EXPLORING ALTERNATIVE RESIDENTIAL CARE FACILITIES FOR THE INTERMEDIATE ELDER: TOWARDS A RETIREMENT FACILITY IN WARWICK JUNCTION.

By

Frans Jacobus Marx
212544714

Supervised By

Mr. L. Ogunsanya

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School of Built Environment and Development Studies
University of KwaZulu-Natal
Durban, South Africa
DECLARATION

I hereby declare that this document is my own unaided work. It is for submission to the School of Built Environment and Development Studies, University of KwaZulu-Natal, Durban, in partial fulfilment of the requirements for the degree of Master of Architecture. It has not been submitted before, for any degree or examination, at any other educational institution.

_______________________
Frans Jacobus Marx

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Date
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DEDICATION

I dedicate this dissertation to the trustees of the Rayner trust to thank them for the financial contribution towards my education and realizing my dream of becoming an architect.
ABSTRACT

South Africa has an ever growing elderly population above the age of 65, mostly African with limited education and employed in the informal market. Due to unforeseen socio-economic issues, the elderly have taken on the role of sole breadwinners, working well past their retirement age, making use of Child Support Grants and Old Age Grants to support a multi-generational/extended household. Most suburban care facilities built during the past forty years have been designed for an exclusive demographic society, based on social, racial, economic and age groups. Current care facilities have become an outdated and irrelevant idea and does not meet the requirements of the current South African context.

Research was conducted under the hypothesis that an inner city retirement facility with an additional intergenerational housing typology can become a suitable housing option for the ageing population in the lower economic bracket. The aim of this dissertation is thus two-fold. Firstly, it is to “rethink” care facilities to accommodate low income elderly with extended families and secondly, to re-imagine the experience of living in a care facility in Warwick Triangle.

The scope of the work was limited to South Africa’s low income ageing population who have been affected by the current trend of mass urban migration and a skipped generation society. The research for this study follows a qualitative approach. An architectural response was generated through an investigation of current literature, case studies, precedent studies and personally conducted interviews with a number of low income elderly.

The outcome of the research shows that there is a general lack of housing for low income elderly, especially those who support extended households. This calls for a care facility within Warwick Triangle responsive to the needs of the elderly.
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PART ONE

BACKGROUND RESEARCH ON ISSUES
CHAPTER 1
INTRODUCTION

1.1 BACKGROUND AND JUSTIFICATION OF THE STUDY

1.1.1 BACKGROUND

Reaching the later stages of life comes with transition and adjustments. Having lived a healthy and active lifestyle, it is inevitable that one will all be faced with the prospect of retirement, which is the process whereby employment is ended on a permanent basis. As in most developed Western countries, the agreed upon retirement age in South Africa, is 65, unless otherwise stipulated in an employee’s employment contract. (Alexander Forbes, 2015). Some are fortunate enough to retire at a desired age, having looked forward to quitting their work to pursue other interests and hobbies, while others are forced to retire (for example, because of their age, unforeseen health problems or job loss). (Bernard, 2013)

According to a Global Retirement Index conducted in 2015, retirement security is assessed in terms of material well-being (ability to live comfortably), health (quality of health services), finances (quality of financial services) and quality of life. South Africa is ranked among the worst countries in the world when it comes to retirement and have very few options available to them. (Kollapan, 2008) Statistics South Africa show that South Africa has an ever growing population above the age of 65, mostly African, limited educated and employed in the informal market. (Lehohla, 2011)

Instead of the cultural norm for children to look after their elders once they reach retirement age, poverty, crime, the migrant labor system and HIV/AIDS, has resulted in the opposite happening. (Lehohla, 2011; Makiwane et al; 2004, 2010; Kollapan, 2008) The elderly are now sole bread winners, working well past their retirement age, making use of Child Support Grants and Old Age Grants to support a multi-generational/extended households (Makiwane et al. 2004, 2010). The concept of retirement means very little to the majority of South Africans.

Although the elderly play a huge role in society, they are either positively or negatively perceived by the public. Positively, as active members of the community, who are loyal, sociable and held with warm content. Negatively, as those in poor health, diminishing mental ability, negative personality traits, unhappy, lonely and unable to financially contribute to their families. The media perceives elderly as a burden to all because of age, gender, social interaction and cultural influences. (Makiwane et al. 2004, 2010).

Old age homes, retirement or nursing homes, are facilities intended for senior citizens only, based on social, racial, economic and age groups. These are generally located in suburban areas, consisting of a room, small apartment, or free standing house catering for the basic needs of independent or assisted living. Elders who are considering moving to retirement facilities bring about insecurities such as reduced financial income, lack of social interaction, inability to adjust
and a decline in their physical and mental wellbeing. Most suburban retirement facilities built during the last forty years has become an out dated and irrelevant idea within the current South African context. (Makiwane et al. 2004, 2010).

1.1.2 MOTIVATION/ JUSTIFICATION OF THE STUDY

Statistics South Africa indicates that South Africa has a rapidly growing elderly population above the age of 65, mostly African, limited educated and employed in the informal market. Due to financial reasons, the disadvantaged elderly are unable to retire and social issues cause great reliance on the elderly population to provide for extended households. Current suburban care facilities do not fully address the needs of the disadvantaged elderly. As such, there is a great demand for housing which can cater for their individual needs. The challenges identified calls for an architectural intervention through the built environment which will re-addresses the concept of retirement facilities within an urban setting.

1.2 DEFINITION OF THE PROBLEM, AIMS AND OBJECTIVES

1.2.1 DEFINITION OF THE PROBLEM

An issue which has significant merit in today’s society is the lack of suitable housing options for the lower economic ageing population. The problem South Africa is dealing with stems from a socio-economic and conceptual level.

The first problem identified comes in the form of a report, conducted by Statistics South Africa which shows that South Africa has an ever growing population above the age of 65, mostly African, limited educated and employed in the informal market. The number has increased from 2.8 million (7.1%) in 1996, to 4.1 million (8%) in 2011. (Lehohla, 2011) Due to unforeseen social and economic issues, the elderly have taken the role of sole bread winners, working well past their retirement age, making use of child support grants and old age grants to support multi-generational/extended households. (Makiwane et al. 2004, 2010).

The second problem is that society has gained a negative perception towards old age, the prospect of retirement and retirement facilities. (Robinson et al. 2008) On a conceptual level, most suburban retirement facilities built during the last forty years, have been designed for an exclusive demographic society, based on social, racial, economic and age groups. It has become an out dated and irrelevant idea within the current South African socio-economic context.

1.2.2 AIMS

The aim of the research is to explore alternative intergenerational housing typologies in order to address the lack of suitable housing options for the lower economic ageing population.
1.2.3 OBJECTIVES

The objectives of the study were:

- To identify the primary needs of the elderly who are in the lower economic bracket.
- To determine how retirement facilities can be updated so that it becomes a relevant housing option for the ageing population in the lower economic bracket.
- To assess whether retirement facilities can be improved to accommodate intergenerational households.
- To explore ways how the built environment can assist the elderly so that they can contribute back to society in a healthy, active and meaningful way.

1.3 SETTING OUT THE SCOPE

1.3.1 DELIMITATION OF RESEARCH PROBLEM

The scope of this study is defined by exploring alternative intergenerational housing typologies in order to address the lack of suitable housing options for the lower economic ageing population. An urban setting has been chosen in contrast to the usual suburban retirement facility. The reason for this is because of the urbanization of African cities. The focus area investigated is an inner city location known as Warwick Junction, located in Durban, Kwa-Zulu Natal. There is a large number of social and economic issues facing the elderly population. The study will be unable to address all the social factors the elderly face, but will be an attempt to address the design of a care environment for the elderly.

1.3.2 DEFINITION OF TERMS

- Retirement:
  The process whereby one's employment is ended on a permanent basis. As in most developed Western countries, the agreed upon retirement age in South Africa, is 65, unless otherwise stipulated in an employee's employment contract.
- Elderly:
  The state definition of the elderly in South Africa refers to individuals who are 60 years or older.
- Retirement facilities:
  A retirement facility, sometimes called old age homes, senior homes, retirement homes or nursing homes, is a multi-residential housing facility intended for senior citizens only.
- Intergenerational households:
  Mutual support between the generations to ensure the wellbeing of a person born into a family throughout their life cycle.
- Suburban:
  An outlying residential district of a city.
- Urban/inner city:
  An area in or near the centre of a city.
1.3.3 STATING THE ASSUMPTIONS

It is assumed that the elderly living in retirement facilities no longer have an active role to play in society. It is also assumed that retirement facilities addresses the needs of all retired elders, that the elderly are all financially secure, that they want to and can afford to live in a retirement facility. Many people believe that retirement facilities have only been designed for an exclusive demographic society, based on social, racial, economic and age groups. They also assume that retirement facilities only cater for the elderly, and that the option of including extended family households are not possible. It is assumed that the elderly are being taken care of by their children, but the opposite is happening.

1.3.4 KEY QUESTION (MAIN RESEARCH QUESTION)

How can retirement facilities become a relevant housing option for an ageing population in the lower economic class?

1.3.5 SUB QUESTIONS

- What are the needs of the elderly?
- Can retirement facilities be improved to accommodate intergenerational households?
- How can the needs/activities of the elderly population inform the architectural design process?

1.3.6 HYPOTHESIS

Inner city retirement facilities with an additional intergenerational housing typology has become a suitable housing options for the ageing population in the lower economic bracket.

1.4 CONCEPTS AND THEORIES

A possible medium to consider in designing a retirement facility could be Phenomenology. The theories and concepts of Martin Heidegger (place making), Kenneth Frampton (critical regionalism), Christian Norberg-Schulz (architecture and space) and Juhani Pallasmaa (sensory perception of architecture) form the backbone of what is now know to be Phenomenology. The Phenomenological paradigm addresses issues regarding site (landscape and topography), local climate, light, place-form and its context, tactility and tectonic form. It also focusses on human experience – that is, how the built environment is perceived or understood. (Mallgrave, 2011)

1.5 RESEARCH METHODS AND MATERIALS

1.5.1 WHAT APPROACH WILL YOU TAKE?

The process of gathering information for this research document will follow a qualitative approach. The use of books, journals, internet sources and photographs will be a primary source of information relating directly to the thesis topic, which will in turn be used for a literature review,
theoretical framework and precedent studies. Any further information gathered will be in the from first hand experiences, either through interviews, focus group discussions, observations or case studies. Human interaction allows the researcher to have an in depth conversation with a participant to gain a better understanding into the way people perceive and interact with their environment.

1.5.2 SAMPLING METHODS

A sample for the study population will be selected according to the structure, process and outcome of the conceptual framework. To gain an understanding of how retirement care facilities operate, it would be in my interest to interview the staff and organizations who operate them. The next group of people will be the elderly whom have retired and currently live in retirement facilities. Their views and opinions could give me more insight relating to current facilities. I can also talk to people who are about to retire and question them regarding their retirement needs and expectations. Random sampling of elderly residents across various age, race and economic background will ensure that there is no bias towards the research findings. There will also be a duality in the research sampling where the sampling of middle to lower economic groups (living in elderly accommodation) as well as the elderly in Warwick will be interviewed.

1.5.2 CASE STUDIES

TAFTA is a registered non-profit organisation dedicated to serving the needs of Durban's elderly residents. TAFTA owns 14 buildings and provides suitable accommodation and services, such as meals on wheels, home based care, skills development programs as well as frail care to their residents. TAFTA retirement complexes are open to all persons above the age of 60, who qualify for a State Pension or a Disability Grant. TAFTA promotes healthy and active ageing of their residents through social interaction and entertainment. TAFTA Lodge is a perfect examples of living facilities which addresses issues regarding inner city living as well as lower economic ageing populations.

Thokoza Women's Hostel was the first African women's hostel built in 1925 in South Africa. Situated on the edge of Warwick Triangle, Thokoza Women's Hostel remains the most densely inhabited residential sites in Durban. The building was designed for single sex accommodation, consisting of small bedrooms, stacked between three and five stories high around a central courtyard and ablution facility. Thokoza is filled with women of various age groups whom all are of a lower income bracket. They consists of domestic workers, street traders, students, office workers and pensioners. Due to a lack of adequate urban housing, these women are forced to live outside their usual comfort zones of family and tradition. Although Thokoza Women's hostel is in drastic need of repair, it is a fine example of intergenerational living arrangements within an inner city location. It is also a facility with a perfect location, provides cheap accommodation, is secure, and supplied with service utilities.
1.5.4 PEOPLE INTERVIEWED

- TAFTA Lodge is a perfect example of a living facilities in an inner city location. The residents of this building are all above the age of 60 and fall into a lower income economic bracket. I will need to interview the Building manager, relevant staff and elderly residents.
- Thokoza women’s hostel is an all-female hostel with residents of different ages. The interviews will inform the design regarding intergenerational living arrangements.
- Since the focus area is in Warwick Junction, one will have to interview the elderly of this area to gain a better understanding regarding challenges they face on a daily basis.

1.5.5 TARGET POPULATION

Low income elderly with extended family households.

1.5.6 RESEARCH INSTRUMENTS

For the purpose of this dissertation, I will make use of focus groups as a means of communication.

1.5.7 DATA COLLECTION METHODS

“Snowballing” will be used as a data collection method where the researcher uses one person to connect them to another. This process is repeated until the researcher has acquired information which they deem to be adequate and this is realized when the people being interviewed no longer bring in new ideas into the study, i.e. the ideas reached saturation. Purposive sampling (also known as judgmental, selective or subjective sampling) is another sampling technique which will be used, where the units investigated, are based on the judgement of the researcher.

1.5.8 DATA ANALYSIS METHODS

The data collection and analysis of this study will be a process where the researcher will move between literature (books, journals, internet sources and photographs) and field notes (interviews, field records and general observations). Once the data has been captured and analyzed, it will be used as a conceptual framework to make an informed design decision.

1.6 CONCLUSION

This dissertation is divided into 9 distinct chapters. Chapter one starts with a brief background study of the problem at hand and requires one to motivate why this study is important. Once the problem has been defined, a set of aims and objectives is needed which will aid the outcome of this study. Defining relevant assumptions and key questions will then lead one towards a hypothesis. Chapter two prepares a theoretical framework for the rest of the study. Chapter three and four are the most important chapters in this dissertation and is used to discuss relevant
literature on issues identified in the preceding chapters. Chapter five and six refers to local case studies and international precedent. Chapter seven is an analysis and discussion of the interviews conducted. Chapters eight and nine concludes the dissertation with recommendations which will aid the design of a residential care facility for the lower economic ageing population in Warwick Triangle.
PART TWO
THEORETICAL REVIEW
CHAPTER 2
THEORETICAL REVIEW

2.1 INTRODUCTION

At this early stage of the dissertation proposal, a gap in the literature has been identified which has significant merit in today’s society. A general lack of housing for the elderly, requires one to “rethink” the concept of care facilities to feature new and different demographic groups in an urban location.

The purpose of this chapter is to inform the reader of relevant theories and propose certain guidelines one can follow in the design of a new care facility. The theoretical review aids the design process by first addressing the person (who is involved?), then the process (how it will be achieved?) and finally the place (Geographical Location). Phenomenology will be used as an overarching architectural theory which related back to the experience of a place. Place attachment will be a concept that drives this design, while Critical Regionalism and Sensory Design will be used as architectural tools in the design of a care facility. Each theory and concept will now be discussed in greater detail.

IMAGE 1: Theoretical structure and mind map.
SOURCE: drawn by author: June 2016).
2.2 PHENOMENOLOGY AS AN EXPERIENCE

Phenomenology owes its origins to two German philosophers, Edmund Husserl and Martin Heidegger. Husserl launched the Phenomenological movement in philosophy which was a method of investigation, through which philosophers questioned existing philosophical traditions. Although Edmund Husserl started the Phenomenological movement, it was his student, Martin Heidegger (1889 – 1976), a philosopher and seminal thinker who developed the concept further, and coined the term, Phenomenology. Through his love for architecture, Heidegger went on to write three very important essays through which he tried to translate the phenomenological approach of philosophy, into architecture. Heidegger has since influenced many theorist, such as Christian Norberg-Schulz, Kenneth Frampton and Juhani Pallasmaa who have all tried to translate the phenomenological approach to architecture in their own way. (Haddad, 2010: 89)

In recent decades, Phenomenology has been used in scientific, psychological, architectural and urban design research and has become a very broad and diverse term and increasingly difficult to interpret.

According to Heidegger, Phenomenology can be interpreted as the perception of the built environment through our senses which has a direct emotional influence on a person. The Phenomenological approach is deeply rooted in the subjective experience of people, according to their race, age, culture and economic standing. Phenomenology is also affected by external influences of the built environment, such as landscape, smell, texture and sound which leads to various associations of a place. A complex phenomenon associated with Phenomenology, known as sense of place, is both a physical and psychological concept and occurs when there is a responsive interaction between a person and a place. As soon as a space takes on a special meaning, place attachment will follow which adds special behavioral and emotional characteristics for an individual, or a cultural group. The extent of this experience will vary between different people, depending on their experiences, their personalities, their intellectual background, and the physical characteristics of the environment. (Haddad, 2010)

3.3 PLACE ATTACHMENT (PERSON, PROCESS AND PLACE)

Phenomenology can be seen as an overall sensory and emotional experience by individuals. The concept of place attachment includes dimensions of person, psychological process and place.

2.3.1 THE PERSON:

The first dimension of place attachment addresses the person. Place attachment can be experienced on an individual or collective basis. Individual experience has a stronger influence as this can relate to personal memories, experiences and milestones. Place attachment on a collective basis, consists of a group of people of different ages, cultures, genders, and religions. It can be a community process where groups of people share common interest such as cultural practices, religious events, historical experiences, common values, and symbols. When a large
group of people gather with a common purpose, culture and values can strongly influence individuals and their experience of place. (Scannell and Gifford, 2010) & (Hashemnezhad, Heidari, and Hoseini, 2013)

2.3.2 THE PROCESS

The second dimension addresses the psychological process which assesses the way individuals and groups of people bond and relate to a specific place. Fond memories, personal beliefs, historical knowledge and meaning as well as behavioral actions, can all contribute to a heightened emotional connection and closeness to place attachment. (Scannell and Gifford, 2010) & (Hashemnezhad, Heidari, and Hoseini, 2013)

2.3.3 THE PLACE

The third dimension of place attachment is the place itself. As mentioned before, place attachment can only occur if there is an interaction between a person and a place. Thus, a place can be analyzed according to three characteristics, being geographical location, physical parameters and the identity of a place.

2.4 GEOGRAPHICAL LOCATION - CRITICAL REGIONALISM

When one addresses the geographical location of an urban area and the environmental elements associated to that specific place, one can make reference to the theory of Critical Regionalism. Kenneth Frampton put forth his idea of Critical Regionalism, with an essay entitled, “Towards a Critical Regionalism: Six Points for an Architecture of Resistance (1983)” . Frampton perceived Critical Regionalism to be an architecture that addresses issues regarding topography, context, climate, light, tactility, tectonic form and place-form.

The most important feature of Critical Regionalism is that of responsible design. Frampton understood that a building in its surrounding context has an influence on how one relates to the nature of a place. The theory of Critical Regionalism suggests that one should respond to local climatic conditions (local climate and micro climate), natural ventilation and natural light as opposed to the use of artificial climate control. It also favors the use of local building materials and its weathering properties which has a unique aesthetic quality and gives the impression that the building has always been there. Frampton believed that the response to a building should not favor its scenographics, but rather its tactile and tectonic form. He also referred to the form of a building as place form. Using the physical topography of a site, natural building materials, technologies and construction techniques, one can create a building form which is specific to that region or given site (gestalting /form making) & (gestalt finden / form finding). (Frampton, K. 1983).
2.5 PHYSICAL PARAMETERS - SENSORY DESIGN

Physical parameters such as size, scale, color, texture, noise, temperature and odor, are just some of the aspects which can be used to differentiate between places. How we perceive a place through our senses can influence a person’s behavior and the meaning they associate to it.

Juhani Pallasmaa, a Finnish Architect, professor, museum director and critic, used Phenomenology as an architectural theory to write his book entitled: “The Eyes of the Skin – Architecture and the Senses”. Pallasmaa believed that Phenomenology was an approach to architecture which began with the human body as a design generator. How we interact and experience the built environment can either have a positive or negative effect on our physical, emotional and spiritual wellbeing. According to Pallasmaa, our human senses play a very important role in how we experience space.

The focus of this dissertation has primarily been based on suitable accommodation for intergenerational families and one soon forgets about the physical needs of the elderly. As one reaches the later stages of life, one’s physical body starts to deteriorate. It is not uncommon for elderly people to lose one or two of their primary senses, which leaves them disabled in some way. It is important to use sensory design as an architectural design tool when one addresses the topic of care facilities and the elderly. The five most common senses includes: sight, sound, touch, taste and smell.

2.5.1 SENSE OF SIGHT

Sight is perhaps one of the most important senses. It is through our vision that we are able to survey and investigate, judge distance, separate and distinguish different forms, textures and colors. According to Pallasmaa, we have become reliant on sight as a primary design tool and have ignored the importance of our other four senses. It is only when our sense of sight is lost that we perceive and experience the built environment in a completely different way. (Pallasmaa, 2005).

2.5.2 SENSE OF SOUND

As mentioned previously, as soon as one loses one’s primary sense of vision, hearing becomes one of our most important senses. A space can be experienced and understood through the echo that
it makes. The reverberation of sound against a solid object, helps us to comprehend the scale, form, location and in most cases, the choice of material used. Pallasmaa also argues that every building or space has its own characteristic sound. It might be a sound of intimacy or monumentality, invitation or rejection, hospitality or hostility. We might perceive sound to only be background noise, but it can ultimate tell us a lot about the built environment. (Pallasmaa, 2005).

2.5.3 SENSE OF TOUCH

A heightened experience of the built environment is ultimately influenced by one’s ability to see and touch ones surroundings. Pallasmaa makes reference to the fact that it is a pleasurable experience to have one’s skin read the texture, weight, density and temperature of a matter. (Pallasmaa, 2005: 56).

2.5.4 SENSE OF TASTE AND SMELL

A sense of taste and smell is one of the least used senses, but it has the possibility to evoke many fond memories of an architectural experience. Pallasmaa believes that certain smells, colors and delicate details can evoke oral sensations. (Pallasmaa, 2005: 59).

2.6 IDENTITY OF A PLACE

The identity of a place can rely on certain physical features such as density, proximity and the presence of amenities, but it is also social interaction which gives a place its presence. To find the identity of a place, one can refer to Christian Norberg-Schulz’s (1926 – 2000) theory entitled Genius Loci. Genius Loci is a combination of two concepts. The first was a Roman concept called Genius Loci.

“According to ancient Roman belief every independent being has its genius, its guardian spirit. This spirit gives life to people and places, accompanies them from birth to death, and determines their character or essence”. (Haddad, 2010: 93)

Schulz then tried to make a connection between the man-made world and the natural world by proposing a concept called Gathering. Schulz believed that the role of an architect is to create meaningful places which helps man to dwell. This can be done by finding the “spirit” and “meaning” of a place – its Genius Loci. (Haddad, 2010: 93)
2.7 CONCLUSION

To “rethink” the concept of a care facility for the elderly is quite a challenge, which is why one needs to have a theoretical backing to establish certain design parameters.

To design a facility like this, one would need to address the three dimension of place attachment, which would be the person, the process and the place. This facility needs to feature a new and different demographic group based on socio-economic factors. The facility also need to be designed in such a way that it gives preference to the elderly, while also accommodating extended households. An urban area such as Warwick junction would be an ideal location for a facility like this. The fact that it already accommodates people who have formed social relationships based on common interest such as class, age, race, religion and type of dwelling, provokes a pleasant experience and in turn creates a unique sense of place. The identity of a care facility in an urban area would not only rely on certain physical features such as density, proximity and the presence of amenities, but it would also add to social interaction which gives a place its presence.

One would also need to make reference to Frampton’s Critical Regionalism theory. A responsible design will address issues regarding topography, context, climate, light, tactility, tectonic form and place-form. The focus of this dissertation will primarily be based on suitable accommodation for intergenerational families. One should not forget that the design of the building should address physical needs of the elderly. It is thus important to use Pallasmaa’s sensory design ideas as an architectural design tool when one addresses the topic of care facilities and the elderly.

The following two chapters will be dedicated to a literature review. The purpose of this is to inform the reader regarding the issues the elderly face living in South Africa and to create a set of criteria which will help to assess relevant precedent studies.
PART THREE

LITERATURE REVIEW-

EXPECTATIONS OF AGEING IN SOUTH AFRICA
CHAPTER 3
LITERATURE REVIEW
EXSPECTATIONS OF AGEING IN SOUTH AFRICA

3.1 DEFINITION OF ELDERLY:

In South Africa, the definition of an ‘elderly person’ is someone who has reached the chronological age of 65. It is at this age at which most South African citizens retire, move to some kind of care facility and make use of their pension benefits or non-contributory old age grants (Lehohla, 2011: iv) Elderly persons can be divided into three age groups: the “young-old” (60-69 years), the “old-old” (70-79 years) and the “very old” (80 years and over). In addition to chronological age, the age of a person can be defined through their physical ability, psychological wellbeing and socio-cultural activities. (Kimuna and Makiwane, 2007:101)

3.2 GENERAL PERCEPTIONS OF OLD AGE:

The perception most South Africans have of old age is multidimensional. It reflects a mix between accurate depictions of age-related changes and distorted views of older people. The elderly embrace both positive and negative characteristics. They are sometimes perceived in a positive light, as active members of the community, loyal, sociable and are held with warm content. However, negative perceptions tend to dominate. For example, older people are stereotyped as having poor health with diminishing mental ability, unattractive, sexless, negative personality traits, unhappy, lonely and excluded from society. (Robinson et al. 2008; Kite, Stockdale, Whitley, & Johnson, 2005).

Age, gender, level of knowledge, frequency and type of contact with older people and cultural influences may be factors which play a role in influencing people’s perceptions. Modernization, urbanization, western influence and the media have also contributed to the perception that the elderly are no longer able to contribute to their families or society and are therefore seen as a burden to all. (Eboiyehi, 2015; Imogen, 2009)

3.3 RETIREMENT:

Reaching the later stages of life, comes with transition and adjustments. Having lived a healthy and active lifestyle, it is inevitable that we will all be faced with the prospect of retirement. Retirement is the process where a person stops his/ her employment on a permanent basis. As in most developed Western countries, the agreed upon retirement age in South Africa, is 65, unless otherwise stipulated in an employee’s employment contract. Retirement funds are provided for under company-sponsored or private pension funds and can be accessed as soon as one reaches retirement age. Some are fortunate enough to retire at a desired age, having looked forward to
quitting their work to pursue other interests and hobbies, while others are forced to retire (for example, because of their age, unforeseen health problems or job loss). (Bernard, 2013)

Depending on their attitude towards ageing and the reason for retirement, some elders may find that they may have difficulty adjusting to the aspects of retirement. Most people find their identity in the workplace, and the initial response elder’s show towards retirement is a sense of regret and frustration. Some question their role in society and tend to show signs of vulnerability, anxiousness, anger or embarrassment. (Bernard, 2013)

3.4 RESIDENTIAL CARE FACILITIES:

In the case of intermediate elders (people between the age of 65 and 80) who are still fit, active, and able to care for themselves, the prospect of retirement can be a very stressful time in their lives. Due to family dynamics, financial and future health reasons, families have to decide where their elderly loved ones will stay. When one addresses elders above the age of 80 whom have become increasingly frail, one immediately has to think of things like mobility, health concerns and their general well-being. The reality is that some families do not have the time, patients or medical knowledge and facilities to cater for people of this age and residential care facilities become a viable option. (KOTZE, 2006)

The norm for most South Africans who have just retired, is to find some kind of accommodation which will suit their needs as they become older. There are very few options available and most people resort to living in a residential care facility. A residential care facility, is a housing system introduced by the former apartheid government to assist the elderly with affordable housing. The funding of these housing facilities has been a joint venture between the public and private sectors, such as charities, churches and local authorities. These facilities were designed for senior citizens only, based on social, racial and economic groups. In general, these multi-residential housing facilities are located in suburban areas and provide each person or couple with a room, small apartment, or free standing house which caters for their basic needs. These housing options can
be paid for on a rental basis, or bought on a perpetuity basis and offer limited services and amenities such as social activities, medical care and subsidized meals. Government subsidized senior housing typologies has followed a standard design outline and has not changed much since the early 1970’s. (KOTZE, 2006: p32)

One’s financial status plays a very big role in the type of care facility available to you. Low-income or government subsidized senior housing can clearly not be compared to a private suburban gated estate. Most private residential care facilities offer independent living or assisted living which differs in the amount of assistance you require from nursing staff. If you require full time assistance with eating, dressing, and using the toilet, or require regular medical care, assisted living options would be the best choice. Additional recreational facilities give seniors the opportunity to connect with one another and to participate in fun activities. Some of these include: arts and crafts; educational classes and health and fitness classes. Other services and amenities include full time security, daily meals, basic housekeeping, medical care, laundry services and libraries, just to name a few. (Helpguide, 2016)

3.5 PERCEPTION OF CARE FACILITIES:

The elderly who are privileged enough to stay in a care facility do have their own uncertainties. Some elders believe that moving into a retirement facility means that you will move away from a home filled with loving family members, that you will lose your independence and that there will be no one around to help you when needed. Other aspects elders face is the effect care facilities will have towards a reduced financial income, social interaction, social status and entitlements. Elders whom have not taken well to the new adjustments may experience a decline in their physical, as well as mental wellbeing. (Helpguide, 2016)
3.6 CULTURAL VIEWS ON CARE FOR THE ELDERLY:

There is a vast difference between the White and Black cultural groups with regards to the care of the elderly. The White elderly community generally feel that they should not be a burden unto others and in turn choose not to live with their children. They also believe that they have a right to independence, and by placing any home care responsibilities on their children would jeopardize their relationship. In turn, the majority of White communities invest their savings into a residential care facility as their first option. In strong contrast to that, Black elderly communities indicate that they would prefer to live with their relatives and be surrounded by family members of different generations. The notion of being cared for by a family member as opposed to a stranger in a care facility has significant meaning to the dignity of the elderly. (Froneman, Van Huyssteen, and Van der Merwe, 2014: p425)

3.7 CONCLUSION:

One now has a general picture of ageing for the privileged few in South Africa. The prospect of working until the retirement age of 65, moving to a care facility and finally utilizing ones retirement funds to support a new-found hobby is something everyone strives towards. One might face many “difficulties” adjusting to the new “retired lifestyle”, such as complaining about the size of a room or the quality of service in a care facility. The privileged few who have access to these kind of services are oblivious to the reality poor elderly face. The next chapter in this dissertation document will challenge the expectations of ageing by stating the reality most South Africans face on a daily basis.
PART FOUR

LITERATURE REVIEW-

THE REALITY OF AGEING IN SOUTH AFRICA
CHAPTER 4
LITERATURE REVIEW
THE REALITY OF AGEING IN SOUTH AFRICA

4.1 THREE GENERATION FAMILIES / WHITE VS. BLACK FAMILIES

Traditionally, in most South African cultures, a family can be recognized for having three or more generations in one family. A three generation family consist of the elderly (65 years and older), young adults and grandchildren. Most cultures dictate that the elderly assumes a role of hierarchy in the family structure, and as a sign of respect, the elderly are cared for by the young adults. While the whole family participates in raising their grandchildren, it is not uncommon to have extended family structures contribute to the wellbeing of the family. (Schatz et al., 2014: p590)

In many White families, children will grow up with their parents in a two generational household. Although the grandparents normally live separately as a single generation family, they play an integral role in the development of the child. Children in White families normally leave the two generational household as soon as they become young adults. It is not uncommon to have these young adults live as a single generational household for an extended period of time. The norm is to complete their tertiary education and then pursue a chosen career, while delaying childbearing for the later stages of life. (Schatz et al., 2014: p590)
In contrast to White families, children in Indian, Colored and Black African families will grow up with their parents in multi-generational or extended households. Most young adults never leave their parental households and tend to have children at a very young age. The elderly form part of a three generation family and reside with their children or extended family members. The grandchildren are left in the care of the grandparents while the young adults go about their daily routines. (Schatz et al., 2014: p590)
The cultural practice in South Africa, where the younger generation support the elderly, is the foundation on which Caldwell (1985) built his inter-generational wealth flow theory. According to Caldwell, “Primitive” or “traditional” families have an upward wealth flow, from the young to the elderly. In contrast, developed countries have a downward wealth flow, where the elderly have to support the younger generation. Caldwell concluded his paper by encouraging traditional societies to have as many biological children as possible to ensure adequate care during old age. (Caldwell, 1985)

4.2 THE DEVELOPMENT OF THE 3 GENERATION FAMILY IN SOUTH AFRICA

According to Elana Moore, author of the paper entitled: “Transmission and Change in South African Motherhood: Black Mothers in Three-Generational Cape Town Families”, argues the fact that the three generation family in South Africa has shown signs of development as far back as the 1930’s due to specific political, economic and social conditions. In the early apartheid years, shaped by the political context, many African males made their way from the rural areas to the urban centers in search of better working opportunities. African females were not allowed in the urban centers which forced them to stay in the rural areas. With an absent partner, these women had to take sole responsibility of maintaining a household, while raising their children. Struggling for survival, these mothers would rely on their migrant husbands for a financial income. In most cases, the migrant husbands, residing in over-crowded hostels would form ‘loose’ attachments with other women in the city, which would put financial and emotional strain on their partners. Torn between the domestic responsibilities of raising children and maintaining a relationship with their husbands, many African women relied on the elderly or extended family members to tend after their children. (Moore, 2013:153)

From the mid 1950’s to the late 1970’s, the change in political, economic and housing policies allowed African women to move from the rural areas to urban areas. Some of these women were educated to a certain degree, which allowed them to engage in different types of work. Although the predominant occupation was domestic work, it allowed an opportunity for these women to earn an income and raise their children in a single place. However, due to political unrest, the day to day practice of mothering was often disrupted. To protect their own children, the mothers would send their children back to their parents or extended families in the rural areas. This arrangement ensured that the children were protected from any harm and that they could continue their schooling uninterrupted. Although the grandparents often became primary care givers of these children, there was always a social and economic connection between the parents in the urban areas and the children in the rural areas. (Moore, 2013:154)

Toward the end of apartheid, we see a shift in how South African households are run. Most African women have opted out of the traditional norm of marriage and are running single headed households. There has also been a decline in the number of children these women are having. Although it is important to have children, it has become socially acceptable for them not to live with the father of their children. Compared to previous generations, achieving personal goals such as attaining tertiary education, formal employment and home ownership has been seen as a way
to ensure a marriage between equals or, failing that, a woman’s financial independence. (Makiwane, Ndinda, and Botsis, 2012: 24) & (Moore, 2013:154)

4.3 SKIPPED GENERATION FAMILY - ELDERLY AS PRIMARY CARE GIVERS

In the development of the three generation family, the role of the elderly and extended households have played a considerable role in South African history. There has been a strong emphasis on Black families. This can be contributed to the fact that the majority of extended family house-holds among the different race groups are Black. In all three examples, one can clearly see that the common thread has been the absence of the second generation, or the “young adult”. Social, political and economic issues has forced many young adults to place their children in the care of the elderly. The phenomenon of a skipped generation has placed many older people in a role of sole caregivers for multi-generational or extended households which places tremendous financial and physical strain on the elderly. The elderly population are now forced make use of their limited income to look after the young. (Kimuna and Makiwane, 2007).

It is at this stage that one has to re-address Caldwell’s 1985 inter-generational wealth flow theory. It is clear that we have become a “developed country” with a downward wealth flow, where the elderly have to support the younger generation. One has to challenge Caldwell’s statement that traditional societies should have more children to ensure adequate care during old age. The development in time has nullified his theory and should be ignored.
4.4 EFFECTS OF SKIPPED GENERATION FAMILIES ON THE ELDERLY AND THE YOUNG

The effects of a skipped generation family have significant implications on children and grandparents alike. Children from skipped generation families suffer from physical and emotional complications such as asthma, depression, anxiety, stress and ADHD. While grandparents have taken on the responsibility of primary care givers, they need to balance their daily routines of employment while also raising children. It is not uncommon for these grandparents to suffer from depression, anxiety, poor health and social isolation. (Shakya et al., 2012: P40 & P51)

4.5 GROWING ELDERLY POPULATION ABOVE 60

The importance of the elderly population cannot be underestimated. It is interesting to note that the global population of persons aged 60 years and older has increased at an unprecedented rate. In 1950, it was estimated that there were about 200 million people aged 60 and over. A current census indicates that there are an estimated 580 million elderly persons world-wide, with the number to increase from 1.2 billion in 2025 to 2 billion in 2050. The advances in the health-care system coupled with a long-term decline in birthrates has resulted in a global ageing population. (Survey methods, 2014)

In South Africa, the proportion of persons aged 60 and older has increased from 2, 8 million (7.1%) in 1996, to 4, 1 million (8%) in 2011. It is estimated that this figure will almost double in the next 30 years (Lehohla, 2011: IV). According to statistics South Africa: Whites and Indians/ Asians are ageing faster relative to Black Africans and Coloreds. This can be attributed to the fertility and mortality patterns across population groups. Between 1996 and 2011, there has been a general decline in the total fertility rate among all population groups, more pronounced for the white and Indian/Asian population groups. In contrast, the life expectancy among Whites and Indians/Asians has increased more so than their Black African and colored counterparts. The primary concern in South Africa regarding the growing population, is the large number of older people who are Black. This number has increased from 1, 9 million in 1996 to 2, 7 million in 2011 (Lehohla, 2011: 22).
4.6 GROWING ELDERLY FEMALE POPULATION

In addition to a major increase in the elderly population, South Africa also faces an HIV/AIDS pandemic which has had an influence on the population structure. The high mortality rate of infants and young adults has increased by nearly 20%. Another concern the ageing population face is a declining sex ratio. A larger proportion of the female population are reaching old age as compared to their male counterparts, which arises the concern that households are being headed by women who have not traditionally been the breadwinners of Black families. (Kimuna and Makiwane, 2007).

The majority of elderly African women who have assumed the role of primary care givers, do so out of obligation to their families. Older women are more likely to care for their families, even though race, gender, limited education and high unemployment effects their standards of living. Social elements which affects the female elderly includes a poor support system within their own families. Most women above 65 are widowed, which leaves them vulnerable with regards to decision making. The rest of the able bodied family members are either victims of poor health or HIV/AIDS, drug abuse, teen pregnancy, divorce or unemployment. One can see that the ageing experience of African women are far worse compared to women of other races. (Makiwane, Ndinda, and Botsis, 2012)

IMAGE 11: Elderly female headed households. SOURCE: drawn by author: June
“AFRICAN”, “BLACK” AND “WOMAN”

According to a paper entitled “Gender, race and ageing in South Africa”, the authors warn us with regards to how the terms “African”, “Black” and “woman” are used in its relevant context.

“In South Africa, the category of ‘woman’ is politically loaded as the women are differentiated by race, class and age amongst other variables. Even where the term ‘Black’ is used it is not always clear in what sense the term is used. For affirmative action purposes, ‘Black’ refers to Africans, Colored’s and Indians. The positionality of women must not be conflated with other broad identity categories such as class and race, but rather should be lifted out and understood in relation to the multiple identity categories to which a woman might belong (woman, elderly, poor, uneducated etc.), thereby revealing how these overlapping categories have come to shape women’s life experiences” (Makiwane, Ndinda, and Botsis, 2012: 17)

4.8 A BATTLE FOR SURVIVAL

According to a Global Retirement Index conducted in 2015, retirement security is assessed in terms of material well-being (ability to live comfortably), health (quality of health services), finances (quality of financial services) and quality of life. South Africa is ranked among the worst countries in the world when it comes to retirement and have very few options available to them (Writer, 2015). The reality is that we live in a post-apartheid era where issues regarding service delivery, access to essential healthcare, financial and social support and security needs have
placed tremendous strain on the government. It just so happens that the people most affected by this are the lower income Black ageing population with limited education. A limited financial income forces elders to work well past their retirement age, until they are unable to do so. Most of these elders qualify for a state Old Age Grant (OAG) and uses it as a primary source of income. (SKWEYIYA, 2015) & (Lehohla, 2011)

4.9 OLD AGE GRANT (OAG)

Old Age Grants (OAG) is a social pension system introduced by the former Apartheid Government as a means of addressing the poverty levels among the poor White communities. To regulate this system, the government introduced a scheme which requires one to be means tested. Regardless if a person had worked before, the scheme required one to provide proof that you had no monthly income, or your current income was below the minimum living standard. The grant was awarded to women above the age of 60 and men above the age of 65. It was only in later years that this scheme was offered to the Black majority, but at a considerable reduced rate. The elderly could retrieve their old age grants (OAG) through a third party, such as pension pay-out points, banks and through registered mail. (Kollapan, 2008: 6)

4.10 CHILD SUPPORT GRANTS (CSG)

With the current poverty line set at R800pm, the Post-Apartheid Government revised this monthly amount from R790pm to R1010pm. Instead of using this money for their own wellbeing, the majority of the elderly population make use of Old Age Grants to support their multi-generational families. With this in mind the government also introduced Child Support Grants (CSG) as a means to alleviate the financial burden on the elderly. Large amounts of money are being awarded to the less privileged and it is the elderly who have become susceptible to the problems which arises. Firstly, the money they do receive is of an inefficient amount to look after their families, which in turn influences their social and economic standing. Illiteracy and incorrect mailing addresses could lead to the elderly not receiving their social grants. The elderly also stand a good chance of being robbed at pension pay-out points, or swindled by loan sharks. (Kimuna and Makiwane, 2007:100)

4.11 URBAN AND RURAL LABOUR MIGRATION:

South Africa is one of the unique countries in the world where the majorities of cities were designed according to Colonial and Apartheid policies. During the Colonial rule (1900 – 1930), policies were implemented to ensure influx control, residential control and general restrictions on land purchases by means of a land-registration system. Cities were designed in such a way, that the suburban areas were located in close proximity to the Central Business District (CBD) to ensure ease and convenience to the White minority. Large portions of land intended for major highways and industrial areas acted as a buffer zone between Black townships and White residential areas. During apartheid (1950’s – 1990’s), the South African Government introduced the Group Areas Act in 1968 with the intention of racial segregation. The act ensured that Black townships and rural homesteads remained isolated from the city centres, but close enough for a steady supply of
cheap labour. This arrangement forced many Black families to migrate between urban and rural areas on a regular basis to ensure a monthly income. (Dr. Amira O.S. and Karusseit, 2008)

22 Years after the fall of apartheid, we are now able to see the damaging effects it has had on South Africans. Central Business Districts (CBD) have largely been abandoned by White residents and business owners who have moved to new centres in suburban areas. The effects of urban sprawl have had a devastating effect on the economic markets, but has awarded the majority of middle to low income Black families the opportunity to occupy inner city buildings which has significant socio-economic advantages. In some respects, there has been very little change since the fall of Apartheid. Many African families have rooted themselves in townships and migrate between urban and rural areas to earn an income. Those who have chosen to live in urban areas on a permanent basis, follow the same procedure to ensure a social bond with their extended family members. As a result, family members are now dispersed between different households and in turn spend large portions of their monthly income on transport and living costs which places a financial and social burden on the family. (Dr. Amira O.S. and Karusseit, 2008)
4.12 LIVING ARRANGEMENTS FOR THE ELDERLY IN URBAN AREAS:

The prospect of retirement and ultimately living in a care facility is an ideal which the majority of South Africans will never experience. The historical overview of care facilities in South Africa, indicates that they were mostly intended for privileged White communities and that the majority of the Black elderly population had no substitute facility which could address their housing needs. The only provision for care facilities were those subsidised by government or private NGO’s. These can be limited to retirement villages, residential care facilities and assisted living complexes. In 1997, the Department of Welfare and Population Development proposed the phasing out of all state funded homes for the aged by the year 2000. All existing facilities needed to be converted into homes for the exclusive use of frail individuals, of all race groups who are in need of 24 hour nursing care. Current care facilities are filled to capacity which leads to long waiting lists for those who require housing. The outdated design of care facilities does not cater for Black African families who require alternative living arrangements for extended households. The lack of planning and maintenance with regards to care facilities has also become a growing concern. (KOTZE, 2006: p32)

South Africa has no specific policy on housing for the elderly. Although certain frameworks and public policies have been implemented, there is still a growing number of low income, elderly families without adequate housing. The Post-Apartheid Government has since introduced a Reconstruction and Development Program (RDP) which aims to deliver basic housing, services and infrastructure to low income and rural areas. South Africa’s housing program has been one of the most successful in terms of the number of housing units built per year (2 355 913 units, March 2007), but, Issues such as corruption, poor planning, long waiting lists and inadequate craftsmanship has resulted in many poor families not receiving their houses. (Dr. Amira O.S. and Karusseit, 2008)


As a result, informal urban shack settlements have formed, where people construct houses of everyday available materials such as corrugated iron, wood and mud. These dwellings are exposed to elements such as heat, flooding and fires and often lack basic services such as water, electricity and proper sanitation. Families who are fortunate enough to earn a larger income make use of shelters or overnight facilities, one bedroom hotel rooms, single sex hostels or inner city housing projects. Many families have also resorted to living in old, dilapidated and illegally occupied buildings, “owned” by foreign nationals who charge exorbitant amounts of money for small living spaces. South Africa is currently in a position where we desperately need basic housing, specifically for those of the elderly Black population who need specialised care and alternative living arrangements for their extended family members. (Dr. Amira O.S. and Karusseit, 2008)

### 4.13 CHALLENGES THE ELDERLY FACE LIVING IN URBAN AREAS

As mentioned before, urban and rural migration plays a very big role in South African society. Some of the elderly who have assumed the role of primary care givers, have moved from rural to the urban areas on their own accord as a means to ensure a better future for their families. Although urban living may have many socio-economic advantages, it also has a set of challenges the elderly have to face on a daily basis.
### 4.13.1 LEVEL OF EDUCATION

One needs to bear in mind that the elderly above the age of 65, still bear the brunt of the apartheid system. Under the apartheid laws, Black South Africans were educated under the Bantu Education System. This means that a large portion of elderly people in modern society suffer from a low literacy level or have had no education at all. A lack of education places the elderly on a back foot in terms of earning a proper income in an urban area. (Dr. Amira O.S. and Karusseit, 2008)

### 4.13.2 THE ROLE OF A CARE GIVER

Assuming the role of a primary caregiver for multiple family members, places tremendous emotional distress, physical strain and responsibility on the elderly. Financial insecurity, food insecurity, poor nutrition rate, health concerns, general living expenses and the provision for basic education are just some of the things the elderly have to account for. Apart from their meagre weekly or monthly income, the elderly make use of Old Age Grants, Child Support Grants and Disability Grants to support their families. (Kasiram and Hölscher, 2015: p382)
4.13.3 HEALTH AND ILLNESS

A limited financial income also has an effect on one’s health and general wellbeing. Age related illnesses such as Diabetes, Arthritis and high blood pressure places strain on one’s physical body which could lead to an elderly person being unable to work for extended periods of time. It is important to note that if an elderly person becomes ill and unable to work, he/she will have an inability to care for others. Although it is normal for the elderly to face health concerns as they age, absence from work leads to limited or no financial income for the family. Compared to rural areas, urban living has credited the elderly the opportunity to access medical help on short notice. The elderly from rural areas, who would normally seek alternative medical help from traditional healers can now access clinics or hospitals with trained medical staff and superior medical facilities. The downfall to this is that the elderly cannot afford the time or the money to access medical help which in turn influences their health. (Kasiram and Hölscher, 2015: p383)

4.13.4 AGEING WHILE LIVING IN AN URBAN ENVIRONMENT

Reaching the later stages in life comes with its own set of challenges. Physical ailments such as loss of hearing, reduced vision and physical immobility can make everyday tasks quite challenging. A simple example would be for an elderly person to access their Old Age Grants from a local pay-out point. Narrow sidewalks, uneven terrain and a general lack of wheelchair access to public transport, increases the risk of accidents among the elderly and could lead to someone injuring themselves. The elderly who do access large multi-level commercial buildings tend to feel disorientation among the undifferentiated floors. They tend to avoid stairs and brave the fear of using an elevator in case of a fire or power failure. Avoiding these areas due to immobility has a direct influence on social interaction among the elderly and their peers. (Maart et al., 2007: p365)

The elderly who are fortunate enough to have accommodation in an urban area do so on a rental basis. This is difficult for people with a limited and unstable income. The fear of eviction on short notice emphasizes the fact that their accommodation is only temporary. This means that the elderly are unable to find their roots in an urban area as compared to a rural area where they have permanent accommodation. Acute living expenses coupled with over-crowded rooms makes for a very unpleasant living experience. Crime, prostitution, drug abuse, vandalism and a general lack of maintenance are also just some of the challenges the elderly face living in an urban area. (Haase et al., 2011: p34)

4.13.2 FEAR OF CRIME AND SOCIAL ISOLATION

One of the major disadvantages of living in an urban area, is the high crime levels. The elderly who are weak and unable to defend themselves are vulnerable to theft, assault and in extreme cases, rape. The elderly are defenseless and become easy targets for criminals. It is also interesting to note that the elderly can become victims of crime through their own family members. The elderly who are unable to afford childcare might leave their grandchildren in the care of a neighbour or a friend. In extreme cases, the elderly may have no childcare options available to them during the
day and tend to leave their grandchildren to their own devices. Living in a big city with many amenities, lots of friends and few role models, the grandchildren tend to learn bad habits and become susceptible to a lifestyle crime. (Kasiram and Hölscher, 2015: p385)

Many elderly people who live in urban areas lack the necessary social support or acknowledgement from fellow family members. Some family members are either absent due to unforeseen reasons or absorbed in their own social lives. The lack of social relationships and social support systems from fellow family members and friends may lead to Isolation and loneliness. An inability to manage everyday activities as well as a lack of social integration among the elderly can lead to many different emotions such as anger, hopelessness, depression, loneliness and isolation. (Kasiram and Hölscher, 2015: p385)

4.14 PARTICIPATION OF THE ELDERLY IN THE LABOR FORCE IN URBAN AREAS

Although the elderly are fortunate enough to have access to state funded Old Age Grants (OAG) and Child Support Grants (CSG), they still need to work in order to earn enough to secure their livelihoods. Since the Colonial Period, South African urban areas have seen an influx of people participating in the informal labor market in order to generate an income for their families. Those who participate in the informal markets are predominantly low-skilled and therefore earn a significantly lower income as compared to high-skilled people in the formal sectors. The elderly who are still physically healthy and able to participate in the informal markets have proven themselves to be economically productive and participate in the labor force in many different ways. Some of the major occupations include domestic work, casual work, elementary occupations, craft and related work as well as plant and machine operators and assemblers. The informal sector does not always ensure stable employment or income for these elderly household heads, which may have an influence on their monthly income.
The city of Durban is a perfect example to illustrate this point. Designed according to Colonial and Apartheid Policies, Durban features a central business district (CBD), a port and transport node surrounded by suburban and industrial areas. Townships such as Isipingo, Inanda and Umlazi are situated on the periphery of the city and supplies Durban with a large migrant workforce. Warwick Junction is normally the first stop for many young adults and elderly people who travel between rural and urban areas in search of job opportunities.

**4.15 WARWICK JUNCTION**

Warwick Junction is situated on the edge of Durban's inner-city and acts as a transport connection between Durban CBD and many informal settlements on the outskirts of the city. A rich social, economic and political history has divided Warwick precinct into three diverse districts: The

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**IMAGE 20: Main occupations of males and females**

**SOURCE:** (Statistics South Africa 2010)
residential Warwick Triangle, the Greyville district and the Durban CBD district. On average, the area accommodates 460 000 commuters and residents, and at least 8000 street vendors, trading in 9 distinct markets. The topography, context, climate, light and tectonic expression of this area is unique in every way and can only be associated with Warwick Junction. The identity of Warwick relies on certain physical features such as its density, proximity and the presence of amenities. Although Warwick has shown signs of stagnation and decay with derelict houses, flats and office buildings, it is driven by a vibrant and diverse community. (van Schilfgaarde, 2013)

4.15.2 WARWICK JUNCTION AND ITS PEOPLE

People who share a common interest, class, age, race, religion and type of dwelling, all form social relationships which leads to a common group identity.

We know that the permanent residents and traders of Warwick fall into a lower income bracket and consists of a majority Black population, followed by Colored, Indian and a small White community. Many of the residents and street traders vary in age and gender and it is has become extremely difficult to get a clear picture of the elderly population. Among the residents who access social security facilities, a fairly high proportion use old age pensions (66%), child support grants (70%) and disability grants (33%). This indicates that there is a healthy and active ageing population within Warwick (DurbanWithSpecialEmphasisOnWarwickJunction, 2016).

Due to a lack of money and maintenance, many permanent residents of Warwick are forced to occupy derelict buildings. Traders who have taken up residency in Warwick are not homeless and have permanent houses in rural areas. Due to economic reasons, many of these traders cannot afford to travel to the rural areas on a daily basis and choose to live with their children in Warwick Junction. Shelters, which provides a place to wash and sleep has become too expensive and traders are forced to sleep on the streets next to their stock.

Different age groups bring forth different challenges. An example of this could be a growing need for daycare facilities for young adults who have to leave their children in the care of strangers, while they access schools and institutions of higher education in and around Warwick. (van Schilfgaarde, 2013). One also has to consider the elderly who require something as simple as a safe place to retrieve their monthly Old Age Grants (OAG). The people of Warwick Junction are resilient. They are all in a similar economic and social situation which leads to small communities and social networks which emphasizes the identity of Warwick.


In thinking about housing for the elderly, one has to identify what the architects and planners initially focused their attention on, when it came to the design of a care facility, nearly fifty years ago.
Influenced by the Apartheid Government, their design brief was relatively simple. The goal was to provide safe, comfortable, and convenient accommodation for the elderly. The location, architectural design and management of these facilities were directly linked to social variables such as fear of crime, residential satisfaction and social interaction. Security of tenure, comfort (which includes privacy, warmth, tranquility and universal design for disabled people) and medical care (in case of emergencies and future frail care) made these facilities appealing to the wealthy White minority. Over the years, these facilities have gained a negative reputation. Sterile and regimented living environments, strict housing rules and personnel as well as monotonous daily activities have all contributed to the elderly becoming frail and institutionalized in nature. (KOTZE, 2006: p33) It is also important to note that the architects responsible for the design of these care facilities were in a privileged socio-economic position. Each care facility was designed with the intention of social, economic and racial isolation and segregation. One cannot afford to make the same mistakes again by designing buildings for the privileged few, while the rest of society is treated as outcasts.

4.17 HOUSING FOR THE ELDERLY BY THE POST APARTHEID GOVERNMENT

Since the Department of Welfare and Population Development proposed the phasing out of all state funded homes for the aged by the year 2000, South Africa has had no specific policy on housing for the elderly. The current frameworks, policies and initiatives by the Post-Apartheid government to provide adequate housing for the poor, has resulted in an unchanged housing environment for the elderly. The Reconstruction and Development Program (RDP) which aims to deliver basic housing, services and infrastructure to low income and rural areas has failed in many ways due to issues such as corruption, poor planning, long waiting lists and inadequate craftsmanship. The government has become stubborn in its ways and continues to dominate the housing market with inefficient houses in rural settlement patterns. Potential role-players, who have had the opportunity to be involved in such housing projects had very little design freedom and were restricted in many ways due to financial budgets. Architects and planners who have a wealth of knowledge in the field of housing, have understandably distanced themselves from such initiatives and have resorted to private design work for privileged clients. (KOTZE, 2006: p32) (Dr. Amira O.S. and Karusseit, 2008)

4.18 SPACES AND DESIGN ELEMENTS NEEDED FOR A CARE FACILITY

Young architects who are privileged enough to practice architecture in a post-apartheid era, are in a very fortunate position to have more than 50 years’ worth of case studies of care facilities to use as a reference. The guidelines set out for the design of a care facility has primarily been from a point of view of an elderly person’s physical and social needs. Such a universal approach has led to excessively simplified and predictable designs which can be duplicated over and over again. It is clear that some of these architectural design principles have proven to be successful and can still be utilized in a modern design. The four most basic design guidelines one can follow to design a care facility includes: The home, the communal and external spaces of the building as well as the urban context.
4.18.1 THE HOME

A residential care facility provides each person or couple with a room, small apartment, or free standing house which caters for their basic needs. These individual rooms become a home to the elderly and can be seen as a place of refuge where one can performs daily tasks such as sleeping, taking care of one’s personal hygiene as well as preparing and eating of meals. Additional features such as cleaning one’s own home, looking after pets and gardening can contribute to one’s own independence, security and happiness. It is important to note that these residential units follow a universal anthropometric design which will cater for the elderly as well as people who have disabilities. Some of these design features include: large doors with easy to operate locks and handles; easy to clean, level, non-slip floors; bedrooms adaptable to medical assistance, large enough to maneuver a wheelchair as well as adequate wardrobe sizes and positions; bathrooms with disabled friendly sanitary-ware as well as kitchens with easy accessible working surfaces and cooking utilities. (Welhops, 2007) (Innovation and Insight - The state of senior housing, 2011)

4.18.2 COMMUNAL SPACES

Communal spaces are the informal spaces in a building that supports socializing and complements the primary needs of the residents. These spaces include common spaces such as corridors, lobbies, lifts and stairs, mail rooms, dining rooms, laundry rooms, television rooms and multi-purpose halls. Depending on the type and scale of the care facilities available to you, other amenities can include: event spaces; meeting rooms; office space; child care facilities; theatre and performing art studios; cinema and media rooms; dining venues and restaurants; coffee shops; cafés; food preparation and delivery services; libraries; spa’s; salons; wellness centers and fitness centers; counseling and social services; places of worship; indoor and outdoor pools; indoor and outdoor spaces for meditation as well as clinic and theatre spaces. If one is in a financial position to have access to these facilities, the possibilities to be socially entertained are endless. (Welhops, 2007) (Innovation and Insight - The state of senior housing, 2011)

4.18.3 EXTERNAL SPACES AND URBAN CONTEXT

External spaces simply refers to the spaces outside the building such as entrances, pedestrian pathways, gardens, parking areas for residents and visitors, courtyards spaces as well as green spaces. The urban context refers to the larger context the building sits in. The site selection can be based on several factors such as the presence of services, amenities and public transport. (Welhops, 2007) (Innovation and Insight - The state of senior housing, 2011)

4.19 ARCHITECT’S CONCERN REGARDING CARE FACILITIES

Architects have challenged the concept and design of current care facilities, which have changed considerably to date. One cannot simply address a single issue regarding care facilities and expect immediate change. The entire structure, thought process and design needs to be readdressed to see change.
4.19.1 FAMILY STRUCTURES AND LIVING PATTERNS

Some of the aspects being explored by professionals include the changing family structures and living patterns among the elderly. The most common living arrangement for African families is the multi-generational household. Architects have proposed the term “Intergenerational living” which simply refers to the idea of blending families of different age groups together to live in a single living facility. Care facilities would then feature a predominant elderly population, as well as a younger population. The mutual support that this living arrangement offers ensures one’s wellbeing on an individual and collective basis. Intergenerational living can be used in any socio-economic condition and requires high density living in urban areas as well as affordable housing designs which are sustainable, energy efficient and require less space. Care facilities would then need to make use of intergenerational activities which include community spaces and educational programs. The possibility of incorporating skills transfer from one generation to another would enhance a sense of community among the residents. (Møller, 1998)

4.19.2 AGEING IN PLACE

Current care facilities are now being designed with the occupant in mind. They are no longer seen as sterile and clinical facilities but rather as home like environments. These designs promote holistic wellness and capability, rather than disability and illness. The architect’s design can contribute to the occupant’s mental, social emotional and physical wellbeing. (Dr. Amira O.S. and Karusseit, 2008)

4.19.3 BUILDING TYPOLOGY AND URBAN DESIGN

Architects have come to realize that as we get older, our roles in society change. The same applies to a building’s function which might change many times throughout its lifetime, to suit the socio-economic and political intentions of the people who occupy it. This understanding is not only limited to housing, but also applies to all levels of the economic spectrum. It is therefore important to think about architecture in terms of adaptability to suit the needs of the young and the elderly. A simple example would be of a house that is only designed for a young family in mind, which is not necessarily easily adaptable to suit the needs of an elderly person. Architects are also no longer only concerned with the design of a building itself, but also the design of the environment that it is in. The success of any individual building relies on a positive urban environment. (Dr. Amira O.S. and Karusseit, 2008) To achieve this, one needs to follow good urban design approaches which includes:

“High densities, well-defined routes, hierarchy of streets related to spatial hierarchy, streets with identity, legibility through strategically placed visual or functional nodes, mixed-use, high-density strip developments, buffer zones as threshold into private domains, and the differentiation between public, private and semi-private. The relation of the building to the street frontage is seen to be essential to the success of any design. Mixed-use strips are buildings which create a ‘habitable
An important urban design feature one needs to consider is site selection. A building in an urban environment needs to be in close proximity to public transport and general services. High density living and the choice of amenities and programs offered, promotes connectivity and encourages socio-economic interaction between residents and the surrounding community. One can also respond to the surrounding architecture through the scale of the building, form making, massing, style, detail and building materials. (Dewar, 1998) Authors, such as Hamdi and Harber argue that one can learn from the informality of vernacular architecture by adapting, or adding to one’s surroundings. Existing buildings can be adjusted by adding small scale interventions (Adaptive re-use of buildings). This is a faster and more efficient way of providing housing for the elderly and younger residents living in an urban area. (Hamdi, 2004) & (Harber, 2006)

4.19.4 SUSTAINABLE DESIGN

Architects understand that the design and function of a building is similar to that of a human body. It can no longer be treated as an isolated stagnant body, but rather as a living and breathing organism in its natural environment. A sustainable building design addresses issues such as choice of materials, water storage and consumption, energy efficiency, improved indoor air quality, building orientation, recycling of construction waste and re-use of materials. Conscious site design makes a connection to nature through natural site features such as views, trees, wetlands, fauna and flora, outdoor spaces, green spaces, courtyards, gardening, and outdoor seating. (Karusseit, 2008)

4.20 CONCLUSION AND DESIGN CRITERIA

From the literature review, one can conclude that South Africa has an ever growing population above the age of 65, mostly African with limited education and employed in the informal market. Due to unforeseen socio-economic issues, the elderly have taken on the role of sole bread winners, working well past their retirement age, making use of child support grants and old age grants to support multi-generational/ extended households. One can also conclude that most care facilities built during the last forty years, have been designed for an exclusive demographic society, based on social, racial, economic and age groups. Current care facilities have become an out dated and irrelevant idea and does not meet the requirements of the current South African context. The purpose of this literature review was to inform the reader regarding the issues the elderly face living in South Africa. The aim of the dissertation is also to explore alternative intergenerational housing typologies in order to address the lack of suitable housing options for the lower economic ageing population. The literature gathered thus far has establish certain “design criteria” or “key words” one should bear in mind when it comes to the design of a care facility in Warwick Triangle.
Some of these include:

- Affordable housing
- Safety and security
- Comfort
- Urban living (access to amenities)
- Social interaction (One should be able to engage with the building, its residents and the social services which it offers)
- Sensory experience
- Accessible (physical & social)
- Sustainable (The building should be self-sustaining through special design and environmentally friendly features)
- Mentorship (The elderly mentoring the young)
- Relevance (through the services offered and the target population)
PART FIVE

PRECEDENT STUDIES
CHAPTER 5

PRECEDENT STUDIES

INTRODUCTION

This chapter shall focus on precedent studies, based on the key issues discussed in the theoretical review and literature review chapters.

Each precedent study has been carefully selected from a range of international examples and best represent an up to date approach to intergenerational living, low income social housing as well as old age care facilities. These precedent studies examine the different ways architects have interpreted some of the issues one might encounter in the design of a housing facility. It is thus important to note that these precedent all vary in size, typology and geographical location. It is inevitable that one facility might be lacking in a certain area, while another could excel in that very same area and vice versa. The precedents follow certain criteria and will be discussed, in the manner through which they have responded to the “person, process and place” theory discussed in the theoretical review as well as the socio-economic factors in the literature review.
5.1 VRUBURCHT (FREE CASTLE), AMSTERDAM, THE NETHERLANDS

CLIENT: Municipality of Amsterdam and Vrijburcht Stichting (Foundation)
ARCHITECT: Hein de Haan, CASA Architects
TYPOLOGY: Intergenerational living facility
COMPLETION DATE: 2007

5.1.1 THE PERSON

In most European cities, housing shortages and a lack of affordable houses for the masses has become a major problem. The Netherlands is a perfect example of this. In the year 2000, the municipality of Amsterdam allocated a piece of land in the IJburg district as an experiment and asked local architects to submit ideas for a collective housing project. Hein de Haan of CASA Architects won the competition and proposed the Vrijburcht housing scheme. The scheme proposed the following goals: To offer families attractive, decent sized urban housing for reasonable prices; involving people in the design of their homes (participatory design) as well as to create special shared services that make living and working conditions more attractive and stimulate social and cultural interaction. (Vrijburcht, 2016; Peborde, 2016; Netherlands architecture institute - item - Vrijburcht, 2016)
In 2003, CASA Architects started the initial planning phase by recruiting 52 families who required affordable urban housing. This small community of 151, consisted of a diverse combination of people of different ages, genders, financial incomes, occupations, cultures and religions. This intergenerational living facility also includes single people in their twenties, married couples with families as well as retired persons in their sixties. (Vrijburcht, 2016; Peborde, 2016; Netherlands architecture institute - item - Vrijburcht, 2016)

**5.1.2 THE PROCESS**

CASA Architects wanted the participants to have a hands on experience with the project and asked them to start their own non-profit foundation entitled Vrijburcht Stichting (Foundation). The participants acted as the client for the architect by designing and building the project according to their own specific needs. They also had to be advisors and contractors during the development process. Being actively involved in the decision making process, the participants also had to monitor the financing for the project and ensure that new members for the dwellings were recruited. The Vrijburcht housing scheme is unique, in that each family who participated in the design process owns their own house. The cost of the house and any other overhead expenses to fund the global project can be covered by a mortgage loan. The Vrijburcht residents have formed a strong community. They all share a similar mindset and are all involved in the decision making processes. (Vrijburcht, 2016; Peborde, 2016; Netherlands architecture institute - item - Vrijburcht, 2016)
As a response, CASA Architects designed a multipurpose live-work facility for all age groups, offering many social amenities for the residents and surrounding neighbours. The Vrijburcht project sit on a plot of about 4,400 m² and has 52 dwellings (apartments, maisonettes and studios). Each unit has an average size of 65 - 100 m² and was designed to accommodate the specific needs of the resident. (Vrijburcht, 2016; Peborde, 2016; Netherlands architecture institute - item - Vrijburcht, 2016)

IMAGE 24: floor plans of the Vrijburcht complex  
SOURCE: http://dash-journal.com

IMAGE 25: floor plans of the Vrijburcht complex  
SOURCE: http://customandselfbuildtoolkit.org.uk
Vrijburcht also features “De Roef”, which is a facility that offers assisted living for six youths with slight mental impairments. Apart from the living facilities, Vrijburcht incorporates many indoor and outdoor community based facilities. Some of the indoor facilities include: a shared workshop, a theatre space, a bike storage facility, a community café, a child care facility with sandpit, three commercial units for small business as well as basement parking. The outdoor facilities include: A shared courtyard garden and a small communal greenhouse and a publically accessible waterfront that includes a dock for sailing boats and a swimming pier. Vrijburcht has become a landmark in the IJburg district as both residents and neighbours benefit from the design and services offered. The combination of living and working, as well as the social and cultural initiatives has proven to be very successful. (Vrijburcht, 2016; Peborde, 2016; Netherlands architecture institute - item - Vrijburcht, 2016)
5.1.3 THE PLACE

CASA Architects worked in close collaboration with a team of urban design and construction professionals to ensure that Vrijburcht adhered to all of the municipal guidelines. Vrijburcht is unique in that it is located on a manmade island of Stiegereiland in the Ijburg District of Amsterdam. The site was selected on the grounds that it was in close proximity to all major amenities and in close walking distance to the city centre. One can access Vrijburcht via the city by means of a pedestrian bridge, cycle network or a tram system. The residents of Vrijburcht enjoy 180 degree views of the harbour and utilize the waterfront location for sporting activities. (Vrijburcht, 2016; Peborde, 2016; Netherlands architecture institute - item - Vrijburcht, 2016)

The Vrijburcht project was designed around a central courtyard garden. Instead of having freestanding plots for single families, a courtyard design allows the internal and external spaces to be utilized by the residents, 24 hours a day. Public artwork is installed in and around the building and encourages social interaction among the residents and the general public. CASA Architects made a conscious decision to follow sustainable design methods by using energy efficient building materials. The project also includes a large first floor greenhouse, rainwater tanks for water harvesting from rooftops, bird and bat boxes throughout the building, low temperature floor heating systems as well as balances air ventilation systems. (Vrijburcht, 2016; Peborde, 2016; Netherlands architecture institute - item - Vrijburcht, 2016)
5.2 STEENBERG SOCIAL HOUSING PROJECT, STREENBERG, CAPE TOWN

INTRODUCTION

Social Housing is a form of housing delivery in the overall South African housing market and is regulated by the Social Housing Regulatory Authority (SHRA). These homes are built on City owned land in partnership with the municipality’s accredited social housing institutions. The funding for these projects are provided by National Government’s Social Housing Subsidy. One of the Social Housing Institutions SHRA invests, regulates and promotes is SOCHO. SOCHO is a Section 21, non-profit distributing company which develops, owns and manages social housing in Durban, East London and Cape Town. The company’s primary purpose is the development of quality, affordable residential property for low income households. (User, 2016; Town, 2016; Steenbeger social housing project, 2011; Cape Town, 2016)
5.2.1 THE PERSON

SOCHO’s focus is also on previously disadvantaged communities who qualify for a government subsidized housing. This includes families with special needs such as the disabled, young adults with a regular financial income and single parent families. In order to comply with SHRA guidelines, SOCHO determined the rentals of their units according to the gross monthly income of all occupants, which vary between R2500 and R10 350 per month. The residents who apply for these housing units have to be a citizen of the Republic of South Africa and legally competent to contract (i.e. over 21). SOCHO promotes family living and does not accept single applicants without financial dependents living with them. The residents must not have received previous housing benefits from the Government or be in possession of property. SOCHO also requires necessary credit checks from each applicant to ensure that they have a stable monthly cash flow surplus. Each family then gets assigned a unit according to their specific needs. (User, 2016; Town, 2016; Steenberg social housing project, 2011; Cape Town, 2016)

5.2.2 THE PROCESS

Each SOCHO housing development makes an attempt to address and improve different socio-economic challenges. SOCHO provides integrated living environments in close proximity to possible places of work, public transport systems and amenities. They also offer residents access to economic, educational, recreational and cultural opportunities as well as health, welfare and police services. (User, 2016; Town, 2016; Steenberg social housing project, 2011; Cape Town, 2016)

An example of such a facility is Steenberg Social Housing Project, Steenberg, Cape Town. Steenberg has 450 units and consist of 1, 2 and 3 story walk up buildings centered around a courtyard design. The units vary in size and include: Bachelor Units (Accommodates maximum
2 persons); 1 Bedroom units (Accommodates maximum 3 persons); 2 Bedroom units (Accommodates maximum 5 persons) and 3 Bedroom units (Accommodates a maximum of 7 persons). Each unit is fitted good quality finishes such as the essential sanitary fittings in the kitchen and bathroom. The stairs contribute towards social interaction among the resident’s and allows first floor units immediate access the ground floor. (User, 2016; Town, 2016; Steenberg social housing project, 2011; Cape Town, 2016)
5.2.3 THE PLACE

The project is located next to a busy bus and taxi route which offers direct access to the city centre. There is also a church, mosque and community centre that facilitates many cultural activities. Steenberg has a series of pedestrian pathways and public spaces that vary in scale and character. These spaces are lined with indigenous trees and plants as well as street furniture that encourage social interaction and a habitable environment. Brick and concrete pathways, are designed for pedestrian and bicycle movement, while tar surfaces allow for vehicular movement. Each courtyard acts as a private space and offers a safe playground for children, washing lines and braai areas. The housing units act as a buffer zone to the busy streets and clearly defines the public, semi-public and private spaces. Steenberg has attempted an energy efficient design by using solar water heaters and prepaid electricity meters which reduces energy consumption while providing hot water and electricity. Extra features include DSTV aerial / dish connection points as well as 24 hour security at entrance points and safe parking spaces. (User, 2016; Town, 2016; Steenberg social housing project, 2011; Cape Town, 2016)
5.3 ARMSTRONG PLACE SENIOR HOUSING, SAN FRANCISCO, CA, USA

Armstrong Place is a care facility which offers housing for senior citizens in San-Francisco, CA, USA. The housing units are reserved for low income elderly and formally homeless seniors. Armstrong Place offers accommodation to all race groups, but has a predominant African American population. (Rose, 2011; David Baker architects: Armstrong senior, 2009; David Baker architects: Armstrong place, 2016; 2014, 2014; Rose, 2011)

5.3.2 THE PROCESS

Located in San Francisco’s Bayview District, Armstrong Place serves as a catalyst for a leading trend in transport orientated developments. The development is ideally located on a corner site and is surrounded by a new light-rail tram line, retail amenities, a public swimming pool, a public park and a healthcare center. These facilities offer density and a variety of services to the area. (Rose, 2011; David Baker architects: Armstrong senior, 2009; David Baker architects: Armstrong place, 2016; 2014, 2014; Rose, 2011)
Armstrong Place is divided into two separate housing facilities by means of a narrow courtyard which follows the existing town grid. This courtyard serves as a pedestrian pathway and public space. The first housing facility accommodates 124 units and vary in size (three to four bedrooms). These units are dedicated for the elderly who wish to age in place with their families. The development surrounds a large courtyard space which is above one level of parking. (Rose, 2011; David Baker architects: Armstrong senior, 2009; David Baker architects: Armstrong place, 2016; 2014, 2014; Rose, 2011)

A section of these units reveal a stacked unit configuration with private stoops and balconies which gives added privacy to the residents. The upper units are entered from the fourth floor via suspended catwalks. This arrangement manages internal courtyard noise and avoids public walkways along bedroom units. The communal courtyard spaces feature storm water management features, vegetable gardens, planters, picnic tables, outdoor seating and play structures. (Rose, 2011; David Baker architects: Armstrong senior, 2009; David Baker architects: Armstrong place, 2016; 2014, 2014; Rose, 2011)
The second group are residences dedicated to the elderly only. These small studios and one bedroom units enclose a courtyard space which is used for social interaction. Corridors, stair towers and landings are designed and furnished in such a way as to allow for social interaction and rest areas. The design also includes a multi-purpose hall which can be utilized as a TV room, a lounge, a kitchen, media room and a laundry. The courtyard sits on top of a flexible commercial space which is currently used for retail, senior services, a library and a community center. These units are located in close proximity to the family units which prevents seniors from living in isolation. (Rose, 2011; David Baker architects: Armstrong senior, 2009; David Baker architects: Armstrong place, 2016; 2014, 2014; Rose, 2011)
David Baker & Partners has made special reference to the African American population in San Francisco by incorporating traditional African textures and symbols in the design of the building. The courtyard features a retaining wall with Ashanti tribal symbols representing security, wisdom, power, love, unity, and hope. A creative color palate, building materials and window arrangements evokes a sensory experience among the residents and contributes to a sense of place. (Rose, 2011; David Baker architects: Armstrong senior, 2009; David Baker architects: Armstrong place, 2016; 2014, 2014; Rose, 2011)

5.3.3 THE PLACE

In 2011, David Baker & Partners received the American Institute of Architects Housing Award for their design of Armstrong Place. The building adhered to all of the LEED NC requirements and received a gold award. The architects have responded to the local site conditions by creating an arcade along the base of the building which provides retail opportunities and a lively streetscape. The building responds to all the surround views and has a visual connection to the street. The design also incorporated sustainable building design and construction methods. Some of these include: proper building orientation; natural cross ventilation; storm water management services; use of sustainable building materials; re-use and recycling of building materials and refuse; rooftop photo-voltic panels with daylight sensors in the corridors; operate-able windows for daylighting, ventilation, and views; energy efficient lighting; the use of zero CFC refrigerants; duel flush toilets and low flow fixtures in kitchens and bathrooms(Rose, 2011; David Baker architects: Armstrong senior, 2009; David Baker architects: Armstrong place, 2016;2014, 2014; Rose, 2011)
PART SIX

CASE STUDIES
CHAPTER SIX

CASE STUDIES

INTRODUCTION

This chapter shall focus on local case studies, based on the key issues discussed in the theoretical review and literature review chapters.

TAFTA Kings Hall and Thokoza Female Hostel are two living facilities located in and around the Durban CBD district. TAFTA Kings Hall is an inner city, old age care facility while Thokoza is a female hostel. These building vary in size and typology, but both share a common strand, which is their inner city location. It is important to note that these case studies have not been chosen on the grounds that they are perfect or contemporary examples. These case studies represent the reality of housing for low income elderly and are relevant and functional examples of care facilities and intergenerational living arrangements in an urban environment.

These buildings will be carefully examined according to their individual functions and then interpreted in the way it has responded as a housing facility. The case studies also follow the same “person, process and place” criteria discussed in the theoretical review as well as the socio-economic factors in the literature review.
6.1 TAFTA LODGE, 42 SOUTH BEACH AVENUE, DURBAN

INTRODUCTION

TAFTA is a registered non-profit organisation (NPO 002093) dedicated to housing the elderly. TAFTA established a partnership with the Department of Social Development (DSD) to assist the government by providing critical services to the elderly, such as suitable accommodation and social support services. Their aim is to encourage the elderly to live as independent members of the community for as long as possible and to promote healthy and active ageing. TAFTA owns 14 buildings in Durban and provides services to more than 5500 people. As such, TAFTA is managed by a dedicated board of Finance, Administration, Human Resources, Homes & Housing, Social Services, Operations, Support Services and Income Development & Public Relation members. Apart from the contributions they receive from the government, TAFTA greatly relies on the generous social and financial contribution of the general public and private sectors. (TAFTA, 2016; TAFTA, the association for the aged, 2016)
6.1.1 THE PERSON

TAFTA residences are open to all persons above the age of 60 and provides accommodation for the fit, frail and those who require assisted living. Each person who applies for residency is assigned a social worker who assist them with the relevant documentation. TAFTA requires proof that all applicants be a permanent resident in Durban for at least one year prior to applying, and should also have a minimum income of a State Pension or a Disability Grant. TAFTA does not give preference to race, but rather to older persons with limited income who are frail or in dire need. Each TAFTA residence is unique because it has a wide socio-economic demographic. (TAFTA, 2016; TAFTA, the association for the aged, 2016)
6.1.2 THE PROCESS

TAFTA Lodge, located at 42 South Beach Avenue, Durban is a fine example of an inner city living facility for the elderly. This block of flats has 203 units, 51 of which are for couples and 152 for single people. These units are dedicated to the elderly who are still fit and active and does not cater for residents who need assisted living. TAFTA requires that each resident should have a monthly income of R1600+. The complex and its facilities remains the sole property of TAFTA and requires regular maintenance. A small portion of each resident’s income is used for rent which helps keep TAFTA Lodge operational and well maintained. (TAFTA, 2016; TAFTA, the association for the aged, 2016)

Each resident, whether a single person or a couple, gets assigned a unit, which has a bedroom, lounge/ dining area, a small kitchen and bathroom fitted with the essential sanitary fittings. The residents are allowed to furnish their units with their own furniture, all in bound good taste. Although the units are small, the residents show a certain amount of pride in their homes through artworks, decorative elements and photographs. Having a space which one can call one’s own allows for flexibility, freedom and a sense of ownership. (TAFTA, 2016; TAFTA, the association for the aged, 2016)
TAFTA Lodge also features a communal lounge and dining area which is serviced by a large kitchen and store room. Other amenities include a hairdresser, a tuck-shop, a coin operated laundry facility, 24 hour security, weekly advisory clinic facilities, access to Social Work Services and private TAFTA transport. The TAFTA Lodge building is located in the inner city and has no green or courtyard space for the residents to enjoy. The limited design has forced the residents make full use of the corridors, stair landings, entrance halls, dining rooms and lounge spaces to socialize and entertain themselves. (TAFTA, 2016; TAFTA, the association for the aged, 2016)
All of the above mentioned services and amenities are unique to the TAFTA lodge building only. The TAFTA organization has far reaching influences, with many skilled personnel and services available to them. TAFTA tries to encourage the elderly to live as independent members of the community for as long as possible through the housing options they offer. To address the healthy and active ageing principle they strive for, TAFTA offers a variety of services to their residents. (TAFTA, 2016; TAFTA, the association for the aged, 2016). Some of these include:

- Medical equipment hire (such as wheelchairs and walking frames)
- A handyman to fix broken windows or leaky taps.
- Telephonic check-ins.
- 24/7 emergency response and nursing care.
- Skills training.
- Information on self-defense, fire training, conflict resolution and even organic gardening.
- Information seminars on financial planning.
- Skilled home based carers and domestic workers who can assist the elderly with daily personal hygiene as well as daily chores.
- Meals on wheels.
- Social clubs with activities such as fun walks, bingo, bridge, indoor carpet bowls, dancing and handcrafts.
- Registered social workers and councilors.
- Social interaction with the youth to promote active engagement.
- Community Development Projects etc.

6.1.3 THE PLACE

TAFTA Lodge is located at 42 South Beach Avenue, Durban. This area mostly features high density, residential living with many hotels, holiday homes and mix-use buildings. TAFTA Lodge is also in close proximity to many amenities such as hospitals, shopping malls and transport routes. The residents make full use of the beach and promenade for socializing which is in close walking distance to their residence.
6.1.4 PERSONAL EXPERIENCE AND FINDINGS

TAFTA has gone above and beyond their means to provide a living facility which can cater for the physical and social needs of the elderly who are of a lower income bracket. TAFTA has tried to enforce certain measure to enhance a sense of place.

From a personal experience, upon entering the facility one cannot help but feel the intrinsic nature of an institutionalized old age home. Although the residents were warm, inviting and excited to see a new face, one cannot help but feel a sense of loneliness and isolation. An overwhelming presence of elderly people immediately arises a question of what impact young people will have on the elderly if they reside together. There is no sense of arrival which can place a person at ease. One enters TAFTA Lodge by means of a narrow hallway, with a security clerk behind a reception desk. One would almost expect a large waiting area in a facility like this, with ample seating where families could meet, or where the elderly could rest.

A stranger to TAFTA Kings Hall would immediately feel lost in this building due to a lack of signage and vistas. If it was not for the odd resident on their way out of the building, one would not know where to find the building manager or support staff. The dining area, lounge and kitchen is practical and achieves its primary function. These areas are often used by residents for social interaction, but has no relation to an outside area which is quite disheartening. In case of an emergency, one can make use of the fire stairs which is perfect working order.

The high rise building has an east-west orientation with breathtaking views of the harbor and beachfront. One could almost excuse the architect for ignoring the planning of social spaces in exchange for the stunning views. A lack of greenery and screening devices offers no protection against the morning and afternoon sun, which forces the resident to make use of artificial means to cool themselves. The building has no connection with any natural elements and stands in isolation, surrounded by harsh paved areas. Some residents have made an attempt to address this issue by bringing greenery into the building through small pot plants. This is a small and noble attempt which helps soften the edges of the building.

The long, narrow corridors have large windows and allows for ample natural light and ventilation. Due to high wind speeds and drafts, these windows are kept closed which can limit the natural ventilation. Large expanses of windows allow for early morning glare which is quite bright and unpleasant. This is harmful to the elderly who suffer from deteriorating eye sight. The walls inside this building is painted white or cream and has a sterile, medical connotation to it. There is very little color or texture for the elderly to appreciate by means of their senses.
6.2 THOKOZA FEMALE HOSTEL, GREYVILLE, DURBAN (CBD)

CLIENT: Apartheid Government, Department of Social Housing
ARCHITECT: -
TYPOLOGY: Female hostel (Intergenerational living facility)
COMPLETION DATE: 1925

INTRODUCTION

Thokoza hostel was the first African female hostel, built in 1925 by the Apartheid Government. Hostels were designed to be cheap, secure and temporary accommodation for African laborers. Built as a single sex hostel, Thokoza provided accommodation for African females who either came to the city to earn an income to support their families, or for women who were seeking their own independence from a male dominated society. Influenced by the Group Areas Act, Thokoza was located on the edge of the inner city. It was close enough for the laborers to get to work on time, but just far enough to be out of sight from the white privileged communities. Thokoza followed a similar design to that of the oldest men’s hostel in Durban, Block A, Jacobs Men’s Hostel. Both of these facilities have respectively had a rich social and political history. Thokoza has had a powerful influence on many African women in Durban. From its inception, Thokoza is still recognised as one of the most densely populated hostels in Durban. Since 1994, the Post- Apartheid Government have implemented many initiatives to close down all hostels, because they are symbols of our Apartheid past. Thokoza has stood its ground and is literally the last female hostel in the greater Durban area that is still operational. It is only in recent years that local city authorities have started with upgrading and maintenance on this building. (2016, 2011; Mkhwanazi, 2016; Matiwane, 2015)
6.2.1 THE PERSON

Thokoza female hostel is a single sex hostel and provides accommodation to women who are domestic workers, street traders, students, bead artists, office workers and pensioners. These women are all of a similar socio-economic standing. These women vary in age, from late teens to persons of a pensionable age. Many of the women have their own children, or have been responsible for the children of their extended family households. As a result, Thokoza has been home to many children over the years. This particular issue has been a sore topic in Thokoza’s history. There has been many discussions relating to whether or not children should be allowed in this facilities, what the suitable age of these children should be as well as the amount of children allowed per person. The socio-political past of South Africa has had an influence on urban migration and forces many Thokoza women to migrate between urban and rural areas, either on a daily, weekly or monthly basis. (2016, 2011; Mkhwanazi, 2016; Matiwane, 2015)
6.2.2 THE PROCESS

Thokoza female hostel was designed as a courtyard building with the ablution and service facilities in the centre of the building. The original design of this building allowed for a large reception area, offices and meeting rooms, storage facilities, wash rooms, ablution facilities, communal kitchens and a study room. The three to five story building was divided into three separate blocks. Block A could accommodate 163 beds, block B- 48 and block C- 120. The rooms were designed to accommodate three beds, but this arrangement has changed considerably due to a lack of suitable housing for the masses. Thokoza has always been a government subsodiced institution. Due to a lack of proper management and maintenance, Thokoza has become increasingly derelict. It is only in recent years that this building received new management personnel and maintenance work.

6.2.3 THE PLACE

Thokoza hostel is located on the edge of the Greyville racecourse. The building is also in close proximity to many amenities such as hospitals, shopping malls and transport routes. The residents are also very fortunate to live in close proximity to Warwick Junction, which is a major transport interchange for many migrant workers. Apart from the courtyard design which allows for natural light and ventilation as well as the brick façade that requires very little maintenance, Thokoza has no special design or environmental features worthy of mentioning.
6.2.4 PERSONAL EXPERIENCE AND FINDINGS

It is important to note that Thokoza female hostel has not been chosen as a case study on the grounds that it is a well-designed building, or that it incorporates high tech materials or environmentally friendly features. It is clear from the analysis that this building fails is each of those aspects. Thokoza has been chosen as a precedent because it best represents a relevant intergenerational living facility.

The literature review (chapter 4), refers to the reality of ageing in South Africa. This chapter deals with topics such as skipped generation families, growing elderly populations and the challenges they face living in an urban area, old age grants and child support grants, urban and rural migration and the living arrangements of the elderly. The women living at thokoza have either directly or indirectly been influenced by each of these aspects. I am particularly interested in how these socio-economic and political factors has influenced Thokoza hostel to become an intergenerational living facility. Many people who are not familiar to the living arrangements at Thokoza will be fascinated to know that it is an extremely complex and integrate living facility with an invisible support structure which occurs among the residents.

To fully understand this, it is important to share my personal experience.

The Thokoza building is a brick and plaster building located on the edge of the Greyville racecourse. Due to a lack of poor management and maintenance, it has become a derelict building. Many motorist will pass this building on a daily basis without knowing that it is a safe haven for many women and their families. The harsh exterior shows no signs of family living, but rather that of a government office building. As a first time visitor to Thokoza hostel you immediately feel intimidated and scared. One can only enter the building through a controlled formal entrance. A security checkpoint with large steel turn-style gates gives the building a prison like impression. A strange thing occurs once you actually enter the building. The presence of women of all ages and young children sets you at ease and makes you feel incredibly safe.
Recently re-furnished offices, board rooms, staff kitchen and ablution facilities gives one the impression that this facility is well managed and cared for. The staff are extremely friendly and helpful. A guided tour of the facility started with the individual bedroom units. The layout of these rooms were originally designed to accommodate 3 beds to a room. This arrangement has since been altered to accommodate 1, 2, 3, 6 and 10 beds to a single room. Each resident has a single bed with just enough space to store some of their personal belongings, either under or around the bed. Some of these items include suitcases, groceries, tv's, lockers, stoves, fridges, wash lines and clothes. The rooms are extremely compact with absolutely no privacy. There is very little storage space, but the ladies keep the rooms tidy and in good working order. None of the rooms at Thokoza hostel are designed to accommodate the elderly or disabled people, which makes living in these facilities very hard. Each resident has to pay rent for the room they occupy. The fees are calculated according to the size of the rooms available. The more space you require, the more you pay. A one bedroom unit costs R165.00 per month, while the 2 bedroom costs R105.00. The 3, 6, and 10 bedroom units all cost R47.00 per month. Those residents who are fortunate enough to secure a bed can have a comfortable night of rest.

There is an unwritten, social hierarchy and support structure which occurs in these rooms. The elderly, or the person who has stayed in the room the longest gets the privilege of sleeping on the bed closest to the window. Smaller bedrooms tend to cause a lot of bickering and tension among the residents, while the residents of larger rooms tend to fight less and carry on with their daily business. The residents of these rooms support each other in different ways. Roommates tend to buy groceries together and share their daily chores. The elderly and young adults assume a parental role and tend to help raise the younger children through strict discipline.

The rooms are divided equally among the different age groups. Some rooms only have elderly residents while others only have young adults. In these cases, the respective age groups will not
socialize with other residents. It is also interesting to note that there is extreme political rivalry within Thokoza hostel. ANC, IFP, EFF and DA parties do not dare socialize with one another. This has caused social rivalry among many residents which is completely unnessesary. The elderly who stay at Thokoza have all complained about the lack of dissipline and disrespect the young adults show toward the elderly. This has become a norm in the African community. As such, many elderly residents tend to keep to themselves or their grand children.

Another aspect worth mentioning is the fact that Thokoza opens their doors to many temporary visitors at night. These people tend to make use of wooden pallets which can be used as a bed rest or couch. Other people tend to sleep in the corridors or in the open air courtyard. once all the residents are within the building, Thokoza hostel closes its doors to the general public which makes it a fortres. The women who stay here are safe from danger and are able to live on their own terms. Most of these women will stay at Thokoza for months at a time until they get assigned a fulltime bed. It is not uncommon for Thokoza hostel to have five hundred to a thousand people living in this facility during the school holidays. It is clear that Durban is in dire need of suitable accommodation for the elderly and their extended families.

Thokoza hostel has a large communal washing area and kitchen. Due to a lack of maintenance, misuse of equipment and high volumes of people living in this facility, many of the sanitary and kitchen fittings have been removed. This forces many people to cook and clean in their rooms, which becomes a fire and health hazard. The ladies at Thokoza hostel all share a communal bathroom. The bathrooms feature outdated sanitary fittings which can barely cope with the high volumes of people. The bathroom stalls were not designed to accommodate the disabled or elderly which makes life increasingly difficult for these residents.

![Image 78: Communal wash areas](source: Picture taken by the author)

![Image 79: Unutilized kitchen facilities](source: Picture taken by the author)

![Image 80: Unutilized study room](source: Picture taken by the author)

![Image 81: A small tuck-shop for the residents](source: Picture taken by the author)
Dark passageways have become a playground for many children during the day. A lack of child care facilities with greenery and playgrounds forces these children to play on harsh concrete and brick surfaces within the courtyard spaces. The managers of this building have their hand full with these children because they become bored or michevious which ultimately leads to vandalism.

Thokoza is a very special place within the greater Durban context. It provides accommodation for many elderly people who have to look after their grandchildren or extended families. The building has a deep rooted sense of place in the urban context, as it provides housing to many low income families. A lack of services has not stopped the resident from creating smaller communities among themselves. Elderly residents who are forced to live with younger people have come together to create a social support structure which is invaluable. The idea of intergenerational living has many advantages which can be used in a care facility for the elderly in Warwick Junction.
PART SEVEN

ANALYSIS AND DISCUSSION OF THE INTERVIEWS CONDUCTED
CHAPTER 7

ANALYSIS AND DISCUSSION OF THE INTERVIEWS CONDUCTED

7.1 INTRODUCTION

The purpose of this dissertation is to explore alternative intergenerational housing typologies in order to address the lack of suitable housing options for the lower economic ageing population. The dissertation starts with the theoretical review which is used to aid the design process by first addressing the person (who is involved?), then the process (how it will be achieved?) and finally the place (Geographical Location). Phenomenology is used as an over-arching architectural theory which related back to the experience of a place. Place attachment is used as a concept that drives this design, while Critical Regionalism and Sensory Design are architectural tools in the design of a care facility. The literature review explores the family structures of South African families, the effects a skipped generation society has on the elderly, the challenges the elderly face living in an urban area as well as the current living arrangements of the elderly. Three precedent studies were then examined to better understand the design of an intergenerational living facility, low income social housing as well as an old age care facility. These precedent studies examined the different ways architects have interpreted some of the issues one might encounter in the design of a housing facility. Two similar case studies were then analysed to understand the social and architectural environment the elderly face living in an urban environment in Durban. The following chapter shall offer a brief discussion and analysis of the interviews conducted with the elderly. This information has a link to the literature review which will hopefully confirm existing literature and establish new findings. All the information gathered in this study will aid in the design of a care facility in Warwick Junction.

7.2 ANALYSIS AND DISCUSSION

The interview process made use of a random sampling method of elderly people across various age, race and economic backgrounds which will ensure that there is no bias towards the research findings. There was also a duality in the research sampling, where the sampling of middle to lower economic groups were conducted in elderly living facilities as well as the elderly on the streets of Warwick Junction. The interviews were structured in such a way, that one could find out more about the individual and their family structure, how they have been affected by urban migration, what their current living arrangements were and what they thought of a care facility for the elderly in Warwick Junction.

The elderly varied in age. The youngest participant was 63, while the eldest was 83. These people have different occupations, and varied from domestic workers, street traders, storage owners, seamstresses, grocers, office workers and unemployed pensioners. Most of the elderly have large immediate and extended families who they need to care for. Through different socio-economic reasons, the elderly have become sole bread winners of skipped generation families. While their income barely covers their monthly expenses, the elderly are forced to make use of old age grants, child support grants as well as disability grants as a means to support their families.
The social grants/SASSA grants can be collected from Stanger Street in the Durban C.B.D, or from any major checkout or shopping center. The process of collecting the grants has become a major concern for the elderly. The physical and financial cost of travelling to these places has become increasingly difficult and expensive. Two of the participants have highlighted the fact that they have been physically attacked and robbed of their monthly grants. It is also interesting to note that most major chain stores reserve 10% of their income as a service and admin fee. The elderly are then forced to spend this amount of money in their stores on groceries or daily essential items. Those who choose not to follow this scheme forfeit the money without any compensation. The simple act of collecting one’s grant has become such a dangerous process that most elderly dread the thought of doing so.

The elderly face many challenges on a daily basis to support their families. Living expenses and food security were the two major concerns the elderly discussed. The transport cost involved due to urban migration consumes more than half of their monthly incomes. Rent, living expenses, school fees and funeral policies are just some of their monthly expenses. The elderly have noted that they make use of financial loans to cover their overhead expenses. This has become a never ending cycle where one pays a monthly debt, only to do so again the following month. Most participants were single parent household with large families. A further financial burden is placed on these people who feel that they have to help their siblings, their children or extended family. It is a huge financial burden but the elderly feel obligated to do so due to cultural norms.

Urban migration has a huge influence on the daily lives of these people. Some have to travel to areas such as Clairmont, Inanda Newlands West, Marrion Hill, Umzinto, Lusikisiki and Ndwenwe on a daily, weekly or monthly basis. Those who can’t afford to do so tend to send money and food parcels to their families via taxies or busses. It is not uncommon for these parcels to not reach their final destination which means that their families are left to their own devices.

The elderly who have become the carers and sole bread winners of their grandchildren have to work during the day. They have very few options available to them regarding child minding. Children are either left at home in the care of a neighbour or friend, or they have to accompany the elderly to the city. The elderly have no control over what happens during the day, but have to trust the person they left the child with. In the case of many Warwick traders, the children are left un-supervised during the day which is extremely dangerous. Traders who can’t afford overnight shelter tend to sleep on the streets with their children. Some have very little access to public ablutions and other amenities.

It is not uncommon for these elderly people to have permanent homes in the rural areas. Most of their houses are either two or three bedroom rondavels or shacks with separate ablutions. Very few people have R.D.P houses and have been on a waiting list for many years. Those who work in the city only do so to earn an income. Some elderly prefer living in the rural areas, while those who spend most of their time in the city have grown accustomed to the urban lifestyle. Access to public transport and amenities have improved their lifestyle dramatically, compared to living in the rural areas.
Rural living has its own sets of challenges. A typical day starts with the elderly waking up at 4am. They have to collect a 20l drum of water from a communal water point and then start a small fire to heat the water. The process of waking up the children, feeding them and preparing them for school with limited water and electricity makes life very difficult for any elderly person. Standing in long queues from 5am for public transport is an everyday occurrence. A hard day of physical labour sees many elderly people only coming home well past 7pm. The same process of preparing food and tending to the children repeats itself on a daily basis. It is important to note that these elderly people do not spend a lot of time doing hobbies or extracurricular activities. Their lifestyles simply dictate a work dominated day with very little or no free time. Rural living has a sense of freedom which urban living cannot provide. One should also consider the current drought experiences in South Africa which has forced many subsistence farmers to give up on their attempts at growing their own crops, in exchange for urban working activities.

Urban living sounds inviting to many rural people, but it has its own unique challenges. The participants have mentioned that it is a fast-paced and unforgiving place. Urban density, crime, living expenses and competition with younger people tend to be the overriding themes discussed in the interviews. Jealousy among street traders and the cultural fear of black magic places many elderly people in a constant state of fear. Daily rituals are performed to ensure that they are protected from their ancestors and that they would prosper financially. It was surprising to find that the elderly praised the public transport system in Durban. The taxis and People Mover Bus System have assisted the elderly to be more mobile in accessing different amenities. Being isolated from their families with no immediate support structure is physically and emotionally challenging. The reality is that there are unforeseen situations where one might get ill or physically unable to work. In these cases, there are very few people who have social support structures in place to ensure that they earn an income.

A social ill which came up throughout the interviews was the blatant disrespect young people have towards the elderly. They emphasized the fact that they would love to live with other elderly people of a similar age. There is an existing support structure which exists among the elderly who work and live close to Warwick Junction. The proposal of having children living with the elderly in a care facility was welcomed with open arms. An age limit of 0–13 was suggested for the children who would live in this facility. The elderly felt that as soon as a child becomes a young adult they are able to care for themselves on a daily basis. One should also think of the consequences a young teenager will have on the residents of a care facility. The reality is that they are rowdy, they become sexually active and show signs of disrespect towards their elders. The safety and security of the elderly should be considered in such an instance.

Each participant was asked whether they have any special skillsets or talents they felt would contribute towards a larger society. Mrs. Chiliza felt that she was a born informal trader and that she could possibly teach young females entrepreneurial skills. Mr. Makwicana is a known and respectable business man who owns and manages a storage facility in Warwick. He said that he would love the opportunity to mentor young business men and women. Mrs. Bixi Jumimah volunteers at a local community centre on a part-time basis and assists them with their feeding schemes. Mrs. Makhusha and Mrs. Tokozile loves to be with their grandchildren and said that...
they would not mind being child minder or perhaps work at a crèche. Mrs. Khoza would love to have an opportunity to mentor young children if she had a platform to do so. There was also a lady who worked in a hospital as a cleaner, and said that she would love to help older people get medical assistance or help them take their medication. From the interviews, it is clear that the elderly are willing and able to participate in community activities. If the elderly are given a platform to give back to the community, there is also a good chance that they could also earn an income from their individual skillsets.

The last, and most important part of the interviews centered on the design of a care facility in Warwick Junction. The elderly immediately said that they did not want to live in an “old age home” but loved the idea of an intergenerational living facility. The elderly was sold on the idea that they could have their own individual unit, which meant that they could have their own independence. Each person described their unit as having a lounge, small kitchen and bathroom. They emphasized the fact that they wanted their own bedroom with a door which can be locked. Comfort and privacy in their own bedrooms were of outmost importance. When asked if they wanted their own kitchen and bathroom, they responded by saying that they would not mind using communal bathrooms and kitchens, only if it was well maintained. The units had to vary in size, because some elderly people were single person households, while others were married with extended households. The participants again emphasized that they wanted their grandchildren to have their own rooms, so that they could have some privacy.

Mrs. Chiliza complained about her weak knees and arthritis and said that it was hard for her to climb stairs. If there was an option for her to have a ground floor unit she would be very grateful. She said that ramps and a lift could be very beneficial but she was weary to use a lift for fear of failure. In most cases she finds it hard to climb more than three flight of stairs at a time. She then suggested grab rails in her room to help her maneuver and enough space to store her wheelchair. She does not like the idea of having carpet in her room and prefers tiles, as it is much easier to clean. She also said that she does not like bright painted walls. Her current home has bright walls and her grandchildren tend to draw on them with their coloring pencils. None of the participants were concerned with the aesthetics of the building, as long as it was clean and well maintained.

I then asked the participant to imagine a current old age home. With this picture in mind I asked them what facilities they would like to incorporate into a new intergenerational living facility. Their response was quite profound.

- A playfield for kids.
- A crèche facility for their grandchildren.
- A homework centre with teachers.
- Child mentoring facilities.
- A multi-purpose meeting hall for community meetings.
- A small clinic or healthcare facility with a nurse on duty to help the elderly take their medicine.
- A pension payout point or SASSA office where people could collect their Old Age Grants.
• A small shop selling the bare essentials.
• A fast-food outlet for those elderly ladies do not like to cook every day.
• A communal park.
• A garden to grow vegetable which can be used to substitute their income.
• A place for worship.
• A wash areas and washing lines.
• ATM facilities.
• Workshops or trading spaces where people could pursue their hobbies or careers.
• Storage facilities for street traders
• A recreational space or garden for people to exercise.
• A place where you can register and collect your birth certificates and ID’s.
• An educational and financial facility which can aid their grandchildren to go to university.

7.3 CONCLUSION

The Analysis and discussion chapter has been very insightful and has confirmed many of the known facts highlighted in the literature review. Some of these aspects included the family structures of South African families, the effects a skipped generation society on the elderly, the challenges the elderly face living in an urban areas as well as the current living arrangements of the elderly. The interviews have clearly established the need and validity of a care facility in Warwick Junction which can cater for the individual needs of the elderly and their extended families. From these findings one can now conclude the study by proposing certain conclusions and recommendations.
PART EIGHT

DESIGN DEVELOPMENT

(CONCLUSIONS AND RECOMMENDATIONS)
CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

8.1 CONCLUSION

The purpose of this chapter is to discuss specific and practical recommendations which will lead to the design of a care facility in Warwick Precinct. In order to do so, one needs to re-visit some of the research questions, confirm the hypothesis and assumptions and finally discuss whether one has met or achieved the objectives of the study.

8.2 RESEARCH QUESTION

The overall findings of this dissertation points to the fact that there is a general lack of suitable housing for the elderly who are of a lower income bracket. The effects of a skipped generation society has forced many of these elderly people to take on the role of sole breadwinners, while taking care of their extended families. The main research question is simple. How can future care facilities become a relevant housing option for an ageing population in the lower economic class?

This can be answered by first identifying some of the challenges the elderly face on a daily basis. These include personal level of education, their financial role as a care giver, access to housing, personal health and wellness, ageing in an urban environment, age related changes, access to transport, fear of crime and isolation and mobility. From this information gathered, one can conclude that future care facilities should address the primary needs of low income elderly in three basic ways. Firstly, it needs to be safe, secure and affordable. Secondly, it needs to be physically accessible to its residents and thirdly, it needs to accommodate the basic needs of the elderly who have extended families.

8.3 CONFIRMATION OF HYPOTHESIS AND ASSUMPTIONS

One can now confirm the hypothesis that an Inner city retirement facilities with an additional intergenerational housing typology has become a suitable housing options for the ageing population in the lower economic bracket. One can also confirm some of the assumptions that most care facilities have only been designed for an exclusive demographic society, based on social, racial, economic and age groups. Current care facilities only cater for the elderly, and the option of including extended family households is currently not possible. The assumption that the majority of South African elderly, who are of a pensionable age are able to retire, are financially secure and can afford to live in a care facility is simply not true. It is also assumed that the elderly are being taken care of by their children, but the literature gathered shows that the opposite is happening.
8.4 OBJECTIVES OF THE STUDY

The objectives of the study were met by first identifying the primary needs of the elderly who are in a lower economic bracket. It is impossible to address and resolve all the socio-economic and political challenges the elderly face on a daily basis. Architects however, have an incredible opportunity to gain a thorough understanding of their clients’ social and physical needs, which can then result in a built form. The next objective was to determine how current care facilities could be updated so that it becomes a relevant housing option for the ageing population in the lower economic bracket. This was achieved through suggesting a safe, accessible intergenerational housing typology which can assist the elderly so that they can contribute back to society in a healthy, active and meaningful way.

PART B – DESIGN DEVELOPMENT

The following information will be practical recommendations/suggestions which will begin to inform a design response relating to the problems identified in the research.

8.5 CLIENT BRIEF/ REQUIREMENTS

The aim of this dissertation is twofold. Firstly, it is to “rethink” care facilities to accommodate low income elderly with extended households, and secondly, to “re-imagine” the experience of living in a care facility in Warwick Triangle. In this case, the client represents a majority of Black, low income elderly South Africans who require alternative housing arrangements for their families.

8.6 BUILDING TYPOLOGY

The chosen building typology for this dissertation is a care facility for the elderly. The focus will mostly be on low income housing for the elderly. Some of the “key words” one should bear in mind in the design of a care facility in Warwick Triangle should be:

- Affordable housing
- Safety and security
- Comfort
- Urban living (access to amenities)
- Social interaction (One should be able to engage with the building, its residents and the social services which it offers)
- Sensory experience
- Accessible (physical & social)
- Sustainable
  (The building should be self-sustaining through special design and environmentally friendly features)
- Mentorship (The elderly mentoring the young)
8.7 SCHEDULE OF ACCOMMODATION

The schedule of accommodation for this building is very important. A standard old age home design incorporates parking, residential units, communal rooms, kitchen facilities, administration offices, staff accommodation and ancillary rooms. For this building to operate at its optimum, one has to use these design guidelines. The focus would then be to cut the fat in a figurative means. This means that one should eliminate all unnecessary luxuries and replace them with appropriate accommodation and functions which will promote meaningful activity and services for its occupants. There should be a balance between social and communal spaces. The flexibility of these spaces is the key to the success of this building. The residential component should be carefully integrated with the other functions of this building. A combination of different types of units should accommodate single people, married couples, extended families and the disabled elderly. The residents must have the opportunity to convert and express their individual units according to their circumstances and needs. A proposed schedule of accommodation includes:

ENTRANCE
- Lobby
- Waiting area/ lounge
- Reception desk
- Cloak room/ visitors storage
- Security room
- Ablutions (male, female, disabled)

OFFICE
- Building managers office
- Renting and storage of equipment/ wheelchairs

RESIDENTS
- Total residential
- Single rooms
- Double rooms
- Disabled rooms

STAFF ACCOMMODATION
- Building manager

MULTI-PURPOSE HALL
- Entrance/ reception area/ waiting area
- Meeting rooms
- Toilets (male, female, disabled)
- Store room
- Community hall
- Refuse
- Service access
- Community hall
- First floor hall
- Rooms

**KITCHEN**
- total area 58m²
- lobby 18m²
- office 18m²
- ablutions 10m²
- general storage 12m²
- Service counter
- Staff toilets (male, female, disabled)
- Staff change rooms
- Staff kitchen
- Staff offices
- Delivery and service entrance
- Storage/ Larder (dry, cold and vegetable storage)
- Food preparation
- Cooking area
- Assembly of meals
- Wash area
- Refuse area
- Service delivery entrance

**ADMINISTRATION**
- Building admin
- matrons office
- doctors room
- visitors
- SASSA office

**ANCILLARY ROOMS**
- laundry
- refuse/ cleaners store room
- boiler & plant room
- generator room
- water storage
- garden store

**PLANT ROOMS (ADDITION)**
- Transformer room
- Intake room for water and electricity
- Water tanks storage
- Standby generators
- Lift motor room
- H/vac / aircon room
- Boiler room

CRECHE
AGE 0-7/ AGE 7-12
- Reception/ waiting area
- Staff toilets (male, female, disabled)
- Staff change rooms
- Staff kitchen
- Staff offices
- Seminar room/ board room
- Storage room for records
- Children toilets (male, female, disabled)
- Baby change room
- Milk kitchen
- Laundry room
- Sleep room
- Indoor play area
- Outdoor play area
- Refuse area

SERVICE CORRIDORS AND ACCESS
- Lifts (optional)
- Staircases
- Passageways

BASEMENT PARKING @ 2300m²
DESIGN AREA @ 5780m²
TOTAL AREA @ 8076m²

Community storage space, trading spaces, craft rooms, shared workshops, communal spaces, garden spaces and play fields.
8.8 SECURITY OF TENURE

The specific nature of this building requires one to discuss security of tenure. It is always important with any housing development to clearly stipulate whether the residents are allowed to purchase a property or occupy the units on a rental basis. The reality is that most of the residents are of a lower economic background which makes the purchase of a property very difficult. A large amount of their monthly income will be used to pay for their property, which leaves very little or no money for the general maintenance and upkeep of the building. As such, residents can occupy the facility strictly on a rental basis while investors such as the Department of Social Housing, TAFTA and SOHCO would remain the sole owners of the retirement facility. They would carry the daily responsibility of maintenance and the upkeep of the building or complex and its facilities. This ensures that the units and communal facilities will be kept operational and maintained at a high standard.

Besides the obvious legal criteria required by the National Building Standards, one should consider the number of people who are intending to stay in the care facility. To eliminate the possibility of overcrowding, health and safety violations and fire hazards, one should stipulate certain parameters regarding the amounts of people who can occupy the units at one single time. Bachelor units (maximum of 2 people), units for disabled people (maximum of 2 people), units for married couples (maximum of 2 people) and family units (maximum of 4 people) should be designed in such a way to meet the general needs of those who will occupy the units.

8.9 AGE GROUPS OF RESIDENTS ALLOWED

With a huge demand for housing in South Africa, a question might arise as to who would be eligible for the housing. The design of this retirement care facility is intended for all persons over the age of 60. All applicants should have a minimum income of a State Pension or a Disability Grant. It should also be noted that preference may be given to older persons with limited income who are frail or in dire need. To determine whether the applicant is a suitable tenant, a social worker should be assigned to each family to assist and gather valuable information such as ID’s, pay slips or general proof of income, affidavits etc. as required by the investors.

Another aspect which might arise is the age of the children who will be residing within the care facility. To eliminate any further confusion, it is important to reiterate the intended focus of this dissertation which was to offer housing for elderly people who needed to provide housing for their young grandchildren. The ideal situation would be to have an age restriction between 0 and 13 years of age. One should be aware of the fact that as soon as children reach their teenage years they become young adults. This aspect has its own set of challenges which requires more research and a different design response. As such, to eliminate the prospect of having just “another” housing facility which caters for all age groups, one should emphasize the uniqueness of this facility as being one for elderly citizens with young grandchildren (0 – 13 years)
8.10 CRITERIA FOR SITE SELECTION

The success of any building can be analyzed according to how well it responds to its surrounding and the needs of those who occupy it. The first urban design approach one needs to consider is the actual position of the site. It should be located along a well-defined pedestrian or vehicular route. The streets should be clearly legible with strategically placed visual or functional nodes. One should also consider a site close to high density mix use developments. Constant vehicular and pedestrian activity enhances natural surveillance and adds to the safety and security of the residents. Public spaces, urban landscaping, buffer zones and the relationship of the building to the street edge will help one to differentiate between public, semi-public and private spaces. The site also needs to respond to the needs of the elderly by being in close proximity or walking distance to all major amenities such as educational facilities, schools, transport routes, healthcare facilities, places of worship and recreation. One should not forget that the built form also needs to respond to the historical and climatic context of the site.

8.11 INTRODUCTION TO WARWICK TRIANGLE

The area known as Warwick Triangle has been chosen as a focus area for this dissertation and forms one part of the greater Warwick Precinct. Warwick Precinct is divided into three diverse districts: The residential Warwick Triangle, Greyville district and the Durban CBD district. Warwick Triangle is situated on the fringe of Durban's CBD and is bounded by King Dinizulu Rd, M L Sultan Rd and Canongate Rd. The elderly who migrate between urban and rural areas spend large amounts of money on public transport. Their first stop tends to be Warwick Junction from which they then disperse to earn their daily living. It is therefore ideal to acquire a site nestled in the heart of the Warwick Triangle.

IMAGE: Graphic representation of Warwick Triangle, Durban CBD
SOURCE: Image hand drawn by T. Nyati
The identity of Warwick Triangle is unmistakably urban in nature and relies on certain physical features, such as its density, proximity and the presence of amenities. The area has a strong residential character and consists largely of single houses and residential buildings as well as low-rise commercial and light industrial buildings, most of which are built close to the street edge with gardens or courtyards behind them.

In the past 80 years, Warwick Precinct has become a dense urban area, with the addition of many amenities such as transport infrastructure for vehicles and railways, educational facilities, healthcare facilities, places of worship, trade and recreation. Due to South Africa’s political past relating to mass evictions as well as the sudden urban design development proposals which occurred in the 1970’s, Warwick Triangle has shown signs of deterioration with many empty plots, derelict houses, flats and office buildings. Even though it is clear that Warwick Triangle is slowly but surely losing its residential component over time, there is still has a rich social and political history driven by a vibrant and diverse community. By introducing a strong housing development into this area, one would be able to restore Warwick Triangle to its former glory as a residential district.

8.12 FINAL DESIGN PROPOSAL
EXPLORING ALTERNATIVE CARE FACILITIES FOR THE INTERMEDIATE ELDER
TOWARDS A RETIREMENT FACILITY IN WARWICK JUNCTION

PROBLEM STATEMENT/ AIM:
TO ENHANCE ALTERNATIVE HOUSING PROVISION IN ORDER TO ADDRESS THE LACK OF APPROPRIATE HOUSING OPTIONS FOR THE LOWER ECONOMIC AGING POPULATION WITH EXTENDED HOUSEHOLD.

WHO?
Elderly in the lower economic bracket with extended family households.

WHY?
The lack of suitable housing for the elderly.

WHAT?
Alternative housing typologies for the aging population.

TYPOLOGY: CARE ASILTY FOR THE ELDERLY

THEORETICAL FRAMEWORK:

PHENOMENOLOGY

DIFFERENCE

PERSON (HEALTH)

PROCESS (BEHAVIOR)

PLACE (ENTITY)

SPECIALIZED DESIGN (TREATMENT)

THEORY

CONCEPT

EXPLORING ALTERNATIVE RESIDENTIAL CARE FACILITIES FOR THE INTERMEDIATE ELDER
Towards a retirement facility in Warwick Junction.
EXPLORING ALTERNATIVE RESIDENTIAL CARE FACILITIES FOR THE INTERMEDIATE ELDER: Towards a retirement facility in Warwick Junction.
APPENDIX A: Interview questions

INTRODUCTIONS:

- Please tell me more about yourself.
  (Find out their name, their age, their race and the type of work they do or did)

At this stage I would have explained to them my ideas regarding a facility where people of a similar age could live together. (There should be an emphasis on the fact that it is not an old age home)

1. FAMILY STRUCTURE:

- Please tell me about your family.
- How many family members do you have? (Find out if they are a victim of a skipped generation family)
- Are you a primary caregiver/ sole bread winner in your family?)
- Do you make use of Old Age Grants or Child Support Grants to support yourself or your family? (Find out where they go to collect their monthly grants. How does this financial contribution help their family?)
- As an elderly person, what are some of the challenges you face to support your family?

2. URBAN MIGRATION (URBAN VS RURAL LIVING)

- Is TAFTA Kings Hall your permanent home? (Do you also live in a suburban area with your family?)
- How often do you travel between urban and suburban areas to see your family? (Is it on a daily, weekly or monthly basis? What are the cost involved? What type of transport do you use?)
- What happens to your children and grandchildren when you have to come work/live in the city? (Who looks after them?)
- As an elderly person, what are some of the challenges you face living in a city?
- What is your opinion of inner city living compared to suburban living? How does the two differ?
- If you get ill, or you are unable to work, how do you earn an income? Who is willing to stand in for you? Does your family contribute at all?

3. LIVING ARRANGEMENTS FOR THE ELDERLY:

- Please tell me about your daily routine. (Breakfast, lunch, dinner. Where do you spend most of your day?)
- What type of activities does TAFTA Kings Hall offer in terms of keeping yourself busy? Where do you socialize? Do you make use of these facilities?
• As an elderly person, what are some of the physical challenges you face living in a building like TAFTA Kings Hall?
• Do you have a strong relationship with your working peers or people of a similar age? How has this improved your lifestyle?
• Please tell me about the layout of your room. (Is it a single or double room? Do you have your own bathroom, lounge and kitchen? Or do you make use of communal bathrooms, lounges and dining areas. Which do you prefer?)
• Do you have any special fixtures in your room that can help you if you become disable in later years?
• If you had the option to re-design your own room, what would you add or do differently to improve the layout of your room? (Single rooms, double rooms, individual or communal kitchen and bathroom)
• If you had the opportunity, would you want to have your children live with you? Should they live in a separate room from you?
• What specific knowledge or skillset do you have?
• If you had the facilities and relevant equipment, would you be willing to share your skills with the younger generation?
• If you had the option to do something completely different to earn an income, what would you like to do? (Arts, crafts, teaching, mentoring etc.)
• Would you like to have the opportunity to earn an income from your hobbies?
APPENDIX B: Ethical approval

23 April 2016

My Tsephang Motse 311944714
School of Built Environmental and Development Studies
Howard College Campus

Dear Prof. Md

Protocol reference number: KZ/1004/16/01/01
Project title: Exploring alternative residential care facilities for the intermediate elder: Towards a retirement facility in Warwick Junction

In response to your application dated 10 April 2016, the Humanities & Social Sciences research ethics committee has considered it and recommended that the application and the protocol be granted FULL APPROVAL.

Any alterations to the approved research protocol i.e. Questionnaire/interview schedule, informed Consent Form, Title of the Project, Location of the study, Research Approaches and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter certification must be applied for on an annual basis.

I hope this opportunity will help you to achieve all of the best with your study.

Yours faithfully

Dr. Shughuka Singh (Chair)

APC

Supervisor: Ms. Thembeka Gqumugquna
Academic Leader Research: Dr. Catherine Sutherland
School Administrator: Ms. Nolwethu Mbizami

Humanities & Social Sciences Research Ethics Committee
Dr. Shughuka Singh (Chair)
Howard College Campus, Gavin Block Building
Phone: 031 505 5541, 031 505 5584
Web: www.ukzn.ac.za/humanities
Email: human@ukzn.ac.za

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  SOURCE: Picture taken by the author

- IMAGE 70: Street traders from Warwick Junction
  SOURCE: Picture taken by the author

- IMAGE 71: children playing in Thokoza Female Hostel
  SOURCE: Picture taken by the author

- IMAGE 72: Many children are as young as 4 years
  SOURCE: Picture taken by the author

- IMAGE 73: Thokoza Female Hostel located on the edge of Greyville racecourse
  SOURCE: https://www.google.co.za/maps

- IMAGE 74: large steel turn-style gates gives the building a prison like impression
  SOURCE: http: Picture taken by the author

- IMAGE 75: Waiting areas for the residents.
  SOURCE: Picture taken by the author

- IMAGE 76: An example of a 6 bedroom unit
  SOURCE: Picture taken by the author

- IMAGE 77: There are many disabled elderly residents ling in Thokoza hostel.
  SOURCE: Picture taken by the author

- IMAGE 78: Communal wash areas
  SOURCE: Picture taken by the author

- IMAGE 79: Unutilized kitchen facilities
  SOURCE: Picture taken by the author

- IMAGE 80: Unutilized study room
  SOURCE: Picture taken by the author

- IMAGE 81: A small tuck-shop for the residents
• IMAGE 82: Dark passageways have become a playground for many children during the day
  SOURCE: Picture taken by the author

• IMAGE 83: Children have to play on harsh concrete and brick surfaces within the courtyard spaces.
  SOURCE: Picture taken by the author