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Project Brief

Vulnerable Children

Children in South Africa are faced with enormous challenges. The influence of Aids, poverty, crime and the degradation in family structures causes many a childhood to be far from carefree and happy. Considering that most of a person's mental, emotional and moral being is formed during childhood, the future is looking rather bleak.

Today there are more than 13 million children in Africa who have lost one or their both parents to **Aids**. There are 1.8 million Aids orphans in South Africa alone (Taylor 2002, p. 467). Most are in sub-Saharan Africa. This figure is estimated to jump to 25 million by 2010 (Children on the Brink 2002). The Actuarial Society of South Africa (ASSA) estimates that 6.5 million South Africans were infected with the Aids virus in 2002. ASSA further projects the number of material orphans under the age of 15 to peak in 2015 at 1.8 million (Dorington, Bradshaw & Budlender, 2002, p. 2). A study done in South Africa has found that the infection rate of children between two and fourteen years of age is 5.6% (Sidley 2002, p1380).

However the impact of Aids is far more than just the creation of 1.8 million orphans, which in itself is a dire situation. The impact of Aids on families is of great concern as well. A large number of children orphaned by Aids will be taken in by other family members and therefore they are not counted as material orphans. The sudden increase in the family size puts the family structure and their economical situation under considerable strain, especially if those families are living below the bread line. The impact of Aids is not just in the death of a loved one. People living with Aids need extra care and consideration. The emotional and social trauma needs to be considered as well. This means that the number of children affected by Aids is far greater than just the 1.8 million estimated orphans.

Poverty and **unemployment** are some of the biggest concerns in South Africa at the moment. The effect on children is rather well defined with poverty which leads to undernourishment, poor health care and other social problems.

Unfortunately children in South Africa are rather well acquainted with **crime**. Abuse, violence, homicide, gang activity and theft have impact on kids from the youngest of age. Whether kids are the victims, innocent bystanders, or even the perpetrator, crime leaves definite scars. One of the most alarming statistics refers to the extraordinary high number of sexual offences against children. The Crime Information Centre of the South African Police Force has recorded 221,072 sexual offences against persons under the age of 17 in 1999 alone. (Pitcher et al 2002).

Although it has been suggested that continued exposure to violence will produce a cycle of imitation and eventual acceptance of violence as acceptable behavior, there exist little evidence to support this theory. Instead it has been found that children exposed to violence suffer more from anxiety and depression than those brought up in safe environments (Govender, Killian 2001, p31).

Studies illustrate how the child's ability to cope with a situation is influenced by the environment in which the child lives (Govender, Killian 2001, p31). Society, the community and most importantly the parent act as buffers. Studies on vulnerable children indicated that even a single supportive parent greatly increases a child's ability to cope (Govender, Killian 2001, p31).

The reversal of family roles has become an alarming new **social** phenomenon. A number of households have become essentially child run. In the absence of adults the responsibility of looking after younger kids, caring for the sick and performing basic household tasks are falling to kids. Frequently these kids aren't orphans. The adults are mostly absent due to working arrangements,

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although other factors can't be excluded.

In a survey of vulnerable children done in Stanza Bopane by Moses Maponya in 2003, it was found that a significant number of children have a single caretaker, usually this is a grandmother, but single parents and other relatives are also included (Maponya 2003).

Another social consideration is the plight of the mentally and physically challenged. Just the high rate of Fetal Alcohol Syndrome (FAS) in children is enough to raise serious concern. SA has the highest rate of FAS in the World. In the poor communities of Jo'burg the rate is 1 in 55. Children are 20 times more likely to have FAS than any other birth defect. (Glasser 2002, p26).

Children affected by the above mentioned factors are commonly termed vulnerable children. These kids face greater challenges and risks. A large obstacle in the path of an effective cure to the situation, is the way in which the different professions view the problem. Definitions and methods of treatment of a child in trouble vary considerably between the different professional fields. This results in a fragmented perspectives, understanding and solutions offered.

Defining Vulnerable children

The understanding of Vulnerable Children as a population is rather rudimentary and fragmented in many instances. The different perspectives on vulnerable children are limited to each respective field. Few holistic studies have been done considering the situation of a child in need. Therefore it is rather difficult to find a comprehensive explanation of the term 'vulnerable children'.

According to the New Oxford Dictionary, vulnerable is defined as: "That may be wounded (lit. or fig.); susceptible of injury, exposed to damage by weapon, criticism, etc." (New Oxford Dictionary 1976, p. 1305). One of the better definitions found was in the Children's Act of 1989 of Scotland and Wales, which defines a child in Need as those whose health or development is impaired or is at risk of impairment (Little 1999, p. 304).

A better understanding of the different perspectives on vulnerable children is therefore needed.

Medical

Children in relation to adults, have a higher vulnerability in terms of illness and environmental factors. One of the reasons is that children consume more food, air and water than adults in relation to body mass. This increases the amount of toxins ingested. Combined with higher levels of toxins, the metabolic pathways of children are immature, therefore they are less able to deal with the increased levels of harmful elements. Further increasing a child's vulnerability is the fact that children undergo such rapid growth and development. This process is easily interrupted and can therefore cause much harm. (Unknown 2004, p. 175)

Vulnerability increases with illness and malnutrition. Diseases which weaken the immune system increases a child's vulnerability to infection and other diseases.

Architecture

The field of Architecture considers the vulnerable population to be only those individuals with physical disabilities. The problem is only explored as far as finding the relevant design parameters. But even then this is a rather small and specialized section of the profession. The built environment has been accused of being inaccessible to people with disabilities. According to the Building Code, a building should provide wheelchair access and ablution facilities for the disabled. This does not mean that all buildings are so accommodated, and even then the design considerations are only for those whose movement is restricted.

A paper presented by Amira Osman, an architectural lecturer at the University of Pretoria, and Amanda Gibberd, an occupational therapist defined the shortcomings regarding disability as being restricted to mental and physical capabilities. The authors argues that children below the age of 6 and the elderly are groups of the population which require special care, as well as people infected with HIV/AIDS and can therefore be consired as disabled. When the above mentioned categories are added to the population already classified as disabled, the figure is roughly 44% of South Africa’s population. This is a rather significant portion of the population. But this figure may even be higher if one considers those individuals who are normally classified as healthy and able-bodied, but are temporarily disabled due to psychological, physical, social or economic factors (Osman, Gibberd).

Disabled	4.9 million
HIV +	4 million
Children (under 6)	6 million
Elderly	4.9 million
Total	19.8 million

Legal

The South African Legal System clearly defines the rights of all persons, as well as children. A person’s right to freedom of association and a healthy environment are some of the rights, which are recognized and protected. Children become vulnerable if these rights are infringed.

The policy proposals of the Inter-Ministerial Committee on Young People at Risk (Department of Welfare and Population Development, 1996) included the following practice principles: securing basic welfare

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rights, equity, democracy, improved quality of life, human rights, investment in human capital, sustainability, partnership, intersectional collaboration, decentralization of service delivery, accessibility, appropriateness, continuity of care, family preservation, normalization, and child, family and community-centered practice” (Sewpaul 2001).

Economic

Although it is a rather substantial generalization, it has been found that social status is inter generational transmittable. One of the main reasons for this phenomena is that the income and assets of the family during a person’s childhood has a great influence on the shaping of that persons’ life (Children in poverty 1991, p.23).

In America it has been found that single parent families, especially those run by a female, are seven to eight times more likely to be poor than those families headed by two parents (Children in Poverty 1991, p29)

Social Welfare

The Child Care Act 74 of 1983 uses the term ‘child in need of care’ to define children who are in danger. This definition as set out in section 14(4) also demarcates the situations within which a social worker will act. The following situations are listed in section 14(4):

- A child without a parent or guardian
- A child with a parent or guardian who cannot be traced
- A child who has been abandoned or who is without visible support
- A child who displays behavior which cannot be controlled by the parents or guardian
- A child living in circumstances which are conducive to the child’s seduction, abduction or sexual exploitation
- A child exposed to circumstances which may seriously harm the physical, mental or social well-being of the child
- A child who has been physically, emotionally or sexually abused by the parents or guardian

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The New Children's Bill of 2002 lists the following situations concerning children:

- Children affected by Aids
- Child-Headed Households
- Child in kinship care
- Mental Illness
- Neglect
- Orphan
- Sexual Abuse
- Street Child

The above definitions clearly illustrate the need for an integrated approach to the situation of children in South Africa. Furthermore, it is apparent that clear definitions of when a child should be considered as potentially vulnerable are almost impossible to be laid down. For this study all children will be considered as vulnerable. Some might only be vulnerable to some extent for short periods of time, while others might be in drastic need of intervention.

Separating those children who are most vulnerable from other children and the rest of society only places further emphasis on their disability and drastically limits their ability to relate and function in society. This process only institutionalises and stigmatises the problem. Integrating these children with those with limited or no vulnerability, prevents such institutionalisation.

Integrating vulnerable children with the rest of the community and other children of lesser vulnerability promotes awareness and responsibility in the community, as well as strengthening the ability to care for these kids.

Study Problem

Due to problems which exist on a macro level the household and especially the child come under pressure. These macro-problems, including poverty and Aids, filter down to the community level. Community problems, which include problems such as a lack in economic activity and poor transport, can be sometimes attributed to national-level problems even though they pose their own dynamics and specific character on the community level. The aim is to identify existing dynamics and structures which can help in addressing the situation facing children. In many developing communities there is a serious lack of necessary support structures for managing and solving child care problems. The General Assembly of the Dutch Reformed Church realised this and is very much concerned with what role the church can play in addressing this problem. The assembly has approached the Centre for Logical and Ecumenical Research (IMER) at the University of Pretoria with a request for a proposal on possible solutions.

The Church has always played a significant role in the community. Places like Botjabelo testify to the huge anchoring force of the church. Dewar and Uytenbogaart consider that institutions valued by society have traditionally affected the urban fabric most, becoming the anchoring nodes in the community for other structures such as homes. (Dewar *et al* 1995. p. 8). This role is being reversed in many new urban settlements. Most significantly those developed through the Redevelopment Program (RDP). In these settlements individual dwellings are laid out in grids, with no provision for open public spaces, economic centers or any other community, social or religious structure. The houses become the structuring element in the community, while the institutions that support the community are only filled in later. Often this process of filling-in the support structures in the urban fabric results in a haphazard and fragmented urban structure. Any community structure should be designed as an anchoring point in the community. This does not imply that the community structures should be established first.

According to Habraken, higher level configurations have failed in the past when put in place before the lower level configurations (Habraken 1998. p.43). Higher and lower level configurations refer to the hierarchy of systems which range from the simple and individual to formalized or institutionalized. It has been found to be risky to provide facilities to accommodate activities which are not found in that community. It is much more relevant to work with existing processes, for then one is more able to determine real needs and specific requirements. The appropriate method of establishing a community is thus to regard growth as a process with different components influencing and directing the different aspects of the processes.

A general 'academic' solution devoid of specific context and real human input is highly inappropriate when designing social spaces. While the design solution should incorporate reproduction, it must be context, site and human specific. Humans imbue a building with purpose and meaning (Habraken 1998, p.7).

Two examples of church run day care centres were investigated in Mamelodi. They are the following:

The Stanza Bopane (Mamelodi) day care service is run from the church building. The centre has about 60 children divided into 3 classes according to age. The building consists of the main church hall with a kitchen and a vestry. The three classes thus use all three rooms. A lack in sufficient storage space means that the Sunday services are held amid such day care equipment as pigeonholes, colorful plastic tables with chairs, and posters of Jane throwing a ball. Some parents are unable to fund their childrens' enrolment. They then help out in other ways. One unemployed mother works part time as a teachers' assistant at the centre, while others help in the vegetable garden.

Another example is found in the congregation of Ikegeng. The church buildings are better provided, with a separate hall and large kitchen. The Day Care centre is run from the hall. Storage space is a problem once again. The toilet facilities are insufficient and far away, which leads to problems concerning hygiene.



Fig 1 Stanza Bopape Day Care Centre
Fig 2 Stanza Bopape Day Care Centre
Fig 3 Ikegeng Day Care Centre

Problem Statement

The purpose of this study is to design a model which demonstrates how the church could provide appropriate facilities to support vulnerable children in Mamelodi. This model will then form part of the proposal presented to the South African Council of Churches by Research and Development for the Prevention of Poverty / Navorsing en Ontwikkeling vir die Voorkoming van Armoede (NOVA), and the Center for Logical and Ecumenial Research (IMER).

Objective

The design objective envisioned the creation of a facility which will act as an anchor within the community. A conglomerate of diverse facilities that coexist and function in symbiosis to generate the required dynamics for sustainable and appropriate response to the different situations facing both children and the broader community, will be considered. An appropriate design solution will contribute not only to the social health of the community, but to the genre of community architecture in providing spaces which banish the impersonal institutions of the past by sustaining a vibrant, supportive environment. As the facility is situated in an area that is virtually devoid of most of the necessary support structures, the facility becomes an important node stone in the community. The problems facing children are so diverse in nature, that it is impossible to provide a single service that will provide meaning-full impact. A rather large variety of uses therefore will be grouped together in mutual support. This promotes communication and cooperation between the different professions, as well as providing a holistic solution so seldom found in previous solutions.

Initial funding, maintenance and the responsible agencies need to be clearly identified and incorporated. This aspect of community building will have a significant influence on the functioning of the facility. It is in this area that different agendas and motives of the different parties involved can become a source of much conflict and contention and needs to be directed towards the common good of the system as a whole.

The church will be the responsible agent. Initial funding will be in the form of donations. The facility will remain the registered property of the congregation, while community ownership of activities and facilities are of utmost importance. Maintenance will be facilitated through the income generated by the facility (ex. rent of floor space by library and the fees paid for internet usage) and the training and employment of local community members. The Department of Welfare provides a subsidy for each child placed in a place of safety. Further funding will be needed for the running of the facility. These might be in the form a subsidy by the Department of Educations' Nutrition Scheme, to provide a nutritious meal to the children.

Interested and Affected Parties

The church of Stanza Bopane is currently running an outreach program in Lusaka. The purpose of the program is to determine needs and to support the people in Lusaka. This study will then be used to determine the form of the new church which Stanza is planning on for Lusaka. The study's time frame runs beyond that of this thesis, but the thesis will provide insight from working with and contacts within the local community. The result of this thesis will probably also be presented to the Stanza congregation.

NOVA and the CMSUP are the organizations for whom this model is being developed. NOVA has extensive ties to the community and has done considerable work in the area already.

Experience in community architecture has taught that no successful community project has ever been done in the absence of community involvement. The community has to be involved throughout the project for a sense of ownership to be created. Community involvement also ensures a greater understanding of the issues specific to the context.

The facility will provide office space which can be rented to the Department of Welfare and the Department of Health.

Schools from the surrounding area will be supported by the centre through the provision of additional services such as a library, a computer facility, after school care, a counselor and a social worker. A strong partnership with the schools is essential to the success of the centre.

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Funding agencies can be problematic when dealing with community projects. The agencies often have agendas and expectations that are inappropriate to the scheme. In the past it has happened that the funding agency places great priority on a speedy completion of the project, as it is more important to have a physical example of the company's social involvement, than to create an ideal community facility. It is therefore important to identify funding agencies and grants which will form a ready partnership, unified in purpose.

The Stanza Bopape Community Training Centre is a successful centre situated in Mamelodi East. The centre provides training in cooking, baking and catering, sewing, urban agriculture, welding and brick making. An important feature of the centre is the service it provides in terms of support to graduates from the training program. The centre received a tender from the Department of Education to sew school uniforms for needy children. These programs and graduates will be used in both the construction and running of the proposed facility. The partnership between the two centers will provide the Training Centre with practical experience and a source of income.

The community of Lusaka is fairly typical of numerous such communities in South Africa. In all of these communities, there are church buildings that are very basic, but that provide services such as housing creches during the week. A successful facility in Lusaka may serve as a model that can be repeated in many other communities.

Users

The center will provide facilities for the care and development of children from the community of Lusaka. Children will come from different socio-economic backgrounds ranging from middle class to the very poor. Separating children according to the income of their parents only further stratifies society, and thus integration is very important. The income generated by charging the more affluent parents will help in subsidizing those unable to pay. Parents unable to provide the financial fees for the day care center provide services in payment. This method is employed with great success at the Stanze facility. Parents can help with the vegetable garden, food preparation, cleaning and fund raising.

Children in the center will range over different age groups. The little ones below the age of 6 will be attend a day care and child development center. Children between the ages of 6 and 7 will attend a pre-school, were they will be taught skills in anticipation of school. The day care and pre-school will operate out of the same facility, but the different classes will be separated. All school-attending children will be able to attend an after-school center. Children from all the different facilities will receive one nutritious meal at the center each day.

The Live-in facility will be registered as an orphan home, and will accommodate kids from different circumstances. It will provide a home for orphans and children who have been removed from their parents or guardians. Orphans whose remaining family members are unable to provide for them will stay at the facility during school terms, and at the family during holidays. These children will come firstly from the immediate area, the remaining space will be filled by children from the rest of Mamelodi East.

The Church congregation is one of the key users. The facility is run as a church initiative and demonstrates the churches involvement with the need of vulnerable children. The meeting space is thus designed with the church in mind although it is important not to imprint the facility with religious icons , as it will be used by the broader community in addition to the church. If the meeting space is percieved as a holy place, it will become inappropriate for any other use, as well as alienating people from different religious beliefs or denominations

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It is conceivable that not only will the community of Lusaka be provided with social, pastoral and health support, but the larger community of Mamelodi East will benefit as well.