

AN EVALUATION OF A COMMUNITY LEADERSHIP TRAINING PROGRAMME IN SOWETO

Hanna Nel

INTRODUCTION

The developmental approach to social welfare in South Africa is intended to address poverty, oppression and inequality, and in the process make welfare just, equitable, participatory and appropriate to the needs of all South Africans. Within a broader framework of social development, the aim is to build a self-reliant nation through an integrated social welfare system, in which the government – in partnership with civil society, namely non-governmental organisations and grassroots communities – maximises the potential for equitable, sustainable, accessible and people-centred developmental welfare programmes.

The approach attempts to harmonise social and economic development goals by encouraging investment in social capital. It is based on the belief that civil society must start taking ownership of its own destiny through government-supported partnerships with formal and informal community-based, non-government organisations (NGOs) (Midgley, 1995; Patel, 2005).

ASHA is one of the leading NGOs in South Africa and has won acclaim from government and civil society for its alignment with developmental welfare policy. In this way it has transformed its preschool facilities in Soweto, a major urban township south-west of Johannesburg, into multi-purpose community centres, providing interdisciplinary services to all family members of the preschool children of ASHA.

ASHA's vision was that the 40 community centres should be managed by the staff members of the centres (and not by top management) as independent, self-sustainable one-stop community centres with a wide community reach.

In 1999 the ASHA/University of Johannesburg Soweto Community Leadership Partnership Programme (SCLPP) was established to build the capacity of leaders through training managers, preschool teachers and family members of the preschool children, working in its 40 community-based preschool centres. A participatory-collaborative evaluation was undertaken in 2005 to assess the progress of the programme over the four-year period from 2000 to 2003. It was established that the SCLPP is making a substantial contribution to community development in Soweto, where it is located. Before 1999 only preschool children benefited from the service. However, all family members, including parents, grandparents and siblings, as well as the broader community now profit from ASHA's activities.

There is a significant improvement of basic personal values and life skills, such as communication, problem-solving and conflict management. As a result, participants have developed self-confidence and organisational capacity, and have articulated a clear vision for themselves and the centres in which they are involved.

The programme further contributed to social capital formation through the enhancement of networks and the development of trust between people – within families and between community members and institutions in Soweto. The 40 community centres are now managed as empowering participatory learning organisations. Various community-based projects, such as support groups for the aged and people suffering from HIV and AIDS, as well as income-

generating projects have been instituted. Various stakeholders and disciplines on all levels, including managers of ASHA, officials of the Department of Social Development and members of various NGOs and of civil society, are involved in different ways. The number of people involved in the preschool programme increased from approximately 450 in 2000 to 8 700 in 2005.

CONCEPTUAL FRAMEWORK

The article begins with a review of the policy context in which the Soweto Community Leadership Programme (SCLP) was developed, implemented and evaluated. After that the relatedness of developmental social welfare and community development will be indicated, because the training programme was a community development programme based within the context of developmental social welfare. The establishment and development of ASHA will also be discussed before the results of the training programme are provided.

The transition to social development in South Africa

South Africa is one of the few countries that has attempted to implement a social development strategy in social welfare, in line with the United Nations World Declaration on Social Development (United Nations, 1996). Midgley (1995:25) defines social development as “a process of planned change, designed to promote the well-being of the population as a whole, in conjunction with a dynamic process of economic development”. Nelson (in Gray, 1997:213) says “social development draws on descriptive, explanatory and normative theories. It has an interdisciplinary focus and requires planned inter-sectoral cooperation, yet emphasises grassroots participation. It is specifically targeted at the poorest and most disadvantaged. It is consensus-based, uniting liberal democratic and socialist ideologies”.

This framework for social development was first mooted in the ANC’s first election manifesto, the Reconstruction and Development Programme (RDP), which was enacted in legislation (Republic of South Africa, 1994). However, its administrative structure was dismantled in 1996 and responsibility for the RDPs implementation was reassigned to other departments. A new strategy was then developed by neoliberal economists, which came to be known as GEAR (Growth, Employment and Redistribution). The purpose of the GEAR strategy was to promote economic growth and redistribution. It was met with a great deal of resistance by developmental-oriented professionals as it represented a move away from the social development ethos to a more orthodox economic growth strategy (Midgley, 2001).

Thus the Department of Welfare, together with other government departments, began to assume responsibility for the functions of the RDP. It embarked on a social development policy initiative of its own, formulating the White Paper for Social Welfare (Republic of South Africa, 1997), which led to what came to be known as the developmental welfare system. This was seen to be the most appropriate way to address the problems inherited from the unequal and unjust apartheid welfare system which, according to Patel (2005), violated human rights and relied on inappropriate and unsustainable methods of service delivery.

A way had to be found to address mass poverty, inequality and the unmet needs of the black majority inherited from colonialism and apartheid. The new government saw social development as embodied in RDP principles, and more narrowly envisaged developmental social welfare as the approach most likely to eradicate poverty by enabling people to reach a minimum standard of living, and to achieve social justice through equal opportunity and access to services and benefits (Midgley, 2001). Thus, through investing in human services, social development policies aimed to build “a self-reliant nation in partnership with all stakeholders,

through an integrated social welfare system which maximises its existing potential and which is equitable, sustainable, accessible, people-centred and developmental in nature” (Republic of South Africa, 1997:15).

The social development perspective attempts to harmonise social and economic development goals through investment in human capacity. In practice this meant moving away from the old welfare service model, which relied mainly on institutional care and specialised welfare agencies organised around the particular needs of client groups, where professional social workers offered mainly casework services (Republic of South Africa, 1997). These ameliorative services would be replaced by prevention, rehabilitation and proactive, developmental community-based services aimed at individual, family and community empowerment, and integrated accessible, multi-purpose or “one-stop” service-delivery in local communities (Gray, 1997). Priority was to be given to under-serviced communities.

Relation between social and community development

The most effective strategy within the context of social development and developmental social welfare seems to be community development (not casework), where members of the community itself have the primary responsibility for decision-making and action. According to Rubin and Rubin (1992), community development involves local empowerment through organised groups of people acting collectively to control decisions and actions that affect them as a community. Community development puts into place new, additional or improved community resources, behaviours, attitudes and practices that strengthen community health, capital/assets and relationships. Community development recognises the sources of community capital/assets (human, physical, social, natural, cultural and political capital/assets) that exist in the community, helps these sources to grow and links them with each other to form a stronger, more capable community.

According to Homan (2008:52), “community development produces self-reliant, self-sustaining communities that mobilise resources for the benefit of their members”. An important element of community development is the building of community capacity. Homan (2008:52) defined community capacity as “the ability of a community to effectively act on its own behalf to provide for the well-being and draw forth the contribution of its members”. Hence, community development is a community-driven, bottom-up intervention process embedded in social development and developmental social welfare. It is a community-changing, grassroots-level strategy situated within social development and developmental social welfare.

The following eight elements of community development guided the Community Development training programme within the context of this study.

The training programme was an asset-based and not a needs-based, deficiency-based approach. The basic premise of this approach is that all communities, no matter how poor, possess strengths, assets, capabilities and energies that can contribute tremendously to a self-sustained improved quality of life. The challenge is to identify these hidden strengths.

Change is not about fixing problems of the past that manifest as present needs, but to build on or increase what already exists. The momentum for change requires social capital, which is generated through relationships of reciprocity and trust (Mathie & Cunningham, 2002). Unlike other forms of capital, social capital is often the only capital that is readily available to poor communities. Social capital is also the gateway to other forms of capital and carries the potential of collective action. Development interventions in communities that are rich in social

capital are more likely to be successful and sustainable (Brueggemann, 2002; Kretzmann & McKnight, 1993).

The second important element of community development is people-centredness. To be people-centred means that in any action in community practice the people and their experiences, perceptions and values are central. This starts by recognising, preserving and fostering people's right to human dignity. This implies an attitude of respect and that one will act towards others as one would want them to act towards oneself, implying justice and equality. People-centred change implies transformation in people. These changes include new awareness and behaviour regarding themselves, their needs and resources, their environment and their relationships. It is a process of self-development that cannot be given to people from external sources. It is about facilitating the creativity of people as they attempt to fulfil their fundamental human needs (Max-Neef, 1991).

Participation, the third element of community development, is the collective activity of interested and/or concerned people in achieving a jointly determined goal. Such a group is not just a number of people who are brought together. Participation is an inclusive interactive learning process that includes the ideas, perceptions, culture, values and concerns of participants. The group grows together through communication and discovering their commonality. They discover their potential and direction through collective reflection, analysis, planning and action (Chambers, 1983). Participation implies dialogue between people that includes the sharing of ideas, perceptions and opinions, the clarification of values, consultations, negotiations, cooperation, planning and decision-making to reveal and activate the creativity of people. The community worker is the facilitator of dialogue.

The concept of empowerment, the fourth element, is a consequence of participation. Empowerment is the enhancement of social justice whereby people's choices are increased as they gain more access to resources. Empowerment is not the giving, handing down or transference of power. It is a process of human development or the development of the person to be able to make his/her own choices and develop the capacity to take responsibility for those choices. Empowerment therefore means enabling people to elicit and increase the ability or capacity they have, and to influence and control the decisions/forces which affect their lives. It also means an increase in the power to act, to change and to prevent the reoccurrence of problems they may be experiencing. It is a process of confidence-building through cooperation, sharing, joining hands, mutual learning and acquiring new knowledge and skills (De Beer & Swanepoel, 1998).

The fifth element, namely ownership, is a consequence of participation and empowerment. Ownership refers to knowing and experiencing that something belongs to oneself, not to someone else. It also refers to being in control, taking responsibility and being able to respond to what is required. Ownership and self-reliance are closely related. Ownership develops when the need that a project attempts to meet is really the felt need of the community and when a community worker really works within the frame of reference of the community, and not that of the organisation or his own (De Beer & Swanepoel, 1998).

Self-reliance, the important sixth element, is the outcome in community development practice. It is the opposite of dependency. Bruwer (1996) is of opinion that self-reliance is the way out of dependency. Self-reliance is hampered by dependency on people for handouts and on technology that cannot be sustained without outside assistance. Self-reliance is "the act of the people mobilising themselves, inquiring, deciding and taking initiatives of their own to meet

their felt needs and of relying primarily on local resources, technology and strengths” (Burkey, 1993:31). Self-reliance is an attitude and state of mind, a trust in or a positive perception of potential and capabilities that people have about their own mental and material resources as the primary stock to draw on in the pursuit of their outcomes. Self-reliance in a community has a collective nature. It is a process and a result of interdependence among equal partners where relationships and cooperation prevail over competition (Hope & Timmel, 1994; Kotzè, 1997).

The seventh element, sustainability, which is closely linked to self-reliance, refers to the responsible wellbeing of people and being able to support or continue adequately for an extended period. The following factors contribute to the sustainability of a project, namely that it is small and affordable in terms of the community’s resources, so that the people can manage it themselves; basing the action on what the community perceives as its needs and values; facilitating a participatory and learning process; skills development and capacity building to maintain change; and appropriate organisational development and management (Chambers, 1983).

The outcome of community development is seen as the product of a social learning process, which is a process of learning to use oneself and one’s context to meet one’s own fundamental human needs and those of others more effectively (Davids, Theron & Maphunye, 2005:20). Social learning is bi-directional, interactional and interdependent (Hardcastle & Powers, 2004:437). Both the facilitator and community learn from each other. The facilitator must experience people-centred and participatory-learning work and not be a “know-it-all” expert. The facilitator should avoid taking an instructing position to “teach” the community, but should instead reverse that role by learning from the people of the community by encouraging them to share their context, challenges, dreams and plans, and what they want to do and how. Social learning takes place through continuous awareness and is empowering and increases self-reliance even more when it is collective and participatory (Swanepoel, 1997).

As indicated above, community development is a participatory process in which projects are developed from inside the community and sustained and expanded by the people themselves. The value of community development lies in the experience of the process as much as in the achievement of concrete changes.

The above-mentioned elements formed part of the community leadership training programme offered to the people of ASHA. A brief overview of the modules will be discussed later in the article.

Establishment and development of ASHA

ASHA started its work in Soweto in 1949, during the early days of the Nationalist apartheid government in South Africa, as a community outreach support initiative of a group of concerned liberal white women with access to funding resources. These white women were called “helpers” and worked proactively in partnership with black African women. Service committees were formed in different areas of Soweto to address social problems (Haggie, 1994). During the 1950s black women were forced to seek employment in the city and the service committees identified the need for educare (education and care) centres. Simple and informal day nurseries were started, initially in private houses and later in specially constructed crèches (Haggie, 1994). From 1954 the number of crèches grew from 29 to 40 specialised, fully-furnished day-care centres employing 320 permanent staff and rendering services to preschool children in Soweto.

With the advent of the developmental welfare system, ASHA transformed its 40 preschool crèche operations into community centres in order to provide a more holistic and interdisciplinary service to families. Planning for this began in 1999 with a needs assessment conducted by ASHA in collaboration with the Department of Social Work (DSW) at the University of Johannesburg. A need for four different programmes was identified: community leadership, preschool, family enrichment, and specialist services responding to HIV and AIDS, disability, crime and violence, illiteracy, poverty and substance abuse.

ASHA consequently developed its vision to improve the quality of life of preschool children and their families through capacity building within an integrated and sustainable developmental plan encompassing the afore-mentioned programmes. To give expression to the new vision and in keeping with the principles of social development as previously mentioned, ASHA launched a community leadership programme (SCLPP), in partnership with the Department of Social Work (DSW) of the University of Johannesburg. Funded by the Department of Social Development (previously the Department of Welfare), the programme was launched in ASHA's 40 centres and involved 360 employees and parents over a four-year period. This led to the creation of community-based projects (see Table 3).

ASHA's proactive approach, based on its continuous evaluation of its response to consumer needs, has made it one of the leading organisations in the transformation process. In many ways its history mirrors the socio-political changes characteristic of this country. Guided by developmental social welfare policy, ASHA strives to provide equitable, sustainable, accessible, people-centred, developmental services in partnership with relevant stakeholders by converting its 40 preschool crèches to "one-stop" community centres, which not only address the needs of preschool children, but also offer programmes to the broader community. Capacity building and empowerment of staff members and parents was needed to enable this organisational transformation to take place so that each community centre could become an independent, self-sustaining learning organisation (Senge, 1990).

RESEARCH METHODOLOGY

Within the context of the broad principles of social and community development, the primary goal was to evaluate the effectiveness of the SCLPP in achieving its transformation objectives. The evaluation study aimed to assess the effect of the community leadership programme and the progress of ASHA's projects using a participatory-collaborative research approach (De Vos, 2005). The first group of people (n=105) and four ASHA trainers participated in the community leadership programme in 2000, and a further 255 people were trained in the following three years, ending in 2003.

A structured questionnaire was developed by the coordinator of the Department of Social Work (UJ), in collaboration with the trainers of the community leadership training programme. The elements of the questionnaire were based on the content of the training programme. The questionnaire was used with participants selected through a non-probability sampling process so as to involve a cross-section of trainees (De Vos, 2005). The sample included trainees from each of the 2000, 2001, 2002 and 2003 cohorts at each of the centres (n=40). The sample was also stratified in such a way that each cluster (each of the four clusters consisted of 10 centres) was represented by 60 respondents, including the main trainer at each cluster.

The principal at each centre then jointly took on the responsibility of distributing the questionnaires and assisting the respondents to complete them. In total 240 questionnaires were distributed and 127 completed questionnaires were returned, a response rate of 53%. In cases

where all 127 respondents did not complete a specific item in the questionnaire, percentages in the reported tables are based on the adjusted total and not on a total of 127. For instance, as reflected in Table 1, only 122 respondents completed the relevant item, and the reported percentages are therefore based on the adjusted figure. Reporting the data in this format (valid percentage) eliminates the cumbersome inclusion of a separate category of irrelevant data known as “Missing data”.

FINDINGS

- The four modules offered to the trainees consisted of the following components:
- Module 1: Personal and professional leadership: values and principles, empowerment of the self, e.g. proactivity, vision, time management; communication skills, e.g. problem solving, conflict resolution, feedback, delegation; motivation.
- Module 2: Development management: main and supplementary management functions; participatory management; management of people; managing administration.
- Module 3: Service-rendering process in community development: setting the tone for community development, namely definition of community and community development, goals and characteristics of community development, role-players in community development; the community development process, namely engagement, assessment, planning, implementation and evaluation, sustainment.
- Module 4: Small-business entrepreneurial skills: characteristics of an entrepreneur; components of a good business; marketing, fundraising and public relations.

These four modules were offered over a period of one year using experiential participatory-teaching methods. Five main areas were identified according to the results of a factor analysis conducted on all the results. The results will be presented according to these five areas, namely:

- The profile of the respondents
- The rating of the curriculum
- The development of personal and professional leadership skills
- The enhancement of developmental management skills
- The establishment of projects.

Profile of the respondents

TABLE 1
PROFILE OF TRAINEES

| Year | Principals | Vice-principals | Parent committee members | ASHA management personnel | Trainers | Total no. of respondents | Response/ rate | |
|-------|------------|-----------------|--------------------------|---------------------------|----------|--------------------------|----------------|-------|
| 2000 | 40 | | 40 | 25 | | 105 | 34 | 32,4% |
| 2001 | | 40 | | | 15 | 55 | 26 | 47,3% |
| 2002 | | | 120 | | | 120 | 46 | 38,3% |
| 2003 | | | 80 | | | 80 | 16 | 20% |
| Total | 40 | 40 | 240 | 25 | 15 | 360 | 122 | 53% |

Table 1 provides a profile of those who participated (n=240) in the training programme. In all 40 principals, 40 vice-principals, 40 parent committee members, 25 ASHA management personnel and 15 trainers were trained; 81% received the Certificate in Community Leadership with an average pass mark of 65% (Department of Education, CHE Report, 2004). Each participant had to submit four written assignments based on the application of theory. In addition to the assignments, each participant also had to demonstrate certain skills (see Table 2) learned in all four modules.

Trainees were asked to complete a feedback questionnaire for which there was a response rate of 53%: 44% were completed by parents, 20% by principals and 13% by vice-principals. Of all the respondents, 44% were staff members of ASHA and 44% were parents on the parent committees of the various centres; 81,5% were female and 73,5% were older than 31 years of age. Table 2 shows the respondents' rating of the training they had received.

Rating of the curriculum

TABLE 2
RATING OF THE TRAINING

| Training modules | Very poor to poor | Average | Good to excellent | Total |
|---|-------------------|------------|-------------------|-------|
| Personal and professional leadership | 3 (2,4%) | 14 (11,2%) | 108 (86,4%) | 125 |
| Development management | 3 (2,4%) | 20 (16,3%) | 54 (81,3%) | 123 |
| Service-rendering community development | 3 (2,5%) | 33 (27,3%) | 39 (70,2%) | 121 |
| Small business entrepreneurial skills | 12 (10,2%) | 35 (29,7%) | 41 (64,4%) | 118 |

Overall respondents were positive about the training they had received, meaning that the modules were applicable to the situations they were exposed to. Since many were ASHA staff members in positions of authority, the modules on personal leadership (86,4%) and development management (81,3%) were highly rated. The modules on the process of community development (70,2%) and small-business entrepreneurial skills (64,4%) were also rated favourably by the respondents. The last module was also considered important, given the high rate of unemployment in Soweto. According to a study done by the Sociology Department of the University of Witwatersrand, a total of 36,8% of people over the age of 16 are unemployed in Soweto (Morris, 1999).

Personal and professional leadership

During the implementation of this programme over fifteen years, lecturers realised that the first module is of crucial importance. Lecturers came to the conclusion that before a community worker could facilitate a community towards achieving self-sustainment, he/she should be empowered on a personal basis. The items in this section of the questionnaire indicated some of the aspects covered in the first module.

TABLE 3
DEVELOPMENT OF PERSONAL AND PROFESSIONAL LEADERSHIP SKILLS

| To what extent... | To a marginal extent | To a small extent | To a large extent | Total |
|--|----------------------|-------------------|-------------------|------------|
| did the training make an impact on your personal life? | 8 (6,5%) | 13 (10,6%) | 102 (82,9%) | 123 (100%) |
| did the programme help you resolve conflict better? | 6 (5%) | 16 (13,4%) | 97 (81,5%) | 119 (100%) |
| did the programme help you to communicate better? | 4 (3,4%) | 15 (12,5%) | 101 (84,1%) | 120 (100%) |
| did the programme help you to plan better? | 6 (5,2%) | 19 (16,2%) | 92 (78,7%) | 117 (100%) |
| did the programme help you to evaluate your actions better? | 8 (6,6%) | 20 (16,4%) | 94 (77%) | 122 (100%) |
| did the programme help you to get more self-confidence? | 5 (4%) | 9 (7,3%) | 109 (88,6%) | 123 (100%) |
| did the programme help you to manage your own finances better? | 7 (5,8%) | 19 (15,7%) | 95 (78,5%) | 121 (100%) |
| do you think the programme will help unemployed people to get a job? | 17 (14,3%) | 23 (19,3%) | 79 (66,4%) | 119 (100%) |
| did the programme help you to do your work better? | 7 (5,8%) | 11 (9,1%) | 103 (85,2%) | 121 (100%) |
| did the programme help you to be more personally motivated in general? | 8 (6,5%) | 13 (10,6%) | 102 (82,9%) | 123 (100%) |
| did the programme help you to motivate other people better? | 10 (8,1%) | 12 (9,8%) | 101 (82,1%) | 123 (100%) |

The participants' response to the programme indicated that the module on personal and professional leadership was rated as the most appropriate (86,4%) of all the modules. There was an improvement of basic personal life skills, such as communication, problem solving, conflict management, personal motivation and handling of personal finances. As a result, participants developed self-confidence (88,6%) and articulated a clear vision for themselves.

The first module on personal and professional leadership skills formed the foundation of the training programme. These skills are seen as crucial for any community development interventions. The trainees felt that without being empowered on a personal level they would not have been able to establish any projects in their communities (Burkey, 1993; Kotzè, 1997; Swanepoel, 1997; Swanepoel & De Beer, 2006). Hence the programme contributed to social capital formation through the enhancement of networks and the development of trust between people – within families and between community members and institutions in Soweto (Brueggemann, 2002).

Development management

Feedback from the respondents suggested that the programme contributed to the establishment of better relations in all the centres – the institution of a greater customer focus and the building of a more positive atmosphere. The community leadership programme encouraged democratic

leadership and a participatory management style in the centres. Respondents were especially satisfied with the fact that all staff members participated in the management of the centre (77,4%), took responsibility for the role their work plays in the centres' success (81%), were loyal to ASHA (80%), helped to develop rules and control measures (69%), accepted the rules and control measures (69%), felt acknowledged for their contributions (75%) and acknowledged each other for their contributions (72%). Senior management was supportive of their centres (80%) and reported that information about ASHA was readily available (85%) and openly discussed in the organisation (80%).

Inclusiveness and transparency were seen as important, as borne out in the development literature (Burkey, 1993; Henderson & Thomas, 2003; Myers, 1999). Respondents believed that the leadership programme had contributed to team building: 80,2% indicated that staff members worked together productively, while 82,7% strongly agreed that staff members had sufficient capacity-building opportunities and that staff members were involved in decisions affecting their work life. Respondents (84,6%) were also of the opinion that the programme helped them to conduct meetings better. Furthermore, the respondents articulated a clear vision for their centres and developed the organisational capacity of their centres. Finally, respondents were satisfied with the way management had guided the staff through the transformation process (75%). The fact that all the staff and family members of all 40 community centres of ASHA were involved in the transformation process might have contributed to the positive response to the training programme.

Thus, it could be concluded that the 40 community centres were managed as empowering, participatory-learning organisations. The staff and family members articulated a clear vision for themselves and the centres in which they were involved and for managing these centres in a participatory, democratic way (McLagan & Nel, 1995; Senge, 1990).

Projects established

Thirty-three community projects have been launched at the different community centres as a direct result of the Community Leadership Programme. Table 4 shows the types of projects that have been established.

TABLE 4
TYPES OF PROJECTS

| Projects | No. | % |
|---|-----|------|
| HIV and AIDS (including parent support, training of care givers) | 20 | 61% |
| Unemployment: Establishment of vegetable gardens, baking and catering | 5 | 15% |
| Support group for the aged | 3 | 9% |
| Security: Neighbourhood watch groups | 5 | 15% |
| Total | 33 | 100% |

All of these projects were run by people who had been trained in the community leadership programme (n=240). Module 3 (Process of Community Development) and Module 4 (Small Business Entrepreneurial Skills) especially contributed to the establishment of these projects. Module 3 especially assisted the trainees in the initiating and establishment of community-

based projects. The elements underlying community development, as previously discussed in the article, were especially addressed in this module. The asset-based community development approach contributed to the fact that the trainees initiated projects based on their strengths and capabilities, which contributed to their motivation and helped them take ownership of their projects.

Approximately 750 people from the broader community were also involved in various ways in these projects. The survey showed that each of these 33 projects involved an average of 30 people. Therefore, 990 people were directly involved in the projects, together with the 750 from the broader community, totalling 1 740 people.

Further figures have shown that for *each* of these 1 740 people, on average a further four people indirectly benefited financially or otherwise from the projects, therefore bringing the total to 6 960. The overall number of people who benefited from these projects was 8 700.

Nevertheless, questions of sustainability remained. Participants indicated the need for increased guidance from ASHA management. Most believed that top management should have more contact with 'people on the ground' and assist in project implementation. More resources such as seeding money was needed to kick-start the projects. Some experienced that ASHA management does not provide enough support towards sustaining these projects. There were persistent issues of dependency – a by-product of the apartheid era – and reliance on government provision. However, several social commentators indicate that it is unrealistic to expect that sustainable projects could be realised in ten years in developing countries (Hemson, 1999; Kagiso Trust, 2002).

DISCUSSION AND CONCLUSION

The selection of the participatory-collaborative research approach was a judicious choice, as this approach sufficiently allowed for the demonstration of the spirit of social and community work and empowerment (Henderson & Thomas, 2003; Homan, 2008; Midgley, 1995; Patel, 2005; Rubin & Rubin, 1992; Swanepoel & De Beer, 2006).

Embedded in social development and developmental social welfare, the training programme in community development indeed showed positive results. Based on participant feedback, the skills learnt in community development were being successfully used in managing the community centres and in launching community development projects. The successful development of personal life skills appeared to be a crucial component of the training programme. Furthermore, the programme contributed to a participatory and democratic management style as a result of teambuilding and the way management had guided the staff through the transformation process.

These centres are not run as preschool crèches anymore, but as community centres to which all family members of the preschool children as well as the bigger community are part. This programme indeed contributed to the social capital of all those directly and indirectly involved (Lewis, Lewis, Packard & Souflee, 2001; Senge, 1990). For community development to be successful, it is important to strengthen organisational capacity (De Beer & Swanepoel, 1998; Henderson & Thomas, 2003; Homan, 2008; Hope & Timmel, 1994; Kotzè, 1997; Midgley, 1995; Rubin & Rubin, 1992; Swanepoel, 1997; Swanepoel & De Beer, 2006).

Collectively these 33 ASHA projects benefited approximately 8 700 people in Soweto and contributed to the upliftment of the community surrounding the 40 childcare centres.

FINAL WORD

Based on the results of this study, ASHA has developed a policy which is based on the features and characteristics of the developmental welfare policy of South Africa, as well as the knowledge, skills and elements of community development. As a consequence of this policy, ASHA has developed a democratic and participatory leadership style that aims to empower people at grassroots level. Staff members, in collaboration with parents and extended family members, are taking ownership of their programmes and projects, and a range of role players from different disciplines are assisting the centres in executing their projects. Release from poverty and oppression through empowerment rather than relief is encouraged so that people bring about change, build community capacity and leadership as well as institutional and organisational ability, and people are able to learn from their mistakes.

It further provides an excellent example of participation of civil society, with the support of government and other role-players, such as the University of Johannesburg, in the development of its own destiny. By actively pursuing the implementation of the new government welfare policy on social and community development, ASHA has established itself as one of the leading NGOs in South Africa.

The implementation of the new policy and the painful transformation process will take far more than the five-year period of the project, as described here, but ASHA has taken a step in the right direction by continuing on this less-travelled road of social and community development. Its mission is to improve the quality of life of preschool children and their families by building their capacities through integrated and sustainable development programmes. However, transformation and development are part of a long process and it is difficult to break down the dependency syndrome created over many years during the apartheid era. The ultimate goal of ASHA is indeed to free people from the deprivation trap (Chambers, 1983).

REFERENCES

- BRUEGGEMANN, W.G. 2002. **The practice of macro social work** (2nd ed). USA: Brooks/Cole.
- BRUWER, E. 1996. **Beggars can be choosers**. Pretoria: IMER.
- BURKEY, S. 1993. **People first, a guide to self-reliant participatory rural development**. London: Zed Books Ltd.
- CHAMBERS, R. 1983. **Rural development, putting the last first**. London: Longman group.
- DAVIDS, I., THERON, F. & MAPHUNYE, K.J. 2005. **Participatory development in South Africa, a development management perspective**. Pretoria: Van Schaik Publishers.
- DE BEER, F. & SWANEPOEL, H. 1998. **Community development and beyond: issues, structures and procedures**. Pretoria: Van Schaik Publishers.
- DE VOS, A.S. 2005. **Research at grass roots for the social sciences and human service professions** (2nd ed). Pretoria: Van Schaik Publishers.
- DEPARTMENT OF EDUCATION. 2004. **CHE Report**. Pretoria.
- GRAY, M. 1997. A pragmatic approach to social development (part 1). **Social Work/Maatskaplike Werk**, 33(3):210-233.
- HAGGIE, D. 1994. **Madam chair and the house at large, the story of ASHA**. Johannesburg: ASHA.

- HARDCASTLE, D.A. & POWERS, P.R. 2004. **Community practice, theories and skills for social workers** (2nd ed). New York: Oxford University Press.
- HEMSON, D. 1999. **Report on the NGOs and the BoTT program in the Eastern Cape and Kwa-Zulu Natal prepared for the Rural Development Sector Network**. Unpublished publication.
- HENDERSON, P. & THOMAS, D.N. 2003. **Skills in neighbourhood work** (3rd ed). London: Routledge.
- HOMAN, M.S. 2008. **Promoting community change, making it happen in the real world** (4th ed). Pacific Grove: Brooks/Cole Publishing.
- HOPE, A. & TIMMEL, S. 1994. **Training for transformation**. Zimbabwe: Mambo Press.
- KAGISO TRUST. 2002. **Gauteng Department of Social Services, evaluation report of the Poverty Eradication Programme, 1998-2001**, Rissik Street Decentralised Service Office and Benoni Office.
- KOTZÈ, J.C. 1997. **Developmental administration and management, a holistic approach**. Pretoria: Van Schaik Publishers.
- KRETZMANN, J.P. & McKNIGHT, J.L. 1993. **Building communities from the inside out, a path toward finding and mobilizing a community's assets**. Evanston: Center for Urban Affairs and Policy Research, Neighborhood Innovations Network.
- LEWIS, J.A., LEWIS, M.D., PACKARD, T. & SOUFLEE, (jr) F. 2001. **Management of human service programs** (3rd ed). USA: Brooks/Cole Publishing.
- MARX, S., VAN ROOYEN, D.C., BOSCH, J.K. & REYNDERS, H.J.J. 1999. **Entrepreneurship business management for social sciences** (Student edition). Pretoria: Van Schaik Publishers.
- MATHIE, A. & CUNNINGHAM, G. 2002. From clients to citizens: asset-based community development as a strategy for community-driven development. Available: <http://www.stfx.ca/institutes/coady>.
- MAX-NEEF, M.A. 1991. **Human-scale development: conception, application and further reflections**. New York: Apex Publishers.
- McLAGAN, P. & NEL, C. 1995. **The age of participation. New governance for the workplace and the world**. Randburg: Knowledge Resources.
- MIDGLEY, J. 1995. **Social development, the developmental perspective in social welfare**. London: Sage Publications.
- MIDGLEY, J. 2001. South Africa: the challenge of social development. **International Journal of Social Welfare**, 1(10):267-275.
- MORRIS, A. 1999. **Change and continuity, a survey of Soweto in the late 1990s**. Johannesburg: Department of Sociology, Witwatersrand University.
- MURPHY, P.W. & CUNNINGHAM, J.V. 2003. **Organizing for community controlled development, renewing civil society**. California: Sage Publications.
- MYERS, B.L. 1999. **Walking with the poor. Principles and practices of transformational development**. Maryknoll: World Vision.

PATEL, L. 2003. Theoretical perspectives on the political economy of civic service. In: PEROLD, H., STROUD, S. & SHERRADEN, M. (eds) **Service in the 21st century**. Global Cape Town: Service Institute and Volunteer and Service Enquiry Southern Africa.

PATEL, L. 2005. **Social welfare & social development in South Africa**. Cape Town: Oxford University Press.

REPUBLIC OF SOUTH AFRICA 1994. White Paper on Reconstruction and Development, Notice No. 1954, **Government Gazette Vol. 353, No. 16085**. Pretoria, South Africa: Government Printer.

REPUBLIC OF SOUTH AFRICA 1997. Ministry of Social Welfare and Population Development, White Paper for Social Welfare, Notice No 1108, **Government Gazette Vol. 386, No. 18166**. Pretoria, South Africa: Government Printer.

RUBIN, H.J. & RUBIN, I.S. 1992. **Community organizing and development** (2nd ed). New York: Macmillan Publishing Company.

SENGE, P.M. 1990. **The fifth discipline, the art and practice of the learning organization**. London: Random House.

SWANEPOEL, H. & DE BEER, F. 2006. **Community development, breaking the cycle of poverty** (4th ed). Pretoria: Juta & Co Ltd.

SWANEPOEL, H. 1997. **Community development, putting plans into action** (3rd ed). Kenwyn: Juta & Co.

SWILLING, M. & RUSSEL, B. 2002. The size and scope of the non-profit sector in South Africa. **Graduate School of Public and Development Management**. Johannesburg: University of the Witwatersrand and Centre for Civil Society. Durban, South Africa: University of Natal.

UNITED NATIONS. 1996. **Report of the world summit for social development: Copenhagen, 6-12 March, 1995**. New York.

Prof Hanna Nel, Department of Social Work, University of Johannesburg, Johannesburg, South Africa.