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The Right Ascension Children's Center: Orphaned Refugee Rehabilitation, Newton, MA

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THE RIGHT ASCENSION CHILDREN'S CENTER
ORPHANED REFUGEE REHABILITATION
NEWTON, MA

THE RIGHT ASCENSION CHILDREN'S CENTER

Thesis Design Project submitted to Roger Williams University,
School of Architecture, Art, and Historic Preservation in partial
fulfillment of the requirements of the MArch Degree in Architecture

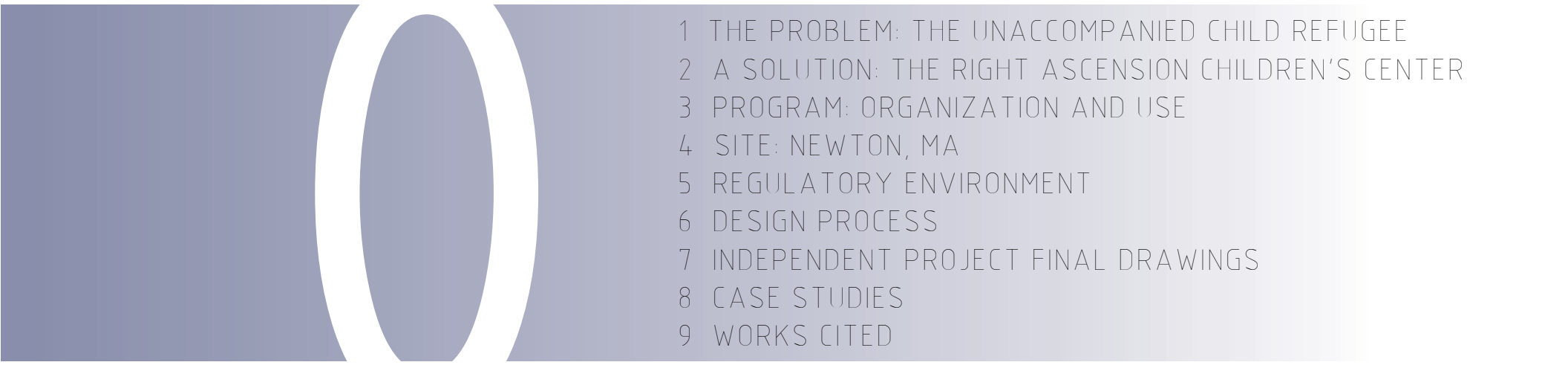
submitted by:

Jonathan Fox
Class of 2009

Stephen White
Dean
School of Architecture, Art, and Historic Preservation

Andrew Cohen
Professor
Thesis Design Studio Advisor



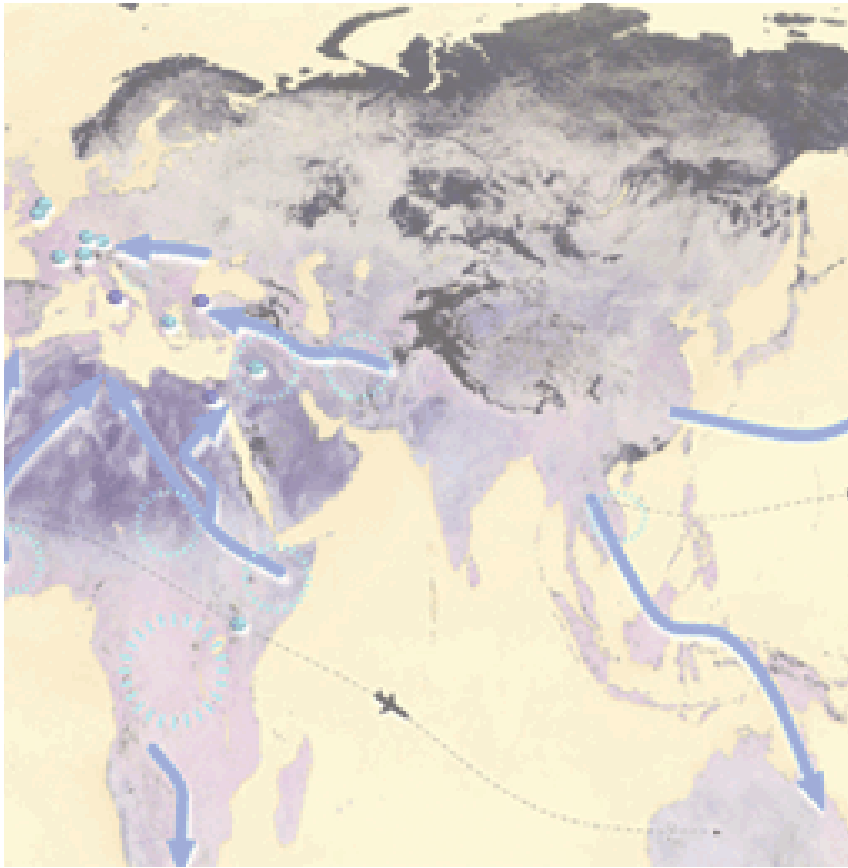
- 
- 1 THE PROBLEM: THE UNACCOMPANIED CHILD REFUGEE
 - 2 A SOLUTION: THE RIGHT ASCENSION CHILDREN'S CENTER
 - 3 PROGRAM: ORGANIZATION AND USE
 - 4 SITE: NEWTON, MA
 - 5 REGULATORY ENVIRONMENT
 - 6 DESIGN PROCESS
 - 7 INDEPENDENT PROJECT FINAL DRAWINGS
 - 8 CASE STUDIES
 - 9 WORKS CITED





THE PROBLEM: THE UNACCOMPANIED CHILD

There are thousands of unaccompanied refugee children each year that escape a variety of inhumane and unthinkable situations. These are particularly traumatic experiences, compounded further by the fact that the children are orphaned or separated from their parents. After losing any ties to their past, refugee children often arrive alone; left unsupported and unprotected.



RESCUED...NOW WHAT?

With such a large percentage of the focus placed on locating and liberating these children by the human rights groups involved, what is often overlooked is what happens to them after their rescuing.

“Children are often separated from parents in the chaos of conflict, escape and displacement. Parents or other primary caregivers are the major source of a child’s emotional and physical security and for this reason family separation can have a devastating social and psychological impact. Unaccompanied children are especially vulnerable and at risk of neglect, violence, military recruitment, sexual assault and other abuses.”

-The Machel Report, 1996





A FUTURE FOR THE CHILDREN

Our world produces a range of many destroyed lives and it is our responsibility to give them another chance. Once rescued, these children often lack the ability to survive and function in society. They are either too young to have developed the skills required, or only know the wrong, inappropriate way of life from which they were removed.

Children not only face greater risks than many other refugee demographics, but also are often mistreated and are never given equal opportunities.

UNITED NATIONS
CONVENTIONS ON THE RIGHTS OF THE CHILD
GENERAL COMMENT No. 6 (2005)
TREATMENT OF UNACCOMPANIED AND SEPARATED CHILDREN
OUTSIDE THEIR COUNTRY OF ORIGIN

ARTICLE 40:

Mechanisms established under national law in order to ensure alternative care for such children in accordance with article 22 of the Convention, shall also cover unaccompanied or separated children outside their country of origin. A wide range of options for care and accommodation arrangements exist and are explicitly acknowledged in article 20 (3) as follows: "...inter alia, foster placement, kafalah of Islamic law, adoption or, if necessary, placement in suitable institutions for the care of children". When selecting from these options, the particular vulnerabilities of such a child, not only having lost connection with his or her family environment, but further finding him or herself outside of his or her country of origin, as well as the child's age and gender, should be taken into account. In particular, due regard ought to be taken of the desirability of continuity in a child's upbringing and to the ethnic, religious, cultural and linguistic background as assessed in the identification, registration and documentation process. Such care and accommodation arrangements should comply with the following parameters:

1. Children should not, as a general rule, be deprived of liberty;
2. In order to ensure continuity of care and considering the best interests of the child, changes in residence for unaccompanied and separated children should be limited to instances where such change is in the best interests of the child;
3. In accordance with the principle of family unity, siblings should be kept together;
4. A child who has adult relatives arriving with him or her or already living in the country of asylum should be allowed to stay with them unless such action would be contrary to the best interests of the child. Given the particular vulnerabilities of the child, regular assessments should be conducted by social welfare personnel;
5. Irrespective of the care arrangements made for unaccompanied or separated children, regular supervision and assessment ought to be maintained by qualified persons in order to ensure the child's physical and psychosocial health, protection against domestic violence or exploitation, and access to educational and vocational skills and opportunities;
6. States and other organizations must take measures to ensure the effective protection of the rights of separated or unaccompanied children living in child-headed households;
7. In large-scale emergencies, interim care must be provided for the shortest time appropriate for unaccompanied children. This interim care provides for their security and physical and emotional care in a setting that encourages their general development;
8. Children must be kept informed of the care arrangements being made for them, and their opinions must be taken into consideration.



SOLUTION: THE RIGHT ASCENSION CHILDREN'S CENTER

There is a need for a facility that addresses the more extreme cases of unaccompanied refugee children. Typically a child refugee can be reinstated with family members or qualify for adoption or foster care relatively easily, but in some cases, a specific care center is required. The RIGHT ASCENSION CHILDREN'S CENTER will provide the specific care needed to give these otherwise hopeless children a second chance.



A FACILITY

Working together with the INTERNATIONAL INSTITUTE OF BOSTON and the INTERNATIONAL RESCUE COMMITTEE in Boston, an unaccompanied child refugee care center will be built to alleviate this growing and serious problem.

Each child that arrives at the center will have an individual case including a program tailored to their specific needs which will determine the length of stay required at the facility. The individual plan will determine the amount of care needed, as well as a reestablishment plan for the child. When provided with the critical resources needed, these children will have opportunities to start over and place themselves in a safe and productive environment.

Due to the extreme condition of these children, the center will be much more accommodating and comprehensive than direct placement into a group home or shelter, ensuring they are sufficiently prepared for a new life. The center will provide the kids with the basic academic skills needed, but more importantly being in a community of children with similar background situations will have countless acclimation benefits. Specializing in extreme cases, many of these children will have faced harsh violence and abuses and will need intensive care. The children will benefit not only from the care provided from the facilities, but from interactions with each other as they develop and rehabilitate.



ASSOCIATION WITH NEWTON-WELLESLEY HOSPITAL

A collaboration with the Newton-Wellesley Hospital Pediatric Department will provide a complete and total health care environment. The hospital will be able to provide the trained and registered pediatric emergency: physicians, nurses, surgeons, and subspecialists required.

The Vinik Family Pediatric Emergency Department treats more than 16,000 children a year. The Newton-Wellesley Hospital has an association with MassGeneral Hospital for Children, meaning expanded pediatric services are offered, including additional or follow-up care on site.

The hospital provides specialized and private pediatric exam and treatment rooms that are bright and child-oriented. The hospital also features a Child Life Specialist, a rare service with most regional hospitals, whose job is to make children feel safe and calm.

BUILDING FUNCTIONS - SPACE DEFINING

Protection: protection of residents from outside dangers and harmful influences

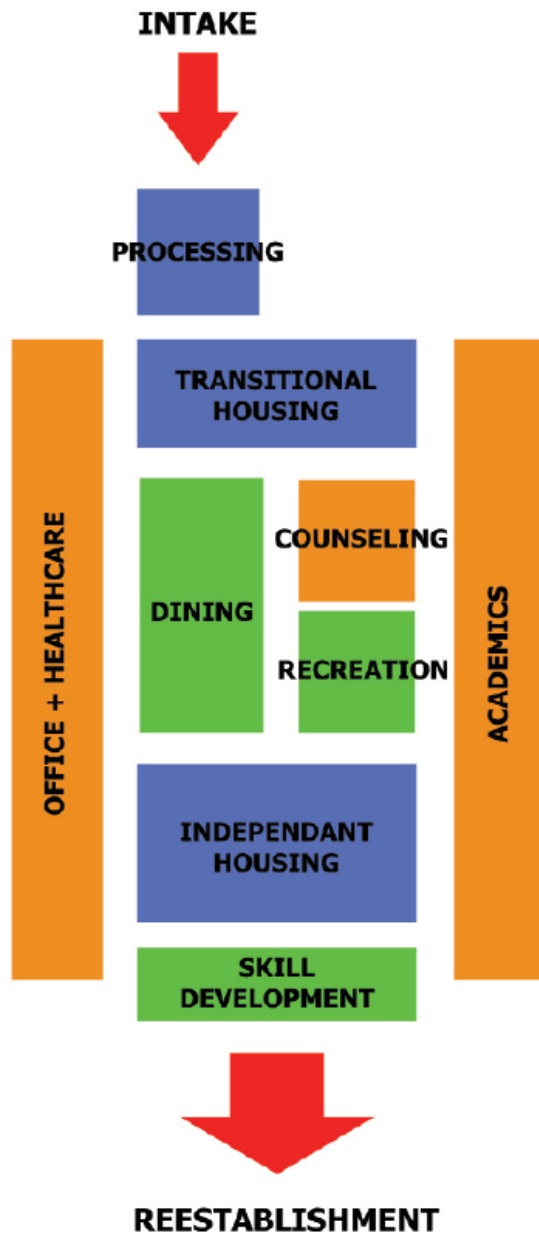
Territory: facility can exist in own self-contained environment; secure, private, and free of disturbance

Social: spaces formed for ideal interaction within facility, residents can carry out daily activities, promotion of a high quality of life

Open Space: integration with abundant exterior green space provided for residents, essential for a social, happy, and healthy life

Scale and Appropriateness: project designed with the child in mind for all aspects of the facility, catering to their specific needs and requirements

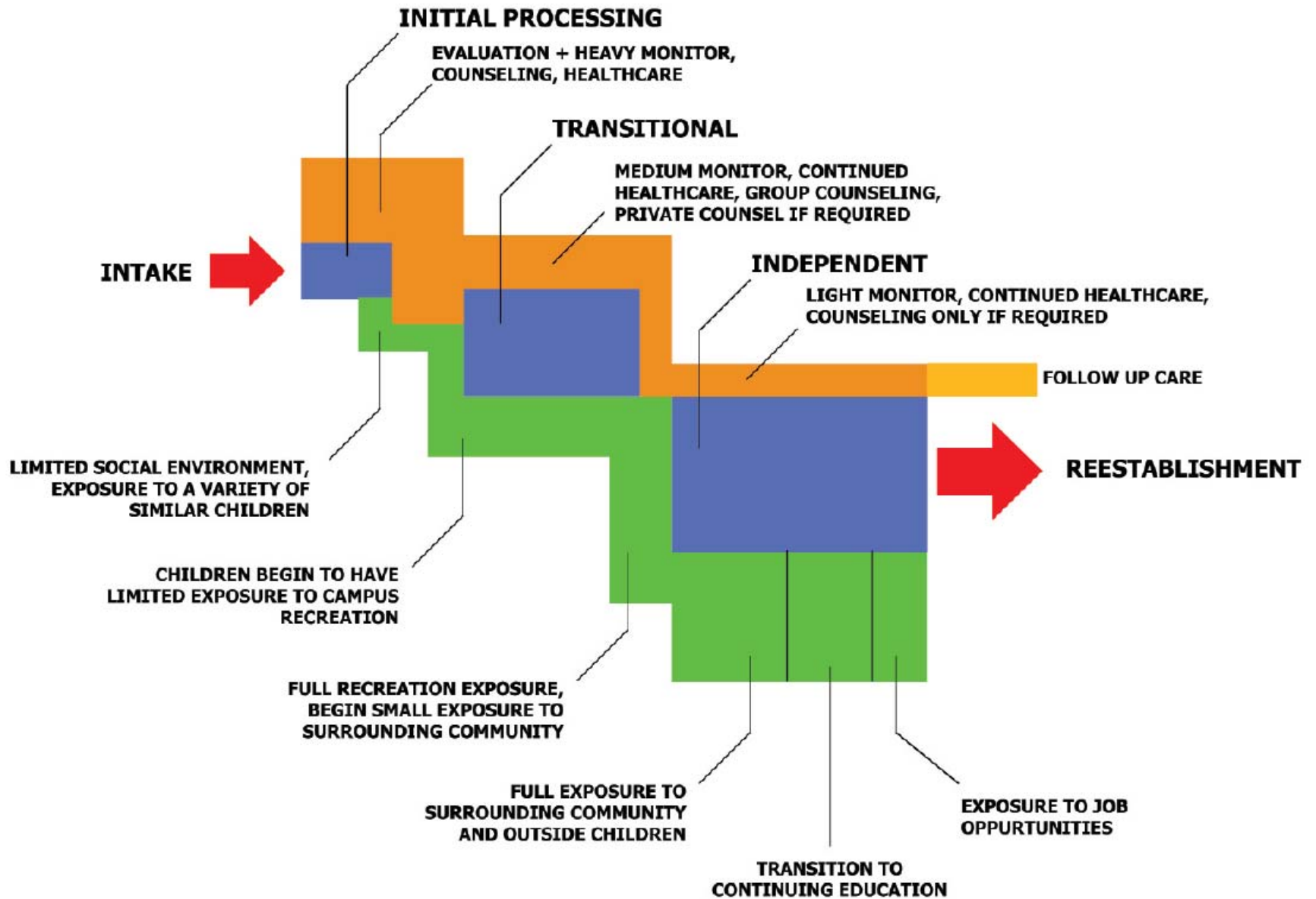




A MEMBRANE IN EQUILIBRIUM: RETENTIVE VS. PERMEABLE

The mirco-campus model design of the facility will be used to produce a carefully controlled, yet porous atmosphere. This environment is an ideal layout for the natural programmatic evolution of the facility. Working primarily in three phases, accepting, rehabilitating, and reestablishing, the facility will take on a hierarchy, or progression. The progression works in an inverse relationship, creating an equilibrium throughout the facility.

At first the spaces are heavily monitored and looked after while the children are in the beginning stages and require intensive care. But as they adjust and grow accustom through the rehabilitation process, the level of control and care decreases, while the level of social and communal integration increases, creating a hieratical flow of permeability. By the time the child is socially proficient and ready for reestablishment, he or she will have had a significant amount of exposure and experience with a variety of different cultures both through the program and outside community.





J. Duiker
Openluchtschool
Amsterdam, 1928

HEALTHY LIVING: LIGHT, SPACE, AND AIR

It is essential to promote as healthy and happy a lifestyle as possible for the children at the facility. Providing plenty of natural light, open spaces, and fresh air, is an effective way to achieve both hygiene and happiness in an care center. Maintaining a healthy environment is key to a functioning social situation of many children.

Responding to human condition is an important aspect to happiness. Having a strong flow of interior and exterior, or openness allows for a conducive and positive learning environment, as well as social living.



Roland Lagally and Heinle, Wischer + Partner
Heckscher Klinik
Munchen, 2003







PROGRAM: ORGANIZATION AND USE

The RIGHT ASCENSION CHILDREN'S CENTER will be organized as a facility with a variety of health care, as well as, social and recreational uses.

INTAKE AND SCREENING: 5300 sq. ft.

This building is a screening clinic and temporary placement for the children until they are stable and ready to be situated.

reception room (1000 sq. ft.)
waiting and holding room (300 sq. ft.)
2 interview rooms (300 sq. ft.)
2 examination rooms (300 sq. ft.)
2 registration offices (200 sq. ft.)
2 data collection offices (200 sq. ft.)
2 bathrooms (100 sq. ft.)
4 temporary living quarters (400 sq. ft.)
storage (200 sq. ft.)

COMMITTEE ON THE RIGHTS OF THE CHILD GENERAL COMMENTS:

This necessary initial assessment process, in particular, entails the following: Prioritized identification of a child as separated or unaccompanied immediately upon arrival at ports of entry or as soon as their presence in the country becomes known to the authorities (art. 8). Such identification measures include age assessment and should not only take into account the physical appearance of the individual, but also his or her psychological maturity. Moreover, the assessment must be conducted in a scientific, safe, child and gender-sensitive and fair manner, avoiding any risk of violation of the physical integrity of the child; giving due respect to human dignity; and, in the event of remaining uncertainty, should accord the individual the benefit of the doubt such that if there is a possibility that the individual is a child, she or he should be treated as such.

Prompt registration by means of an initial interview conducted in an age appropriate and gender-sensitive manner, in a language the child understands, by professionally qualified persons to collect bio-data and social history to ascertain the identity of the child, including, wherever possible, identity of both parents, other siblings, as well as the citizenship of the child, the siblings and the parents.

REHABILITATION AND HEALTHCARE: 4850 sq. ft.

This center will be available to all children and range from basic pediatrics to specialized mental and physical health care. It will also provide counseling and therapy, as many of the children are deeply troubled from their experiences.

patient waiting room (600 sq. ft.)
4 pediatric examination rooms (150 sq. ft.)
2 emergency rooms (200 sq. ft.)
4 private therapy/counseling rooms (300 sq. ft.)
2 group counseling rooms (800 sq. ft.)
2 bathrooms (100 sq. ft.)
storage (250 sq. ft.)

COMMITTEE ON THE RIGHTS OF THE CHILD GENERAL COMMENTS:

In ensuring their access, States must assess and address the particular plight and vulnerabilities of such children. They should, in particular, take into account the fact that unaccompanied children have undergone separation from family members and have also, to varying degrees, experienced loss, trauma, disruption and violence. Many such children, in particular those who are refugees, have further experienced pervasive violence and the stress associated with a country afflicted by war. This may have created deep-rooted feelings of helplessness and undermined a child's trust in others. Moreover, girls are particularly susceptible to marginalization, poverty and suffering during armed conflict, and many may have experienced gender-based violence in the context of armed conflict. The profound trauma experienced by many affected children calls for special sensitivity and attention in their care and rehabilitation.

The obligation under article 39 of the Convention sets out the duty of States to provide rehabilitation services to children who have been victims of any form of abuse, neglect, exploitation, torture, cruel, inhuman and degrading treatment or armed conflicts. In order to facilitate such recovery and reintegration, culturally appropriate and gender sensitive mental health care should be developed and qualified psychosocial counseling provided.

INITIAL HOUSING: 6350 sq. ft.

Each child's length of stay here is case dependant; some students are relocated shortly after they enter into the program. Children that are unfit to be reunited with family, it is unsafe for them to be sent to their home country, or are waiting asylum have a longer program at the facility. This housing is designed to allow the children to become acclimated with the care center. It will be a highly monitored and protected dormitory, but will have several social areas that will contain activities, puzzles, and games for the children. The housing will provide plenty of space and time for each child to get to know and develop a relationship with his or her guardian, as well as, allow the guardian to partake in day-to-day care for the child.

single living units (5 @ 200 sq. ft.)
double living units (4 @ 400 sq. ft.)
1 meeting lounge (500 sq. ft.)
1 social area (800 sq. ft.)
2 supervisor rooms/offices (650 sq. ft.)
bathrooms (2 @ 400 sq. ft.)
storage/distribution of clothing and other essential provisions (350 sq. ft.)

COMMITTEE ON THE RIGHTS OF THE CHILD GENERAL COMMENTS:

States are required to create the underlying legal framework and to take necessary measures to secure proper representation of an unaccompanied or separated child's best interests. Therefore, States should appoint a guardian or adviser as soon as the unaccompanied or separated child is identified and maintain such guardianship arrangements until the child has either reached the age of majority or has permanently left the territory and/or jurisdiction of the State, in compliance with the Convention and other international obligations. The guardian should be consulted and informed regarding all actions taken in relation to the child. The guardian should have the authority to be present in all planning and decision-making processes, including immigration and appeal hearings, care arrangements and all efforts to search for a durable solution. The guardian or adviser should have the necessary expertise in the field of childcare, so as to ensure that the interests of the child are safeguarded and that the child's legal, social, health, psychological, material and educational needs are appropriately covered by, inter alia, the guardian acting as a link between the child and existing specialist agencies/ individuals who provide the continuum of care required by the child.

TRANSITIONAL HOUSING: 37340 sq. ft.

Here the students will live as they continue to progress through the program. Children staying in the program long term or that might need more time to become fully adjusted, after staying here, will advance to transitional housing. For some, transitional housing is a way to increase the acclimation and adjusting process and help develop the social skills needed at the child's own pace. Although students will still be monitored they will have more independence and integration with the surrounding communities. The students continue to live here until they have finished the program and have proven ready to be reestablished according to their respective program.

single living units (10 @ 250 sq. ft.)
double living units (23 @ 500 sq. ft.)
12 meeting/study lounges (850 sq. ft.)
3 social areas (2500 sq. ft.)
6 supervisor rooms/offices (650 sq. ft.)
bathrooms (6 @ 300 sq. ft.)
6 storage/distribution of clothing and other essential provisions (650 sq. ft.)

COMMITTEE ON THE RIGHTS OF THE CHILD GENERAL COMMENTS:

States should ensure that separated and unaccompanied children have a standard of living adequate for their physical, mental, spiritual and moral development. As provided in article 27 (2) of the Convention, States shall provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

DINING HALL: 10900 sq. ft.

The dining hall will function with two main environments. One portion of seating will be a smaller more contained area with a quieter setting. It will be intended for children who still have a lot of social and vocational progress to make, as well as, children who need more care. The second, larger area will be open to everyone and less monitored. It will allow independent children of all ages and backgrounds to intermingle in a social setting.

kitchen and serving area (2400 sq. ft.)

large dining area (6300 sq. ft.)

smaller dining area (750 sq. ft.)

2 bathrooms (250 sq. ft.)

2 food service offices (200 sq. ft.)

storage/donation area (1000 sq. ft.)

ACADEMIC FACILITIES: 24800 sq. ft.

The academic facility contains a diverse learning environment that allows children to have a substantial and complete education, in preparation for their departure from the care center. Students will be grouped together based on their goals and taught in an environment conducive to their needs. Children trying to obtain asylum will be presented with a variety of extracurricular activities which will provide them with extra skills and opportunities. These opportunities will be in a job development and placement branch of the academic facility, which will allow students to learn and develop basic skills, crafts, and general training.

9 small classrooms (850 sq. ft.)
3 large classrooms (1050 sq. ft.)
6 multi-use labs (750 sq. ft.)
a small assembly/performance stage (1400 sq. ft.)
library/computer lab (1100 sq. ft.)
4 workshops (800 sq. ft.)
8 offices (300 sq. ft.)
4 bathrooms (200 sq. ft.)
storage (600 sq. ft.)

COMMITTEE ON THE RIGHTS OF THE CHILD GENERAL COMMENTS:

States should ensure that access to education is maintained during all phases of the displacement cycle. Every unaccompanied and separated child, irrespective of status, shall have full access to education in the country that they have entered in line with articles 28, 29 (1) (c), 30 and 32 of the Convention and the general principles developed by the Committee. Such access should be granted without discrimination and in particular, separated and unaccompanied girls shall have equal access to formal and informal education, including vocational training at all levels. Access to quality education should also be ensured for children with special needs, in particular children with disabilities. The unaccompanied or separated child should be registered with appropriate school authorities as soon as possible and get assistance in maximizing learning opportunities. All unaccompanied and separated children have the right to maintain their cultural identity and values, including the maintenance and development of their native language. All adolescents should be allowed to enroll in vocational/professional training or education, and early learning programmes should be made available to young children. States should ensure that unaccompanied or separated children are provided with school certificates or other documentation indicating their level of education, in particular in preparation of relocation, resettlement or return.

RECREATION AND GAME CENTER: 18000 sq. ft.

The center consists of a small gymnasium and recreation facility designed to allow both social adjustment and development of social skills. The center will offer a variety of healthy activities ranging from sports to games. The socialization of children will promote cultural diversity and awareness. This is helpful in the acclimation process for many students. Social activities allows for orientation and awareness of unfamiliar regions, as well as preservation of ethnic and religious heritage between children of similar backgrounds.

gymnasium (7500 sq. ft.)

large recreation space (5500 sq. ft.)

lobby/entry (1200 sq. ft.)

2 staff offices (300 sq. ft.)

2 bathrooms (200 sq. ft.)

2 locker rooms (900 sq. ft.)

storage (1000 sq. ft.)

ADMINISTRATION: 9600 sq. ft.

Staff offices include: legal services, case management, personnel training, and research.

14 staff offices (300 sq. ft.)

2 general meeting rooms (600 sq. ft.)

4 conference rooms (600 sq. ft.)

staff break room (450 sq. ft.)

copy room (150 sq. ft.)

4 bathrooms (200 sq. ft.)

storage (400 sq. ft.)

PUBLIC AWARENESS CENTER: 10100 sq. ft.

This program is intended to inform the outside community about the care center and children, as well as encourage donations. By raising awareness, the community can become more closely involved with the children, and in turn helps the children become more comfortable connecting with the community. The center will help to educate the public about leading world issues that create refugee children and what can be done to help.

lobby/reception (3000 sq. ft.)

exhibition and display space (5800 sq. ft.)

2 public bathrooms (150 sq. ft.)

2 offices (350 sq. ft.)

storage (300 sq. ft.)

GROSS AREA: 190,860 sq. ft.

Intake and Screening: 5300 sq. ft.

Rehabilitation and health care: 4850 sq. ft.

Initial housing: 6350 sq. ft.

Transitional housing: 37340 sq. ft.

Dining hall: 10900 sq. ft.

Academic facilities: 24800 sq. ft.

Recreation and game center: 18000 sq. ft.

Administration: 9600 sq. ft.

Public awareness center: 10100 sq. ft.

TOTAL AREA: 127,240 SQ. FT.

×1.5

TOTAL GROSS AREA: 190,860 SQ. FT.

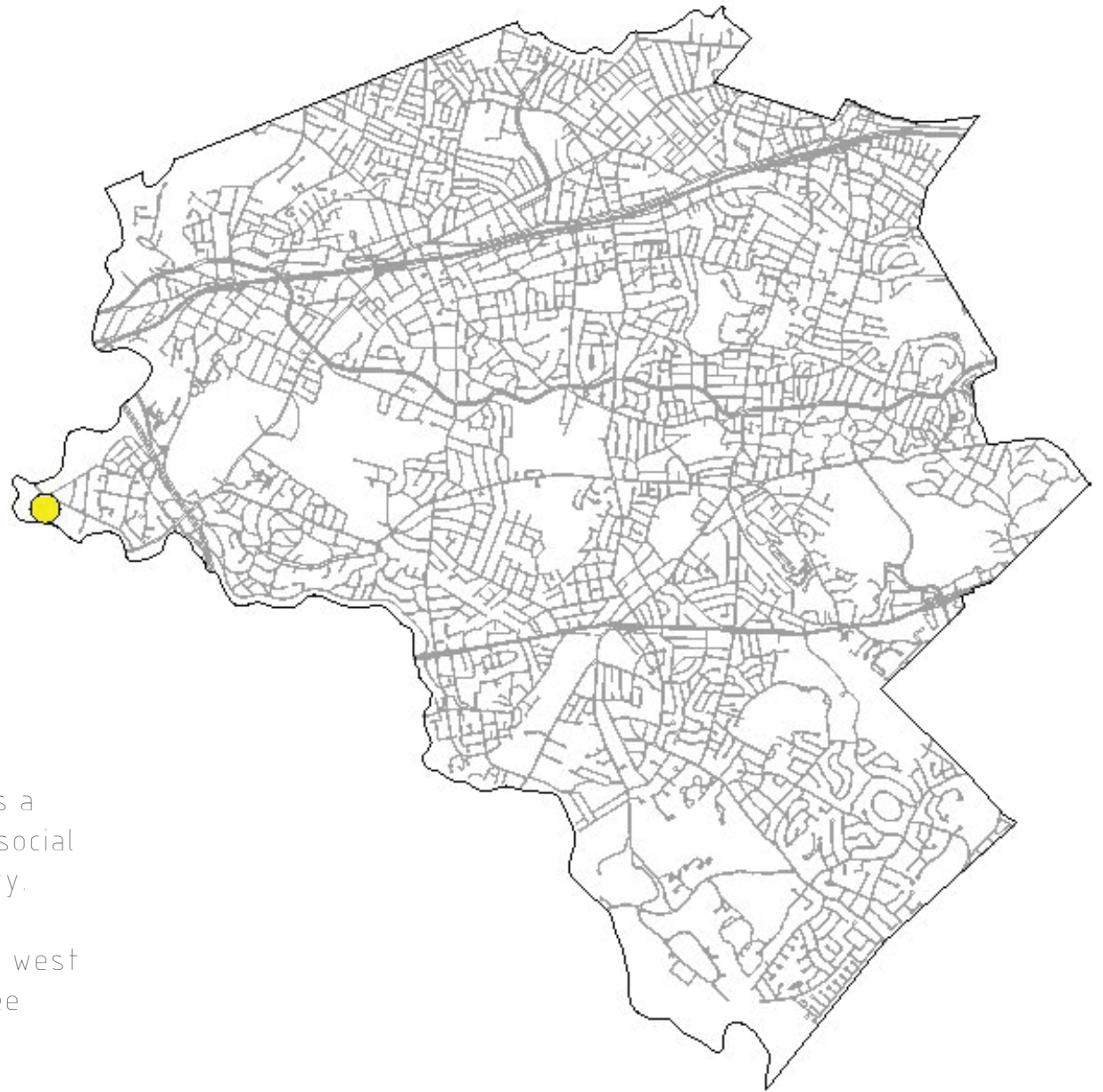


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SITE: NEWTON, MA

Located along the Charles river, this site is in a quiet suburb located just outside Boston. Within minutes of Newton-Wellesley Hospital, the site is strategically placed on the edge of a large open green space.





CITY OF NEWTON, MA

Population: 83829

This dense urban city provides a sufficient variety of civic and social services to support the facility.

Newton is located only 6 miles west of the immigration and refugee services in Boston.



NEWTON-WELLESLEY HOSPITAL

Located minutes away, the proximity to the Newton-Wellesley Hospital is the primary reason for the selection of the site.







TRANSPORTATION

The proximity of highways and commuter rail, makes Boston and other points of interest easily accessible.

Convenient access to:

- MBTA trains green line and commuter rail
- MBTA bus route
- Interstate 95
- Mass Turnpike, interstate 90



SITE LOCATION

Bordering: Concord St., the Charles River, and the Leo Martin Memorial Golf Course

Lot Size: 1,350,360 sq. ft.

The site is a previously owned state golf course, consisting of well landscaped and manicured open green space. It is bordered on all sides by relatively thick tree and vegetation growth. There is also a linear strip of trees in the middle running northwest to southeast. The middle strip of trees is straddled by two grass covered open fields.

There is a cluster of small facility structures for fairway maintenance vehicles located in the middle of the site.

The southwestern edge of the site is defined by the Charles River. This small winding river not only provides separation and seclusion on the site, but creates a natural security boundary.

The site is located in a quiet residential area with houses bordering the southeast edge, as well as populating the adjacent side of Concord St.



Above, group of existing structures on site
Below, open green field



Above, Charles River at the southwest edge of site
Below, residence bordering the southeast edge of site



CONCORD ST.

Concord St. is a relatively major street, connecting Rt-16/Washington St. from the southeast to the I-95/I-90 intersection, northwest of the site.



Above, Concord St. looking northwest
Below, Concord St. looking southeast





REGULATORY ENVIRONMENT

Zoning regulations, codes, and requirements for Newton, Ma in relation to the proposal of the RIGHT ASCENSION CHILDREN'S CENTER.

PROPERTY SLB: 42027 0001

Address: Concord St.

Owner: Commonwealth of Massachusetts,
MDC Park Comm.

Lot Size: 1,350,360 sq. ft.

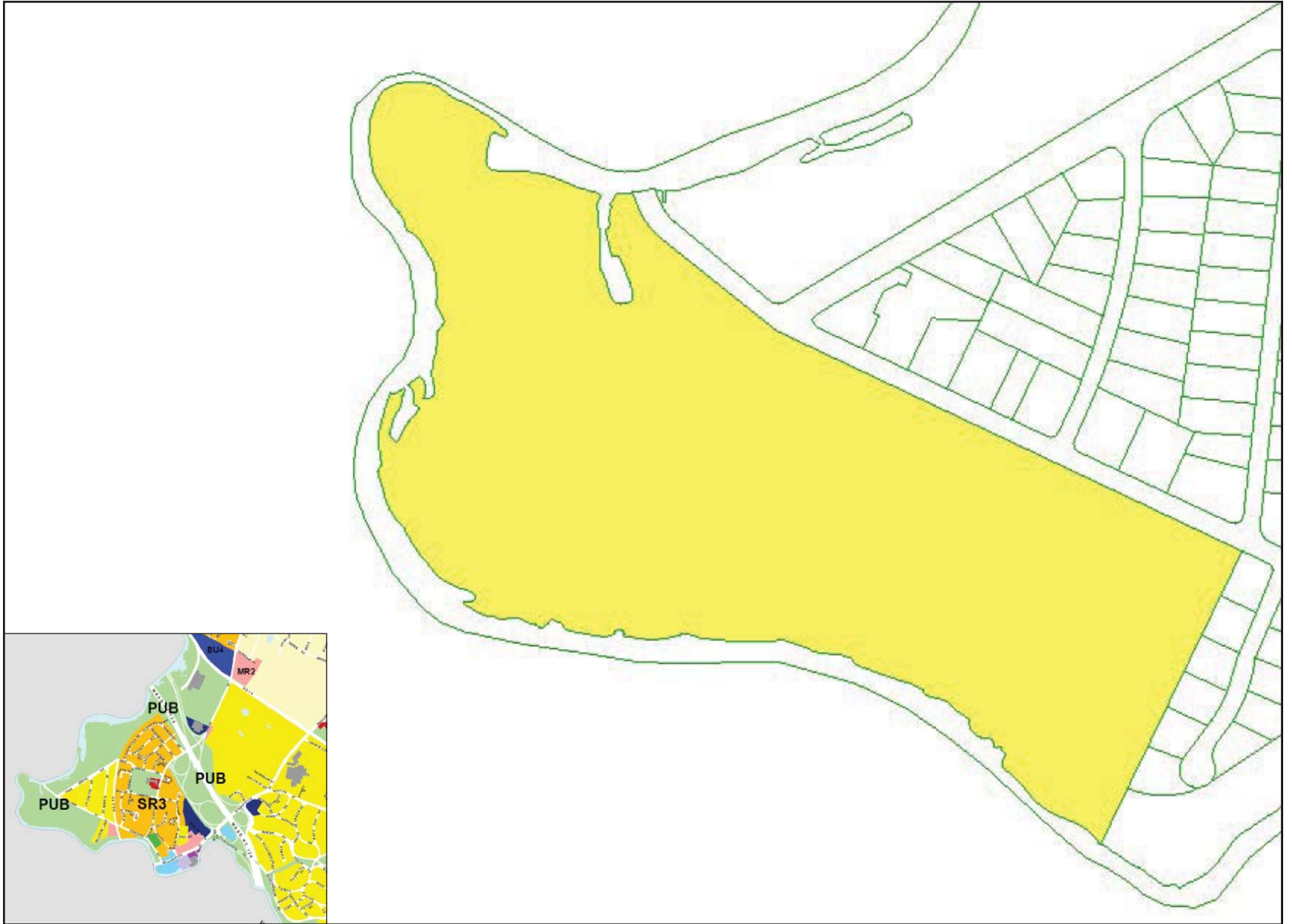
Frontage: 999 ft.

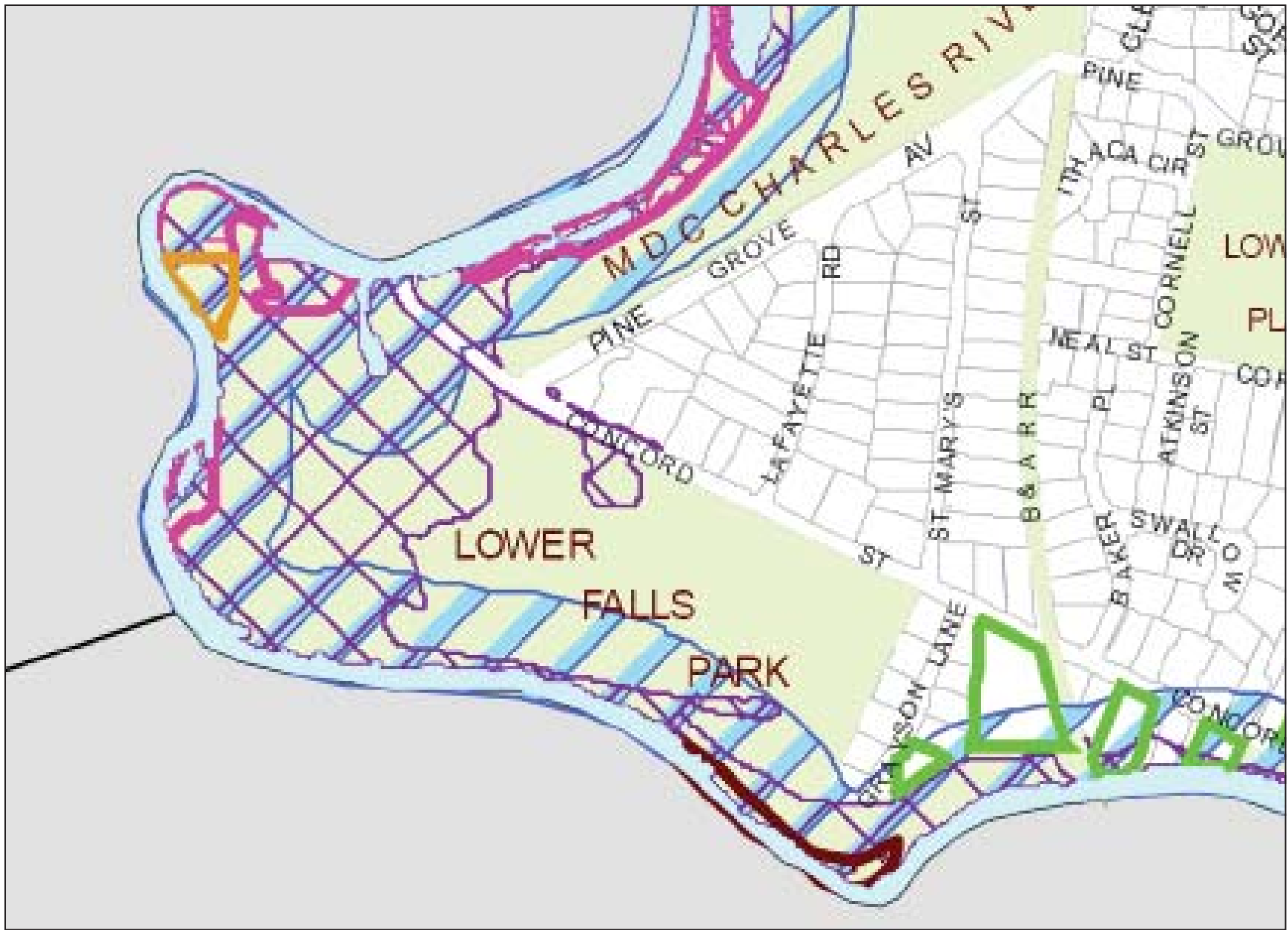
Zoning: Public Use

FY2008 Assessment: \$16,217,800

Land Use: 901

Land Use Description: State Government





SETBACKS



Riverfront Area 200 ft.



Flood Plain



Shrub Swamp



Shallow Marsh





Wooded Swamp Deciduous



Conservation Commission Wetland Filings

HISTORIC DISTRICTS

 State/National Register of Historic Places
Properties listed in recognition of their historical importance

 Historic Resource Survey
Properties listed have no formal designation, but are listed for their architectural and historical association with the city

 Local Landmark
Properties listed to be preserved and protected due to their architectural and historical significance within the city



PROPOSED REZONING

Mixed Use 2, Special Permit

Building Size Special Permit: required for buildings with gross floor area of 20,000 sq. ft. or more

Dimensional Requirements

Maximum # of stories: 4

Maximum building height: 48 ft.

Total floor area ratio: 2.0

Gross floor area: 10,000 - 19,000 sq. ft.

Threshold by special permit: 20,000 sq. ft.

Minimum lot area: 10,000 sq. ft.

Front setback¹: 15 ft.

Side setback²: 7.5 ft.

Rear setback²: 0 ft.

1 If building height exceeds one story, front setback must be equal to total height of building.

2 Except when abutting a residential district, the setback is 1/2 the building height or 20 ft., whichever is greater.

PARKING REQUIREMENTS

Required off-street parking facilities must be provided on the same lot or premises with the principal use served.

Parking facilities cannot be set back less than 5 feet from the side and rear setback lines.

The minimum dimensions of a parking stall:
width 9 ft.
angled depth 19 ft.
parallel parking depth 21 ft.

The entrance and exit drives must be a minimum of 12 ft. wide and a maximum of twenty 20 ft. wide.

Outdoor parking facilities must be graded and surfaced to accommodate motor vehicles during all weather conditions.

Specially designated parking stalls for the physically handicapped must be provided as follows:

Total # of stalls:	Handicapped Stalls:
6-25	1 stall
26-40	2 stalls
41-100	4% but not less than 3
101-300	3% but not less than 4
301-800	2% but not less than 9
801+	1% but not less than 16

The minimum dimensions of a handicapped stall:
width of at least 12 ft.
angled depth 19 ft.
parallel parking depth 24 ft.



6

DESIGN PROCESS

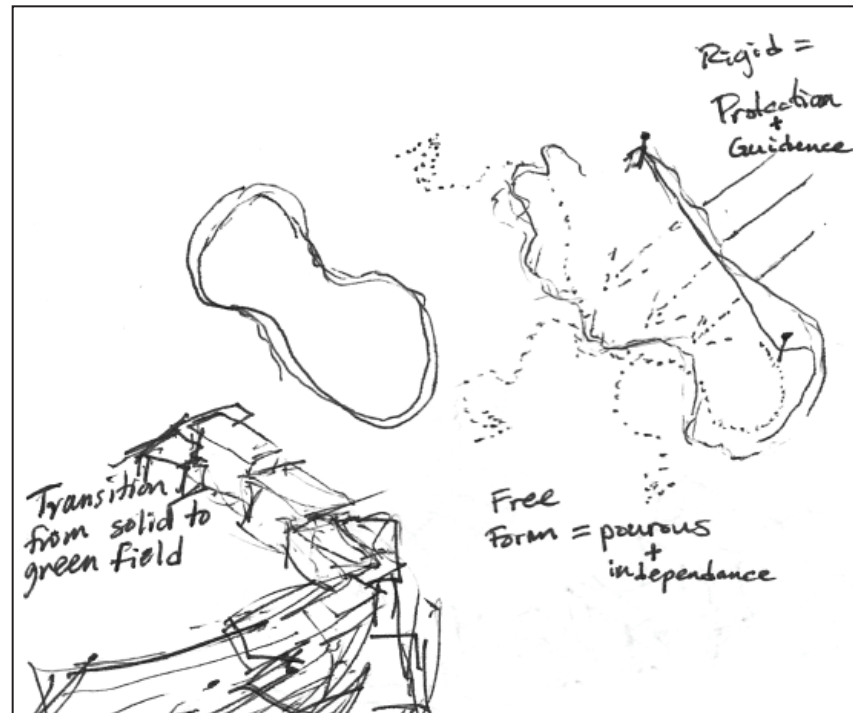
How can we create a sense of safety and protection from the outside while encouraging community and development within...



Artificial city density

EARLY CONCEPTS AND DESIGN SKETCHES

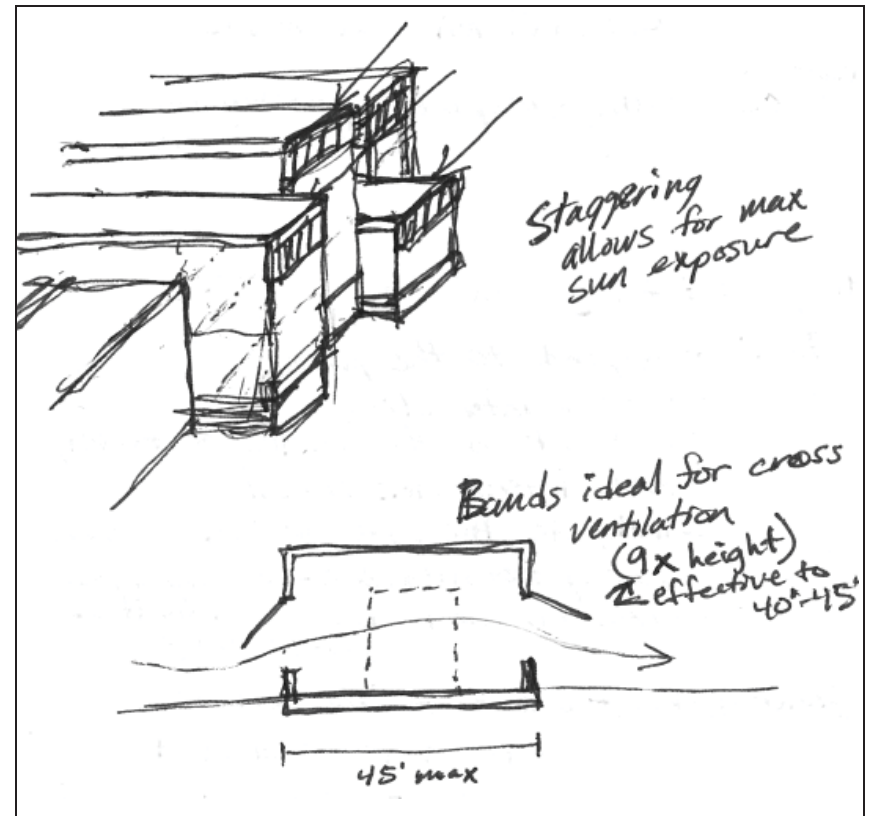
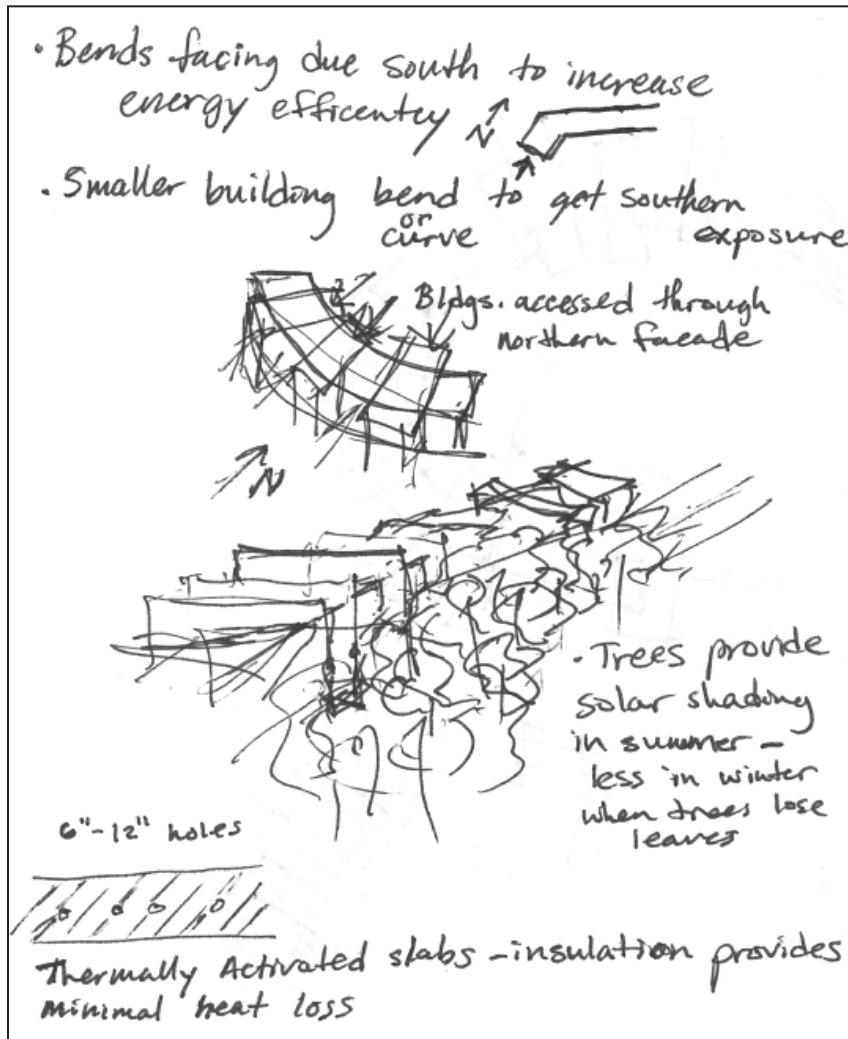
Shows the first developments of the rigid [protective] wall, transitioning into the more free-formed and translucent ring



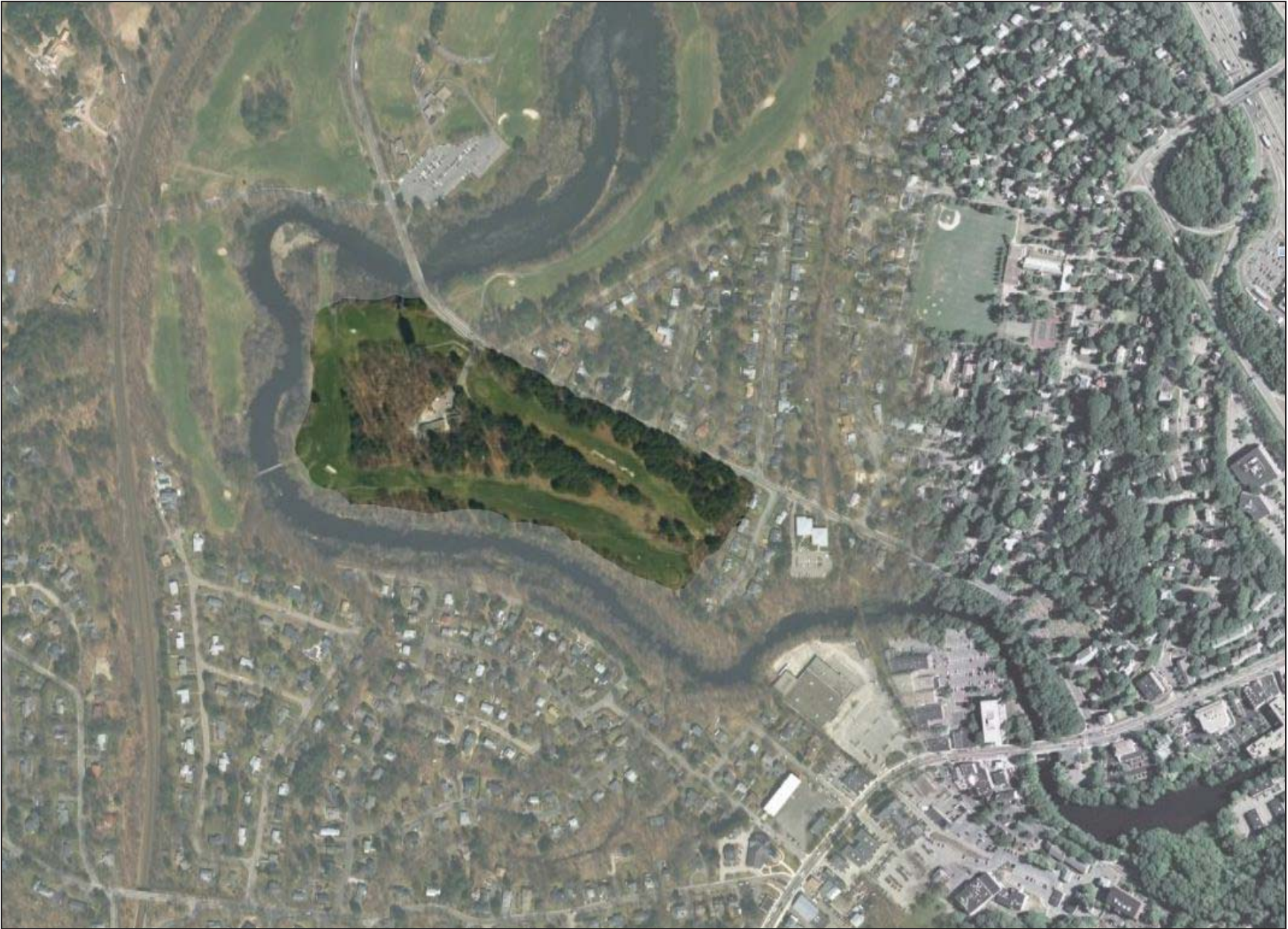
Rigid =
Protection
+
Guidance

Transition
from solid to
green field

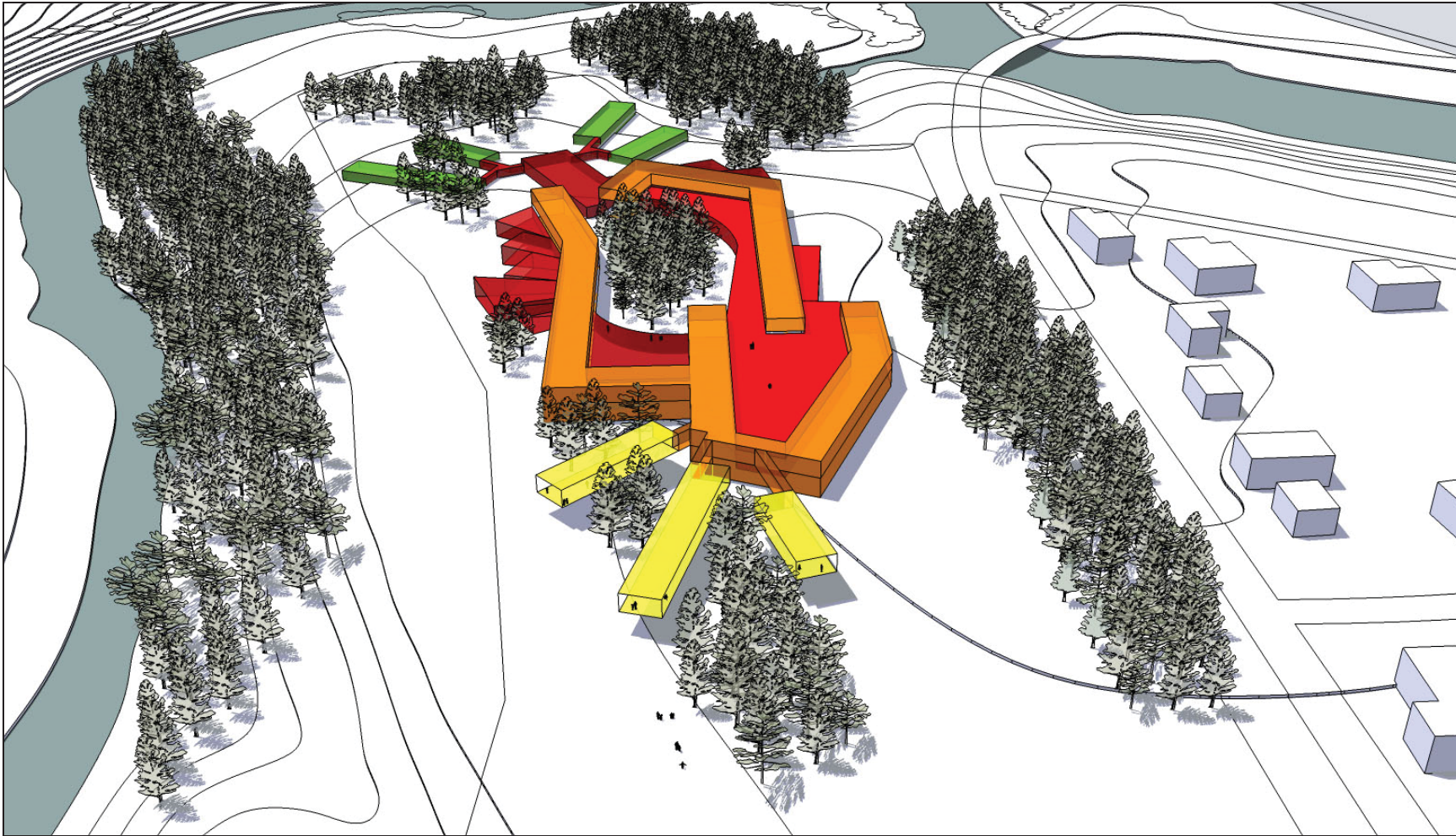
Free
Form = porous
+
independence



Sketches exploring several advantages to the different facets of the building elements: orientation, sun exposure, trees used for natural seasonal heating and cooling, natural ventilation, ect.







Early conceptual model based on an externally branching [small inner courtyard] facility. The design evolved in favor of a more open and encompassing ring, simultaneously creating more protection and increasing natural space in the center. As the branches off the ring became more defined and simplified, an emphasis was placed on engaging the wings with the rustic surroundings and orienting them towards views. [illustrated in the concept drawing on right]







INDEPENDENT PROJECT FINAL DRAWINGS

PRESENTATION BOARDS



THE RIGHT ASCENSION CENTER: ORPHANED REFUGEE REHABILITATION

NEWTON, MA

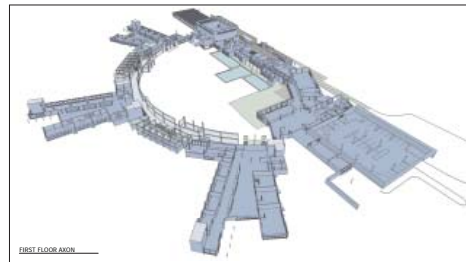
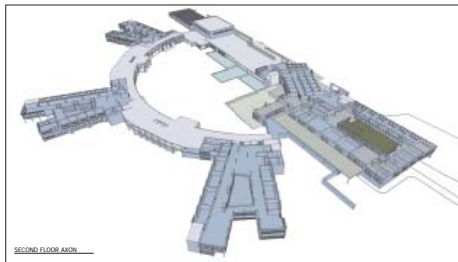
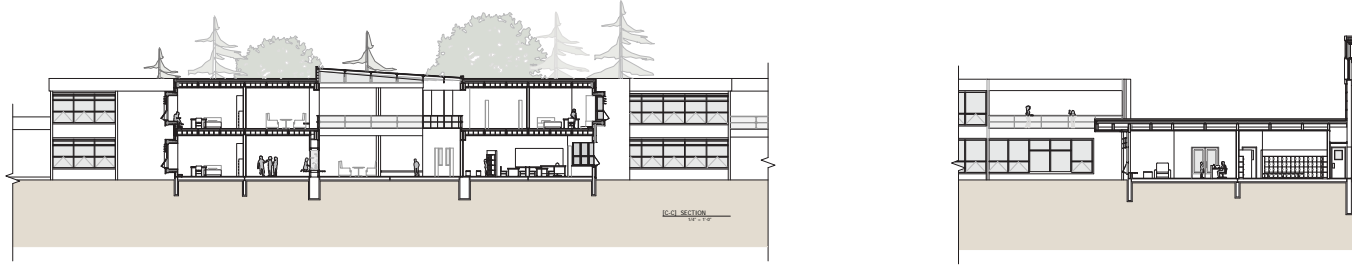
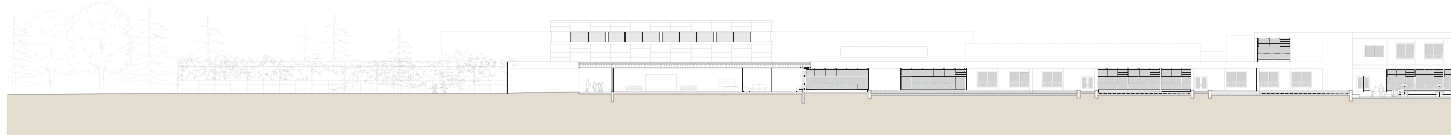
A GROWING NUMBER OF REFUGEE CHILDREN SUSTAIN TRAUMATIC EXPERIENCES, COMPOUNDED BY THE FACT THAT THEY ARE ORPHANED. WITH SUCH LARGE FORWARDED ON LOCATING AND LIBERATING THESE CHILDREN, SAVING AND MAINTAINING QUALITY OF LIFE IS OFTEN OVERLOOKED. THESE CHILDREN ARE UNABLE TO FUNCTION IN A TRADITIONAL ORPHANAGE ENVIRONMENT DUE TO THE LACK OF A COMPLETE, SPECIALIZED, ALL ENCOMPASSING FACILITY.

THE RIGHT ASCENSION IS A COMPLETE FACILITY DESIGNED TO REHABILITATE TRAUMATIZED CHILDREN AND DEVELOP SKILLS NECESSARY TO LIVE HAPPILY AND HEALTHILY IN A COMMUNITY. LOCATED IN NEWTON, MA, THE SITE UTILIZES ABUNDANT OPEN FIELDS, FORESTS, AND A MEANDERING RIVER. THE CENTER PROVIDES A FULL RANGE OF HIGHLY TRAINED SPECIALISTS AND STAFF THROUGH ITS ASSOCIATION WITH THE NEWTON-WELLESLEY CHILDREN'S HOSPITAL. THE CENTER WILL PROVIDE THE CHILDREN WITH: HEALTHCARE, HOUSING, EDUCATION, RECREATION, AND PUBLIC INTEGRATION.



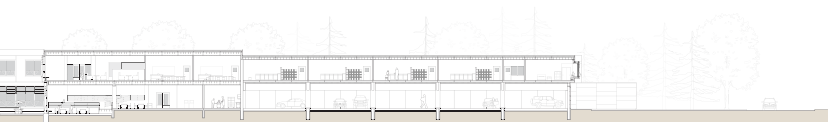
THE DESIGN OF THE CENTER CREATES A SENSE OF PROTECTION FROM THE OUTSIDE COMMUNITY. THE BUILDING ACTS AS A CONCEPTUAL WALL SHIELDING THE STREET, WHILE THE SURROUNDING ENVIRONMENT CREATES A NATURAL BUFFER. FOLLOWING THE STREET, THE BUILDING REPRESENTS A STRONG PROMINENT BAR AND TRANSITION AS IT WRAPS AROUND ITSELF FORMING A MORE TRANSPARENT RING, ENLOSING A LARGE OPEN SPACE. CRITICAL TO THE SUCCESS OF RECOVERY, THE SPACE CONTAINS NATURAL FORESTS AND WATER CREATING A THERAPEUTIC AND SHUTTEREDLY PROTECTIVE ENVIRONMENT. THE LIGHT SHIMMERING DESIGN ALLOWS FOR A NARROW BUILDING WIDTH WITH BRANCHING CLASSROOMS AND CORRIDORIES, ACHIEVING NATURAL LIGHT, SPACE, AND AIR. THE SENSATION OF A NATURAL ENVIRONMENT IS VITAL TO THE PROJECT.

THE FLEXIBILITY AND MORPHING OF THE BUILDING ALLOWS EACH CHILD TO EXPERIENCE THE TRANSITIONAL FUNCTIONALITY OF LIVING AND COHABITATING AT THE CENTER, RECAPITULATING THE EVOLUTION OF THE BUILDING'S FORM. EACH CHILD IS INTENDED TO EXPERIENCE A FEELING OF SECURITY AND IN SOME BEGINNING CASES, ISOLATION. AS THE CHILDREN PROGRESS THEY ARE ISOLATED AND MONITORED LESS WITH GREATER EMPHASIS ON COMMUNITY AND INTEGRATION. THE CENTER WILL PROVIDE THE CHILDREN WITH BOTH THE ABILITY TO FUNCTION IN SOCIETY, AND THE EDUCATION NECESSARY FOR A CHANCE AT A HAPPY AND HEALTHY LIFE.

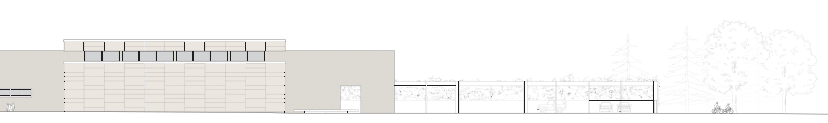




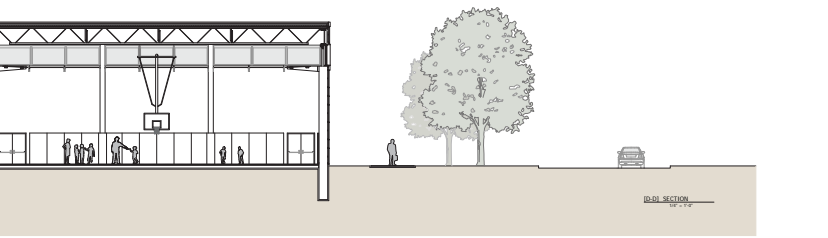
DL-01 SITE SECTION 1/8" = 1'-0"



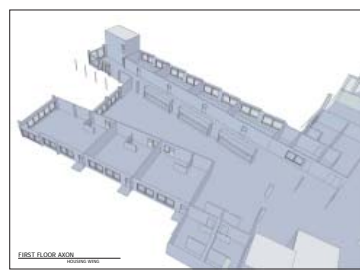
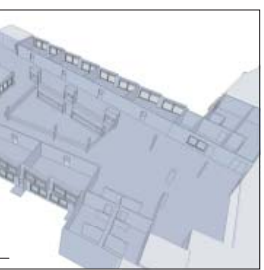
DL-B1 SECTION 1/8" = 1'-0"



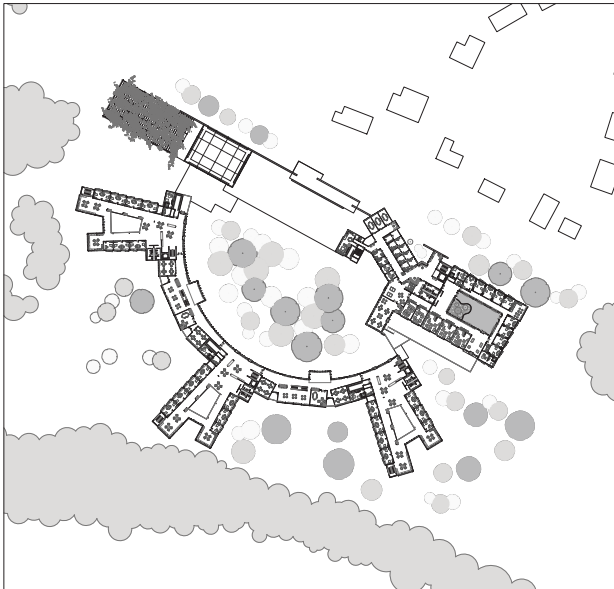
NORTHEAST ELEVATION 1/8" = 1'-0"



DL-01 SECTION 1/8" = 1'-0"



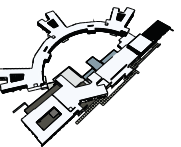
FIRST FLOOR ANCHOR



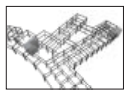
SECOND FLOOR PLAN 1/32" = 1'-0"



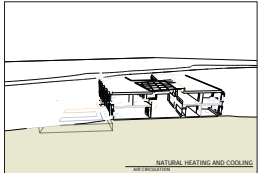
FIRST FLOOR PLAN 1/32" = 1'-0"



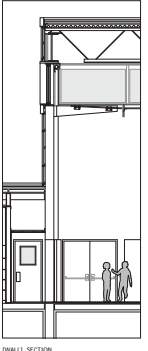
UWAC SYSTEM



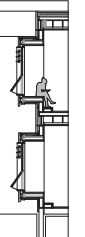
STRUCTURE



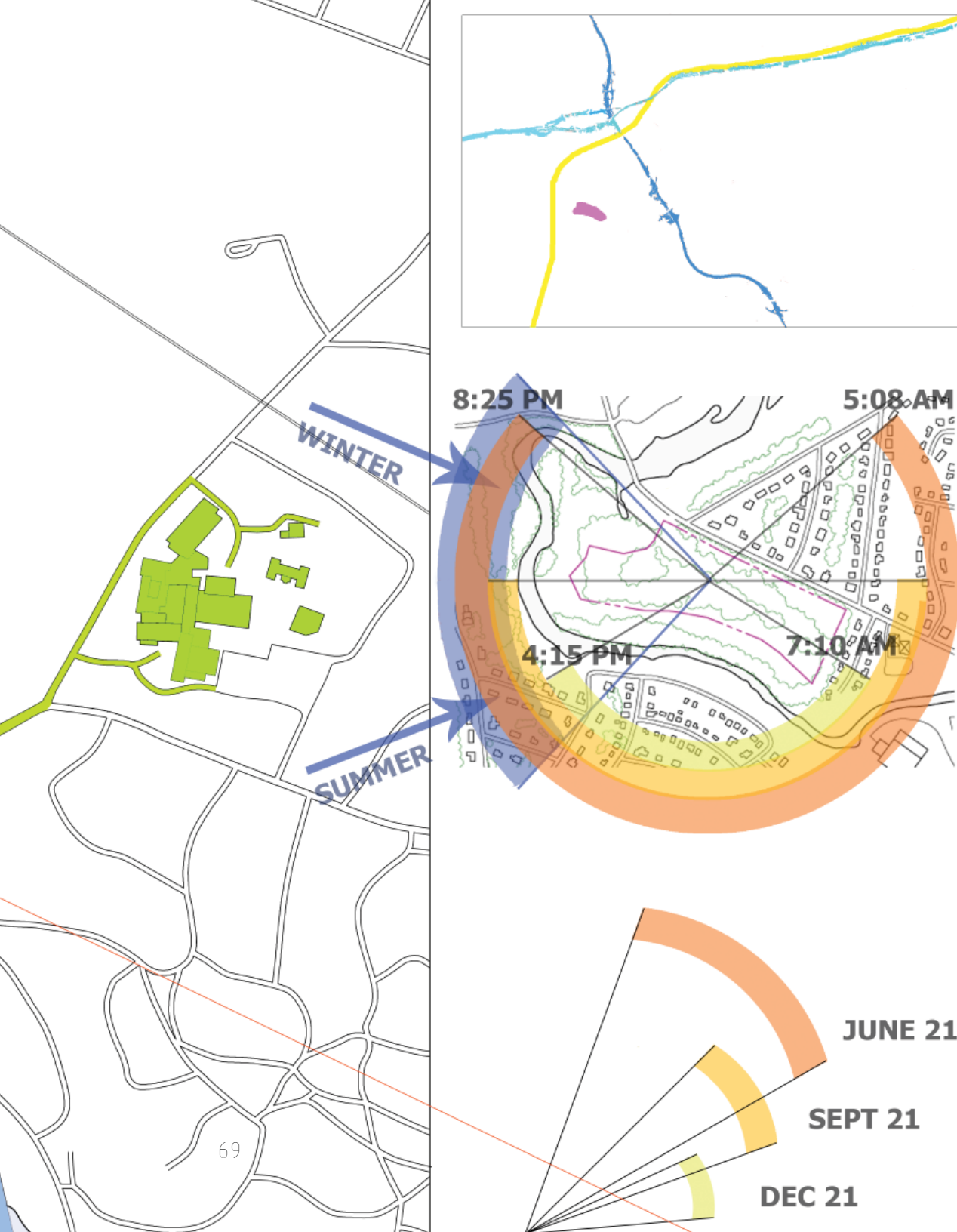
NATURAL HEATING AND COOLING



WALL SECTION 1/4" = 1'-0"





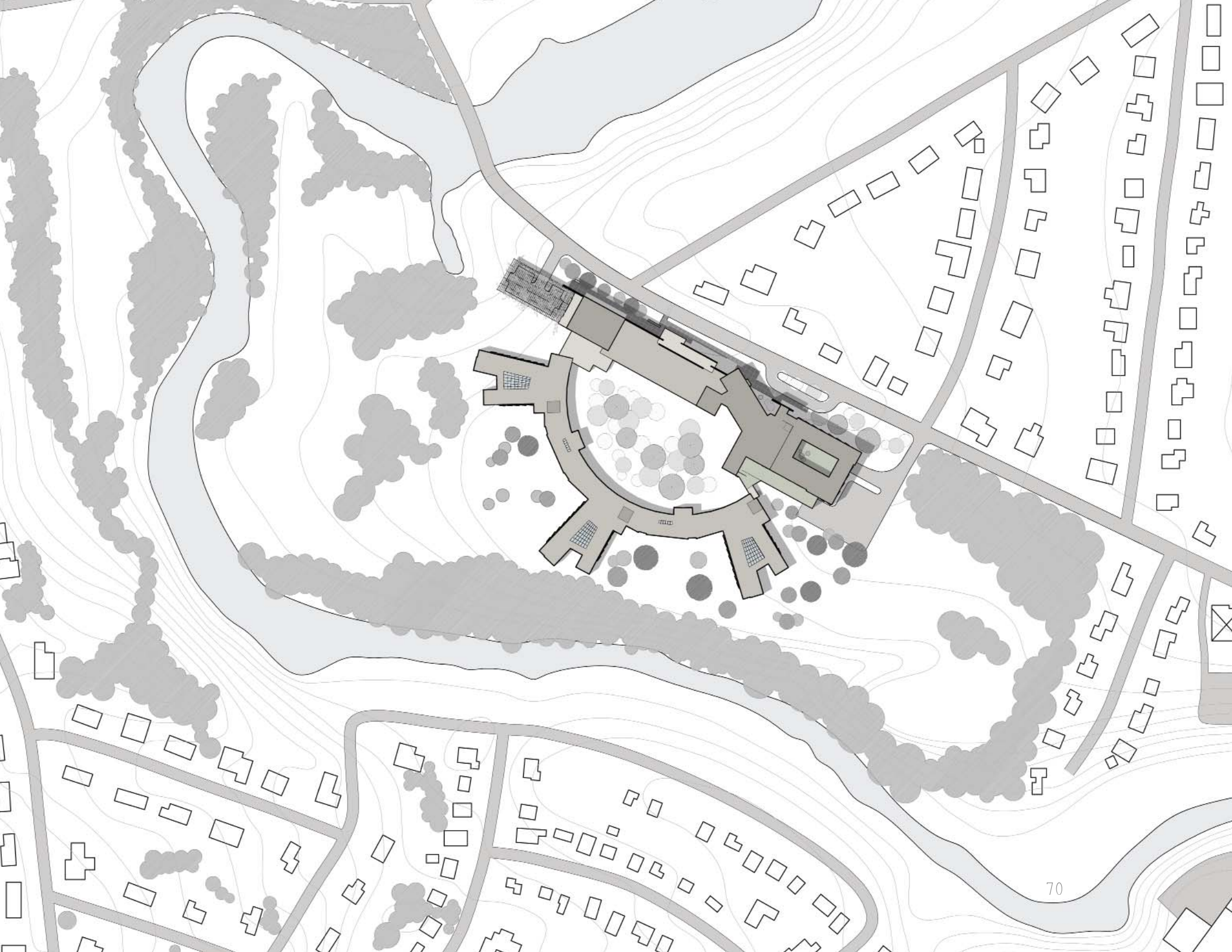


Newton, MA

Site composition highlighting essential elements.

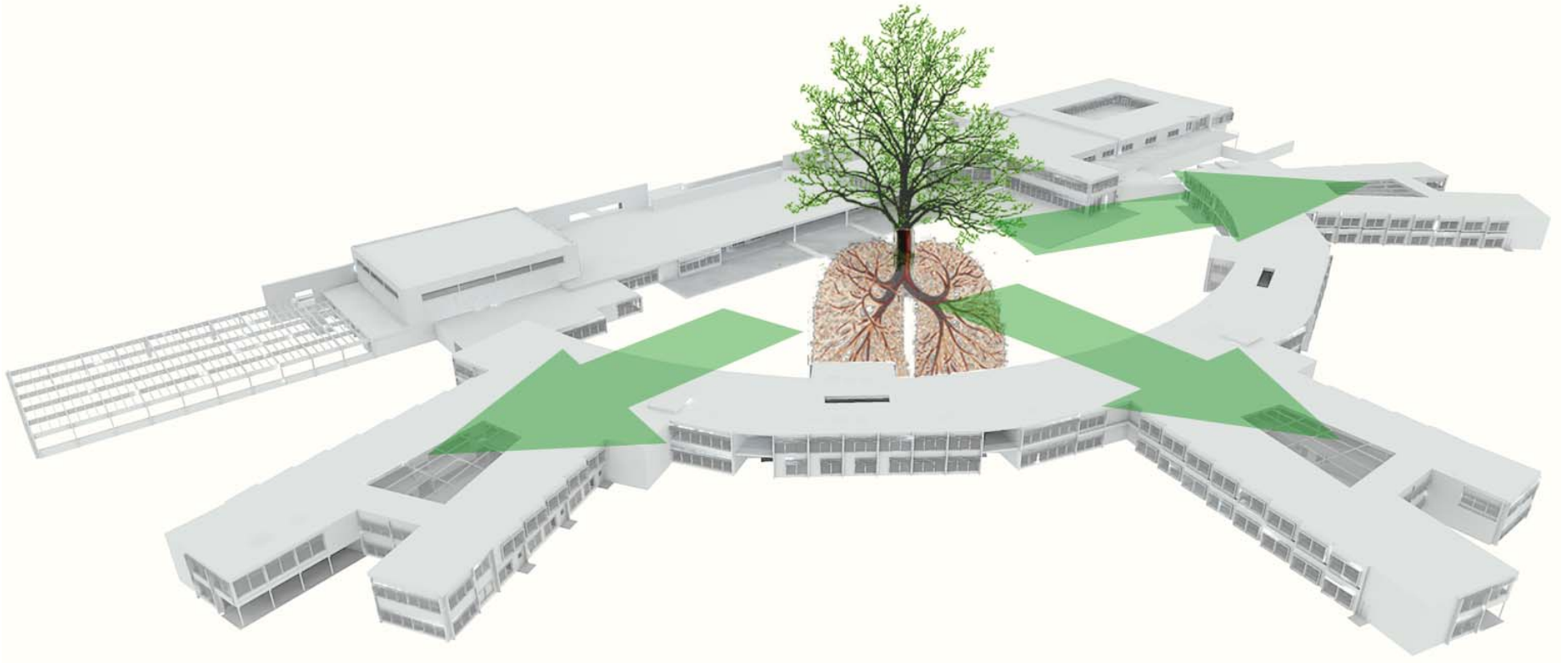
Exploration of natural components, as well as, site dynamics including the Newton-Wellesley Hospital and transportation.

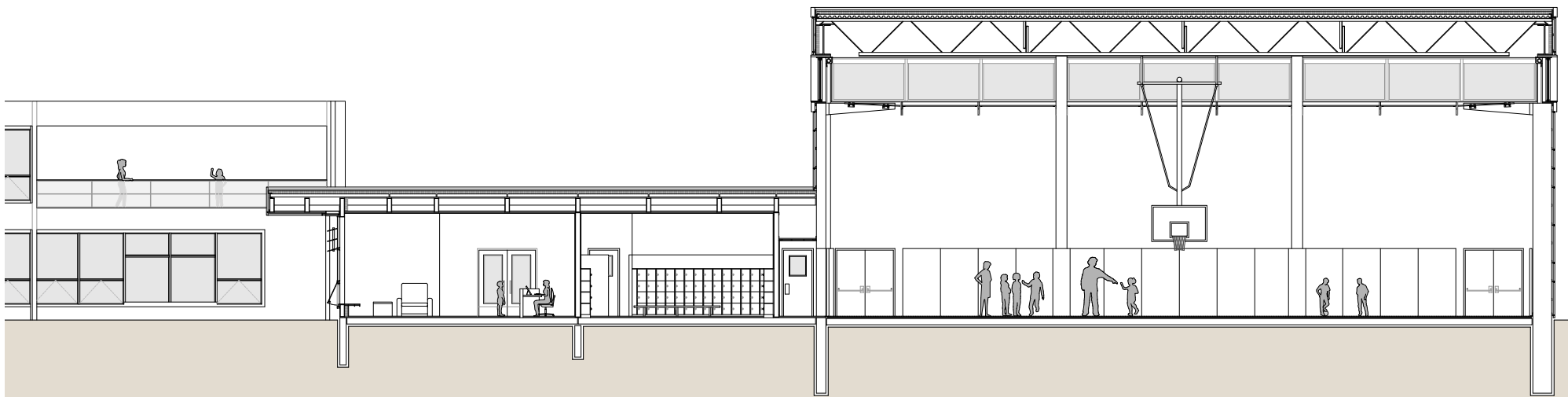
Other studies shown include wind and sun direction, and sun angle.

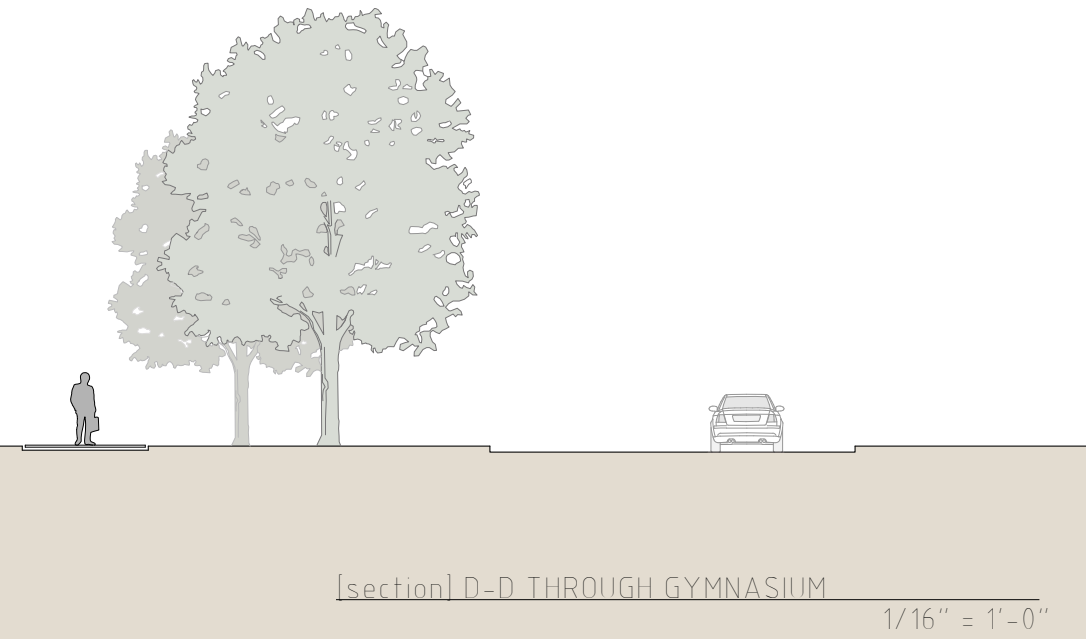
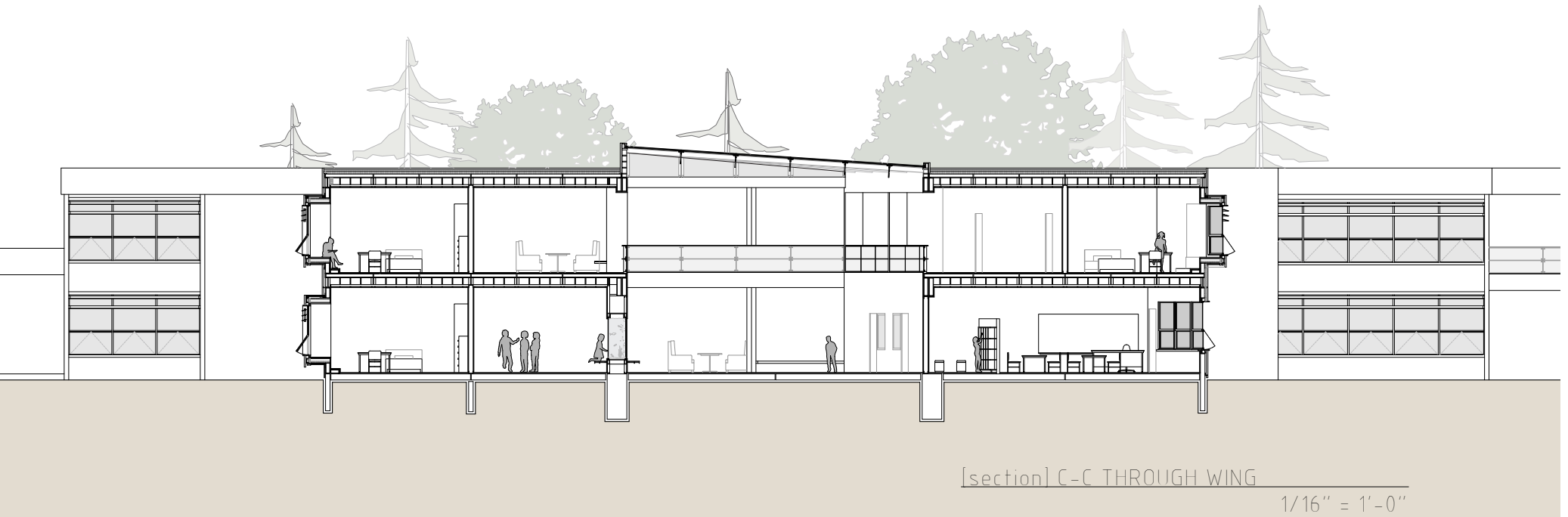


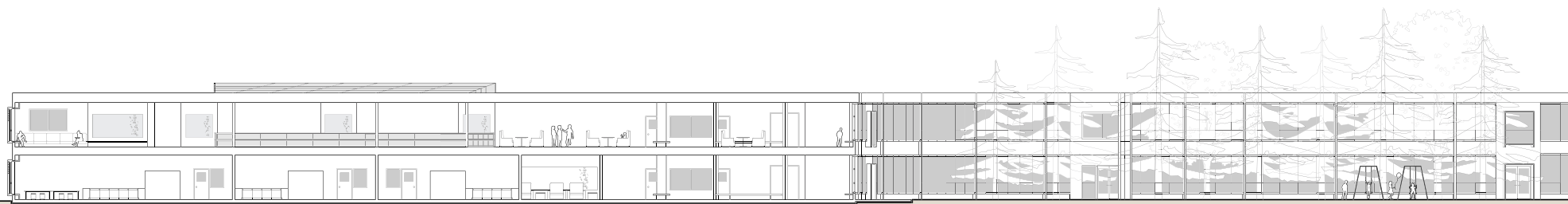
70

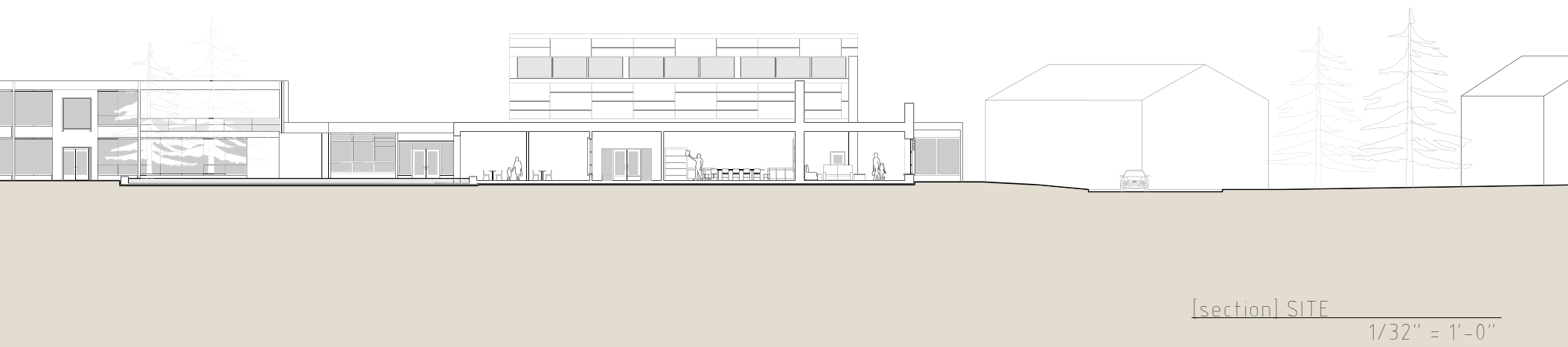
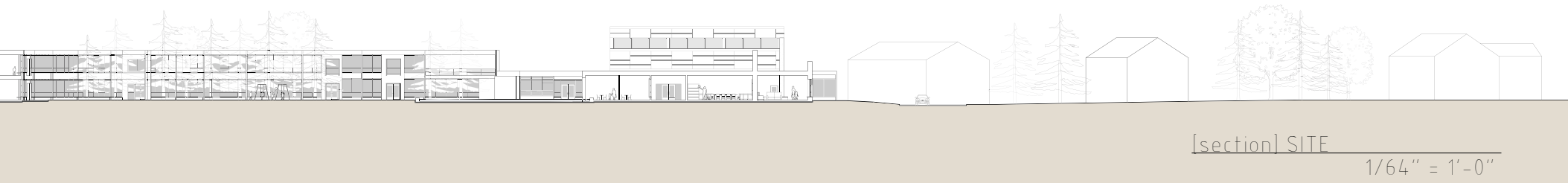
This central open space is critical to the rehabilitation of the children. Through the emergence of natural forest and water an enjoyable and therapeutic, and healthy environment is created. Plenty of natural light, space, and air are activated through the light semi-circular design, allowing a narrow building width with branching classrooms and dormitories.

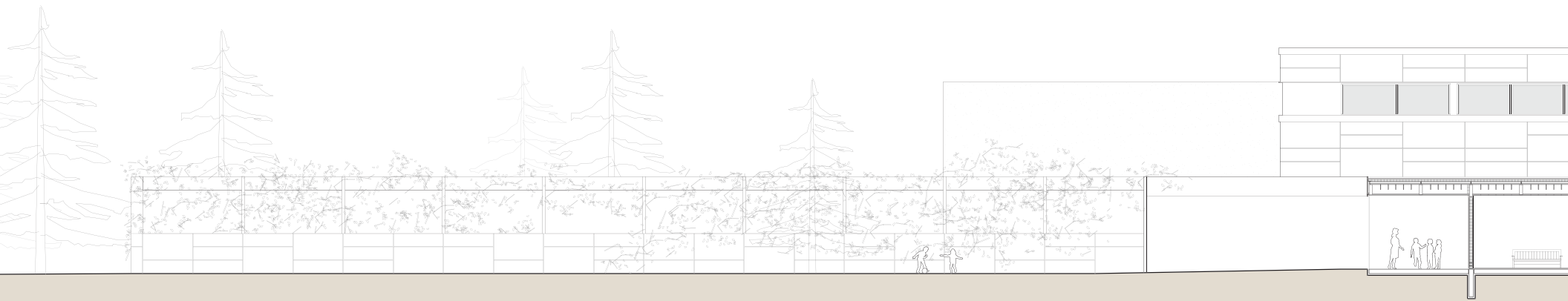
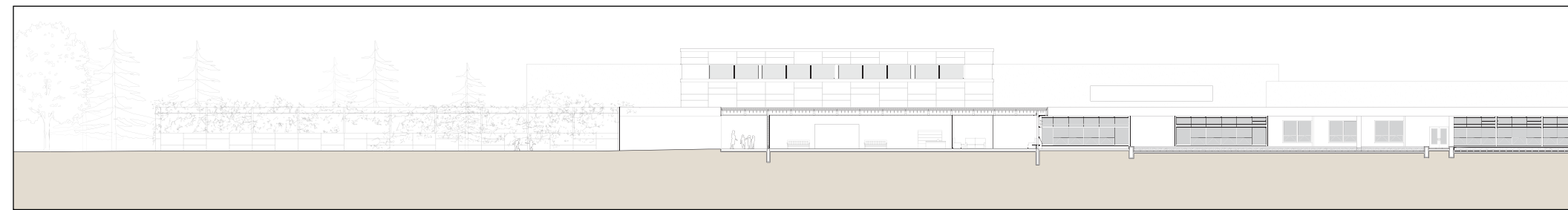


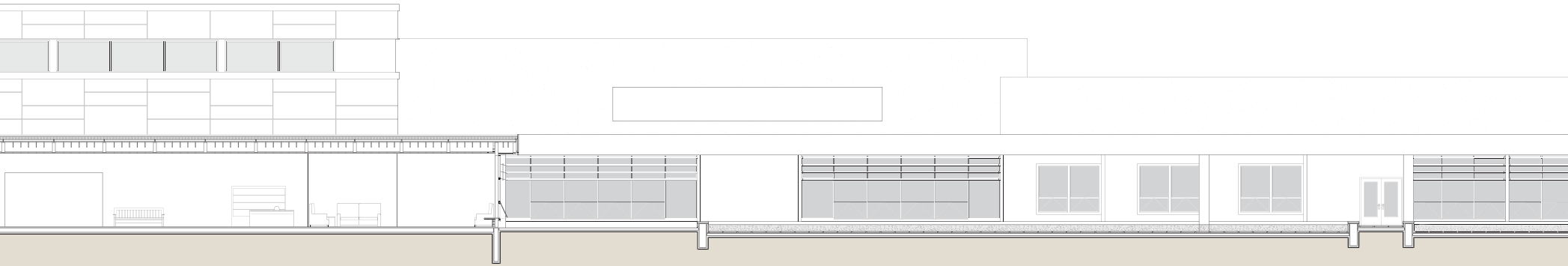
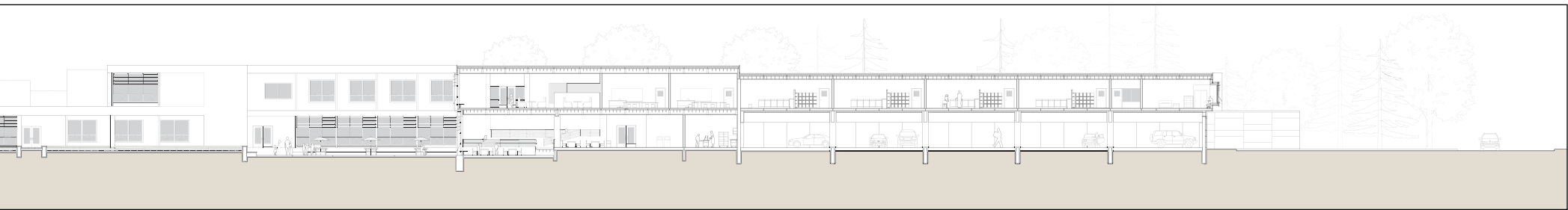




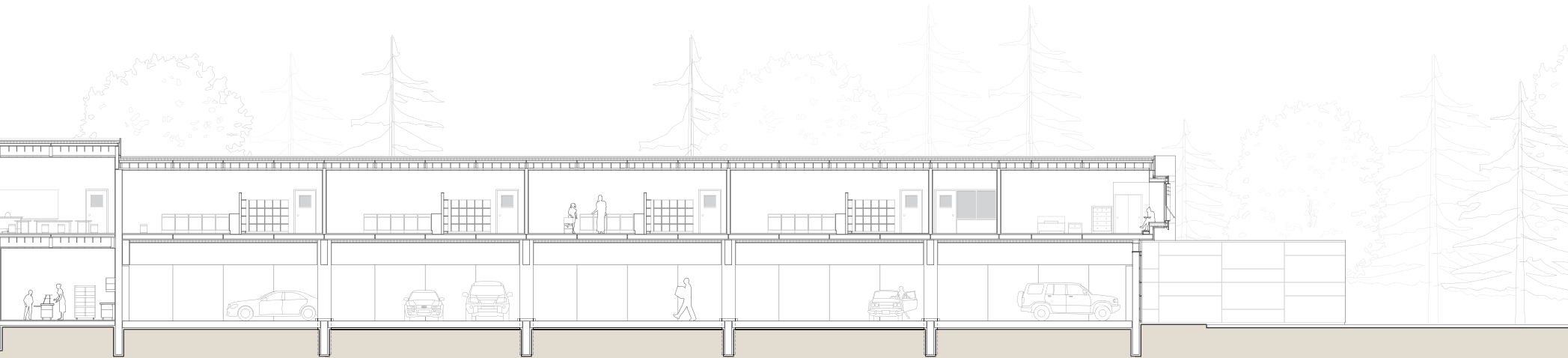




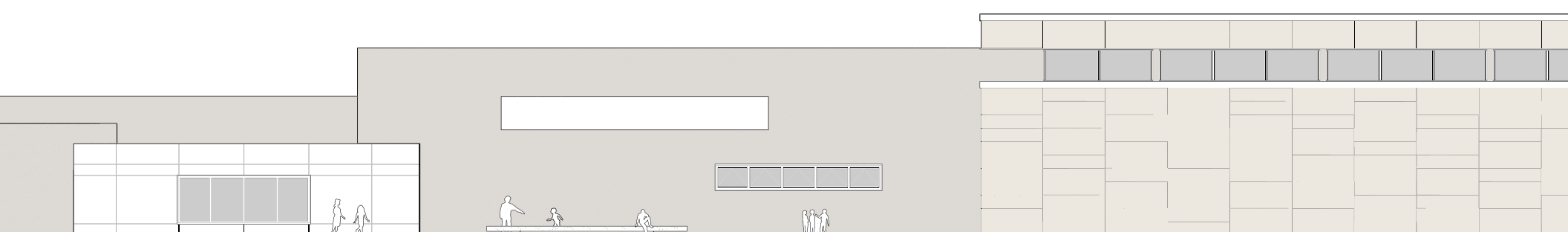
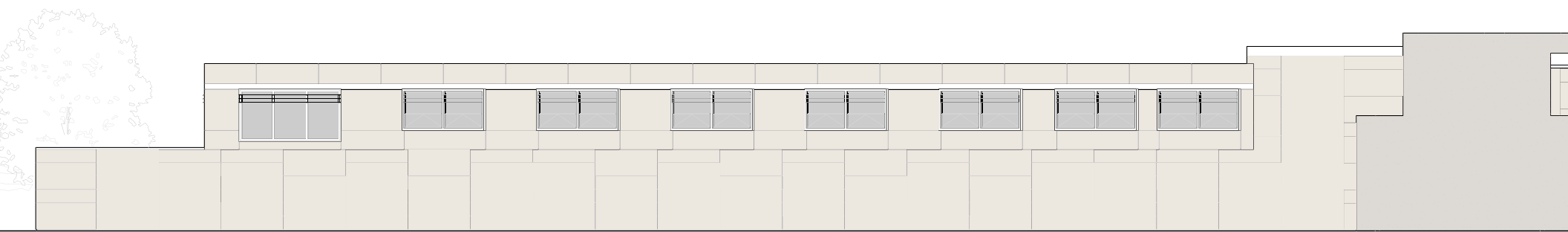
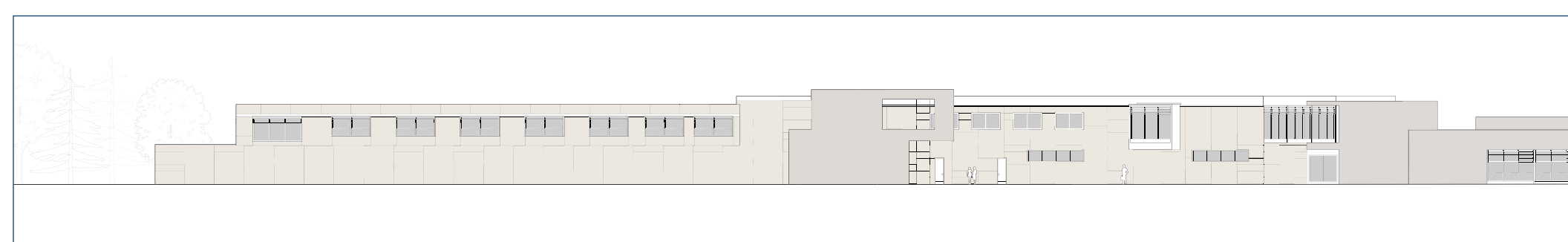


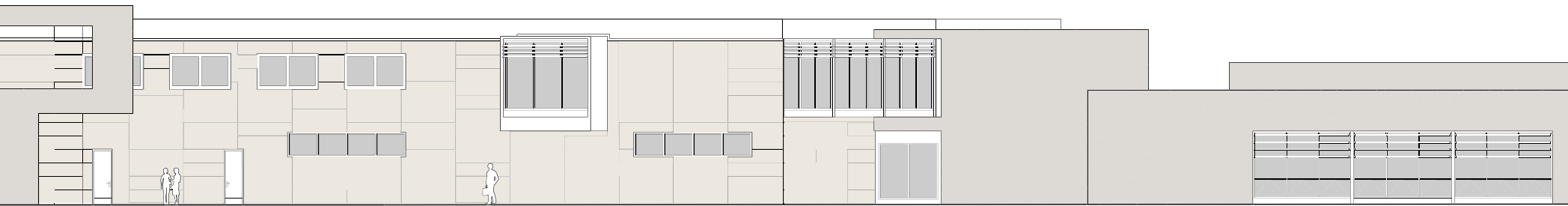
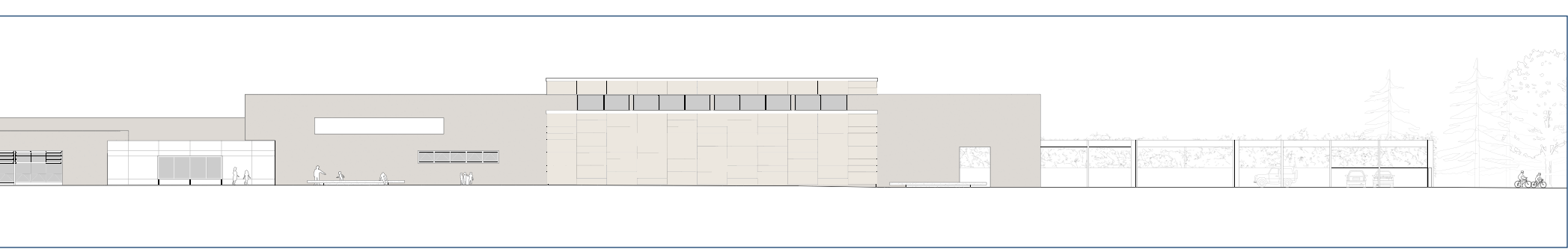


[section] B-B
1/16" = 1'-0"

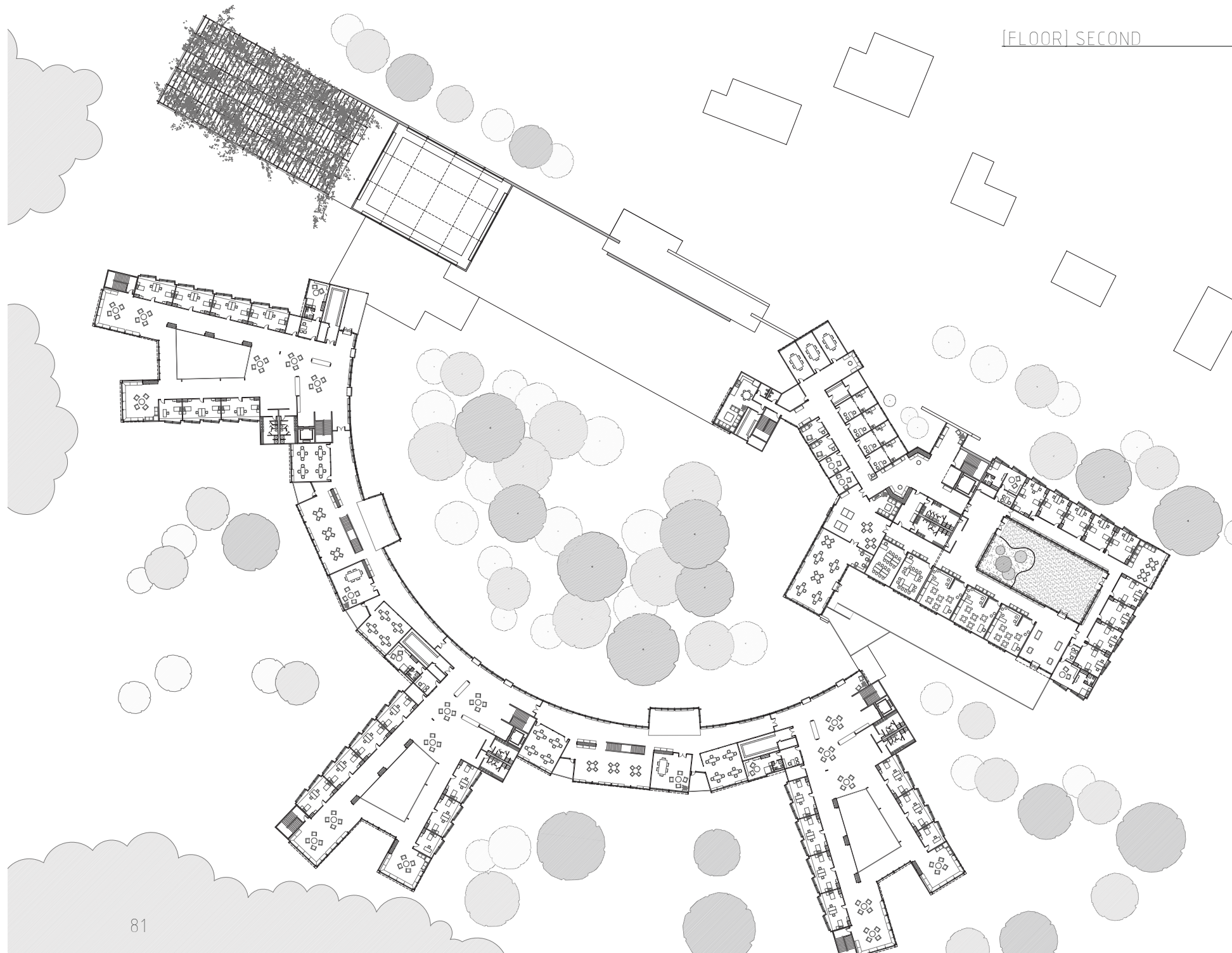


[section] B-B
1/16" = 1'-0"



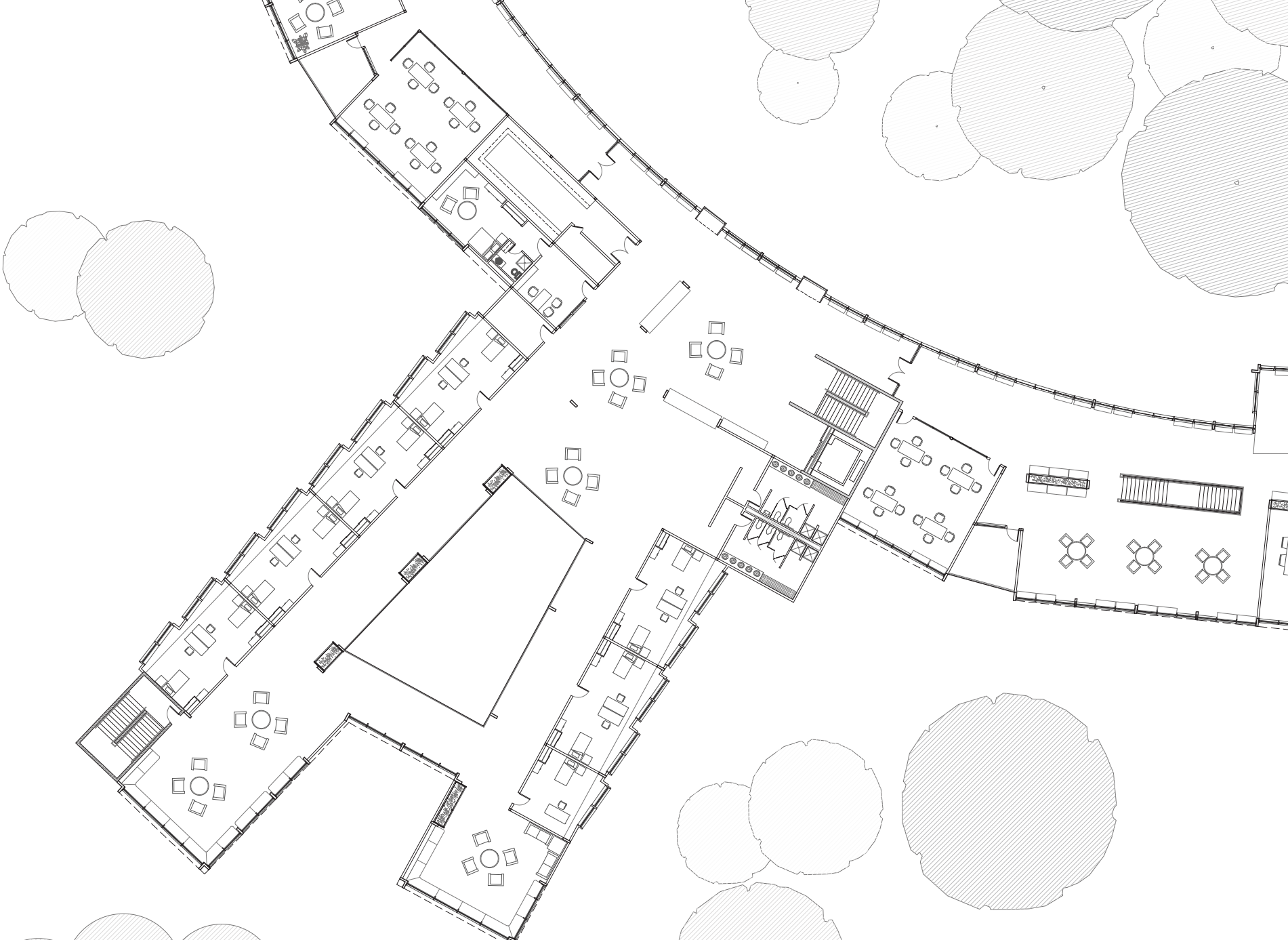






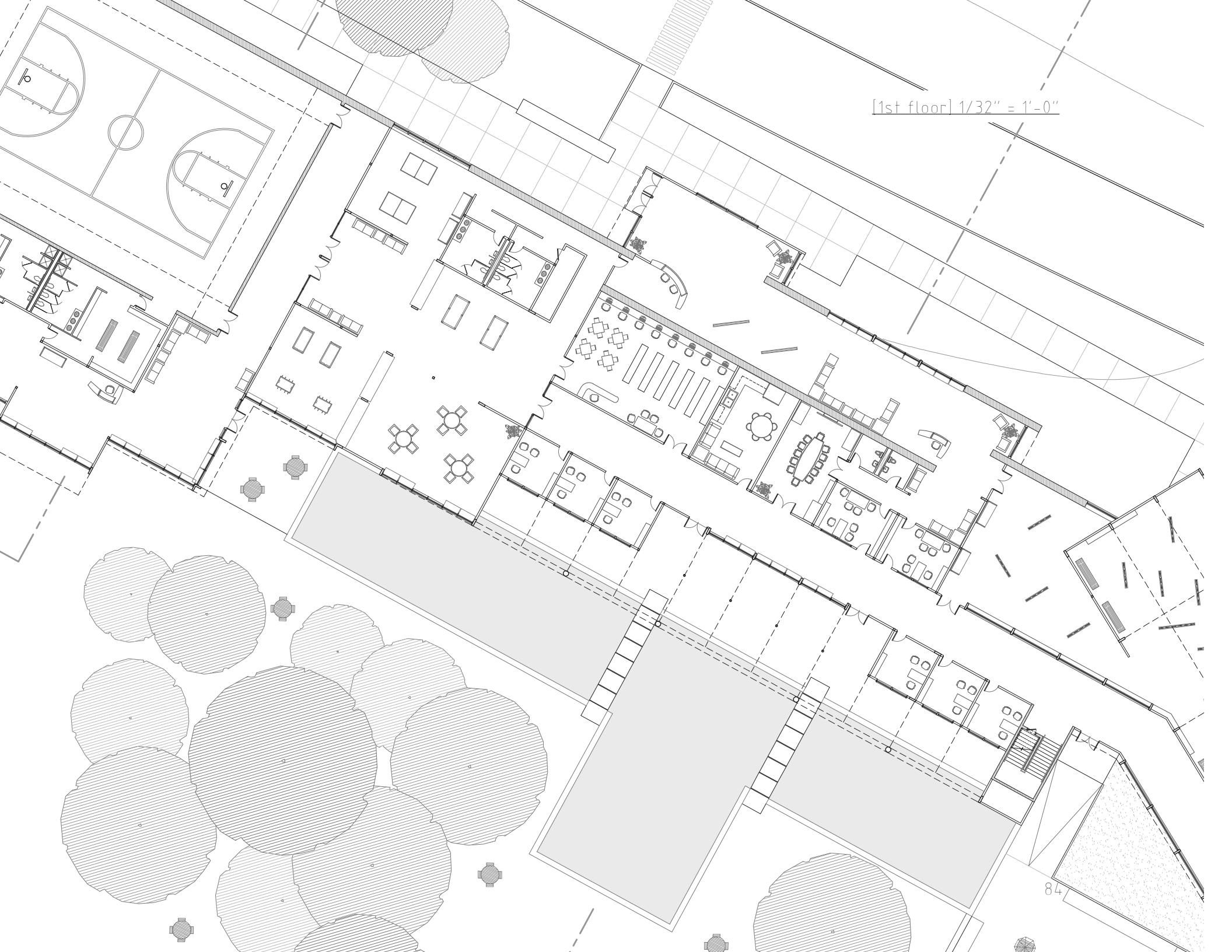


[plan] FIRST FLOOR WING
1/32" = 1'-0"



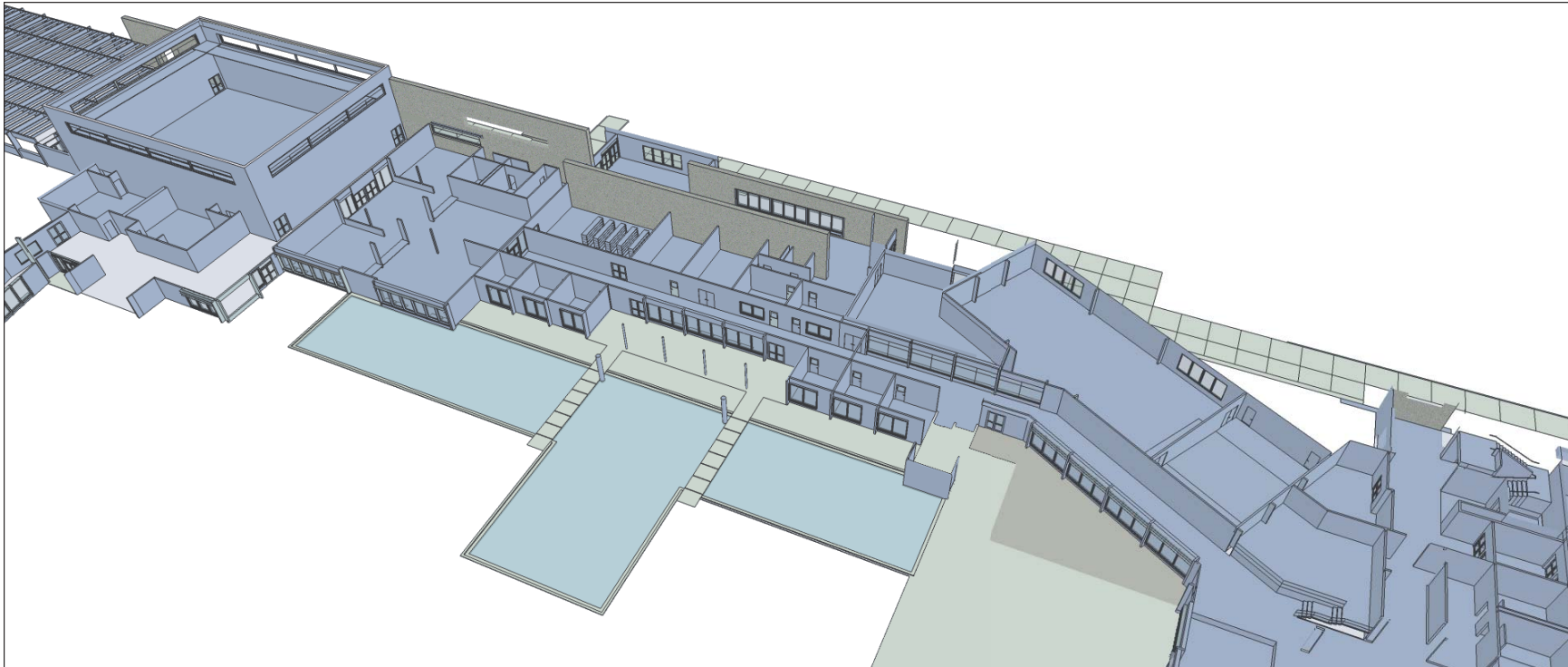
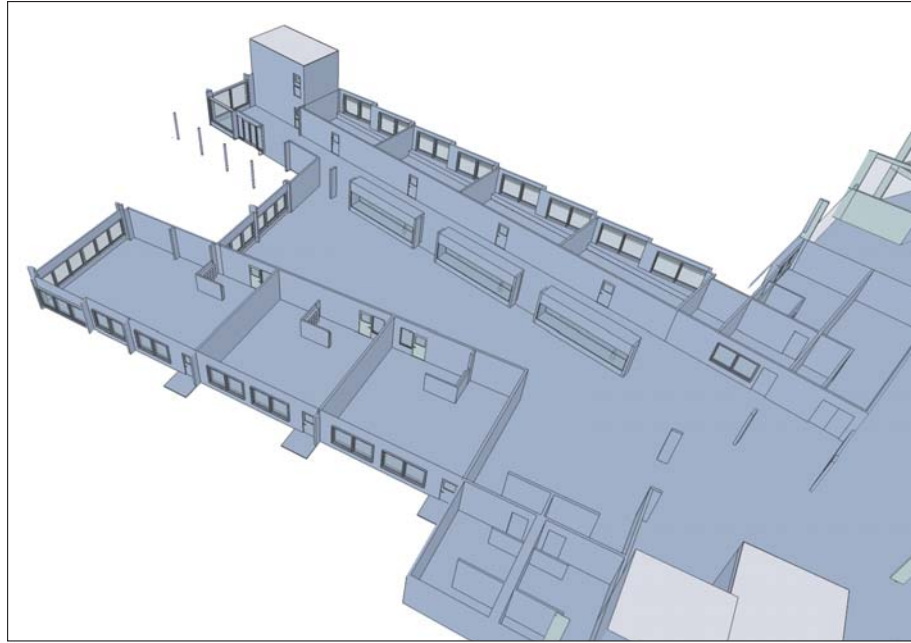
[plan] SECOND FLOOR WING
1/32" = 1'-0"

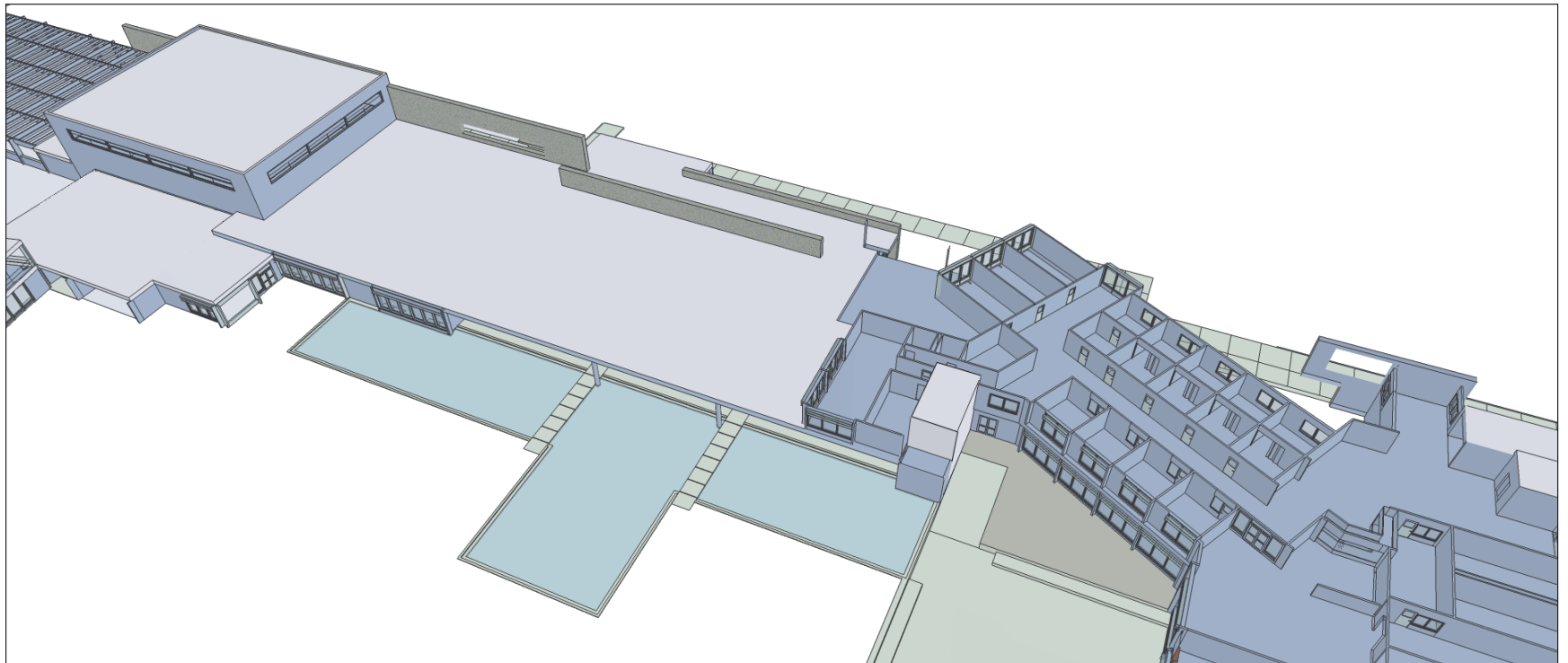
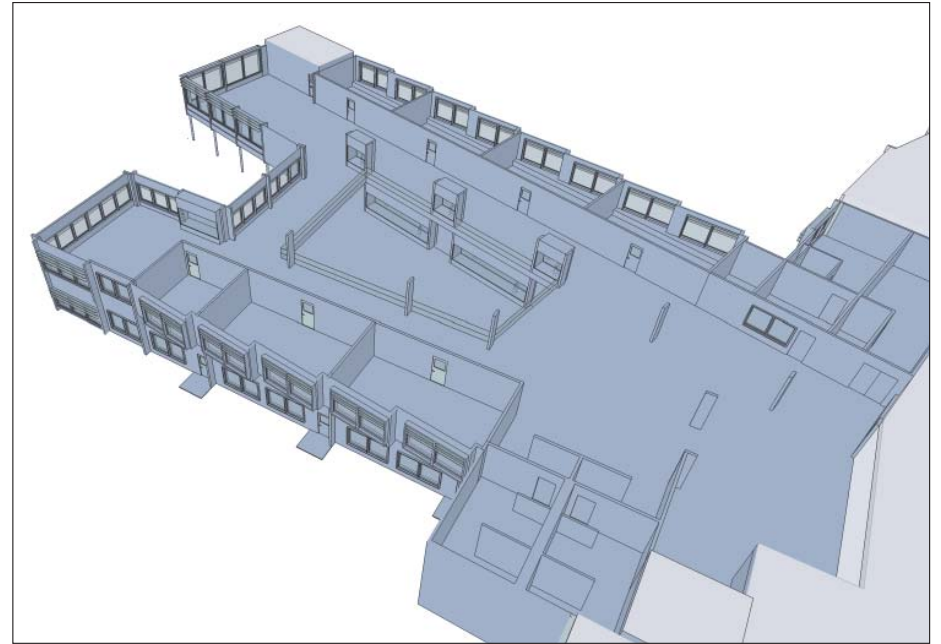
[1st floor] 1/32" = 1'-0"

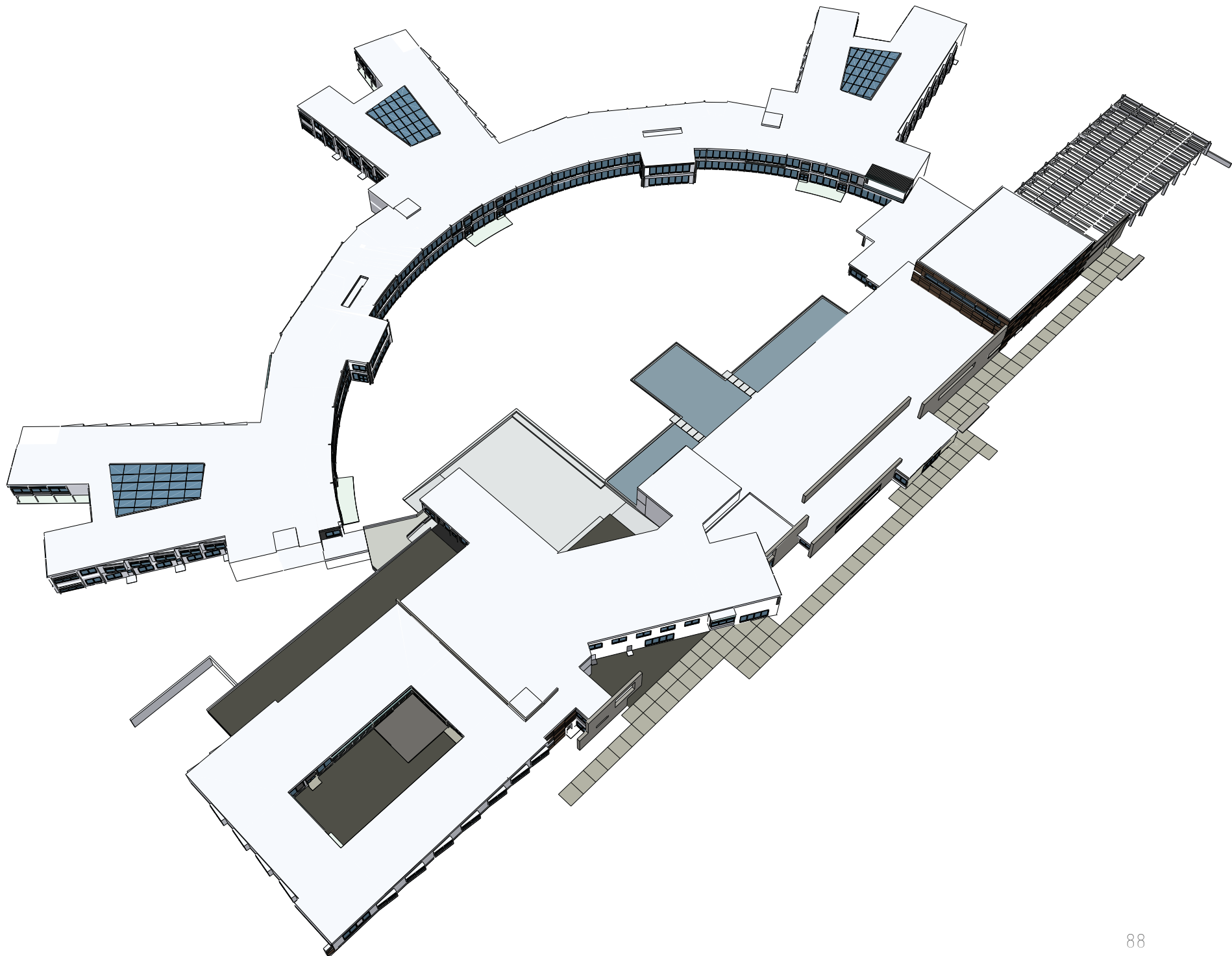


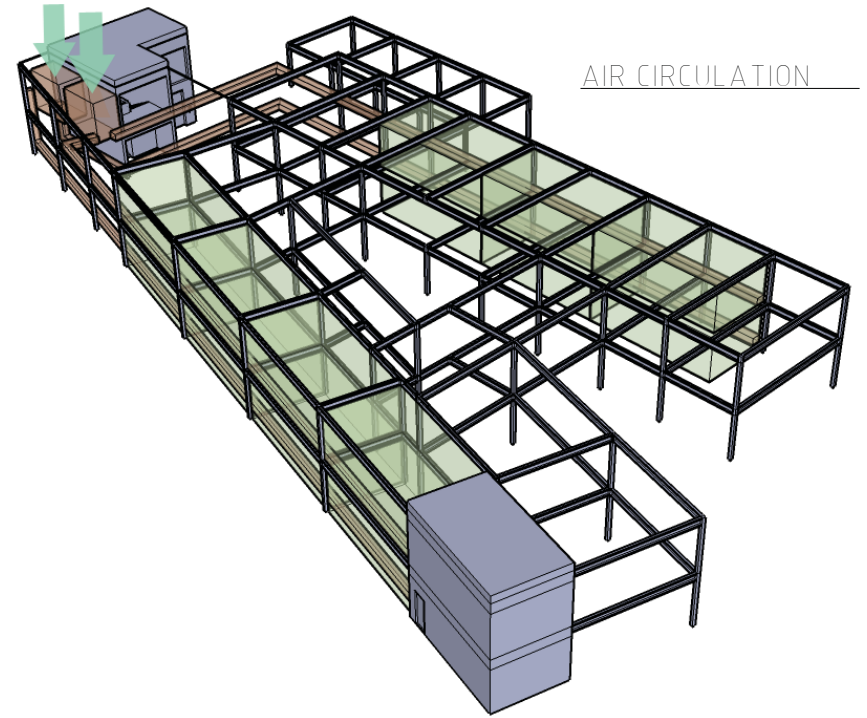
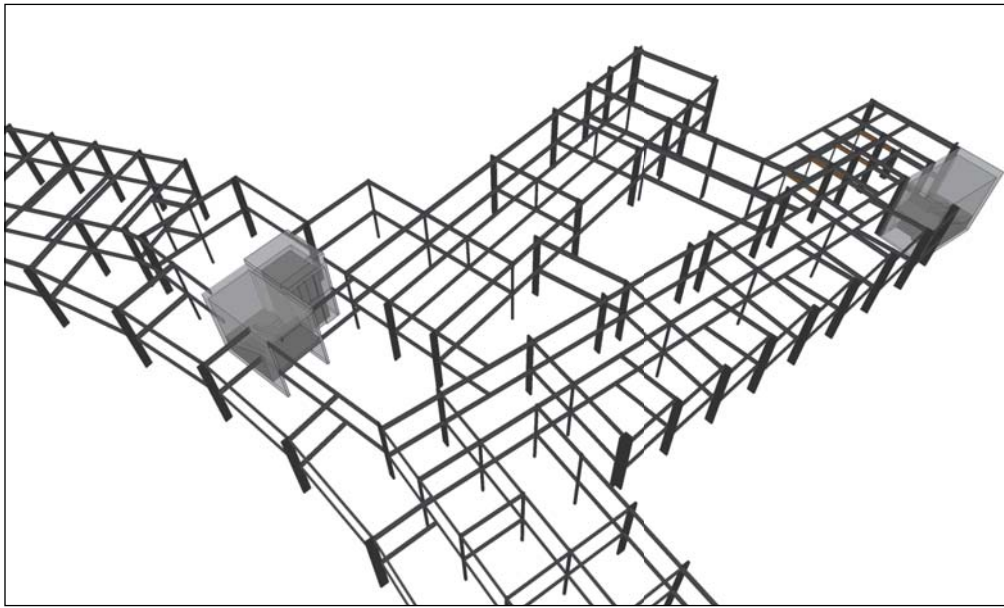
[1st floor] 1/32" = 1'-0"



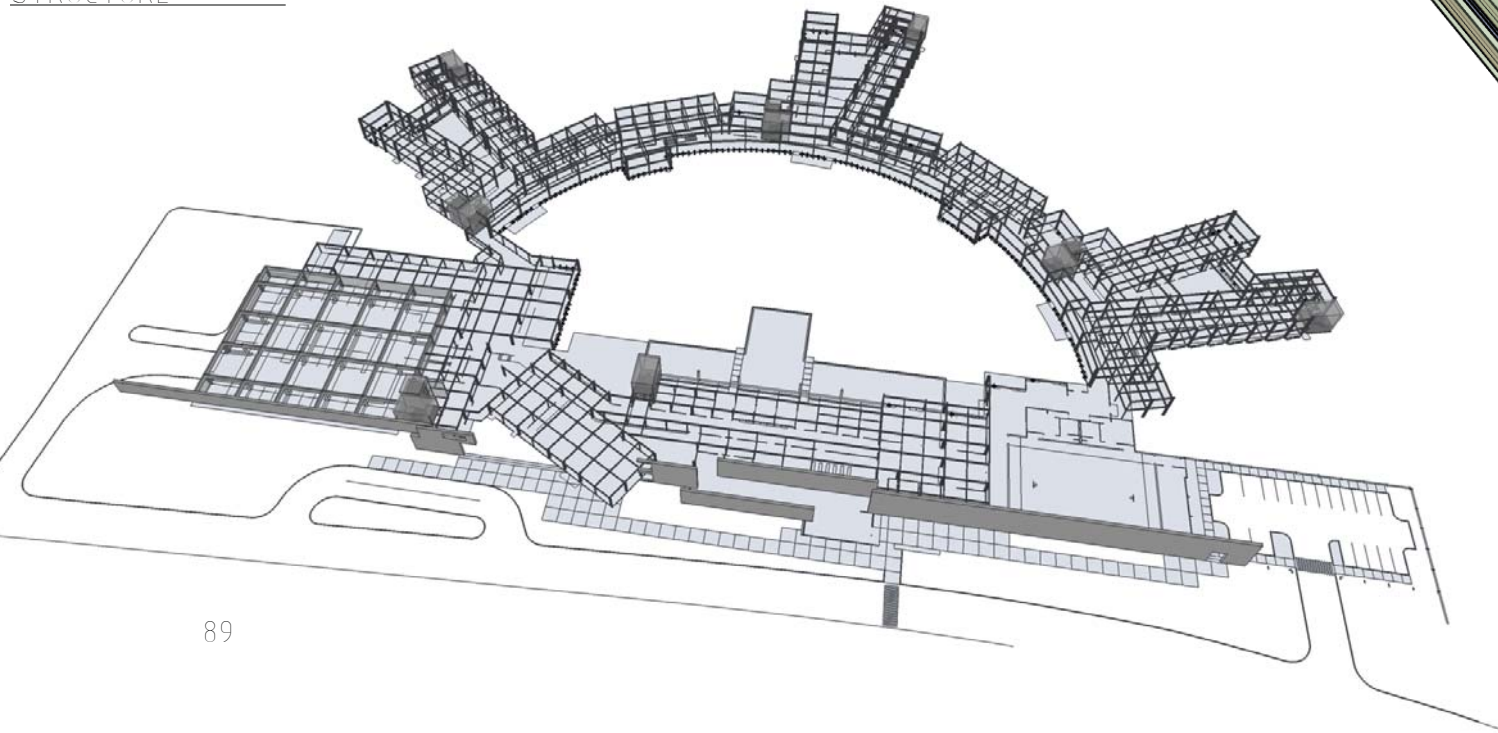








STRUCTURE



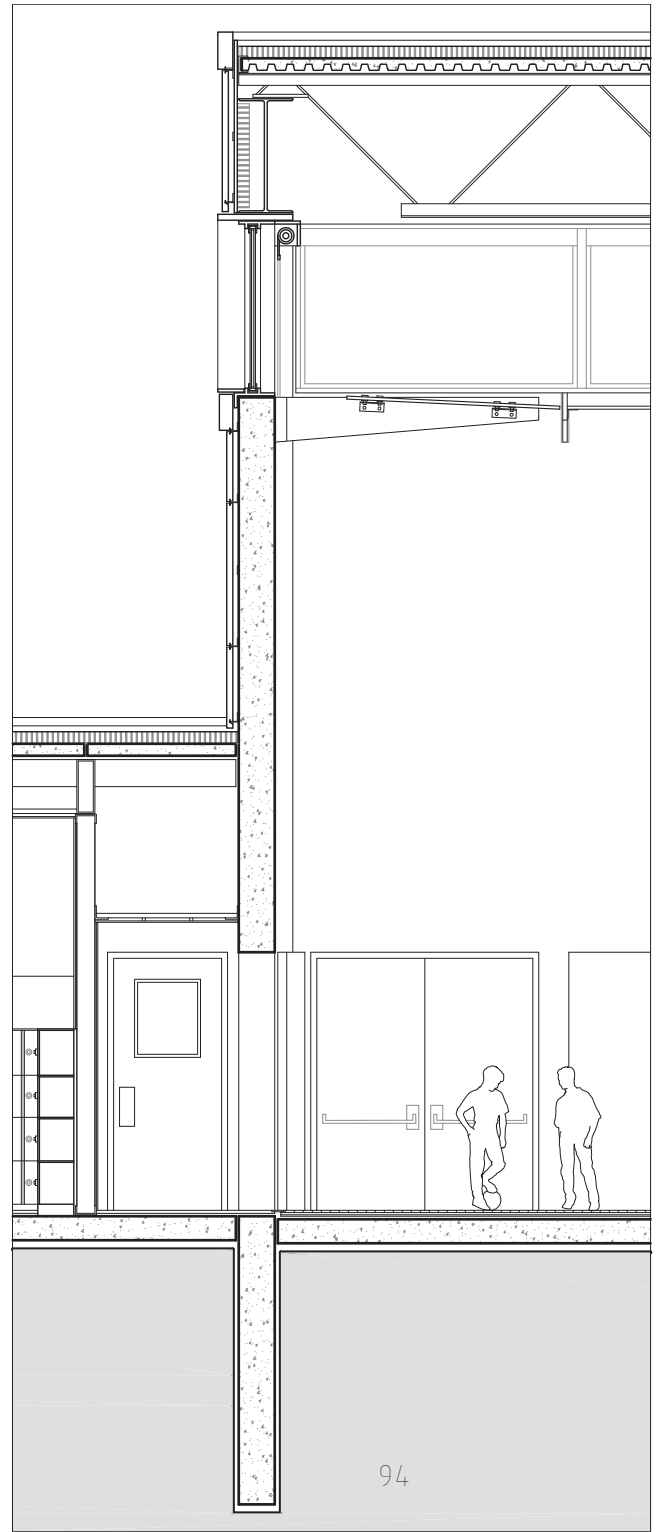
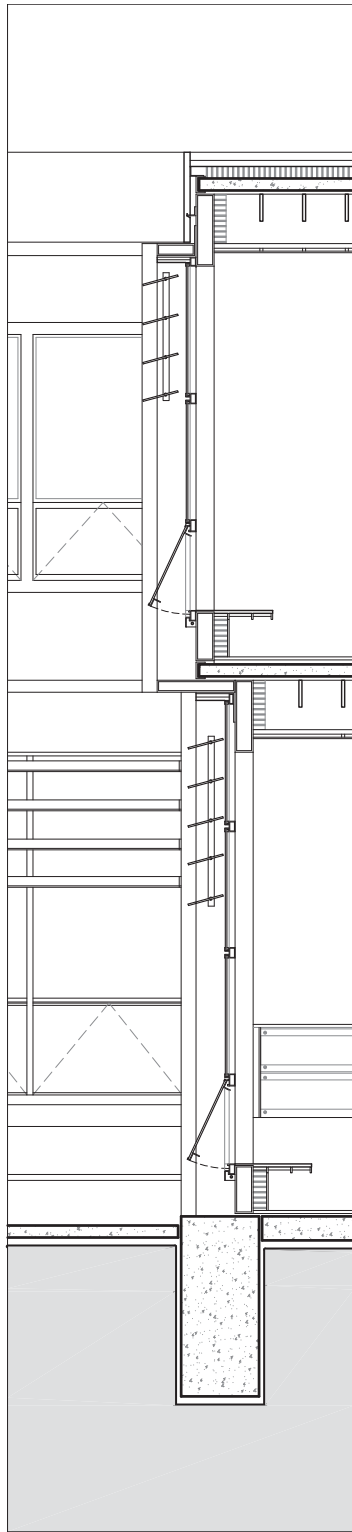
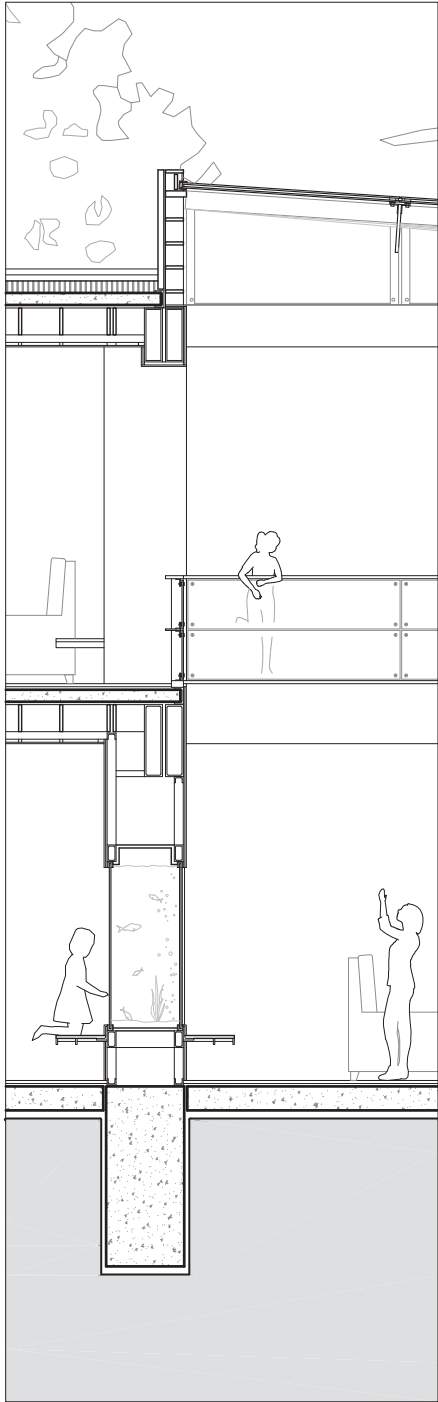
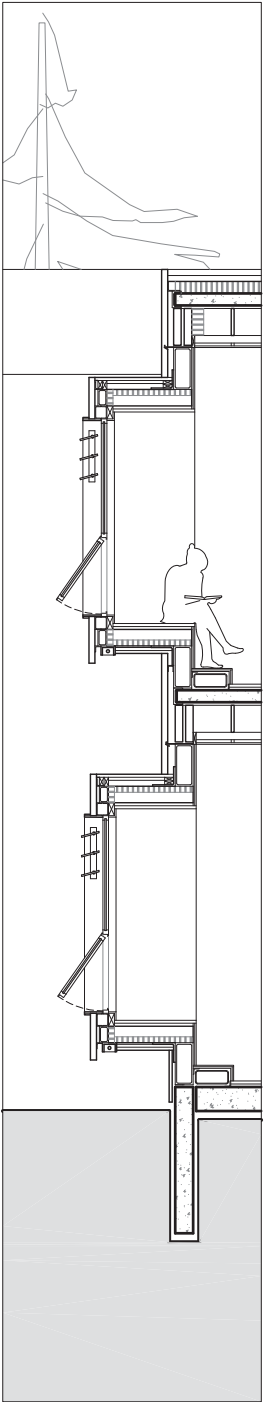




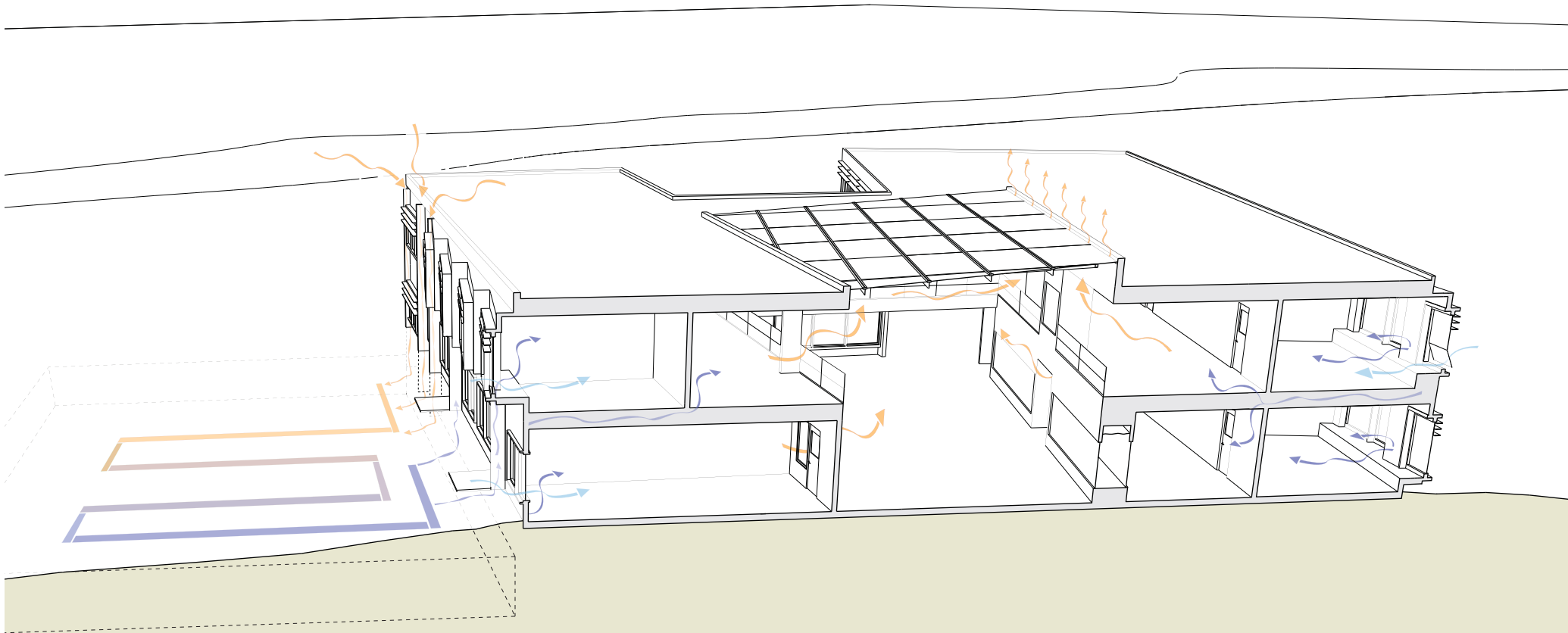




[wall sections] 3/16" = 1'-0"



Vents on the side of the building pull air from outside underground where it is naturally cooled by geothermal heat exchange. The air at the top of the central space is heated through the angled skylight [making a small thermal chimney] and naturally vented through the top. Fresh, cool air is distributed through the rooms and pulled into the central space, due to the natural stack effect created.





Every year there are a growing number of refugee children that have been through particularly traumatic experiences, compounded further by the fact that they are orphaned or separated from their parents. Often times refugee children arrive alone and are left unsupported and unprotected. With such a large focus placed on locating and liberating these children, what happens to them after their rescue is often overlooked. Once rescued, these children often lack the ability to survive and function in society. These specific children are unable to function in a traditional orphanage environment due to the lack of a complete, all encompassing facility.

The Right Ascension is a complete facility designed to help rehabilitate traumatized children and develop the skills required to live happy and healthy lives in a community. Located in Newton, MA, the site is abundant with open fields, forests, and a meandering river. The center's association with the Newton-Wellesley Children's Hospital provides a full range of highly trained specialists and staff. The center will provide the children with: healthcare, housing, education, recreation, and public integration.

The design of the center creates a sense of safety and protection from the outside community. The building acts as a conceptual wall shielding the street, while the surrounding environment creates a

natural buffer around the remaining sides. Following along the street, the building starts as a strong prominent bar and transitions as it wraps around itself forming a more transparent ring, which encloses a large open space in the center. This open space is critical to the success of the children's recovery, with natural forest and water creating an enjoyable and therapeutic environment, while feeling protected. Plenty of natural light, space, and air are all achieved through the light semi-circular design, allowing a narrow building width with branching classrooms and dormitories. The sensation of a natural environment is vital to the project.

The flexibility and morphing of the building allows each child to experience the transitional functionality of living and cohabitating at the center. Reciprocating the evolution of the buildings form, the child is intended to experience a feeling of safety, security, and in some cases isolation in the beginning. Once ready they are integrated into similar groups where they continue to develop. As the children progress they are isolated and monitored less and a greater emphasis is placed on community and integration. The center will provide the children with not only the ability to function in society, but provide them with the necessary education and skills they need to have another chance at a happy and healthy life.



8

CASE STUDIES

Documentation and analysis of precedents relevant to their proposal of the RIGHT ASCENSION CHILDREN'S CENTER.

CASE STUDY #1

1996 NEPTUNE HEALTH PARK

PENOYRE + PRASAD ARCHITECT

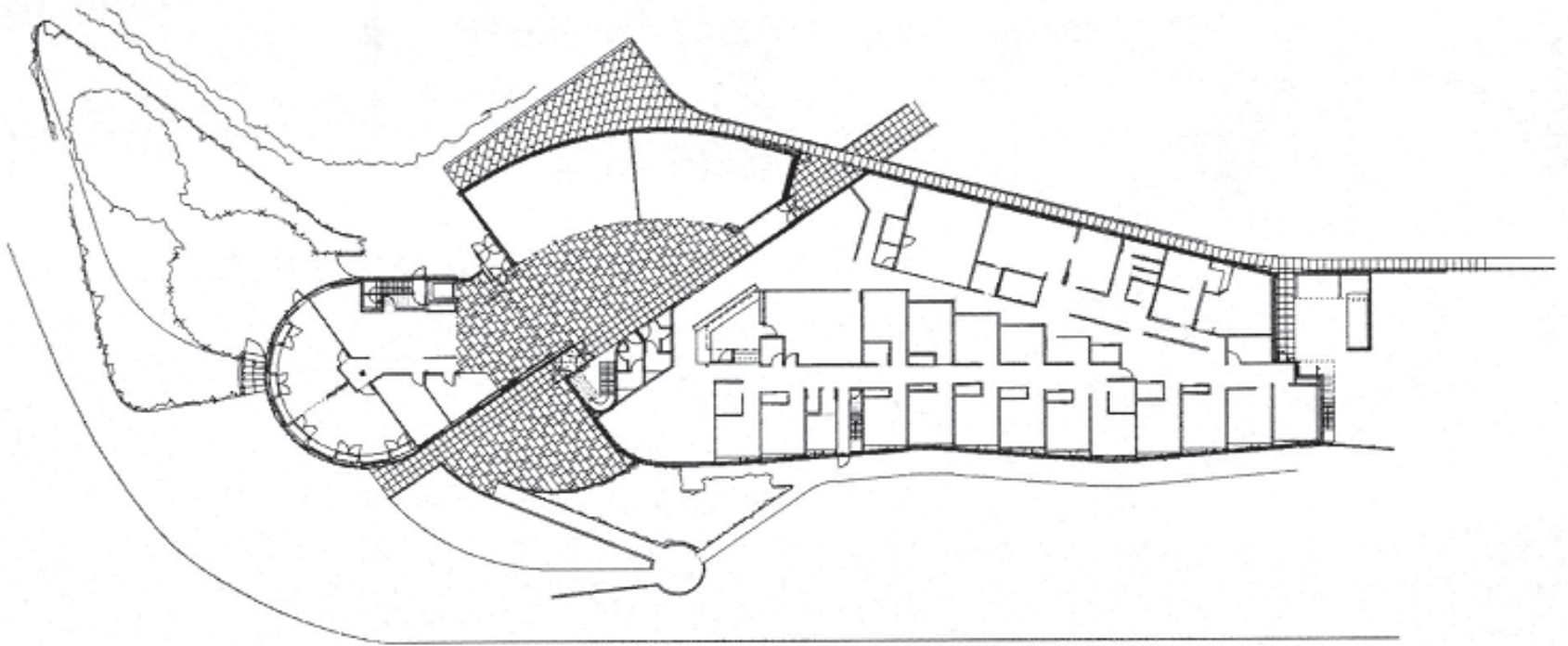
Intended as a community center

Includes: GP surgery, primary health care, cafeteria,
meeting rooms, citizens advice bureau





SITE: town of Tipton, West Midlands, UK



Designed to be open and welcoming

Waterside café terrace, promotes water activities

Load bearing masonry structure

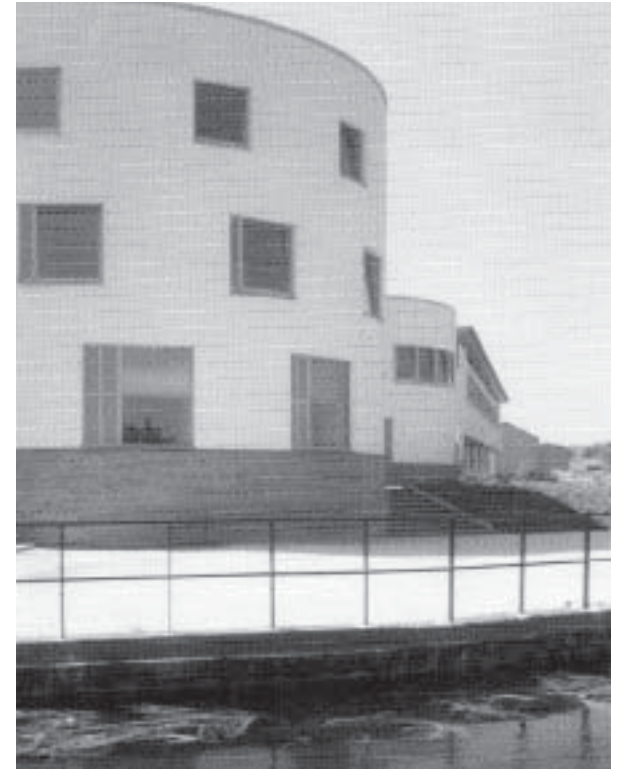
Insulated externally, energy efficient envelope of high thermal mass

Metal roofs of terraced for second level access



Entrances are positioned and designed to allow public to easily enter or pass through building

Private spaces are located away from the public axis



Flexible to the public

A new type of health building, can be used without having appointment

Entrances lead to central circular area, where visitors meet, café and information area

CASE STUDY #2

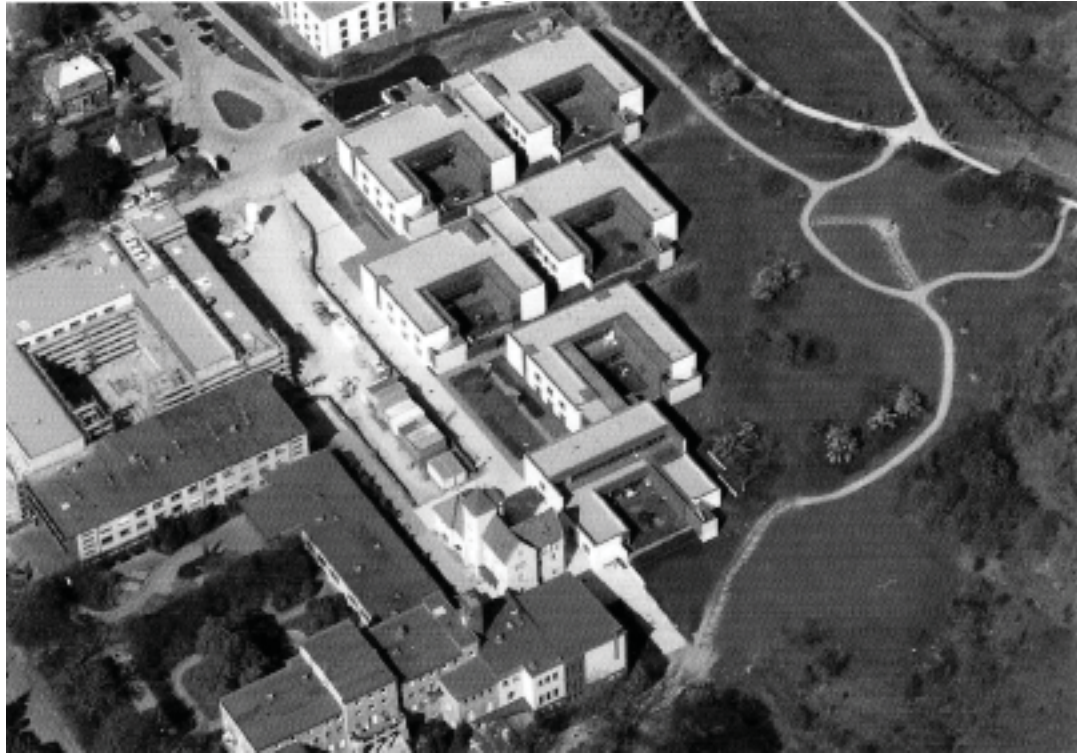
2002 KRANKENHAUS HEDWIGSHOHE

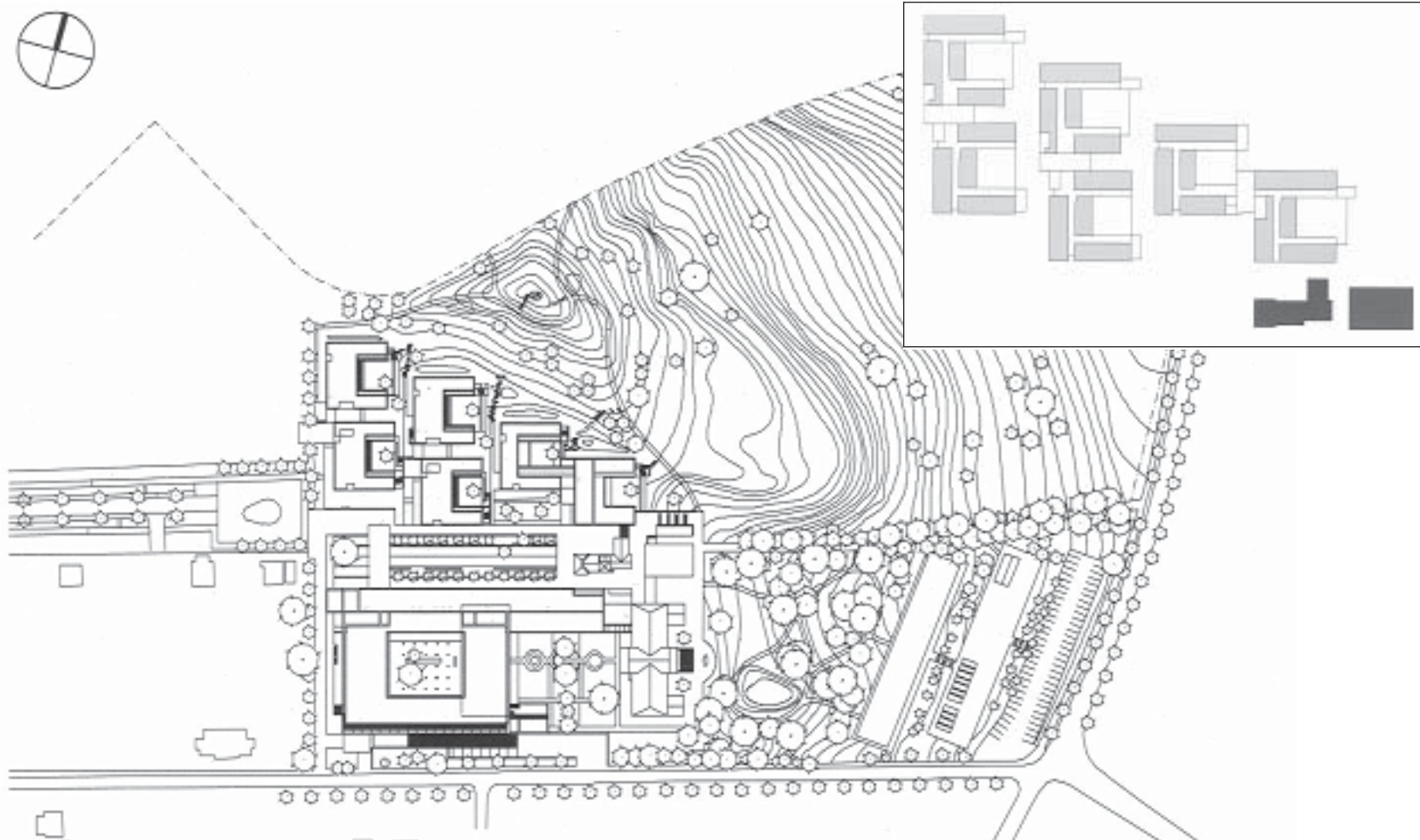
HUBER STAUDT ARCHITEKTEN

Psychiatry and psychotherapy youth clinic

Naturally integrated with landscape and context

Forms a hospital community with combination of
historical and contemporary buildings





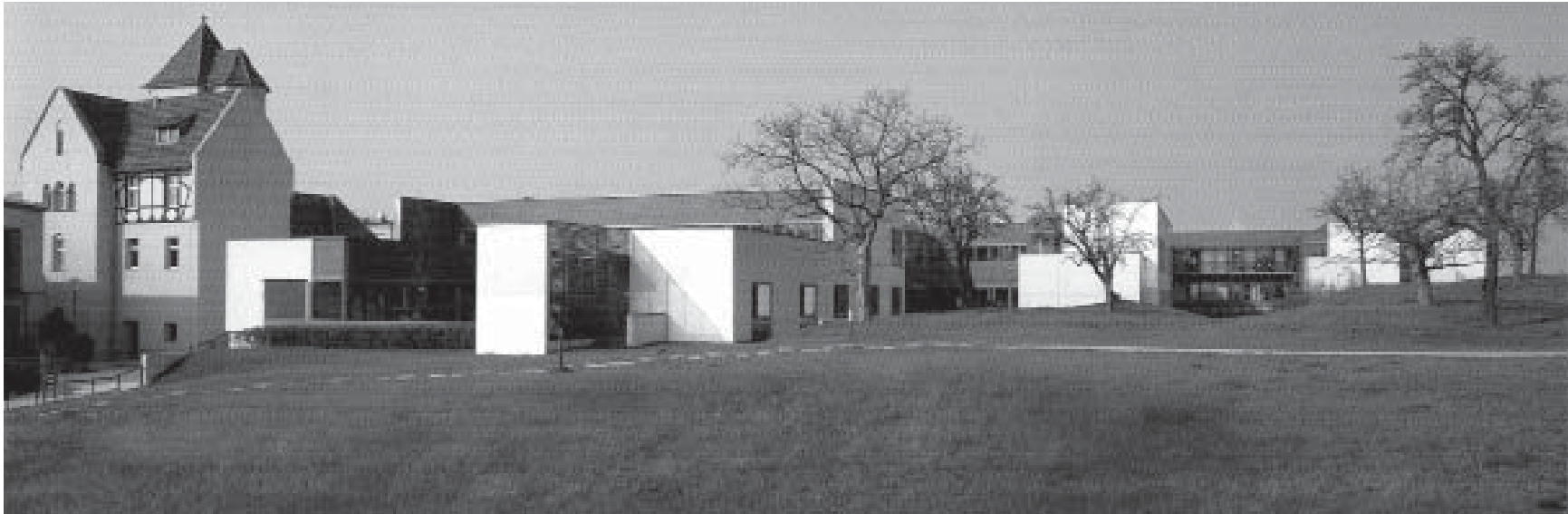
On edge of city

SITE: Berlin, Germany

Patient pavilions, grouped in pairs

120 beds
20500 sq. ft.





Oriented towards open rolling hillside



Details derived from vernacular of local residential housing

Wood and glass facades provide privacy to the inner courtyards



CASE STUDY #3

MARTIN + NAOMI HOUSE

WILDBLOOD MACDONALD ARCHITECT

Children's hospice

Facility is self-contained

Provides housing, school, and recreation





SITE: town of Boston Spa, UK

Proximity to highway and access to surrounding cities

On edge of small town provides calm rural setting and walking distance to other facilities and necessities

Hospice ground-floor plan encourages togetherness

The 10-bedroom children's hospice is shaped like a horseshoe encircling the children.

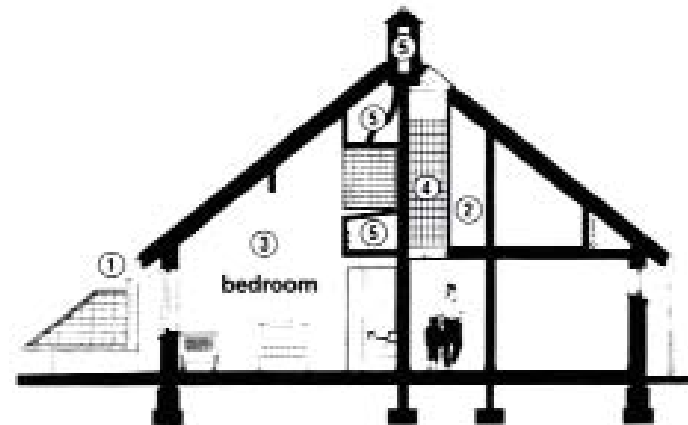
- ① The 10 children's bedrooms are given pride of place on the ground floor, facing southwards to a walled garden.
- ② Each child has a small external patio reached by a french window.
- ③ A central corridor forms the main circulation spine.
- ④ The dining and living rooms are clustered at the east (a) end of the spine; specialist areas are at the west (b).
- ⑤ Ancillary accommodation forms four spurs to the north of the horseshoe. The four wings contain: (a) entrance and offices, (b) plant rooms, (c) nurses' and parents' rooms, and (d) a non-denominational chapel.



Cross-section illustrates child's scale

The 55-room building has been reduced in apparent scale and made homely so as not to intimidate vulnerable children.

- ① The entire complex appears to be an extended single-storey house, with double pitched roofs that sweep down to low overhanging eaves.
- ② An upstairs floor of staff rooms, parents' bedrooms, store rooms and an escape corridor has been partly hidden within the roof space.
- ③ Principal ground-floor rooms benefit from the extra headroom.
- ④ Children's bedrooms and ground-floor corridors borrow daylight from rear rooflights through concealed light shafts.
- ⑤ Service ducts have been neatly concealed alongside a central spine wall. No ducts, flues or external pipework mar the rustic brick and tiled exterior.





Non-institutional design

Creates sense of community within facility

Light shafts bring daylight into rooms



CASE STUDY #4

2002 PARK-KRANKENHAUS

TMK ARCHITEKTEN

On site of medical science center

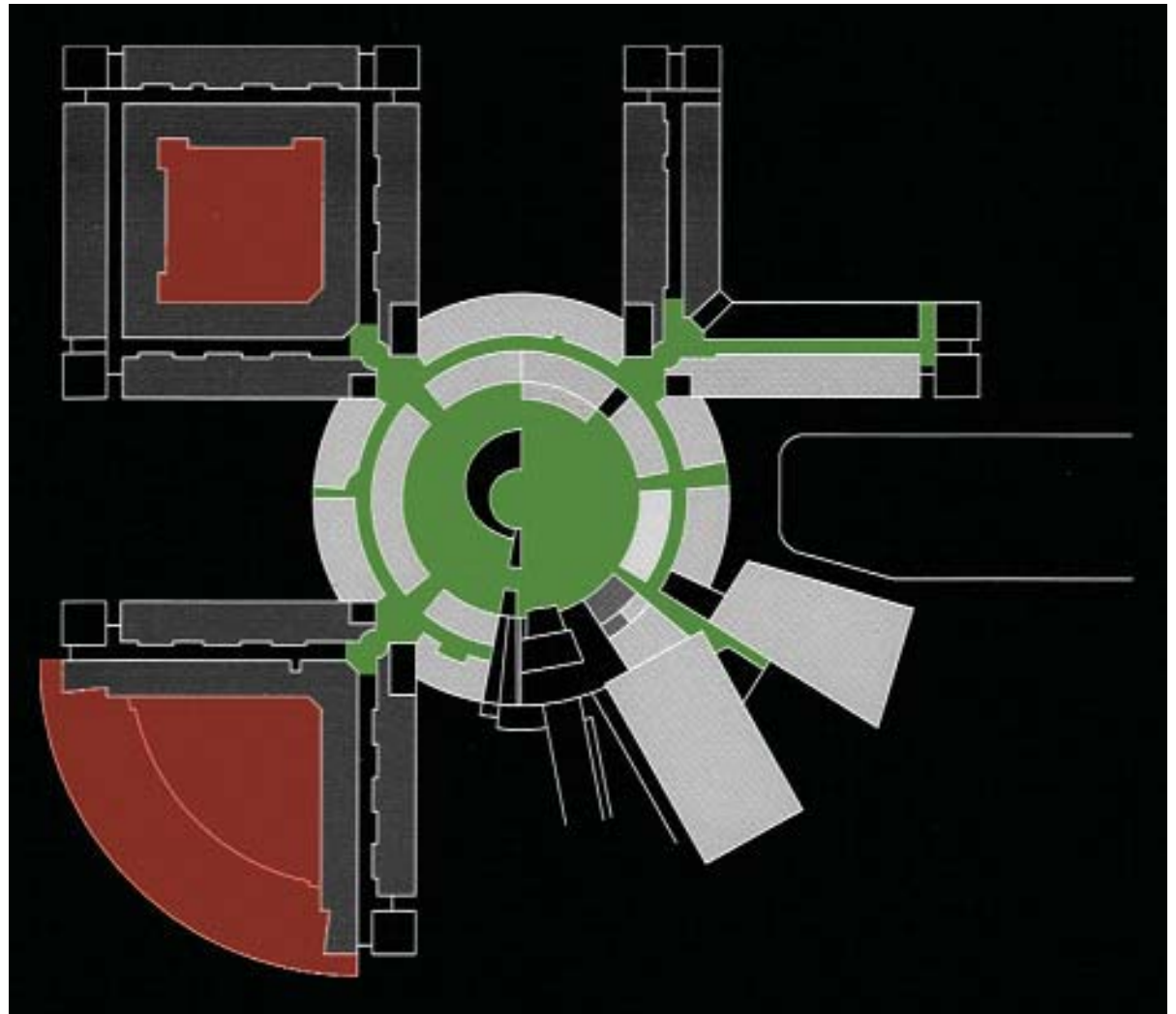
Adult and child psychiatry facility

Promotes open atmosphere to outside



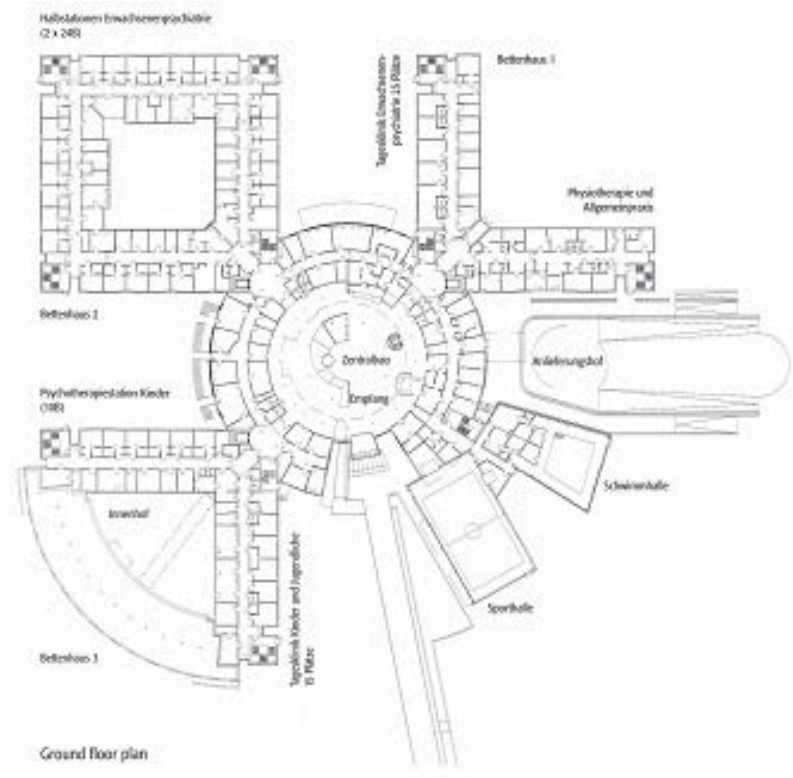
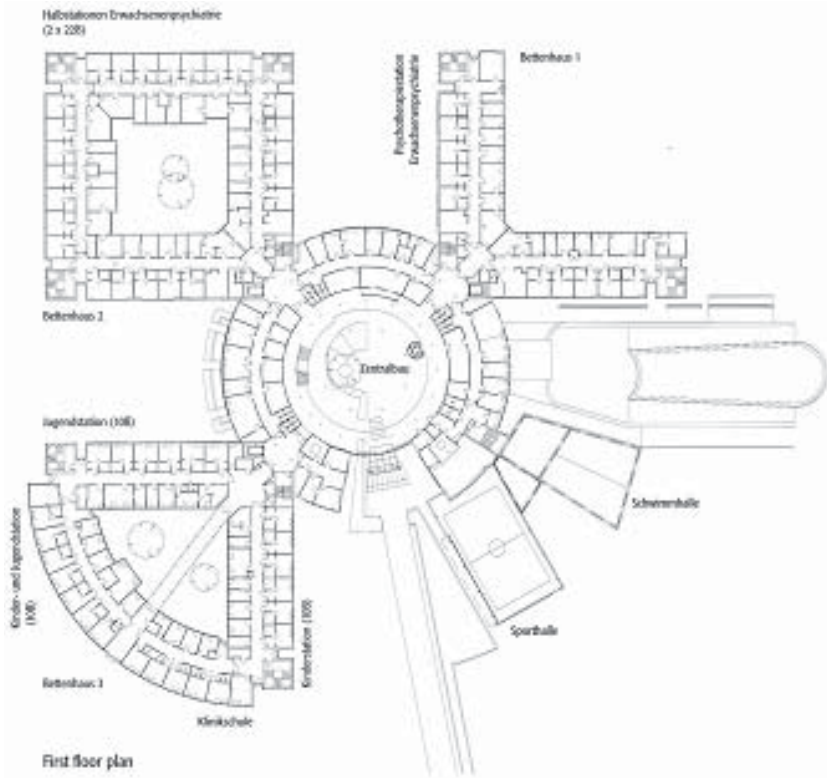
SITE: city of Leipzig, Germany





Passageways from center to wings help form main access

Integration between private and public, can fluctuate



150 beds
78400 sq ft



Open recreation and social spaces

Natural day lighting

Non-clinic atmosphere



CASE STUDY #5

2006 KALEIDOSCOPE CENTER

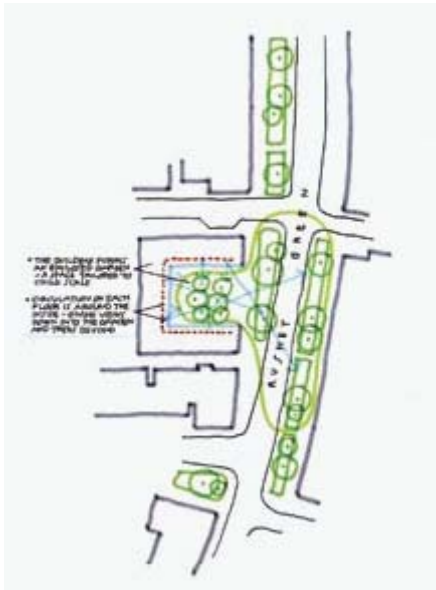
VAN HEYNINGEN + HAWARD

Design and innovation for primary health and social care

Building is the first of a new type, focuses on housing health, social care, and education services for children up to 19

Allows children access to range of services under one roof, previously in various locations across the borough





Lewisham Centre for Children and Young People

center provides a range of services:

- Audiology
- Behavior and Education Support
- Child and Adolescent Mental Health Services (CAMHS)
- Disabled Children's Service
- Educational Psychology
- Healthy Schools Program
- Immunization
- Inter-Agency Transition
- Lewisham Information Sharing and Assessment Service (LISA)
- Multi Agency Planning Pathway (MAPP)
- Community Pediatrician's
- Occupational Therapy
- Physiotherapy
- Child Protection
- Special Needs Nursing
- Specialist Teachers
- Speech and Language Therapy Service





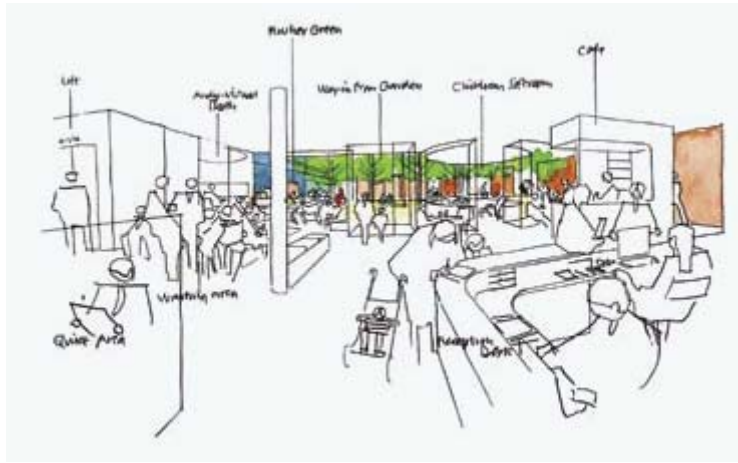
SITE: Catford, dense suburb of London, UK



Potential for the building to be a modern and exciting contribution to the regeneration of the area



Spaces and floors are color coded by department to make for easy orientation



The constant view of the garden allows occupants to always be aware of where they are in relation to the rest of the building



13100 sq. ft.

Facility is four floors with a fifth floor shell for future expansion

Natural ventilation

Heating and cooling using high thermal mass and distribution through hollow floor slabs





Glazing makes up 30% of the facade, allowing plenty of daylight and fresh air

All internal circulation looks out over the central garden space to allow for easy orientation







9

WORKS CITED

- Alison, Jane, ed. Future City: Experiment and Utopia in Architecture. Yokohama, Japan: Thames & Hudson, 2002.
- Barnett, Jonathan, ed. Smart Growth in a Changing World. Chicago: Planners Press, 2007.
- Downing, Joseph J. Planning Programming & Design for the Community Mental Health Center. Bethesda, MD: National Institute of Mental Health, 1965.
- Gold, John R. The Practice of Modernism. New York: Routledge, 2007.
- Marberry, Sara O. Innovations in healthcare design: Selected Presentations From the First Five Symposia on Healthcare Design. New York: Van Nostrand Reinhold, 1995.
- Schirmer, Christoph. Hospital Architecture: Specialist Clinics and Medical Departments. Singapore: Page One Pub., 2006.
- MVRDV/DSD. Spacefighter: The evolutionary City (Game). New York: Actar-D, 2007.
- Purves, Geoffery. Healthy Living Centres: A Guide to Primary Health Care Design. Boston: Architectural Press, 2002.
- Sala, Nicoletta, ed. Chaos and Complexity in the Arts and Architecture. New York: Nova Science, 2007.
- Voordet, Theo JM van der. Architecture in Use. Boston: Architectural Press, 2005.
- Winters, Nathan B. Architecture is Elementary. Salt Lake City: Peregrine Smith Books, 1986.

City of Newton

<<http://www.ci.newton.ma.us/default.asp>>

Committee on the Rights of the Child, Thirty-ninth session

<[http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/532769d21fcd8302c1257020002b65d9/\\$FILE/G0543805.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/532769d21fcd8302c1257020002b65d9/$FILE/G0543805.pdf)>

Convention on the Rights of the Child

<<http://www.unhchr.ch/html/menu3/b/k2crc.htm>>

Massachusetts Refugee Resettlement Program

<<http://www.massresources.org/pages.cfm?contentID=58&pageID=18&Subpages=yes>>

Newton-Wellesley Hospital

<<http://www.nwh.org/>>

Office of Refugee Resettlement, Statement of Goals, Priorities, Standards, and Guidelines

<<http://www.acf.hhs.gov/programs/orr/programs/refpr.htm#g>>

Office of Refugee Resettlement, Unaccompanied Refugee Minors

<http://www.acf.hhs.gov/programs/orr/programs/unaccompanied__refugee__minors.htm>

United Nations General Assembly, Fifty-second session

<<http://www.un.org/documents/ga/docs/52/plenary/a52-273.htm>>

The United Nations Refugee Agency

<<http://www.unhcr.org/home.html>>



