots of people", or with more manageable groups, within the circulation zones. The civil places, meanwhile, outside and around the building, and within formal waiting areas, will be "about the children's visibility in groups", while the "back place" – the reception and the treatment suites – will be the "first and main interface" with

the child. Elaine Neish added that “communication, place-making and other psychological and experiential effects evolved through the large and imposing façade to the site’s north”. The opportunity to create an ever-changing façade from day to night, and in differing weather conditions, “became important to unlocking the emotional journey of the site”.

Explaining why she had chosen to design a children’s speech and language clinic, Elaine Neish stressed that, in the UK alone, approximately 2.5 million people have a communication disorder, with many likely to have difficulties accessing education, social or career opportunities. Figures from the Association for All Speech Impaired Children (AFASIC), meanwhile, suggest that one million children in the UK are affected by speech, language and communication impairments, while data from the Royal Collage of Speech and Language Therapists indicates that 5% are entering schools with speech and language difficulties.

Against such a backdrop, the key objectives of the new clinic were, she explained, to improve the quality and provision of services, providing a benchmark facility which will “empower children in their respective environments, encourage close relationships with nature, include positive distractions, and avoid environmental stressors such as noise and unpleasant smells, and have a positive impact on the educational achievement and health of a child”.

It is intended that the clinic should offer formal and informal assessment; observation and discussion; intervention by other linked professionals, such as psychiatrists, audiologists and dentists; individual or group therapy sessions; parental advice/parent/carer training; school visits, and spaces for play.

Closed ‘safe zones’

Externally the scheme includes a public square and separate green space designed



Elaine Neish’s proposed children’s speech and language clinic includes a public square and separate green space.

to improve the children’s development, encourage use by various groups, reflect the site’s history (the Town Wall remnants), and promote community pride. Courtyards provide “imperative” closed safe zones for the children’s playground, while external green areas act as natural gardens for “pedagogic as well as aesthetic purposes”.

Internally the reception area is designed as “a small and familiar place”, with the receptionist “becoming a friendly familiar face”. The building is also designed to “allow intellectual access, psychologically and navigationally”. The design includes a variety of waiting areas – formal and informal – with the formal waiting areas “small enough scale to not become anonymous in, but large enough to feel that you blend in”.

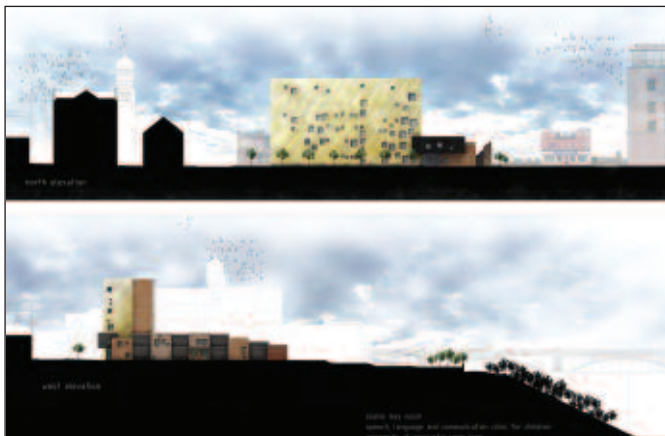
Elaine Neish says waiting areas and outdoor spaces should be “paired”, since interaction and learning occurs in both environments, while furnishings should be moveable and scaled for children of different age and needs. Play areas within the centre are designed as “places to be

noisy/climb/hide, to imagine, to run freely inside and out”, while the textures and smells incorporated are cited as “important”.

The “circulation zone” is designed to act “as an overflow for waiting, play and other public areas and to become a populated zone in itself”; it also offers “crevices” and seating areas on smaller scales, while resting and pausing spaces are generous, and wait, play and assessment areas are easily reached.

The clinic’s assessment and treatment suites, meanwhile, are designed for their specific needs – to be calm, with views to the outside world, with “reduced sensory overload”.

The educational facility in Elaine Neish’s scheme will include the school of education, communication and language sciences currently housed within campus at The University of Newcastle, which will accommodate teaching facilities specifically for speech and language sciences degrees. Facilities will include classrooms, a lecture theatre, library, education resource centre, clinics,



The speech and language facility’s north and west elevations; to the north is the railway line, to the west are the largest remnants of the Town Wall.



The educational and research facilities are housed within their own larger block, while the clinic is a smaller, “domestic scale” building.

laboratories and a recording studio. The research facilities are to be the base for research carried out in the field of child language, with the building set to contain and support both case and clinically-based research projects.

Historic site

The site, in Newcastle, is an "historically rich" area of land to the east of the old Town Walls. Elaine Neish's scheme proposes demolition of the existing casino and derelict buildings, to provide the Children's Speech and Language Clinic with educational and research facilities. The site has obvious boundaries on all sides: to the north is the railway line, to the west are the largest remnants of the Town Wall, to the south the natural topography slopes steeply down towards the Quayside, and to the east are Clavering Place and Hanover Street.

The railway line to the north and the possible views to the south led to a parti-diagram of creating a barrier to the north of the site, to act as a buffer for noise and create a protective "arm" in tandem with the Town Walls.

Elaine Neish says of the proposed location: "The Town Walls become part of the enclosure for the children's external play areas, adding texture, both historical and physical, to their experience at the clinic."

"The orientation of the site has great potential in the summer months for public use, and proposing a mix of vistas, views, green space and a public square will greatly encourage city people to visit and utilise it, leading to a more populated development where interaction can be used to integrate the building with the community."

Contrasting size and scale

How the various buildings relate to each other, in terms of both their structure/size and use of materials, was a key project focus. The educational and

About Architects for Health

This independent, non-profit making group was formed over a decade ago by architects to bring together individuals and organisations sharing an interest in excellence in healthcare facility design. Its aim is to promote and campaign for better healthcare environments.

The group's 1992 inception was a response to the "considerable strategic change" in the health sector. AfH has since grown into an established organisation with a membership of around 500, for whom it provides a national network of support, the means to influence policy, and a forum for new ideas.

An annual programme of activities promotes a better understanding of current issues in health planning and

design, keeping members informed across the whole range of topics in the health sector.

These events are wide-ranging in scope, and include joint events with clinical societies and royal colleges, or with representatives of organisations active in the procurement of health facilities. Arrangements are made to visit health facilities at home and abroad.

AfH is working to improve the quality of briefs for healthcare buildings and proactively to support the inclusion of healthcare sector buildings in the curricula of UK departments and schools of architecture.

For more information, and to enquire about joining, visit: www.architectsforhealth.com/

research facilities are housed within their own block, which correlates in scale and massing to the surrounding context, while the clinic is a much smaller, "domestic scale" building.

Elaine Neish specified that the materials and structural systems for both buildings should be the same, so as to be "read as an architectural language together", with the differentiation apparent, instead, in the detailing of the two buildings.

The clinic's architectural componentry is more exposed, in the first prize winner's words "almost showing the inquisitive mind of a child", while the education and research block's detailing is more "finished" in appearance, giving the building an (appropriately) more "mature" feel. Elaine Neish said: "Through this the research block would appear to be established and adult, technologically advanced, and more institutional, in scale and finish. The clinic is more deconstructed, in plan, finish, scale and geometry."

The oncologist also argues that the distinction between rare and common types of cancer should not be made, adding: "Each tumour is unique and thus should be treated as such."

One of the major goals of Chi-Hang Chim's oncology centre is to demystify cancer as a disease, with a particular focus on people carrying out "normal" daily activities in the surrounding environs – "whether it be catching a train, transferring to a bus, buying a newspaper and so on".

Aware of each other's reality

Chi-Hang Chim said: "By merging this everyday context with expert cancer treatment interaction emerges between two worlds. These worlds are confronted with each other and become aware of the other's reality. The reality of the cancer patient gets a spot within everyday life,

Entrance criteria

Supported by Brookfield Europe, which has real estate and infrastructure operations in asset and fund management, development, construction, and facilities management across Europe, the 2008 AfH Student Health Design Award competition was open to any healthcare-related student architectural project. Student entrants had either to be studying currently or to have completed their studies within 18 months of the submission date. The competition was open to students worldwide.

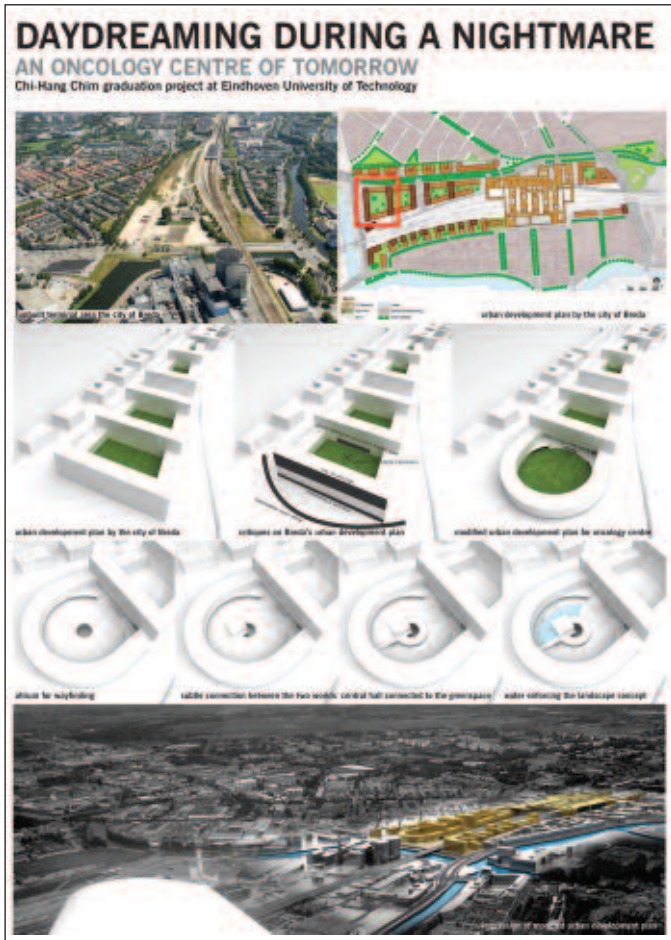
Addressing 'suboptimal' care

The second prize winner in this year's awards, Chi-Hang Chim, explained in his submission, outlining the design of a new oncology centre in the Dutch city of Breda, that "the continually growing group" of Dutch cancer patients are currently faced with a "suboptimal level of oncological care".

The submission, "Daydreaming During A Nightmare", cites Sjoerd Rodenhuis, chief medical executive of the Dutch Cancer Institute NKI-AVL and an oncologist at Amsterdam's Antoni van Leeuwenhoek hospital, who reportedly argues that quality (cancer) care can be provided, and further improved in Holland, by grouping existing clinical expertise in 20-30 oncology centres throughout the



Runner-up Chi-Hang Chim.



Chi-Hang Chim's scheme for a cancer care centre near a public transport hub attempts to adhere to an urban development plan already conceived by the city of Breda.



Each element of the oncology centre was "studied and designed independently without context, on a small and personal scale".

thereby breaking the taboo that shrouds cancer. People can talk more openly about the disease and possibly patients will be treated less awkwardly. Taking away some of the anxiety can motivate people to get a check-up early on when first symptoms surface, improving the chances of healing."

Chi-Hang Chim's scheme attempts to adhere to an urban development plan already conceived by the city of Breda for the new, "as yet unbuilt terminal area".

He said: "Experience of the cancer patient is at the core of this design, resulting in an approach that works from the small (patient) towards the larger structure (complete design). This approach to architecture attempts to get away from the dictating role of architectural legislation as regards such care centres."

Each element of the oncology centre was, Chi-Hang Chim explained, "studied and designed independently without context, on a small and personal scale". The key elements are: the entrance; the examination area; chemotherapy; radiotherapy; a polyclinic, the surgery, and the nursery. The designs take into account evidence-based design, user-centred design, and wayfinding research.

The building comprises a central block,

providing a strong point of entrance and recognition, surrounded by a ring which incorporates other key functions that interact with the inner plaza and the life on the outside.

Chi-Hang Chim said: "The architectonic geometrical form seeks to provide order. It is this order that contrasts with the current state of Dutch cancer care and the lives of patients. And it is this new order that can fulfil a need for the patient."

Both submissions were presented

during the entrants' final year of full-time study. Elaine Neish is now working at Newcastle-based Dunwoodie Architecture and Design, while Chi-Hang Chim is a freelance architect based in Breda.

Jay Gort, one of this year's judges, says of this year's entries: "The range of projects on the shortlist were surprisingly diverse. I thought the best projects went beyond the technical aspects of a healthcare brief and were fully engaged with issues relating to a fuller architectural

The judging panel

This year's judging panel was chaired by Ann Noble, who has over 30 years' experience in health facility planning design, gained from involvement in the Department of Health Hospitals Research and Development programmes (from 1971-1975), as a member of the Medical Architecture Research Unit at the Polytechnic of North London, and at her own practice, Ann Noble Architects – Health Facility Planning & Architecture. Other panel members included Dr Ganesh Suntharalingam, director of critical care, North West London

Hospitals NHS Trust, an intensive care consultant who, in 2006, led the NHS emergency response to the TGN1412 drug trial incident at Northwick Park; director of Avanti Architects Claudia Bloom, who sits both on the NHS Design Review Panel and the AfH committee; Professor Bas Molenaar, professor in healthcare design at the Technical University, Eindhoven; Jay Gort, a founding partner of architects Gort Scott and an architecture tutor at Cambridge University; and 2007 AfH Student Awards first-prize winner Jonathon Pugh.

discourse such as Urbanism, construction, materiality and social narrative.

"Elaine Neish's proposal was interesting as its boldness countered the stereotypical idea of a comfortable healthcare building while engaging well with issues of urban evolution. Her project places a tall, metallic blade-like building, which acts as a marker to the specific area of Newcastle, above a well-considered ground floor plan which skillfully handles the specifics necessary for a children's speech and language clinic.

'Delightful' sketches

"Delightful early process sketches suggested these different parts of the building linking vertically through section. However, I felt it was a shame not to see these justifiably experimental spatial investigations appear strongly in the final proposal.

"I hope 'real-world' practicalities alone are not the reason for this, as the public realm needs buildings and spaces which are imaginatively – although not willfully – designed, even more so when it comes to dealing with stringent requirements such as those in the field of health design.

"Chim deserved mention for managing to take a very challenging and demanding brief for an oncology centre beyond what could easily have become a technical planning exercise. This was achieved through representing a number of very particular experiences, which demonstrate a relationship between user and building, across the large and complex project.

"I enjoyed the lively discussion which moved from the pragmatic to at one point the surreal. I think the event is certainly worthwhile, and I hope it succeeds in raising the bar for the design of health buildings – a field which I think should, and could, be opened up to a wider architectural audience."

Elaine Neish added: "The competition

The organiser's view

Jaime Bishop, this year's competition organiser (currently project architect for the Omagh Enhanced Local Hospital with MAAP Architects), says that throughout his career one thing that has changed little is the "scant regard" paid to healthcare architecture within the training provided by most UK university architecture and design departments.

He says: "I proposed the awards last year after being elected to the board of AfH in 2006. Architects for Health recognised that a schism had developed between the academic community and practising architects. The image of healthcare design had also fallen among students, the risk being that the quality of design in the sector may suffer. Getting architectural academia in the UK to embrace the healthcare sector has been a major challenge, and is one of the competition's key aims."

One of the arguments cited by architectural training providers who have not, to date, focussed much on designing for healthcare has, he says, been that the "idiosyncrasies" of hospitals, clinics and other medical facilities, in terms of the complexity of the facilities that must be provided, has made tuition difficult.

itself is a fantastic idea in championing the importance of innovation of good design in healthcare. Involving students, and future architects, and allowing them the opportunity to explore theories and models as possibilities for future health service buildings, is a great chance to utilise research and, to a degree, experiment with aspects of design which could affect so many people's quality of life.

I chose the scheme I did as a journey –

Jaime Bishop feels there has also been a perception that design quality in the sector is poor. A key competition goal is thus to stimulate interest in healthcare architecture among training providers, and to encourage architecture students generally to consider a career in the field by demonstrating how effectively their skills can be harnessed in the design of outstanding healthcare buildings.

"In my view," he continues, "the healthcare brief has not merely been neglected by architecture schools; it hasn't even been on their radar. This is something we hope the competition can change."

Entries to the AfH Student Awards are currently a combination of project proposals developed as part of students' own courses, and designs conceived in response to sample briefs collated by AfH. Jaime Bishop adds: "This year's shortlisted entries showed students putting together healthcare building designs can very feasibly address both the essential technical issues, and the aesthetic elements, where their creativity, graphic skills and imagination can come to the fore. The result has been some strikingly beautiful designs."

with the idea that it would continually excite, support and empower the end users (the children). The importance of the effects of space on how a person feels, and creating a positive experience through a building with the thought to enhance the provision and quality of services to a variety of ages of people, and with differing needs, is a vast and hard task. I feel this is where the schools of architecture perhaps should exert themselves further. As a sixth year scheme, it was very difficult and testing for me to explore all these aspects, and come to a conclusion with a final, and hopefully wholly considered design.

"As someone at the event said – there are so many students' schemes looking at visitor centres, galleries and artists' retreats, which are (normally) focused on one margin, and I feel it takes you on a much more challenging role and journey to face healthcare design." +

A selection of the shortlisted projects will be displayed on the Architects for Health stand (C87) at this month's **Healthcare Estates 08 exhibition and conference** in Harrogate (at the Harrogate International Centre – 14-15 October). For more information on the Architects for Health (AfH) Student Awards, visit: www.architectsforhelath.com/



Sarah Gilby's scheme for a dementia care centre – one of the eleven, extremely varied, shortlisted projects to impress judges this year.