

Historically, the hospitals— as L. B. Alberti treats them— were asylums for sick, travellers, foreigners, abandoned and orphaned children. Usually the hospitals were characterized by a modest and severe architecture: the monasteries were, in fact, the model to follow. Simple courtyards, not ornamental but purist facades, porticos and cloister with nature were important constituents of the first pediatric hospitals, such as the Ospedale degli Innocenti (Hospital of the Innocents) designed by Brunelleschi in 1419 and then the Hôpital des Enfants Malades, which opened in 1802 in Paris and hosted children up to the age of 15 years. The Great Ormond Street Hospital in London, opened fifty years later (1852). Gibraltar Colonial (1877) and Military hospitals (1903) share the same architectural qualities. The 17th century saw a radical shift with the redefinition of institutions intended for the care of children with illnesses, separated from adults, and the following dissemination of pediatric care centers throughout Europe.

Care has always taken place in settings such as hospitals and homes.

However, the architectural design of the hospital is often highly influenced by technicalities (health care facilities, necessary equipments and systems, etc.) and normatives. Nevertheless, the paediatric hospitals are shown many times as colorful and child-friendly architectures. The purpose of the study is to explore the possibilities of a different architectural design, starting from the current attention devoted to children and health in Gibraltar in the last five years. The thesis proposes a new domesticized paediatric hospital, a destination for kids and their families on the southern edge of the rock, overlooking the Bay. At the same time, the project has to take into account the requirements and the needs that lie behind the family long-term relocating and has its roots on the 2050 plan for Gibraltar.

Thus, the pediatric hospital design will offer homely comfort while merging the materiality of the rock, its footpaths along the Upper Rock Nature Reserve, dominated by the abundance of flora and fauna.

The result is an hospital conceived as a network of medicalized family houses that actively interact with the nature of the peninsula. That way, domesticity does not end up an oversimplification of the term; the paediatric hospital is not simply a matter of colors preferences, cartoons or themes, but rather a microcosm laced with customized design principles.

The analysis is, in the first instance, guided by the existing condition of the Rainbow Children's Ward (6 beds) on level four of St. Bernard's Hospital in Gibraltar. The genericness of this place is the starting point to address service users' needs and translate them into a proper design together with the facilities required by the institution as such.

The aim is to domesticize the hospital, offering a different reading of the place and avoiding to convey the innocence of the project. Hence, one of the key questions is how the definition of "domestic" can be applied to a medical environment and pointing the meaning of the term in the context of architecture for sick children, as opposed to designs that have an institutional origin, in a critical independent fashion through evidence and research.

Next to data and statistics at a regional scale (Spain), the project development will be divided into three parts: the analysis with data, statistics and forecasts (2050), the choreographies of the family journey through images, diagrams and technical drawings that can speak more clearly about design choices.

The main determinants of the proposal are its access to nature and water, its soothing spaces and views to provide a mental escape, its personalized apartments and rooms, its small size (micro-hospital) and its being local to the community. The architectural complex becomes a place for participatory and public activities. Moreover, the geometry of the living units provides patients with clear views while minimising travel distances for robots and caregivers. Natural ventilation can be used to manage the temperature, reducing energy costs.

From a graphical point of view, the contribution does not show its complex features, but rather its primary components through a selection of scenes and architectural drawings.

Generally, the hospital has been described many times as a living organism, always adapting and changing, "like the city itself"—as the architect Riboulet argues in his *Naissance d'un hôpital*.

Finally, the contribution does not aim to reach grandiose dimensions, but tries to demonstrate that the hospital of the future may well be the home itself. Hence, there is no need for bulky physical infrastructure but a small, sparse place thanks to biometric sensors, Big Data algorithms, telemedicine, robot carers.