

The purpose of considering the Australian example in this context has been to identify the use of the strategy of people empowerment as a hedge against erosion of rights in a hostile social and political environment. This particular example makes use of a legal framework. In countries at different points along the needs/rights continuum it may be necessary to put emphasis on more basic strategies such as literacy or political organization and action. The crucial feature is the use of a non-violent strategy which shifts power from a central elite to the broad base of people in a relationship of mutuality. People empowerment in such a context represents both a strategy and a theoretical concept in the generation of an alternative paradigm in which development and peace are related and interdependent.

References

- Chamberlain, E., De Maria, W., Foley M., Lavender, K. & Melville, R. (1984). *Legal needs of social security claimants*. Canberra: Aust. Govt. Publishing Service.
- Chamberlain, E. & De Maria, W. (1986). *Decision-making in social security: A lay advocacy project*. Report for Department of Social Work, University of Queensland, Brisbane.
- Commission of Inquiry into Poverty (1975). *Poverty in Australia*. Canberra: Aust. Govt. Publishing Service.
- Dasgupta, S. (1978). Facing the new era: A plea for the new approach to human well-being. In *Human well-being: The challenge of continuity and change* (51-70). New York: International Council on Social Welfare.
- Dasgupta, S. (1984). Social realities & social work. *Continuum*, 3(4), 29-53.
- Doyal, L. & Penall, I. (1979). *The political economy of health*. London: Pluto.
- Hardiman, M., & Midgely, J. (1982). *The social dimensions of development: Social policy & planning in the Third World*. Chichester: Wiley.
- Lawrence, R. (1978). Human well-being and human rights. In *Human well-being: The challenge of continuity and change* (101-110). New York: International Council on Social Welfare.
- Midgely, J. (1981). *Professional imperialism: Social work in the Third World*. London: Heinemann.
- Midgely, J. (1984). Social welfare implications of development paradigms. *Social Service Review*, 58(2), 181-198.
- Myrdal, G. (1970). *The challenge of world poverty*. Hamondsworth: Penguin.
- Seers, D. (1972). The meaning of development. In N. Uphoff & W. Ilchman (Eds.), *The political economy of development* (pp. 123-29). Berkeley: University of California Press.

Integrated Social Development and Peaceful Transformation in A Post-Colonial State (Zimbabwe)

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Social development is considered here in the context of Zimbabwe's transition from a state of colonialism to one of independence. The need for coordinated and participatory strategies is highlighted in the context of primary health care and resettlement programs in Zimbabwe's rural areas. Regional factors are also considered as they are likely to influence the success of such development efforts.

Inequality, Conflict and Transformation

Many Third World countries, previously the subject of colonialism, were left by the departing metropolitan powers in situations of gross inequality and general poverty. Often colonialist regimes had paid scant attention to the needs of the vast majority of the populations which consequently suffered ill-health, malnutrition and exploitation.

Zimbabwe reflected this general pattern as did many other states in Africa which had experienced colonization at some stage in their history. Colonial Rhodesia had developed a dual economy in which striking inequalities and disparities were deliberately created, particularly in the distribution and consumption of the nation's resources. On the one hand there existed a white-dominated, relatively capital-intensive modern sector embracing commercial farming, mining and industrial enterprises. On the other hand the neglected and under-developed peasant sector supported a population of approximately 4 million people, but contributed less than 10% of G.D.P. This sector fulfilled a dependent, which supplementary role, acting as a labor reservoir and as a form of social security for those who were either facing unemployment in the urban areas, or were for other reasons unemployable. The peasant sector, as in many poor or "developing" nations, constitutes the bulk of Zimbabwe's population--approximately 80%--and is correspondingly extremely significant.

Transformation and Integrated Social Development

The need for such transformation has been recognized in similar situations elsewhere in Africa. Ankrh (1978) for example, reports from Uganda that the development goals of developing countries must be concerned about change--in particular, change that will lead to the improvement of people's living conditions and at the same time enhance their human value and dignity. Such change has come to be termed "social development" in much of the literature, perhaps as a reminder that the human dimension must remain a key factor in considerations and as a counter to mechanistic frames of reference. Muzaale (1986) has conceptualized this in a clear way:

It advocates self-reliance and stresses the need for [the] enhancing of people's capacities to work for their own welfare and that of their society. It also stresses the need to give the people the capacity to alter their institutions in keeping with their aspirations and desires.

A social development strategy that is able to enhance these capacities rests conceptually on two pivots. The first is the involvement, participation and direction provided by the community itself at a "grass-roots" level. The second is the collaboration and commitment of various agencies--both governmental and non-governmental--in bringing about the necessary changes.

There is a growing consensus among community workers, social workers and social practitioners that social development programs should involve a coordinated and comprehensive approach, if valid and meaningful social change is to be realized. It is important to tackle social problems in an holistic and integrated way rather than dealing with these in isolation. One reason for this is that by concentrating on a particular social problem, program or sector, it is likely that vital information will be neglected or ignored which could dramatically effect the success of the work effort. The example given to us by Batten (1965) of the community development worker who sets out to eradicate mosquitoes in a given rural area, while ignoring the fact that elephants are destroying people's crops, is appropriate here. While his genuine and overriding concern is with the sickness and ill-health of the community, he forgets the even greater threat to health, security and shelter posed by the marauding elephants, so engrossed is he in his own definition of the problem.

Social development is likely to be more successful if it takes into account as many variables as possible in the planning of change. Another way of stating this is to suggest that an integrated approach be employed where the contiguous relationship of the various systems is taken into account. While "systems" approaches have often been criticized for a seemingly inherent conservative and static (maintenance of status quo) orientation, there is no reason why a more

Following Independence in 1980, the Government adopted a policy of "Growth with Equity," underlining the need to undertake a vigorous program for the development of the country and in particular the impoverished rural areas. This was based on policies which stressed socialist and egalitarian principles, in which the need for fundamental socio-economic transformation was stressed. The need for this transformation was outlined vividly by the Government in 1981:

Economic exploitation of the majority by the few, the grossly uneven infrastructural and productive development of the rural and urban economy, the lopsided control of the major means of production and distribution, the unbalanced levels of development within and among sectors and the consequent grossly inequitable pattern of income distribution and (lack of) benefits to the overwhelming majority of the people of this country, stand as a serious indictment of our society (Growth with Equity, 1981).

The rural areas then were seen to require urgent and drastic measures to counter the decline in which they were placed. Here poor infrastructure, unemployment and scarce social amenities, among other privations, had led to a state of ill-health, fatalism and widespread poverty. In contrast the urban areas had prospered in terms of facilities and opportunities, attracting large numbers of the destitute, displaced and jobless from the country. Many of those who had remained living in the rural areas had been forcibly resettled in fortified villages during the period of the liberation struggle in order to prevent them from giving aid and assistance to the guerrillas.

Unbalanced and inequitable distribution of the nation's resources had led inevitably to this situation of crisis, conflict and civil war. This conflict was clearly predicted by the uneven and unjust economic, social and political climate which served to entrench the interests of the colonial elite, while ignoring the concerns of the majority. Following over 90 years of settler colonial domination--of which the final seven were marked by intense armed struggle--the task of rehabilitating the country is proving enormous. The stated policy of reconciliation is certainly helping to overcome some of the concerns and fears of minority groups, although clearly this needs further definition if we consider the various internal conflicts that have occurred since Independence. At this point in time unity talks appear to be making some headway and there is hope that rival political and tribal groupings may come to some accommodation in the near future. The government has embarked on policies aimed at transforming the economy in the direction of "scientific socialism," although many critics consider that the pace is too slow and that entrenched interests are preventing more rapid change.

radical posture cannot be adopted, where a commitment to the development needs as defined by communities themselves is instrumental in shaping policies of agencies and central governments (see Leonard, 1975). Where possible, integrated social development should be broadly based in its aims and methods and lead toward overall national programs directed at society as a whole.

There will also be a need for active coordination and direction of these programs on national, regional, district and village levels. In addition to the role of governments, international (and local) voluntary and non-governmental agencies have a key role to play in this overall development strategy--and indeed may be instrumental in shaping and directing many of these programs.

The emphasis on social development as a planned, coordinated and comprehensive activity, requires major commitment and cooperation from both government and agencies. This is essential if development goals are to be formulated and their relative priorities to the nation carefully considered. Lack of clear direction regarding goals and lack of clarity regarding the methods to achieve these goals is likely to lead to confusion, duplication of services and wastage of scarce resources.

The second pivot rests on the participation, direction and local initiative provided to social development projects by the people themselves. This is of equal importance to the first pivot and a vital ingredient in the success of such programs. Participation is a value which is currently in vogue, sometimes to the extent that it seems to override requirements of national planning, specialist advice, technical and professional expertise. However, from an integrated perspective to social development, there is no inherent reason why these two need be in competition and certainly each can benefit the other. The participation of people at all levels, at the stages of planning, implementation and evaluation of programs, is a cardinal principle of social development. It is however, one that is often abused, either from the point of view of the technocrat, or at the other end of the spectrum, the perspective of the liberal idealist. Indeed, integrated social development accepts the need for both direction and coordination by agencies or governments on the one hand, and involvement by the people on the other. As Cornack (1983) notes:

...the effectiveness of social development will depend to a large extent on whether planning has been a local process, in which there has been a wide measure of participation and decision-making, coupled with expert advice on the technical and social possibilities available. (p. 66)

In the African context, and particularly in the post-colonial context, social development practitioners need to consider these points carefully. From a cultural perspective traditional African people are likely to defer to higher authority, showing respect and politeness for those perceived as their elders or of higher social rank. In addition, traditional, relatively stable and conservative

rural communities are likely to require a great deal of time and discussion before committing themselves to change. The post-colonial situation adds the dimension of created dependency and submissive attitudes to authority. These factors may encourage authorities anxious to "develop" their countries at the fastest possible rate, to ignore the human dimension and press ahead with planned change. However, an integrated strategy to social development reminds us that effective change needs to involve people fully, emphasizing the value of moving at the community's pace, even if at times this seems to be at a snail's pace. There is an inbuilt conflict and contradiction here, and one we should not glibly pass over. Agencies and communities do not necessarily "fit" together and it is likely that each will have different expectations of the other. This underlines the importance of the need for genuine dialogue and the sharing of ideas and ideals if conflict is to be constructively used.

Integrated Social Development, Peaceful Transformation and Zimbabwe

Todaro (1982) conceives the process of development as one involving changes in structure, attitudes and institutions, as well as the acceleration of economic growth and the reduction of poverty. He identifies three objectives by which this can be achieved:

- by meeting basic human needs such as food, shelter, health, and protection;
- by enhancing material well-being, but also by generating greater individual and national self-esteem;
- by expanding the range of economic and social choices to individuals and nations.

This tripartite division also appears as a useful yardstick in measuring the extent to which social development has achieved its ends. To have meaning, social development needs to address itself initially to the primary needs of individuals and communities. Unless these basic physical and material needs can be satisfied, there would seem little purpose in attempting to deal with problems at higher levels.

Using this as a conceptual basis, we can look at the policy relating to the development of primary health care in Zimbabwe as an indicator of one sector of social development. Prior to Independence, the priority given to rural health was very low. The largest and best-equipped hospitals and clinics were (and are

still) located in the urban centers, as indeed are the majority of the medical staff. Within the urban areas, the white section of the population traditionally received the best health facilities and services, while the majority black population suffered an extreme shortage of these. Apart from the spatial and racial imbalances and injustices of the past, there was also emphasis primarily on the provision of curative health services, with little concern for the development of preventative medicine.

Following Independence the principle of primary health care was adopted as the basis of the health policy of Zimbabwe. A social development strategy was seen to be most relevant in developing an appropriate preventive and realistic health plan for the nation. Elements of the Alma-Ata Declaration (WHO, 1978), which emphasized community involvement on a broad level in the provision of primary health care, were incorporated into government policy. The Transitional National Development Plan (1982) stated that:

The main health problems are located in the rural areas, and are to be most effectively addressed by a preventive approach, that is, a health program which de-emphasizes curative care, focuses on preventive care and the promotion of healthful life styles.

The main emphasis in the development of health care lay therefore in the need to create acceptable, accessible and equitable distribution of health resources to the majority of the people. It was clear that the health sector could not simply be detached from other sectors, but was an integral part of the socio-economic system. As pointed out by Agere (1983) and Sanders (1985), health, development and underdevelopment are intimately linked. Thus the inequitable distribution of health resources within society closely reflects political, social and economic imbalances.

The establishment of health services, and particularly primary health services, is a basic issue of justice and equity, and one that was neglected during the colonial era. In an attempt to redress some of these inequalities, the government is working together with various voluntary bodies in developing a more comprehensive and integrated national health program. The salient features of this program include personal contact through a system of paid village health workers, who serve between 50 and 200 families each, and constitute the first level of contact between the community (from which they are recruited) and the health services. Proximity of facilities is considered important, so clinics are being strategically located with the aim of serving no more than 100,000 people each, in areas with a radius of about 8 kilometers. People are also encouraged through participation to improve their hygiene, nutrition and access to clean water, and also to avail themselves of preventive services. A system of free health care has been introduced for those earning less than \$150 per month to bring services within the reach of those on very low incomes. Local community

involvement is particularly encouraged with the development of "nutrition villages" where vegetable gardens can be cultivated, pre-schools organized and health services dispensed. Finally a policy of health education, including the launching of the expanded program of immunization (EPI) aimed at preventing the common, but often fatal childhood illnesses, has been set up.

While the basic structure of a preventative and educative primary health care service has now been delineated, many problems still remain which need recognition and tackling. The most obvious difficulty is lack of finance. Although the health budget would need to increase if the government is to succeed in its policy of improving health care in rural areas, in real terms there have been drastic expenditure cuts throughout the services which have been affected--among other programs--the preventive and promotive aspects of health. Lack of qualified staff, poor working conditions in rural areas, unreliable and expensive transport, among other factors, are reducing the quality and efficacy of programs. Negative traditional community attitudes towards the disabled and mentally ill will also restrict the opportunities for these to receive the treatment they need. Most rural people make use of traditional healers as it is important culturally not only to deal with the physical symptoms--which healers are able to do with varying success using herbal medicines--but also the spiritual, causative factors involved in disease, where ancestral spirits may need to be propitiated. Traditional healers are recognized as a body by the government and efforts are being made to bring them into the National Health Services, although it is fair to point out that there is wide disagreement over this issue.

On a general level, primary health care has received an enthusiastic acceptance by the people, has established itself in communities through a network of village health workers and mobile clinics, and from here serves as a referral point to district, regional and national hospitals. Many problems still remain as outlined, but overall this health strategy may be seen as a relatively successful example of integrated social development action.

A further illustration of a social development program, at times of a controversial nature, can be provided by a look at the role of resettlement as part of the Government's plans of land reform. After the conclusion of the war of liberation, the resettlement and rehabilitation of the thousands of people who had been displaced was seen as an urgent priority. In addition, resettlement was viewed as a measure which could provide some relief of pressures on overpopulated communal lands, while improving the standard of living of the peasant sector generally. Resettlement was also viewed as an issue of basic justice, following the Government's commitment to a land redistribution program to redress the imbalances in past allocation policies. The Intensive Resettlement Programme was launched in September 1980 as a bilateral aid program jointly funded by the Zimbabwean and British governments. This

Program was augmented by the Accelerated Resettlement Programme of September 1981, designed to increase the speed and size of the resettlement exercise. Three basic models of resettlement schemes have been employed. The first and overwhelmingly popular Model A consists of individual resettlement of families, where the settlers are allocated residential plots within a communal village with individual arable holdings and communal grazing rights. Model B consists of group resettlement of a registered farming cooperative with communal living, cooperative organization and management of the farm. Model C combines settlers owning land and livestock individually, but working a central or core estate involved in cash-cropping.

According to Government statistics, by December 1984 resettlement in its various forms and models has covered at least 50 of Zimbabwe's 55 districts and about 2 million hectares of land has been developed. In this period a total of 32,973 families have been resettled, representing some 265,000 people (ZANU-PF, 1985). Major physical developments have also occurred, such as the opening of new access roads, construction of wells, schools, clinics and rural service centers to cater to the settlers' needs.

Despite these significant achievements, many problems still remain. One reported survey of settlers (Kinsey, 1984) identifies four major, interrelated problems affecting settlers—hunger, drought, illness and unsatisfactory water supplies. This revealed that resettlement programs were regarded as a mixed blessing, with many feeling that their families were worse off than before. The absence of infrastructure, lack of social identity (due to random recruitment policies of settlers) and the heavy debt burden carried by farmers (on average estimated at two and a half times their planned annual income) are some of the problems reported. In addition a plethora of restrictive regulations regarding permits to cultivate, depasture of stock, and eligibility criteria for land, have created some resentment among those resettled. Women in particular are likely to be disadvantaged. As settlers lose their traditional land rights in the communal areas, and as property is vested in patrilineal succession, women correspondingly may have less opportunity of appealing to traditional leaders or family members in the event of disputes (Gaidzanwa, 1981). On the other hand, it has been argued that the provision of facilities and services in the new villages, such as borehole water, pre-school nurseries, mother and child care, woodlots for firewood and compulsory education have positive implications for reducing the subordination of women. Geza (1986) comments, "the consciousness of women in resettlement areas, their self-organization and access to power and services are increasing much faster than in communal areas."

The schemes appear to have suffered many difficulties and organizational constraints in the first few years after their implementation. The restrictive control measures initially introduced, and the directive approach of the Resettlement Officers, may have led to a loss of initiative and lack of

responsibility on the part of the settlers. However, in recent years there have been Government attempts to promote settler participation through the creation of selected Scheme Development Committees (SDCs), which aim to develop community spirit and enable schemes to be more viable and progressive. The eventual aim is to incorporate these elected bodies into a restructured and unified local government system; These new government bodies will then eventually act as local authorities (Geza, 1986).

The present resettlement policy falls far short of an overall land policy designed to cater to the enormous needs of the population as a whole. In some ways the Government is not to blame for the inadequacy of such schemes as the restrictive clauses agreed upon at the Lancaster House Settlement in 1980 prevented effective land redistribution. The imposition of the requirement of voluntary purchase of land at market rates severely limited possibilities of acquiring and redistributing land. Indeed it was primarily the injustice involved over colonial land allocation policies which led to the war of liberation in the first place. Zimbabwean Government is likely, therefore, to come under increasing pressure in future years to develop a more equitable and comprehensive land redistribution policy. Certainly the resettlement program, despite its limitations, represents a major experiment in social development in present-day Zimbabwe. Its success is very likely to depend on the degree to which both Government and settlers can develop a shared vision of the future.

Peaceful Transformation and Regional Instability

It is difficult to speak of effective, comprehensive social development in Zimbabwe, and indeed of the Southern African states as a whole, without considering the special significance of South Africa to the region. South Africa has pursued a deliberate policy of undermining the economies of its neighboring states in order to create surrogate states, dependent on South Africa for their survival. This policy is part of South Africa's "total strategy" plan, in which it is attempting to create a "Constellation of Southern African States," subject to the economic and political domination of Pretoria.

In an attempt to counter this policy, nine states in the region formed the Southern African Development Coordination Conference (SADCC) in April, 1980. A primary objective of this grouping is to develop the regional transportation system to reduce dependency on South Africa, partly in anticipation of international sanctions to be applied to that country, but also to diversify trade routes to the sea. Other objectives of the SADCC are to increase economic development through regional coordination and to promote food production in order to reduce economic vulnerability.

In the face of these attempts at unity, South Africa has escalated its policy of intimidation with persistent campaigns of destabilization and economic disruption. This has taken several forms. It involves the direct sponsorship of dissident movements in various countries through the supply of weapons, training and occasional direct military involvement. It also includes other military actions such as sabotage, bombing and assassinations. The cost of these destructive incursions had been enormous to SADCC. Johnson and Martin (1986) suggest a figure of at least \$16 to \$17 billion for the period 1980 to 1985. By 1985, the annual loss has been estimated at about \$4 billion a year, or about \$70 per capita for a group of countries whose average annual output is about \$500 per capita (SADCC, 1986). SADCC's own estimates of \$10 billion are based on a quantification of direct war damage, extra defense expenditure, higher transport and energy costs, looting of resources, creation of refugee problems, lost exports and tourist potential, embargoes, loss of existing production capacity and loss of economic growth. Apart from the economic dislocation of these countries, over 250,000 people have lost their lives, either through military aggression, or the creation of famine through disrupting agricultural production, preventing famine relief food distribution and destroying rural water and health facilities. In addition five million people have been displaced from their homes, mainly in Angola and Mozambique, due to war and famine.

Zimbabwe has suffered its share of destabilization by South Africa. Apart from various incidents of sabotage, evidence from many sources has indicated that "Super-Zapu" dissidents have been trained and supplied through South Africa. These dissidents have committed many atrocities and destroyed development infrastructures in several regions, making parts of the country "no-go" areas in terms of development. Internal conflicts between the two main political parties in Zimbabwe have created a climate of mistrust and division in parts of the country, and this situation has allowed, and in some cases directly sponsored, these dissidents to pursue their campaign of violence and intimidation. It is clear that the situation is likely to get worse as South Africa finds itself even further isolated and under siege internationally. Peaceful social development in Zimbabwe may ultimately depend on peace in the region and consequently may have to wait until South Africa is liberated from apartheid. However, as previously indicated, Zimbabwe needs to further the policy of reconciliation and unity within its own borders as a preventive measure to outside aggression.

Conclusion

Integrated social development is only really possible where peace, cooperation and mutual trust exist. During the colonial period massive injustices, inequalities and disparities of income and opportunity ensured that such development did not take place. On the other hand, the post-colonial situation has offered new possibilities for an integrated social development practice that takes into account the legitimate interests of communities. Integrated social development is understood to be a coordinated and comprehensive approach to development that begins with the people, but also recognizes the role that government and other agencies need to play. Transformation in the end is about improving the living standards of people with due regard to principles of justice and equity. Once people are accorded a value and dignity then it is to be expected that their participation is welcomed and their view will be listened and responded to accordingly.

Conflicts both within and external to our society need to be recognized for the damaging and destabilizing influence that they are. Tribal and regional disputes have weakened our ability to respond to external aggression, which manipulates such divisions for its own ends. The practice of apartheid brings back memories to the people of Zimbabwe from our own history. This should motivate us even more to transform our society and bring about peaceful social development within our borders.

References

- Agere, S. (1983). Popular participation in the promotion of primary health care in Zimbabwe: Towards social justice. Unpublished paper. Harare.
- Ankrah, E.M. (1978). The social work contribution to social development: An African assessment. *Discovery and development in social work education* (p. 110). Proceedings of the XIXth ICSW. Jerusalem, Israel: IASSW, Vienna.
- Batten, T.R. (1965). *The human factor in community work* (p. 28). Oxford University Press.
- Cornack, I.R.N. (1983). *Towards self-reliance: Urban social development in Zimbabwe* (p. 66). Gweru, Zimbabwe: Mambo Press.
- Gaidzanwa, R. (1981). Promised land: Towards a land policy for Zimbabwe (pp. 113-4). Msc. dissertation, University of Zimbabwe.
- Geza, S. (1986). The role of resettlement in social development in Zimbabwe. *Journal of Social Development in Africa*, 1(1), pp. 35-42.
- Government of the Republic of Zimbabwe (1982). *Transitional national development plan*. Harare: Same.

Johnson, P. & Martin, D. (1986). *Destructive engagement: Southern Africa at war* (p. 271). Zimbabwe: Zimbabwe Publishing House.

Kinsey, B. (1984). Resettlement: The settlers' view. *The Journal of Social Change and Development*, 7, 8-9.

Leonard, P. (1975). Towards a paradigm for the radical practice, in R. Bailey & M. Brake (Eds.) *Radical social work* (p. 46). Edward Arnold.

Muzaale, P.J. (1986). Rural poverty, social development and their implications for fieldwork practice. Keynote address to workshop on social development, rural poverty and fieldwork intervention, School of Social Work, Harare, Unpublished paper.

SADCC (1986). The cost of destabilization of member states of SADCC. Annex. B, Overview (to Harare Conference) Baborone, Botswana.

Sanders, D. (1985). *The struggle for health*. MacMillan.

Todaro, M.P. (1982). *Economics for a developing world* (pp. 97-98). 2nd ed. Longman.

Empowering Educators Through Consultation: Developing a New Admissions Process

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This article will present a case study, developing a new admissions policy from the author's consultation practice in curriculum. A Social Development model of consultation is used. This case study will serve as an illustration of a process of faculty empowerment.

Introduction

Empowerment is a vital component of social development and community practice. Empowerment can be seen to be that activity undertaken by the practitioner that assists the population to understand, to gain, and to use their power (See Appendix no. 1). The following consultative actions were undertaken with a group of educators in assisting them to recognize and use the power inherent in their expertise as educators to redevelop admissions processes and establish policy criteria for their institutions.

Within the particular example used to illustrate empowerment, it should be recognized that the consultant had begun to develop a pattern of working with the population based upon a mutually agreed upon consultation model of social development (See Appendix, no. 2). The consultative relationship had been established about six months prior to undertaking this particular portion of the work.

As further background, the consultation took place within a Third World Country, where the particular educational institution was housed within the Ministry of Social Services, where all educators were also Social Service officers.

The Case Study