CHAPTER 4

HILLBROW

PRECEDENT STUDY

WELLNESS

Fig 55. Street view & approach to entrance
(www.graham.co.uk)

Fig 56. Pergola & therapy room connection
(www.kateottenarchitects.com)

Fig 57.View of internal therapy courtyard
(www.archdaily.net)

Art Therapy Center:

Kate Otten Architects. Soweto, 2002

South African townships are characterised by abject conditions of violence and criminal behaviour, thus giving rise to traumatic experiences which lead to psychosocial disturbances and a state of general insecurity within the community. Only 200m down the street from Regina Munidi Church (A famous gathering place of refuge during apartheid) is the location of this Art Therapy Centre in Soweto, the largest township in South Africa. (Solomon, 2007: 9)

In 1989, the Mokhele Art Therapy and Education Project (MATEP), was established in South Africa by Colin Richards and Mamatlakeng (Maggie) Makhoana to try to begin a healing process for South African victims through art therapy. It is particularly effective in situations where language, for reasons of age, culture or pathology, appear to be the inhibiting factors. Through the creative use of physical materials as a mode of analytically orientated psychotherapy, these barriers are transcended. (Solomon, 2007)

More than being merely a therapeutic means, art therapy is also a tool for community building and empowerment.

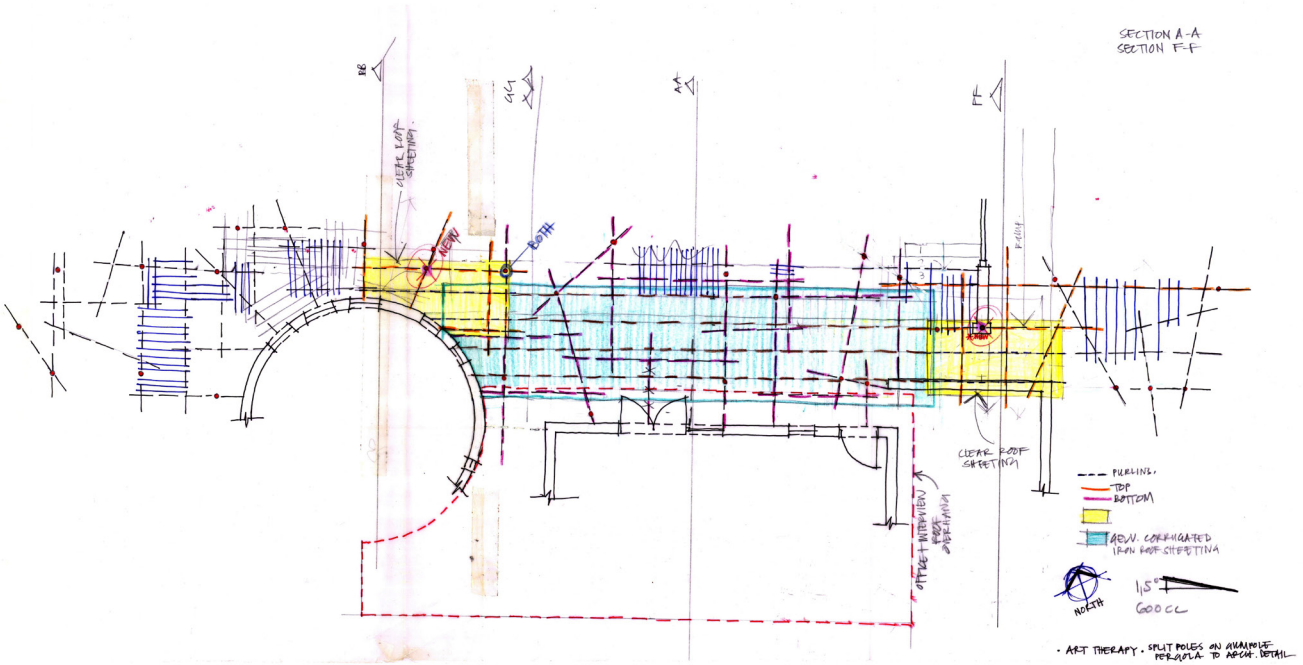
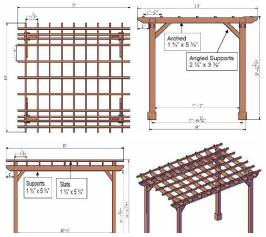


Fig. 58. Otten, K. ***'Concept plan & structural layout'***. Johannesburg, 2002 (www.wolffarchitects.co.za)



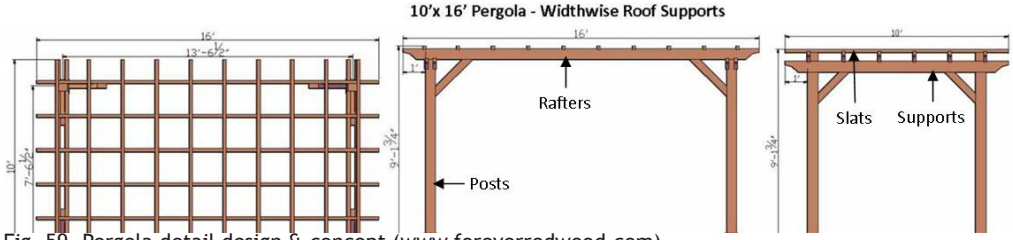


Fig. 59. Pergola detail design & concept (www.foreverredwood.com)

Fig. 60. Rear view from the street
(www.wolffarchitects.co.za)

In the beginning, Maggie conducted here art therapy sessions from very small and temporary Wendy house type structures (Zozo) placed in the grounds of a home for abandoned children called Othandweni. From these meagre facilities, often without pay, Maggie operated and served the surrounding areas. Soon after, the need for a resource was obvious and the results, despite many difficulties and setbacks, encouraged MATEP to approach Kate Otten Architects to design a new therapy centre. However, funds for a bigger, permanent structure were yet to be sought. These were eventually found, but insecure land tenure thwarted any further progress. Some years later, Cheshire Homes, a residential facility for people with disabilities, who operated across the road from Othandweni, offered MATEP a piece of their land. This enabled the project to proceed. (Solomon, 2007: 10)

The three building elements of the Art Therpy Centre are located on the south east corner of the site. This composition forms an 'L' shape, and has a separate entrance off the street. The rectangular office and adjacent interview room, and the services wing are connected by the round drum of the group therapy room which forms a knuckle like connection. All these elements are connected by covered outdoor spaces.

The north veranda to the office/interview room extends eastwards towards the street, thus creating an urban corridor, which is useful as a waiting area for taxis, and exhibition, and work space. This corridor leads to the entrance of the building which culminates in the rotunda of the group therapy room.

The office and interview room are entered off a veranda cum reception area. The pergola structure articulates this space and blurs the line in the perception of indoor and outdoor space. Light is allowed to flow into the office and interview room through the device of high level windows which maintain the balance between privacy within these spaces, and a connection to nature. A one way glass window between the office and the interview room allows for observation, while a door from the interview room, leading to a private courtyard serves as a contemplation space for interviewees - this is particularly useful as traumatic memories, often come up during interviews. (www.kateottenarchitects.com)

Fig. 61. North verandah & urban corridor
(www.wolffarchitects.co.za)

Fig. 62. Exterior view of therapy room
(www.kateottenarchitects.com)

Fig. 63. Randomly ordered pergola timber posts
(www.wolffarchitects.co.za)

The drum like form of the group therapy room consists of decorative patterned brickwork, which has an opening at the apex to let in light. A set of random steel conduits support the stacked rims of brickwork which cover inwardly towards the light opening. Vertical slit windows also allow controlled visual connection with the outside courtyard. For complete privacy, curtains can be drawn over these windows. The circular form of this space ensures that no student is isolated in a corner, but that all students are equal and free to interact in this democratic environment.

The brick detailing consists of angled, protruding, and regular brick courses which create a textured and dynamic surface. To achieve this delicate and artistic feature which distinguishes the centre, careful instruction and liaison between the architect and contractor had to be conducted in the form of drawings and site meetings. Although this process was foundational in communicating the concept behind the structure, the final product, however, was a result of spontaneous intuition on the part of the contractor who went (www.kateottenarchitects.com)

Fig. 64. Apex opening of therapy room (www.wolffarchitects.co.za)

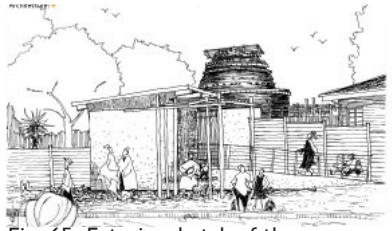


Fig. 65. Exterior sketch of therapy room (www.arcplusonline.com)

Fig. 66. Pergola & therapy room connection (www.kateottenarchitects.com)

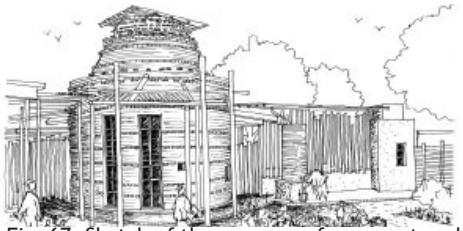


Fig. 67. Sketch of therapy room from courtyard (www.arcplusonline.com)

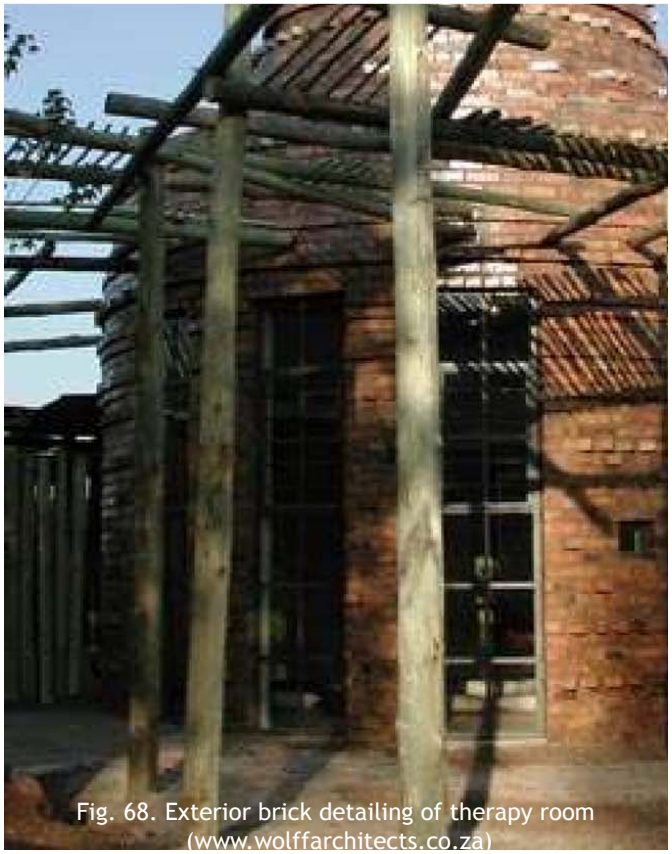


Fig. 68. Exterior brick detailing of therapy room (www.wolffarchitects.co.za)

beyond the expectations of a sample detailing method (which was the agreement for the upcoming site meeting) to presenting to the architect a finished version of the miniature tower. This is the reward of a free approach to the design and construction process, where the contractor is at liberty to express their craft without the limits of predetermined or preconceived perfection from the drawing board.

The service wing comprises two toilets – one for people with disabilities – and a wash-up area. The wash-up area is again a covered outdoor space. West light is filtered through a screen of loosely placed split poles that allow views of the lush vegetable garden to be glimpsed through the cracks. The toilet element is built hard up against the site boundary thus securing the courtyard with its existing trees and rocks. Play therapy is also encouraged within this secure environment.

The driving theme of the scheme is achieving a balance between the built and natural environment, so as to promote and realise an ideal architectural aesthetic which evokes and compliments nature's inherent ability to soothe, calm, and heal. Hence existing trees, rock formations and vegetable garden have been retained. The building is carefully conceived, robustly constructed and aesthetically delightful. (Otten 2007)

The townships of South Africa are notoriously tough, poor neighbourhoods. People make the most out of whatever is available. This same resourcefulness is evident on many levels within this facility. Existing trees, pre-cast boundary walls, the vegetable garden and buildings are all re-used. The building itself is used to create security and closure to meaningful outdoor spaces; a water tank collects all water runoff from the roofs, which is then used to water the vegetables. (www.kateottenarchitects.com)

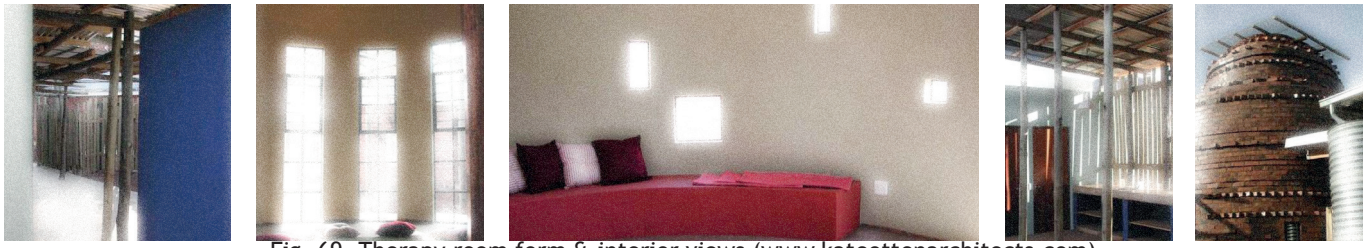


Fig. 69. Therapy room form & interior views (www.kateottenarchitects.com)

St John's Rehabilitation Hospital:

MONTGOMERY SISAM ARCHITECTS & FARROW PARTNERSHIP ARCHITECTS. TORONTO, 2011

The St. John's Rehab Hospital was built in the late 1930's on a 25-acre farm. Driving up its tree-lined thoroughfare in North York, St. John's looks more like a turn-of-the century resort than a rehab hospital. The addition unites all the hospital's outpatient facilities into a flexible, shoebox-style space designed to shift easily to new configurations and uses in the future.

Preservation of natural surroundings, the incorporation of parking lots, and the formation of a courtyard as a unifying element between the existing and added built form - are recent interventions on site. Over and above its unifying function, the courtyard forms the focus of the hospital complex as an important element to the healing process. Upon entry, from the lobby space at the new entrance, the courtyard is visible. Administrative spaces on the northern wing and treatment spaces on the eastern wing enjoy views of the courtyard. This connection with the outdoors, and the inlet of abundant light into the building, enhances the healing effect of the specialised health environment, as it complements the natural setting in which it is situated. (Paige, 2012: 13)

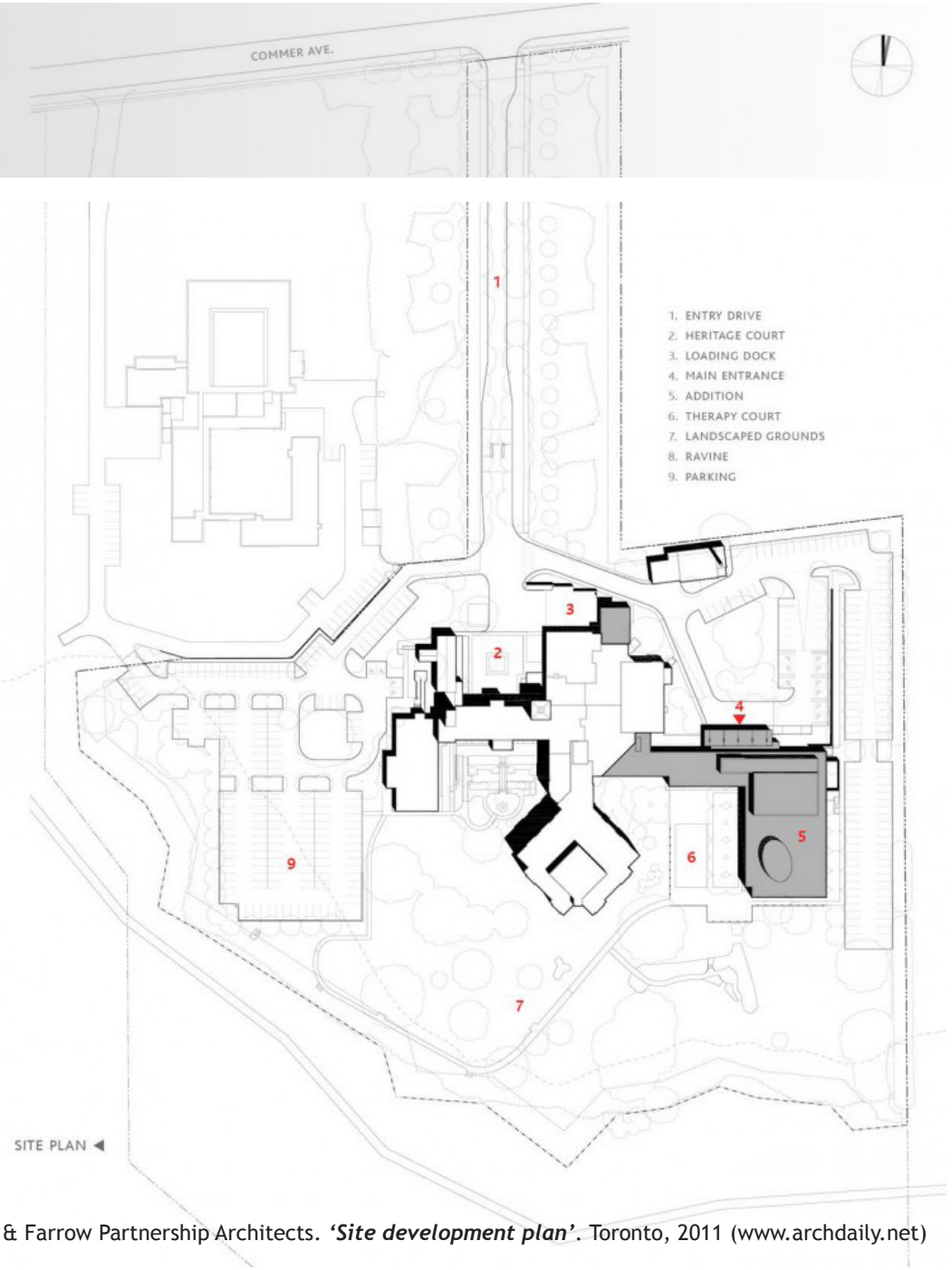


Fig. 70. Montgomery Sisam & Farrow Partnership Architects. ***'Site development plan'***. Toronto, 2011 (www.archdaily.net)

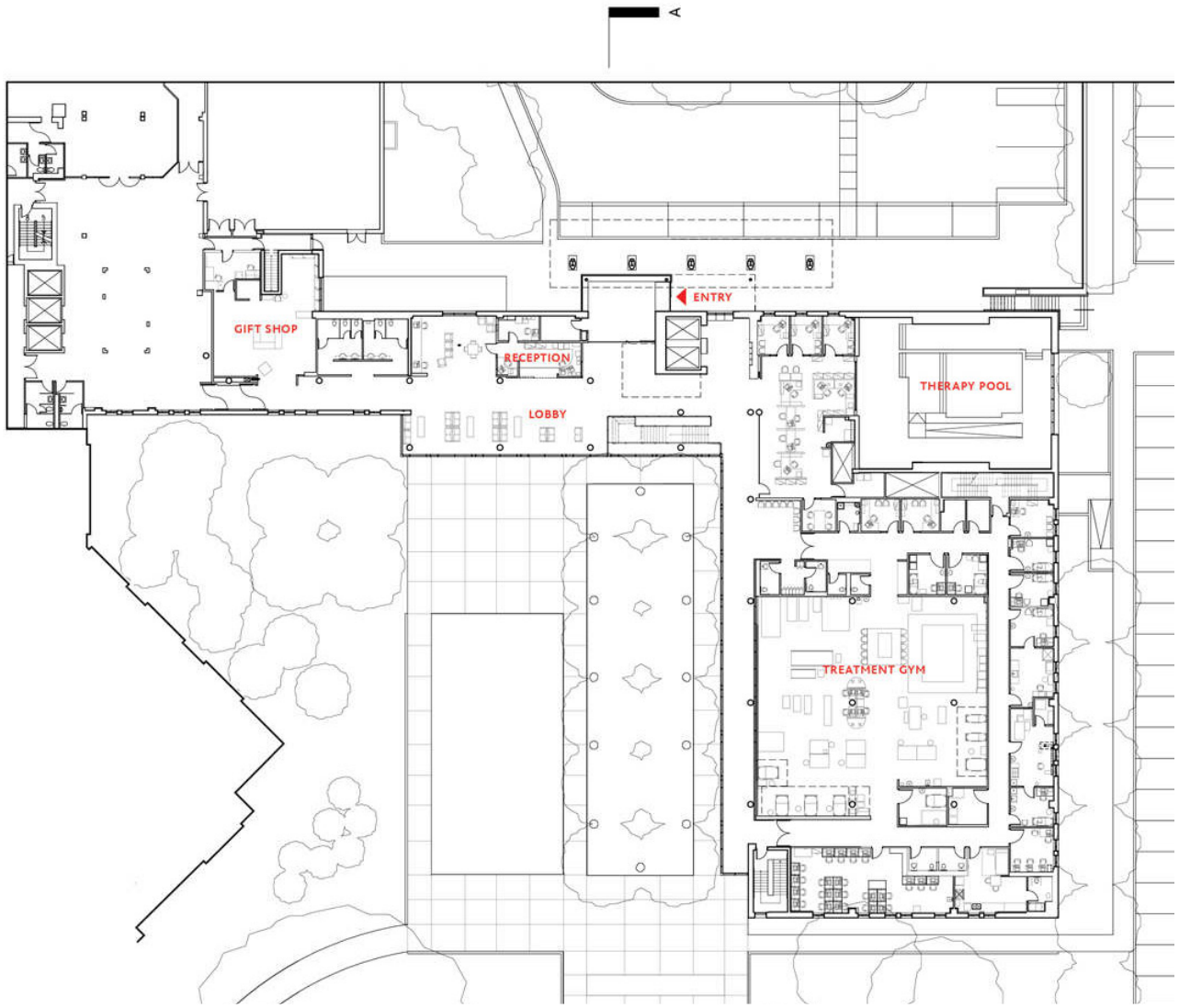


Fig. 71. Montgomery Sisam & Farrow Partnership Architects. ***'Entry level floor plan'***. Toronto, 2011 (www.archdaily.net)

Internal windows enhance the relationship between indoor and outdoor space, while simultaneously allowing light deep into the building. Examples of this spacial and aesthetic exploration are the reception area which has an internal window overlooking an exterior window in the therapy pool room; and the treatment gym which has a window stretching the length of the circulation corridor thus letting in light and providing a visual connection to the courtyard. Furthermore, this use of glazing brings a dynamic interpretation in the reading of public and private space. Clients prefer open and visually connected spaces during the rehabilitation process, as in the case with the rehab gym. Many health institutions however, do not allow for this kind of interaction with the natural surroundings in the effort to design economically and efficiently. (Paige, 2012: 14)

Contrary to the old St. John's Hospital block - where there is a central double-loaded corridor which has no connection with the outside - the new addition has a generous corridor which lines the therapy garden. This corridor has a glazed outer skin which allows for a direct visual connection to the courtyard. This approach

the ordering of space and the design of circulation ensures that the building is easily navigable and that the users are well orientated at all times as the view of the courtyard is a consistant source of referance. Moreover, these extensive corridors, together with the main staircase leading to the therapy pool, are part of the rehabiltation process as patients are encouraged to walk through the building. This is not conventional according to the more conservative, and purely functional design approach of traditional health institutions. (www.stjohnsrehab.com)

The designers shifted the main entrance from the original building (which was accessible only by stairs), to an accessible at-grade drop-off in the new wing. The entrance sets the tone for the experience of the building, as the glass facades allow light into the atrium space which is nestled between the old building and the new wing of the addition. It is these two elements, the entryway and the lush natural setting beyond that really connect back to the original structure's English country manor-style back terrace and gardens.

Fig. 72. View of entrance canopy at grade level with parking (www.archdaily.net)

Fig. 73. Montgomery Sisam & Farrow Partnership Architects. ***'Sectional elevation'***. Toronto, 2011 (www.archdaily.net)

Fig. 74. View of internal therapy courtyard (www.archdaily.net)

The general aesthetic of the building consists of a simple, natural palette of colours and materials like wood, brick and glass, which complement the natural theme of its surroundings. This concept is consistently manifested throughout the building, thus giving rise to a coherent aesthetic expression.

Particularly exemplary of the 'natural' aesthetic and image of the building, is the therapy pool, which is clad in concrete and cedar panels, giving the space a distinctly spa-like feel. As a means to connect with the outdoors there is a floor to ceiling window which has a cedar slat screen for privacy. The design team incorporated a ramp and an overhead lift for patients to use when getting into the water, as well as an inset walkway along the length of the pool that allows the therapists to be closer to eye level with their swimming patients. (Paige, 2012: 15-17)

Fig. 75. Internal views of rehabiltation and treatment spaces (www.archdaily.net)

Barrhead Health Care Centre:

AVANTI ARCHITECTS, GRAHAM CONSTRUCTION. RENFREWSHIRE, 2011

In partnership with East Renfrewshire Council, NHS Greater Glasgow and Clyde Health Board has just opened a new £18m health centre in Barrhead. The new building, designed by Avanti Architects and built by Graham Construction, is located in the town centre on Main Street

Barrhead Health and Care Centre is amongst a new generation of integrated health and social care centres commissioned by the NHS. The centre brings health and social services under one roof and provides GP, dental, psychiatric, podiatry, physiotherapy, children's and community nursing services, as well as day care support for the elderly. Avanti's design provides a modern, efficient and attractive clinical environment with a strong emphasis on flexibility and sustainability. The building is part of a wider modernisation programme for health and social services in the Glasgow area and is viewed as a key component in the regeneration of Barrhead town centre. (www.ads.org.uk)

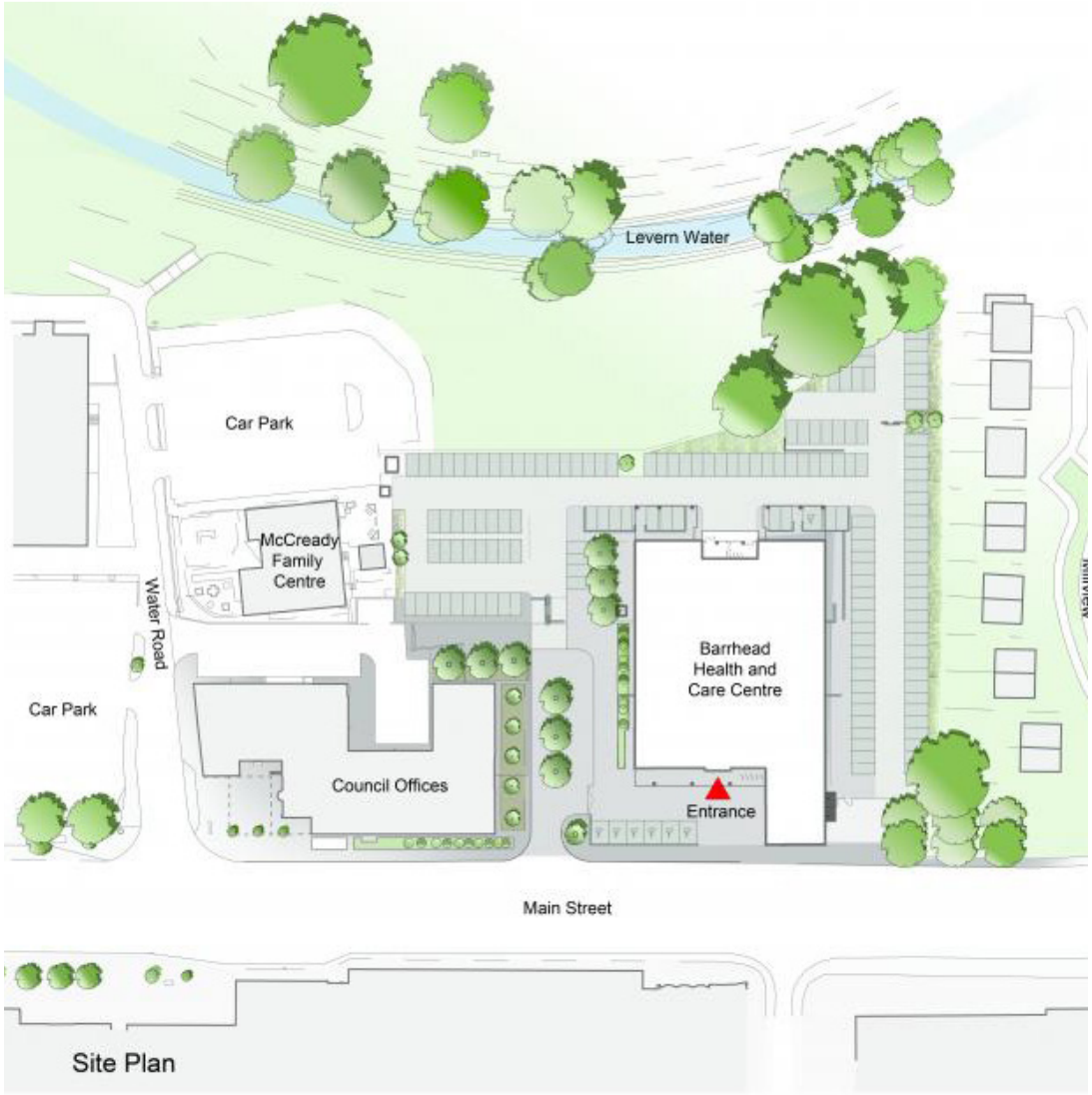


Fig. 76. Avanti Architects. ***'Site development plan'***. Renfrewshire, 2011 (www.ads.org.uk)

Fig. 77. Avanti Architects. ***'Ground floor plan'***. Renfrewshire, 2011 (www.ads.org.uk)

Upon entry into the building at ground floor level, there is a reception which opens up into a well-lit atrium. The atrium is a triple volume space which unifies the built clinical and administrative spaces around it. Directly ahead of the atrium at ground floor level, is a play area and terrace which links the building to the garden at the rear end.

Access to the clinical areas is from the atrium and each reception is identified by a different coloured canopy. These clinical spaces are self-contained and are organised along two parallel corridors which stretch the full extent of the building on each wing. The modular structural configuration allows for flexibility in the use of space, as there might be need for such alteration in the future.

On the ground floor there are more public social and clinical services in the form of the day care centre for the elderly which has its own entrance and garden, and two GP practices (with the third one on the first level) - while the first floor consists of more specialised clinical services. (www.ads.org.uk)

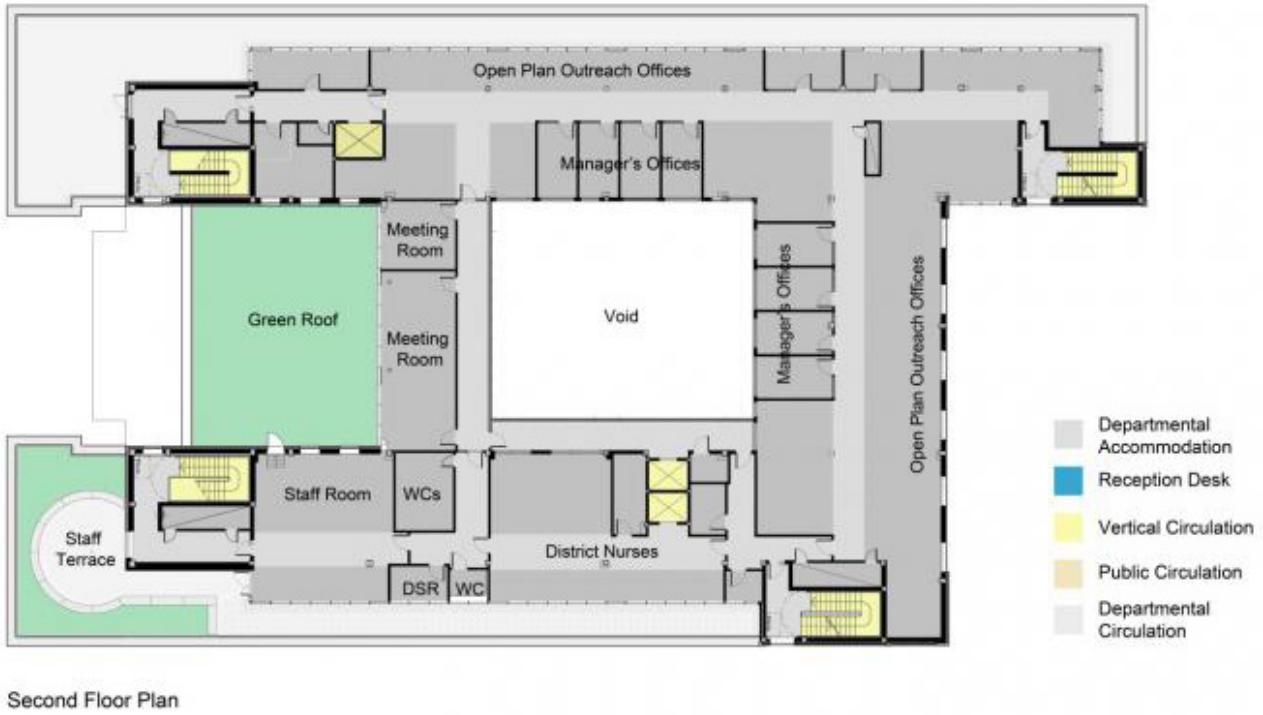
Services on the first floor are a bookable clinical zone, two dental practices, adult mental health services, a children's speech and language department, a podiatry and physiotherapy department and a sexual health clinic.

There are four staircases towards the ends of the parallel wings of the building and a main central stair in the atrium. These stairs are efficiently accessible from the internal corridors, thus also fulfilling the requirements of fire escape routes. Lift for the disabled are located in a more central position on the either wing.

From the circulation routes, are reception areas with sufficient waiting space overlooking the atrium. (www.ads.org.uk)

Fig. 78. Avanti Architects. ***'1st floor plan'***. Renfrewshire, 2011 (www.ads.org.uk)

Fig. 79. Internal treatment spaces (www.ads.org.uk)



Second Floor Plan

Fig. 80. Avanti Architects. ***'2nd floor plan'***. Renfrewshire, 2011 (www.ads.org.uk)

The second floor of the building, which is not be accessible to patients or the public, accommodates offices for a range of local authority social services and outreach staff including speech therapists, community care staff, occupational therapists, an adult mental health team, district nurses and health visitors. The second floor also contains a staff room with an external staff roof terrace and meeting rooms.

Meeting spaces bridge across the two office block wings and divide the internal public atrium volume, from the more private external staff roof terrace. This subtle and simple ordering of space, establishes hierarchy, legibility, and district character in the spaces - even though the floor area limits planning possibilities. (www.ads.org.uk)

At street level, the building responds to the main road through an off the street public courtyard and seating space which leads to the main entrance. A signage board with the name of the building is mounted onto a low brick wall which runs the length of the facade and acts as a dividing and securing element from the street pavement. A covered colonnade lines the street facing facade and provides a sensitive sheltered corridor which is an appropriate human scale response to the pedestrian.

The building composition and aesthetic are modern in their expression. The modular planning system is reflected on the facade treatment through the use of vertical masonry-tile clad anchoring elements, which are complemented by vast horizontal planes of plastered and painted walls. Continuous bands of ribbon windows rhythmically wrap around the building, with vertical glazed volumes breaking the horizontal lines at strategic intervals. The palette of materials is generally subtle and allows the building mass to unobtrusively respond to its urban and natural context, whilst simultaneously maintaining a dignified presence as landmark in the Barrhead community. (www.graham.co.uk)

Fig. 81. Street view & approach to entrance (www.graham.co.uk)

Fig. 82. Exterior view and building aesthetic (www.vimeo.com; www.gleniffermedical.co.uk; www.drookitagain.co.uk)

Fig. 82. Internal view of atrium & public exhibition/ foyer space (www.ads.org.uk)

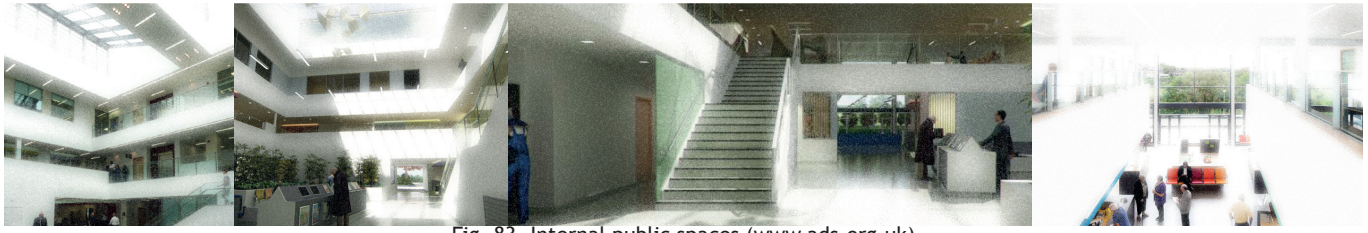


Fig. 83. Internal public spaces (www.ads.org.uk)

The welcoming public areas of the building are full of space and light. Waiting areas are located either in or directly off the atrium with views over a park and the hills to the rear of the building. The atrium itself contains an information point, seating, and vending machines for hot and cold drinks. The space has also been designed to accommodate small exhibitions and events.

Although there are various departments within the building which are distinctly different in terms of function and clientele, the public atrium is a unifying element which fosters social cohesion and establishes a lively atmosphere making the health environment unusually optimistic and public. Moreover, exhibitions and events which are held in this space promote health and educate the general public and community of Barrhead on preventative lifestyle measures that enhance one's wellbeing. (www.graham.co.uk)

The building has been designed to be energy efficient. In addition to generous standards of insulation the heating of the space in the building in winter and the cooling in summer is assisted by a ground source heat pump connected to a geothermal energy array underneath the car park. Windows provide good natural daylight and low energy artificial lighting has been specified throughout. Most of the clinical spaces and offices are naturally ventilated.

As a response to the site context, the building opens up to the garden landscape from the atrium. On the upper floors windows and garden terraces allow for views of the greenery beyond and acknowledge nature as an important healing and recreational agent for both staff and patients. (www.avantiarchitects.co.uk)

Fig. 84. Rear view of Health Centre from the garden (www.avantiarchitects.co.uk)

Fig. 85. Physical architectural building model (www.static.worldarchitecturenews.com)