04 CHAPTER

USE & PROGRAM

INTRODUCTION

In chapter 4 the immediate user groups found in the area is identified. This is done due the research being of a qualitative nature, where the focus is on subjective experience found in a social context (Merriam, 2009). Establishing a good understanding of who the users are will enable a sensible decision on what programs will be needed in this area and what functions would be best to integrate the site into the current urban fabric. After establishing a user group to focus on a programmatic investigation is done, identifying appropriate programs and spatial requirements needed for these programs.

USER GROUPS

An observational study was conducted to document user groups in the Van Riebeeck Park area. I chose four days in a week to observe the area. This not only enabled me to see which users' groups are found in the area, but also who are the main users functioning in the area. During the observational study I identified three main users' groups functioning in the area:

1.Residents in Van Riebeeck Park: people exercising, walking with dogs, or parents waiting to pick children up from school, have been documented in this area. Van Riebeeck Park is a sub-urban area thus it includes a great number of family home living.

2.Scholars: there are several schools in Van Riebeeck Park, from primary schools, high schools, kinder gardens, and daycare centers for children. Thus, the neighborhood includes school children that live and stay in the Van Riebeeck Park area.

3.Daily workers: people walking or cycling to work was documented during the early mornings and later afternoons, traveling in and out of Van Riebeeck Park. These users do not necessarily live in Van Riebeeck Park, but they have job opportunities that brings them to the area.

This user's study enables one to identify any opportunities for new programs and design targeting specific user groups. But it can also identify what is missing in the area that can be improved on through new programs and functions. The site for this dissertation is abandoned, providing the opportunity to introduce new functions and programs that can satisfy individual, social, economic and environmental needs (Khalid, 2013). For instance, parks can help achieve sustainability goals, by balancing natural ecosystems or introducing/rehabilitating existing ecosystems, while providing a recreational setting for all ages to help improve their quality of life. This site holds the opportunity to reach out and impact multiple urban environmental advantages.
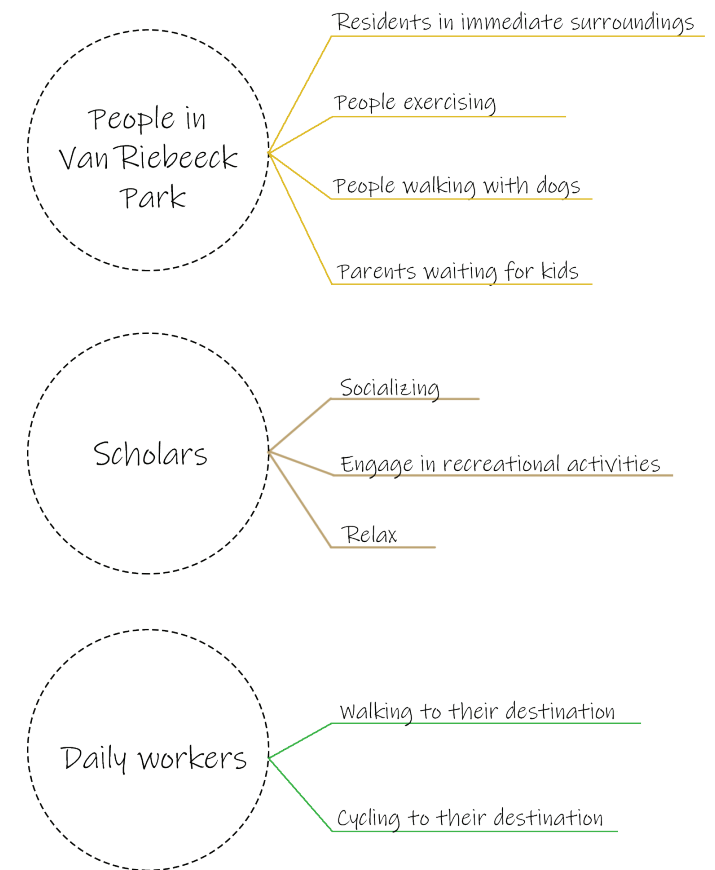

People in Van Riebeeck Park
- Residents in immediate surroundings
- People exercising
- People walking with dogs
- Parents waiting for kids

Scholars
- Socializing
- Engage in recreational activities
- Relax

Daily workers
- Walking to their destination
- Cycling to their destination

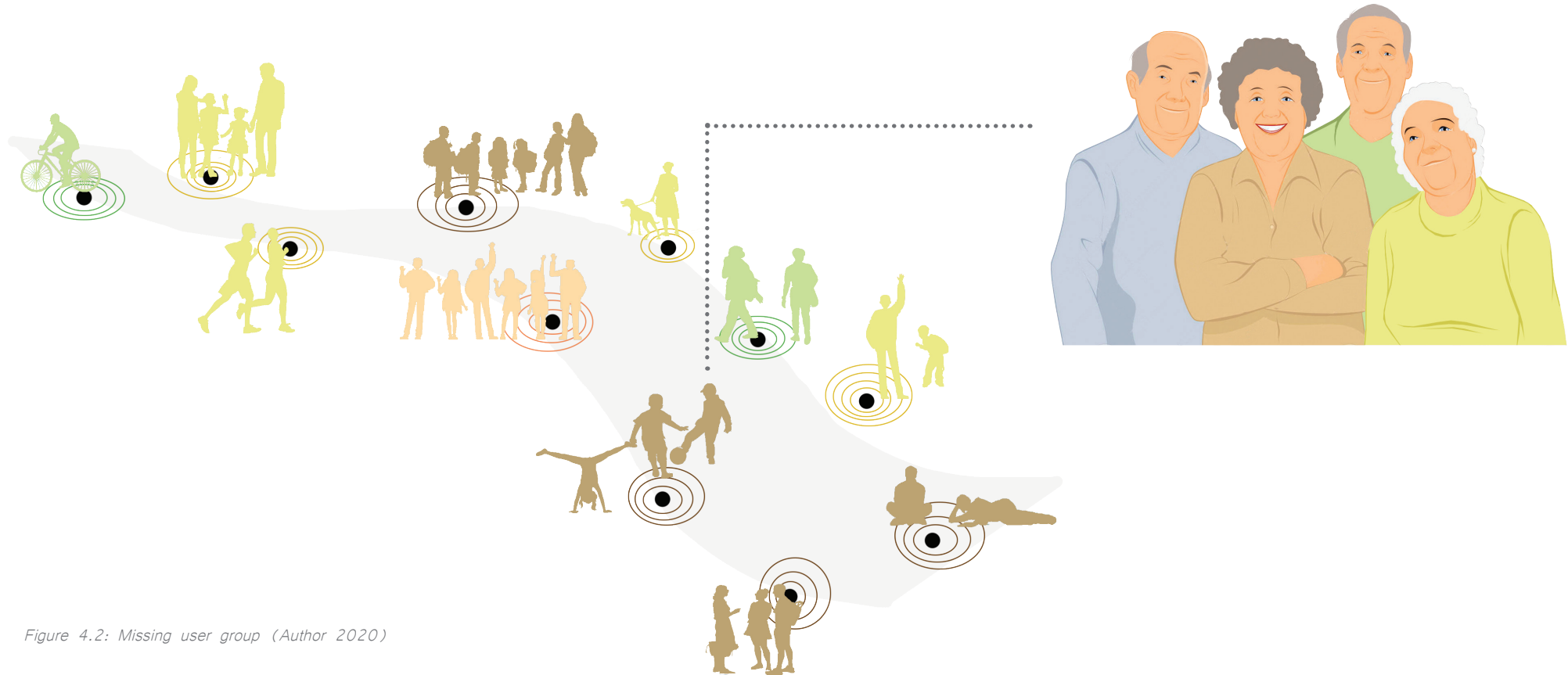*Figure 4.1: Identified user groups (Author 2020)*

Figure 4.2: Missing user group (Author 2020)

After this initial user group study was done, I realized that there is one user group that is being neglected and which forms a great deal of a neighborhoods setting, and this is the elderly. In Van Riebeeck Park there seems to be a lack of spaces for the elderly user group. In order to create a more integrated and holistic urban environment, and to instill concepts of well-being for people this needs to include the elderly as well. Ageing is not something that we can stop or prevent form happening, thus we are living in a constant increasingly aging society.

South Africa's growth rate of elderly (60years and older) have increased from 1.1% during the period of 2002-2003, to 3.0% during the period 2019-2020 (Statisitcs Africa, 2020). Important needs of this user group that occur, is social assistance programs, appropriate accommodation and living environments, and access to health care facilities (Statisitcs Africa, 2020). To be able to live a longer life can bring along new opportunities, for the aging society but also for societies as a whole (World Health Organization , 2018). Growing older allows for

opportunities to pursue new activities, this can include further education, learning new skills or pursuing new passions and interest. There is still a lot of diversity seen among elderly people, in terms of mental and physical health, thus a comprehensive response is needed to address and accommodate this user group. Flexible and multifunctional environmental conditions can contribute to incorporate a variety of opportunities for a diverse aging user group.

PROGRAMATIC SCHEME

As previously mentioned, in chapter 3, the site sits within a heavy residential neighborhood. This affects what the new program for this site should be. The new program for the focus area should be able to fit into the lives of the immediate public. After the user analysis I mentioned that little attention was given to older users in the area, and this is where I chose to put my focus on.

The gap in elderly programs in the area is what motivated the need for a geriatric centre. A geriatric centre is an establishment that caters to the specific needs of elderly people. These centres usually feature a pharmaceutical dispensary, nursing staff, and activities geared toward encouraging socialization within and outside of the geriatric community. Senior citizens can opt to live in the centre for a fixed monthly rate, although it is not uncommon for others to drop by the centre on a day-to-day basis.

To focus on a geriatric centre is different from a standard medical facility, as it focuses on the unique needs of people classified as elderly. The question then arises, who is the elderly person? According to medical research 18-44 years of age are classified as adults, people that ages 45-64 are seen as middle-aged, and those that are 65 and older are considered as aged (Farage, et al., 2012). Traditional models for elderly living often leads to separation and segregation of elderly people from the rest of the community (Baldwin, et al., 2013). Elderly people often have a strong desire to be able to keep their independence and have a sense of autonomy, and to be able to stay in control of their own choices (Baldwin, et al., 2013). Getting old is not an illness, but aging is often associated with some form of decline in health, physical or mental well-being. Each person experiences aging in their own way, and this diversity in older people's well-being is not at random. It is thus important to not introduce protocol-based care but rather implement a variety of programs, functions and designs that can assist the different needs of multiple individuals (Resources for Integrated Care, 2014).

According to the World Health organization (2018), the impact of people's physical and social environment they are in contributes greatly to their well-being. To design for elderly users should have an important emphasis on inclusive design, introducing design strategies that includes simplistic and flexible designs, and should include the accommodation of a variety of physical and cognitive uses for elderly people (Farage, et al., 2012). Part of this inclusive design strategy also refers to the ongoing integration of elderly people into the urban fabric. The lack of community preparedness and the holistic integration of all age groups, and specifically elderly age groups can form social isolation within an urban environment (Baldwin, et al., 2013). Only by combining health care with other uses a cluster of functions that are interlinked can create a resilient node that will affirm itself in this particular urban context.

The existing building was once a hospital with the building being divided into two parts, the one part being the hospital, and the other part, accommodation for the staff. I will propose that the existing building will be a medical center in memory of the previous program, but more specifically as mentioned earlier, a geriatric center. I have allocated new functions for the exiting building and indicated where my focus area will be to introduce a new building and programs that will accommodate the geriatric center.

In figure 4.3 I have indicated what the new functions of the existing building will be; a medical clinic and research facility will be allocated where the previous hospitals administration and surgical rooms where. A recovery wing and permanent care facility will be where the previous housing was for the staff. This part of the building was previously designed for accommodation, it will now be adapted and made suitable for persons of age to comfortably live in. In the focus area, new programs that will be introduced would be dependent on the geriatric center and the users in an effort to create an interface between the medical facility and the rest of the environment.

"The medical field is able to define what influences health in old age, but a design project can focus on human experience, the differences characterizing our perception, the communication tools for prevention, and the creation of a more age-friendly environment".
– Silvia Pericu

Previous function:
Staff accomodation

New function:
Recovery & permanent care

Program in exisitng building

The existing building is proposed to be converted
into a medical center specificaly a geriatric medical center
The exisitng building would include a research facility and clinic,
along with a recovery and permanent care facility

Previous function:
Medical hospital and administration

New function:
Research facility & medical clinic

Focus area

Proposed site to intorduce
new building and program
that would accomodate
the geriatric center

Figure 4.3: Program intentions of the exisitng building (Author 2020)

Figure 4.4: Theoretical application on the program (Author 2020)
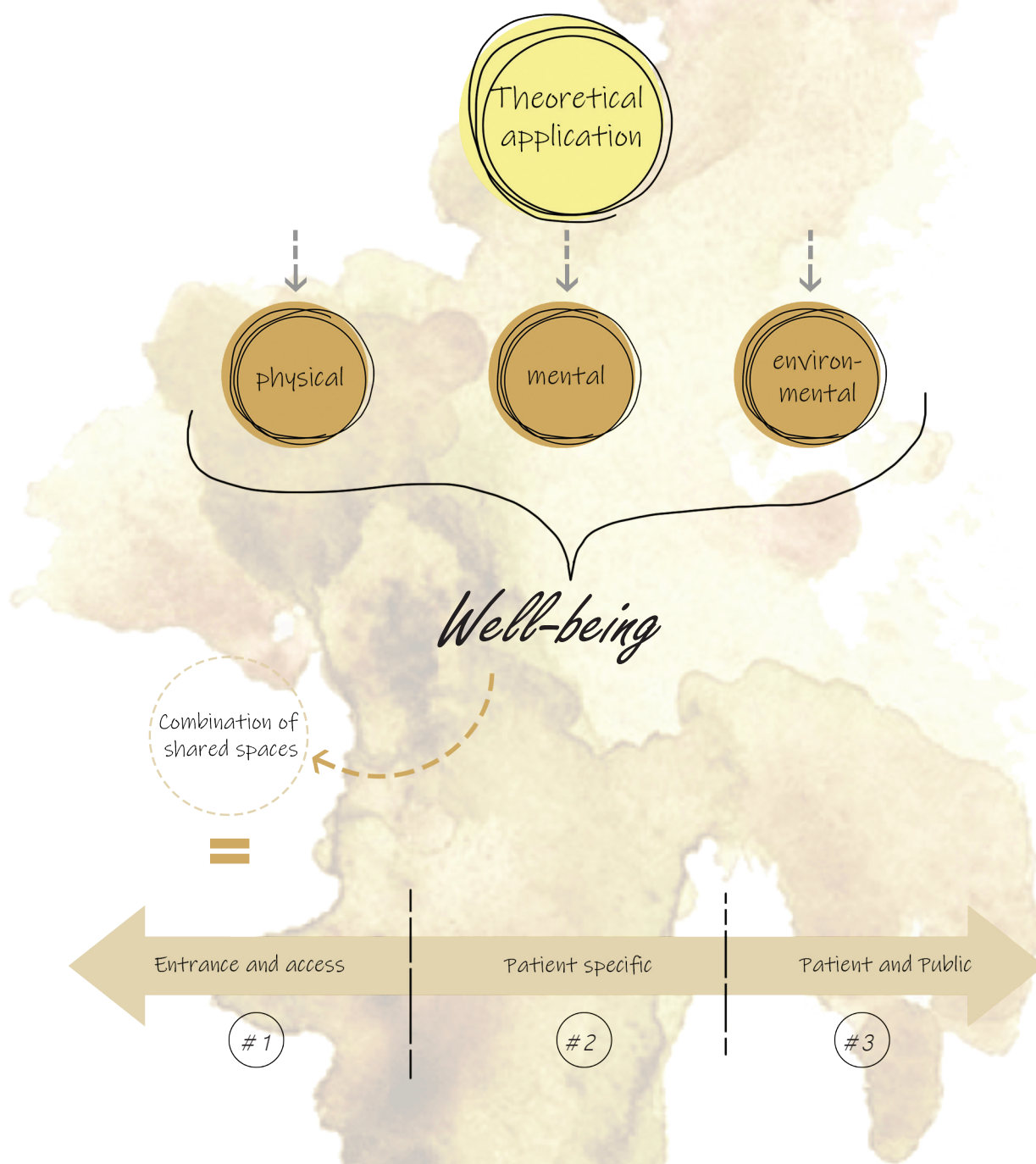
From previous theoretical investigations in chapter 2, a conclusion can be made that good physical, mental and environmental conditions can contribute to the concept of well-being for people. From the programmatic investigation it was established that a combination of spaces will have to be designed for a holistic geriatric center. As elderly people may become less mobile, and not be able to travel independently to different places, their traveling framework may shrink over time to just include immediate areas that are close to home (Glass & Balfour, 2003). It is thus important that the new programs still encourage the users to go outside and be active, and not to just stay within the house environment.

In figure 4.4 on the left three main categories that outlines the different programs have been identified that is to be introduced into the focus area of the design that can lead to a better integrated and holistic space.

1. The entrance and access programs are applicable to all user groups, it should still include inclusive design strategies but the focus of this space is to take into account all users groups.

2. Patient specific programs would address medical, physical, and mental needs that the specific elderly user group may require.

3. As mentioned before it is important to move away from traditional models of the separation of age groups and rather introduce programs that can accommodate and include a variety of diversity among user groups.

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                                     Programs
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Entrance and access	Patient specific	Patient and Public

a. Entrance

b. Counselling rooms

c. Exam/treatment rooms

d. Physical therapy area

e. Water therapy area

f. Massage therapy rooms

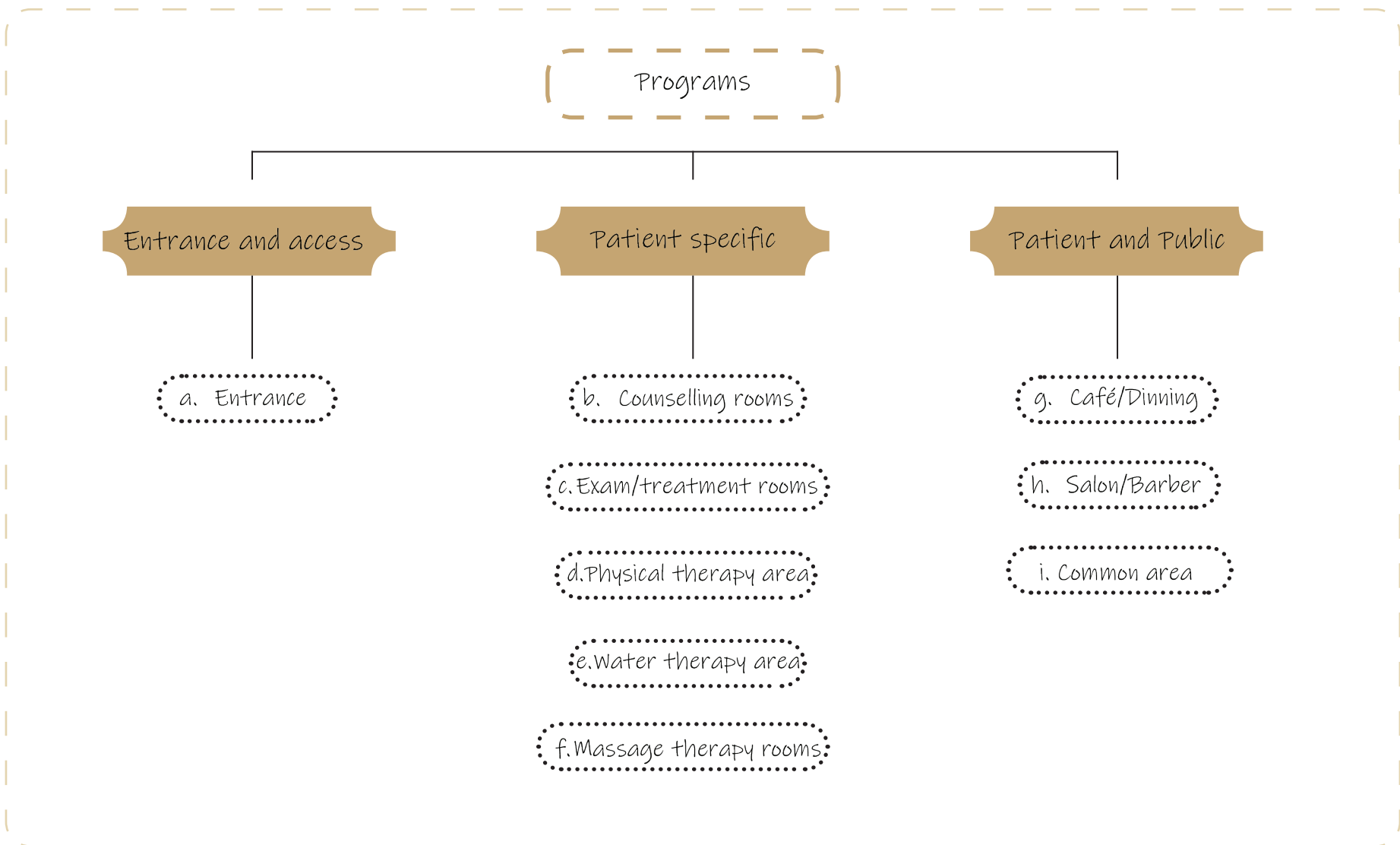g. Café/Dinning

h. Salon/Barber

i. Common area

Figure 4.5: Proposed programs (Author 2020)

Programmatic spaces

Entrance and access

a. Entrance

The entrance and main access to the building is one of the most important spaces. It is a threshold and connection space that aims to welcome patients, visitors, and family functioning as a wayfinding space. A reception area is required for guidance and assistance to the rest of the building, along with a waiting area for day patients or visitors to wait.

Patient specific

b. Counselling rooms

The counselling rooms requires a space for therapy sessions. It can either be for individual sessions or group therapy session that includes visitors and family members to participate in. Each room should be designed to radiate a comfortable and safe interior atmosphere in order to allow patients to be restful and secure during counselling sessions.

c. Exam/treatment rooms

The examination and treatment rooms are required when patients are feeling ill or when they are in the process of recovery and need medical check-ups and prescribed treatments.

d. Physical therapy area

This space would be used by patients for any physical activities prescribed to them. It would include exercise stations, aerobics stations par-allel bars and training stations. It would also be a space where physiotherapists and bio-ki-neticists would be able to interact and observe patients physically exercising.

e. Water therapy area

Incorporating a space for water therapy will help improve the well-being of the patient in a couple of ways. Referring to chapter 2, the well-being of a person can be influenced by their physical and mental state. Incorporating water therapy would not only affect the physical well-being of the patient but also the mental well-being. The effect of water can help the patient to lower their stress levels and the ability to move more freely can help improve their mood.

f. Massage therapy rooms

These therapy rooms are meant to be for one on one patient and professional sessions. The space should allow for a relaxing and comforting atmosphere. Bringing natural elements like plant-ing, lighting and private outdoor areas into the space will allow for a more intimate connection with nature. Referring to chapter 2 where natural elements can aid a great deal in giving a space greater meaning.

Patient and Public

g. Café'/Dinning

The intention to introduce a restaurant/ café is for the patients living in the existing building to enjoy meals and social interaction with other patients in the center. It would also be open to the public, for patient's family and friends to join them. It would also function as a restaurant for the general public allowing for a more diverse social experience.

h. Salon/Barber

The salon and barber will include hair washing, cutting, and styling facilities. It will also include nail treatments and beard trimming amenities. In chapter two the importance of physical contact plays and important role in a person's well-being.

i. Common area

A common area will allow for multiple activiA common area will allow for multiple activities to take place. It should be a space where patients, along with their friends and families can spend time together and relax. Comfortable gathering spaces should be integrated into the design that include more quiet spaces for reading or self-reflection.

"Experiencing an environment to its fullest allows one to lead a full social life, with the complexity of relationships and meanings that people build within the environment around them, with particular reference to the themes of neighbourhood, daily activi-ties and services".
- Silvia Pericu

Category	Entrance and access	Patient specific	
Space specific	Entrance	Counselling rooms	Exam/treatment
Requirement	Reception area Waiting rooms Public restrooms	Reception stations Waiting area Individual rooms for counselling sessions Should include seating for patients Rooms should be big enough to allow for group sessions	Waiting area Reception station Should include storage space for filing of appointments Public restrooms Multiple exam/treatment rooms Each room should have a working desk and storage space for the medical professional Each room should include seating or examination table for patient to be examined and treated.
Space specific		Water therapy	Massage therapy
Requirement		Swimming pool It should not be a deep swimming pool, the patients should be able to stand with their heads above water It should include stairs and ramp to allow for a more inclusive design Supporting hand railings This is for going in and coming out of the swimming pool Seating for resting Can also be used as waiting spaces Public restrooms Public changing rooms	Reception area Should include storage space for filing of appointments Waiting room Multiple rooms for one on one sessions Should include desk space for medical professional Patient seating/ massage table

Physical therapy

Enough open space for multiple activities
Different activities might require equipment, this needs
to be catered for

Seating and resting areas

Public restrooms

Patient and Public

Café/ dinning

Main entrance and reception area

Seating
Seating should include interior and exterior seating spaces

Kitchen space

Public restroom

Salon/Barber

Main entrance and reception area

Waiting area

Hair treatment stations
Washing stations
Cutting stations
Styling stations for hair
Nail treatment stations

Public restrooms

Common area

Comfortable seating areas
These areas can be placed in the interior space
and exterior space

Can be placed in more private areas of the room to
allow for more private interface

Reading area
Should include a library section provided with seating spaces

Public restrooms

ALLOW FOR
ADAPTABLE
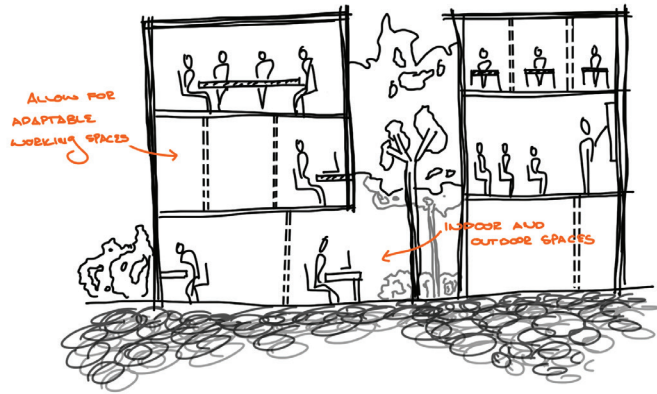WORKING SPACES

INDOOR AND
OUTDOOR SPACES

Figure 4.6: Chapter 4 diagram (Author 2020)

CONCLUSION

The investigation into the user groups helped to identify what was missing in the area and what can be improved on. In this case it was the lack in activities and care for the elderly user group. The presence of elderly people often contributes to a more holistic environment, which is what I am seeking to accomplish as mentioned in chapter 2. The programmatic investigation highlighted the importance of inclusive and multifunctional design and programs due to the diversity seen among elderly people, in terms of mental and physical capabilities.