Building Community Strength to address barriers to health and well being

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1. Introduction

This paper describes a community project in a poor rural community in south India. It will describe some of the strength based processes and some outcomes to date.

The project is a three year project in one Panchayat. We have used Appreciative Inquiry as a means to practice a strength based approach to enable local people to achieve development goals, where those goals have been identified and defined by them.

The project is named “Healthy Districts Project” and is based on the World Health Organization’s Healthy Settings approach. However, our starting point is a local community rather than a District. This is a deliberate strategy because we believe that in order to maximise genuine participation that includes decision making ability, we must start at the grass roots level, where people identify with their local community and can play social citizenship roles through participation. We believe that beginning at a District-wide level runs too much of a danger of a top-down approach and perpetuating the power relations that deny the strengths and resources local people have to transform their lives and their relationships with wider structures.

Recently in the project, exclusionary practices by people from the backward castes towards dalit people became evident. This is contrary to the principles of human rights and social justice that underpin the project. The paper explores the ways in which the Project team is responding to and struggling with these issues of exclusion while still trying to maintain a strength based perspective.

2. The Healthy Districts Project – an overview and the setting

This Healthy Districts Research Project is an action research/development project which works within the principles of the World Health Organization’s Healthy Settings and Healthy Districts approach (the latter formulated in 2001). However, it is distinguished by its additional principle of adopting a clear ‘bottom up’ approach to its development work.

The project aims to encourage the development of the Alanganeri Panchayat, in the KV Kuppam Block, Vellore District, Tamil Nadu. The project is being carried out within the World Health Organisation Healthy Districts approach, using community development and Appreciative Inquiry (AI) methodology (Ashford and Patkar 2001). The project commenced in July 2005 with a project planning phase, began implementation in February 2006 and will extend to December 2008 (final report).

The project is a collaborative one amongst three core partners in Australia and India – the School of Social Work and Social Policy University of South Australia, Department of Social Work, Madras Christian College and the Rural Unit for Health and Social Affairs (RUHSA). The project is funded by the Myer Foundation, Melbourne, Australia.

The project aims are to develop and evaluate the social health outcomes of a World Health Organisation Pilot Healthy District project, and in particular –

To ascertain the effect of health and development interventions on the heath status of local rural communities in the KV Kuppam Block of Vellore District, Tamil Nadu, namely community development/community-based strategies utilising Appreciative Inquiry.

To develop and evaluate community-based interventions for application in rural communities. These interventions involve:

(1) the development of a partnership (as a major means of community participation) between community members and researchers;
(2) within which issues of importance to the communities are jointly identified;
(3) strategies to address the issues agreed upon and
(4) the outcomes of these strategies measured/evaluated in terms of extent of achievement of relevant goals.

To strengthen the capacity of local communities to promote and maintain health through:
(1) the establishment of community structures, such as women's self help groups, health committees, youth groups, and any other structures appropriate to issues identified; and
(2) which are substantially led, organised and maintained by local community members;
(3) who together hold appropriate and sufficient skills (eg meeting skills, advocacy skills, organisational skills…) to ensure the structures are durable over time.

The main phases and associated methodologies of the overall Project, as a ***research*** porject are:

Research planning and ethics approval by the University of South Australia Human Research Ethics Committee and the Christian Medical College Ethics Committee.
Selection of control and intervention Panchayats.
Planning and administration of baseline survey in Panchayats and data entry and analysis.
Community development processes within the intervention Panchayat.
Administration of post testing in control and intervention Panchayats.
Final report.

Diagrammatically, the timeline and methodologies are as follows:

<table>
<tr><td>July 2005 to Mar 2006</td><td colspan="2">Research Planning and Ethics Approval</td></tr>
<tr><td></td><td colspan="2">KV Kuppam Block,
Vellore District</td></tr>
<tr><td>March 2006</td><td>Comparison Case
(Panchayat)</td><td>Intervention Case
(Alanganeri Panchayat)</td></tr>
<tr><td>March to June 2006</td><td colspan="2">Baseline data/pre test
in both Panchayats
SURVEY BY INTERVIEW SCHEDULE</td></tr>
<tr><td>April 2006 to September 2008</td><td>No intervention beyond existing services</td><td>Economic and social development
PARTICIPATORY ACTION RESEARCH</td></tr>
<tr><td>Oct to November 2008</td><td colspan="2">Post test
SURVEY BY INTERVIEW SCHEDULE</td></tr>
<tr><td>December 2008</td><td colspan="2">Final report</td></tr>
</table>

In terms of this paper, the ***shaded area*** of the above diagram refers to that part of the Project which encompasses a strength based perspective. This is the most important phase of the Project, covering the majority of the time but also being the focus of change efforts and community goal achievement.

The KV Kuppam Block is situated 130 kilometres from Chennai, 27 kilometres west of the town of Vellore and 12 kilometres east of Guddyatam. The KV Kuppam Block has 39 Panchayats, in which each has their own main village, harijan (dalit, outcaste) colonies, hamlets and scattered field huts. RUHSA covers the entire Block in terms of health care, weekly mobile health care clinics, health education programs, social welfare schemes and social and economic development activities. Statistics show that of the 130,000 population, 75% live below the official poverty line and almost one-third belong to scheduled castes.

The Alanganeri Panchayat comprises a main village, hamlets, field huts and two colonies. The colonies are inhabited by Dalits, or outcastes. This Panchayat was chosen because it remains the most undeveloped Panchayat in the Block and continues to record the lowest health status indicators.

The Panchayat has two separate dalit colonies which generally have less basic amenities (such as toilets), and the people live in greater poverty, are relegated to the most menial tasks and, being largely landless, are economically dependent on caste people for income. Income security and food security are generally less than for caste people, with many Dalits relying on coolie work, daily work in fields and other areas. This work is both seasonal and unreliable. Payment can be in grain rather than in cash. There is a history of discrimination against Dalits.

Alanganeri Panchayat consists of most backward castes (MBCs) and scheduled castes (dalits – SCs). 90% of people are of the Vanniyar caste, which is an MBC. There are 7 women's self help groups in the Panchayat. Each of these groups has the maximum number of 20 members, so there are 140 women who are members of self help groups. None of these groups has income generation programs in place. In terms of religion, 99% of the Panchayat population is Hindu and about 1% Christian. There are no Muslims in the Panchayat.

3. The Healthy Districts Project – progress to date

To date (six months into the three-year implementation stage), the outcomes of the Healthy Districts include:

The commencement of a tailoring unit, comprising 50 women from eight of the ten communities in the Alanganeri Panchayat. The Unit, named *Tamil Thendrel* (meaning Tamil Breeze), has ten women from the dalit colonies amongst its members and the tailoring teacher is also from one of the dalit colonies.

The tailoring unit has secured eight sewing machines from RUHSA and a rental building in which to hold classes from Monday to Saturday in morning and evening batches.

Contacts have been established with possible retail outlets in Australia with a view to the Unit becoming an export production unit.

Support has been offered by a close by export tailoring unit and a local weavers' cooperative has agreed to supply cloth.

Agreement in principle from the Panchayat Council for assistance in obtaining land, and for State government and Christian Medical College assistance in providing building materials for a permanent Project office in the Panchayat and a tailoring unit building.

Organisation of the group into a society, with office bearers and bank account.

Commencement of skill training for the Tamil Tendril group in areas such as collaborative decision making, conflict resolution, roles and responsibilities of group member, making linkages with outside organisations, finance and accounts.

The establishment of a Panchayat-wide Healthy Districts Community Committee, comprising six Panchayat council members and two representatives from each of the ten communities in the Panchayat.

Commencement of skill training of the Healthy Districts Community Committee to enable it to govern and manage the Healthy Districts Project in the medium and long term.

In terms of the project objectives, the early achievements to date are indicative of progress towards capacity building and generally represent the use of effective strategies to this end. Later in this paper we will report on the issue of exclusion which has arisen and our responses to, and reflections on, this issue.

4. Theory and methodology supporting a strength based approach

4.1 Main Strength based tenets relevant to the Healthy Districts Project

The project is firmly founded in the principles of a strength based perspective with its primary role of enabling local people to understand their individual and collective strengths and resources, and then to harness them for ongoing development of self and community.

"The strength based perspective consciously creates a new agenda for practice. It draws attention away from increasingly technique-laden approaches to human situations and reminds us of a simple truth: that each person already carries the seeds for his or her own transformation. A steadfast belief in that potential is one of the most powerful gifts a social worker can offer"
(Weik, 1992, p25)

The project takes its direction from peoples' narratives and relates to those in the community as people who know something, have learned from their experiences, have ideas, have energy and can do some things well.

The project is based on the belief that change towards greater autonomy happens best when it is founded on a person's or community's capacity. The worker role of collaborator and consultant will enable change through utilising strengths. These roles help avoid 'blaming the victim', which dangerously ignores environmental factors/determinants and the person's strengths to have survived in oppressive circumstances. An appreciation of this and exploration of this is the starting point for work from the strength based perspective.

There are some key concepts of strength based practice which are particularly relevant to the Healthy Districts Project. ***Empowerment*** is central to our work, where participation is encouraged and those who are more silent and marginalised are given opportunities to gain a voice in processes of change. Closely tied to this is the notion of ***membership*** which involves making links for those who are alienated, those with little or less sense of belonging in a community. The Healthy Districts Project does not bring substantial money with it and so it relies on a belief that, in the communities, resources are renewable and generative, not scarce; the environment is a helping resource. ***Dialogue and collaboration*** are important components because it is through these reciprocal processes that people can discover and test their own powers.

4.2 Social Determinants of Health

The perspective of the social determinants of health is one that emanates from the work of the World Health Organisation. This perspective on health, one amongst many views (Hancock and Perkins 1985), avoids an approach which 'blames the victim' for ill-health. Rather, this perspective analyses the structural conditions in which people live and the oppression and exploitation that prevent people from living healthily as individuals and communities.

The World Health Organisation states that health:

> "is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity and also the ability to lead an economically productive life, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector"
>
> (World Health Organisation as cited in Park (2005))

The Alma Ata Declaration clearly stated

> "that the existing gross inequality of health status amongst populations within and between countries is politically, socially and economically unacceptable and is a common global concern
>
> that people have the right to participate individually and collectively in the planning and implementation of their health care
>
> that governments have the responsibility for the health of their people which can only be fulfilled by the provision of adequate health and social measures." (World Health Organisation, as cited in Park 2005)

For the individual, health, within this perspective, is closely aligned with strengths, the capacity to achieve one's potential and to respond positively to the challenges of the environment; health is a resource for everyday living. The difference in health status amongst populations is a social justice issue. People's participation in health is a right and health itself is a human right. Consequently, health work must involve addressing social injustice, inequities, lack of access to resources, barriers to participation and the violation of human rights. Conversely, health work is social justice promoting, enabling participation and building cultures of hope, strength and achievement in communities.

It is clear, then, that a view of health as being determined by structural determinants (Baum 2006; Labonte 1992) is congruent with a strength based perspective because it assumes capacity in people and communities. Appreciative Inquiry, as a methodology in community work, is congruent with this theoretical approach and with a strength based perspective because it assumes strengths in a community and identifies strengths as the basic resources for change.

4.3 Appreciative Inquiry

Appreciative Inquiry is an important methodology being used in the Project's community development work. It is a change strategy which is consistent with a strength based perspective and the social view of health. Appreciative Inquiry is fully participatory and it focuses on the conditions and environments in which people live. It works from the strengths and resources which exist within people and their communities. It purposefully uses these strengths as the resources for creating positive changes. Appreciative Inquiry, however, does not create new resources and must always be seen in the context of a larger and wider development process.

Appreciative Inquiry is depicted as a four stage process which moves in cycles. The four stages are ***Discovery, Dreaming, Design and Delivery***.

In the ***Discovery stage***, people in groups and communities are encouraged to identify their strengths and the factors which have enabled past achievements. The Dreaming state enables people to envision the future they would like, to identify the ways in which their community would be most supportive of its members and the roles they and their local groups or organisations could play in creating such positive changes. In the Delivery stage people devise particular strategies and action plans to achieve their goals. The Delivery stage involves the implementation of the action plans.

In the Discovery stage, people in groups and communities are encouraged to identify their strengths and the factors which have enabled past achievements. The Dreaming state enables people to envision the future they would like, to identify the ways in which their community would be most supportive of its members and the roles they and their local groups or organisations could play in creating such positive changes.

> "The Discovery Stage of AI is a defining feature of the methodology. Good Discovery exercises create an opportunity for sharing stories that recognise individual merit and mutual strengths. This builds the bonds that are necessary for individuals to invest their efforts in collective action for extended periods.
>
> The opening questions of the inquiry can generate remarkable energy and valuable information. The questions that we ask set the stage for what we 'find', and what we discover (the data) becomes the stories out of which the future is conceived, conversed about and constructed. As such, selecting the focus of the inquiry and generating appropriate questions takes on particular significance." (Ashford and Patkar 2001)

The ***Dream stage*** builds on the community strengths to envision a better community. The visions are likely to be wide in their scope, taking in social relationships, economic relationships, cultural traditions, the natural and human-made environment, governance structures in the community, income generation and money-earning visions and social infrastructure.

> "The group's vision of the future will represent a compelling possibility because it will be built on the community resources – its strengths as they have emerged from the analysis of past achievements." (Ashford and Patkar 2001)

The central feature of the Design Stage is dialogue through which community members devise ways of realising their dreams, of building and strengthening capacity, participation, social relations, governance structures and leadership in the community. Devising strategies includes identifying roles and responsibilities. It also includes building new relationships with external organisations and mobilising necessary resources.

The ***Design stage*** yields an action plan, which includes planning for short and long term objectives and for structural changes that may transform conditions in which people live.

In the ***Delivery Stage***, the action plans are implemented. Resources are mobilised, new relationships with external organisations are formed, new skills are developed in members and there is much collective action towards the collective vision.

Appreciative Inquiry has a resounding theme of strengths. It identifies, uses, builds on and extends strengths within individuals, groups and communities.

4.4 Applying theory and methodology to focus on strengths.
As stated earlier, the importance of a social and structural view of health to strength based practice is that it avoids 'blaming the victim' and labelling people as deficient. Rather than people being 'at risk' people, they are seen to be in 'at risk environments'.

Appreciative Inquiry complements this view at the implementation level. The Project team commenced AI in one particular village in the Panchayat, based on advice that we should start with a group that had some history of achievements. During the AI process we conducted formal sessions with the SHG members and other villagers, as well as some informal games sessions with the children.

As an icebreaker, and to get to know the participants, we started the first session with a PRA exercise, the village mapping, using chalks and drawing on the cement ground of the compound.

This exercise was very effective because it was physically, rather than verbally focused, and so facilitated participation from several shy people.

We discussed together the village map and, according to AI process, linked the session on story telling about their village, asking what they liked about it. This exercise started the process of discovering their strengths and factors that enabled their achievements, a process which continued along several sessions. During these sessions:

They told us "how they liked their village, it was a nice place to live, with fresh air, fresh water every day; they had fresh vegetables, fresh fruits, how it was healthy to live here, no pollution, they had good coconut and papaya trees; there was a very good atmosphere in the village, everyone knew each other, they were all somehow related, very calm, no disturbance, no fighting, there was a good community spirit".

They explained to us the process of their SHG and how it functioned, its rules, norms, "to be eligible women had to have completed 8th standard, if not, they were 'uncivilised'; 'uncivilised' women were not accepted because they were unable to sign their name, they were unable to cooperate or understand sufficiently, and low cooperation would lead to group problems; however, they had one 'uncivilised' member but she could cooperate; so they agreed, it also depends of the nature of the person; most can understand but some not; people need to be able to understand because just one member not cooperating meant the whole group would collapse. One person in the group had achieved +2 and this was the animator who collected and banked the money, and went to important meetings to represent their SHG". They said "not to discuss personal matters and issues in meetings". They explained how "RUHSA had helped to buy cows for members and had taught them methods of earning money and earning a living. RUHSA had provided training and their SHG helped coach others to earn a living".

The women spoke about "generation differences that increased with education. The children nowadays would almost all go to school; This was a change in their lives; education was important; traditionally women had been kept down and not allowed to get education; times were changing for women and they were coming forward to seek their own freedom, and this had been because of education".

S. said “that what they learnt through their education this they could pass on to their children; it was very important to educate the children; they feel very happy when the children study; and as they teach the children, the women also learn”.

C. said “that she had to stop to study as she got married and regretted it. She would have loved to continue to study”.

They said “that as they moved out from houses to be educated, they had been able to experience and discover the outside world; they could now talk to banks and at school meetings; they had greater confidence in facing the world; they felt happy and really comfortable now; they felt they could much better manage all aspects of the family – money, problem solving, taking on greater responsibility”.

M., an elderly woman, said “that she was uneducated and how hard it was for her to raise her children as a single mother. Her husband went away and she was alone to overcome all the difficulties of life”. She said “she was very happy knowing that her children would benefit from education. This had helped her to endure hardship. She was happy now, she had done it alone and met aspirations for her children”.

While they told us they wanted a road (dreaming), we asked them to tell us about something similar they had achieved in their village (discovery). They said “*we had water problems, no easy access to water in the village, women had to carry water from a well about one kilometre away and this was difficult for them; but this problem had been solved, the SHG had done a lot; the members of the SHG got together and met with the Panchayat leader; there were difficulties and opposition but they worked together and crossed the hurdles; the leader heard them out, listened and the problem was solved eventually; they were not hasty; they were polite and calm. They had water taps in the village now”.*

At the next meeting, we highlighted the strengths we found from their stories and shared them with the participants to ensure they resonated with them, which they did:

Patience
Building good relationships with those in power
Ability to make changes in the village
Confidence
Ability to take on great responsibility
Skilled managers
Skilled decision makers
Independent
Strong together in the SHG
Strength to sacrifice for children
Enduring Hardship
The women are pioneers for the generations to come

Some weeks later we discovered new strengths and we discussed these new discovered strengths with the participants:

Awareness of positive aspects of their environment and the village
Feelings of happiness within their environment, the village
Awareness of sense of living ‘healthy’ through fresh food
Good community spirit and harmony
Awareness of women’s situation in India
Awareness of member’s rights as women in India, in the world
Awareness of changes in Indian society
Awareness of pressure from society’s taboos
Awareness of importance and impact of education
Desire to learn
Desire to be leaders of their own changes
Determined

They concurred with these strengths and themes. During this session, we related all these strengths back to the stories and to the themes that emerged from them. The strengths were written in English and Tamil languages in two

large white cardboard sheets. After having asked the group about their thoughts and if they agreed about these strengths, one of them said *"We were not aware of these until you told us, but now we can see how we can come up in life".* The women nodded and smiled in agreement.

While still in the process of discovery, the women already told us about one of their dreams; they said "they wanted a road, transport to the main road was a problem; they had gone to the Panchayat president but land owners were not willing to give some part of their fields for the building of the road. They needed this road to allow school buses to come and to give them options about which schools they sent their children to; children could go to better schools and have better future. This would be easier for everything and everyone". One woman said, "with the road many changes will occur".

And while the women were articulating this dream, another dream emerged; they said "*they wanted their children speaking fluent English".*

In the next session, to introduce the dreaming phase, we asked them to close their eyes and visualise their village how they would like to have it in five years' time. After this, they were each given white flip chart paper that was divided into two parts. They were asked to draw what they had visualised on one half of the paper. Children also participated to the exercise.

This exercise drew to light following dreams (in no particular order):

To build a house next to the main road
A road between the village and the main road
A water tank
A hospital
A village shopping centre
A higher secondary school (local school only until 10th standard)
Maintaining the village's natural beauty
Start own school (one member)
Comfortable houses
Well furnished houses
More comfortable village (linked to road, water tank, shops…)
Computer
University
Improving children's education (linked to road and computer)
Own car (one member)
Employment for people who had got education'
A village Tailoring unit – generating income collectively drawing on their present skills, which included bag making, tailoring, garments making. They dreamed of building to an export quality.
Fluent English for their children

They said "as each individual improved their selves, the village as a whole also improved. Proper earning would lead to improvement for individuals and the whole village".

During the subsequent session, to further progress their dreaming, we did the exercise of prioritising their dreams, all written on cards placed on the ground, and identified through five different factors:

The **most important** dream to achieve
The dream the **most difficult** to achieve
The dream the **most easy** to achieve
The dream taking the **longest time** to achieve
The dream taking the **shortest time** to achieve

Each participant was handed three stones, from large to small, to place on three chosen cards. We noted each person's vote and, afterwards, worked on the results' tabulation to take back to the next session.

During that next session, when asked to identify from 'the most important' chart which two dreams they would like to work on, they spontaneously voted by raising their hands. The collective tailoring unit received the most votes, followed by the water tank with three votes.

While discussing the importance of group cohesion, participation and commitment, they said “they would cooperate on the tailoring unit issue when having voted for the water tank and cooperate on the water tank issue when having voted for the tailoring unit. They wanted a tailoring unit, small in scale was enough for them”. Eleven women raised their hand when asked how many of them would want to work in the tailoring unit, and among them were the three women who had voted for the water tank. Two adolescent present in the meeting also raised their hand.

And then they said they “did not have much experience in business and did not know how to know what there was a demand for on the market; they needed to learn to understand this”. We said we knew about a successful tailoring unit in the area and asked who would be interested to visit this place, “we surely want to go, all of us” was the reply.

We said that as others have succeeded, it was also possible for them to succeed, that we could learn from other projects and find out details, about markets, what to produce and so on. Then one of them asked “*how do we get orders?*”; It would be through questions like this to those we visit who have been successful, that we would find answers, we said.

Then someone was nominated to gather and write down the questions from the members to ask during their visit to the successful tailoring unit. They said they *“would prepare a list of interested people as well as a list of questions for the tailoring unit visit for the next session”*.

The interpreter translated into English the eleven questions prepared by the women:

The need for a location for the unit:

Obtaining legal permissions – which departments have to be approach

How many people and machines will be needed?

What is the production capacity of each tailoring machine?

What is the minimum and maximum output per person per day for the unit to operate successfully?

What is the amount of capital needed to start the unit? Profit and production to be discussed?

where we can we obtain the capital needed for unit?

What are the issues about time management and working hours of the unit that we need to know?

What should be the daily income of each person in this project?

What do we need to know about marketing products?

How should the unit be run? who will manage the unit? – will it be a committee, will a person be appointed to manage?

The visions of a tailoring unit and learning spoken English (for adults and children) were clear and absolute in terms of ownership by the participants. Actions to be undertaken in the design stage were clear as was the entire ownership of these by the participants: getting the land, building the tailoring unit, organising further training, and getting sewing machines. These action plans addressed and involved a complex array of systems/skills/structures, such as defining member roles, developing relationships, creating partnerships, expanding capacity building, increasing social and financial resources, implementing documentation and creating a financial base, and other management systems.

5. Dealing with exclusion – strength based practice meets Indian caste system

The issue
At the time discussions started in the village about establishing the group as a more formal tailoring unit, the Project team members were approached by a non SHG member who was upset because information about meetings and other matters was being withheld from her and other women. At the same time, the SHG leader and one other woman approached us by making a special visit to RUHSA campus to tell us that other women in the project were "bad" and they should not be given any positions of responsibility and that we should not interact socially with them. These women were the ones referred to in the earlier meetings as "uncivilised". These "uncivilised" women were participating in the AI process towards realising a dream.

We were aware that, one year earlier, the local polytechnic had run a government-funded community-based sewing program in the Panchayat and that the classes had been divided into those for the SC people and those for other castes. We were also very clear that the Healthy Districts Project would provide opportunities for all members of the Panchayat to be involved in ways that encouraged dialogue, not separation.

We tried several discrete strategies to combat the influence of these exclusionary practices and deeply ingrained forces in a caste-based community. We unmistakably reiterated the principles of the Project. We clearly told the women that the Healthy Districts Project was to include everyone and that this meant that women who had previously chosen not to be in the SHG and SC people would be part of the tailoring unit if they so chose. This was met with a repeated message that these were "bad" people. As westerners, we were somewhat perplexed by this as we had observed the women interacting amicably on many occasions, their children playing together and at times, entering each others' homes. We used local staff to ensure people understood the project. A senior RUHSA staff member and the Rural Community Officer attended the next community meeting and clearly informed the people that the project was not a SHG project. They told the meeting that RUHSA ran many programs apart from the SHG program and this was a program different from the SHGs, therefore, Healthy Districts would include people from the entire Panchayat. This did not deter the SHG leader from her position, although she did not apparently engage in any obvious blocking tactics for some time.

One young woman from one of the dalit colonies, in one of the early meetings, told the group that she had completed courses in embroidery and at the next meeting, with the support of team members, she brought with her samples of her work. This woman continued to attend the meetings, completed an application form and encouraged other young women from her colony to join. This has resulted in 10 out of the 50 participating women coming from the two dalit colonies. This young woman with embroidery skills is also demonstrating good leadership skills in the classes and is quietly and confidently assisting other members, and other women are consulting her, along with the teacher, during the classes.

The Project team had much difficulty in securing a tailoring teacher. The local community worker seemed to give inconsistent messages about there being many qualified people locally to there being none. After increasing pressure on him to secure a teacher, one was finally found. To our astonishment, the woman was local to the Panchayat and from one of the dalit colonies! We met her, invited her to the next meeting and she met with the women. We discerned looks of reservation and reluctance on the faces of some of the women. The teacher brought out her certificates and samples of her work. She handed them to the Project team members who nodded in approval and the certificates were circulated by the women amongst all of them. By the end of the meeting there were warm exchanges and the teacher spoke in a confident voice to the women. It was agreed that she would teach, six days a week, for six months.

Subsequently, on several occasions, the community worker, from a forward caste, told us that there were problems. Firstly we were told the teacher was not competent. Then we were told her husband would not allow her to teach. On each occasion, these reasons appeared to dissolve as we asked probing questions, met with her and her husband, and so on. Eventually classes began and the teacher is well settled.

At the election of the office bearers of the tailoring unit group, the woman who was the main target of exclusion nominated for President and Vice President. At her nomination of President, the SHG leader's ally also nominated and won the election. A second woman also nominated for Vice President and won the election. The position of secretary was uncontested and so the woman who was subject to exclusion won the position of secretary. At the tailoring unit the following day, at the inauguration ceremony, the secretary told us that she did not want to continue. This was concerning because she had consistently demonstrated initiative, responsibility, encouragement to others and we viewed her and these strengths as an important asset to the project. So, at the inauguration of the *Tamil Thendrel* Tailoring Unit, the Project team members proposed that there be two Vice Presidents and that the two nominations of the day before be accepted. We used this tactic to attempt to keep the skilled but being-excluded

woman from leaving the project, in a way that was most face saving for all. She had agreed to the tactic before it was mooted in the meeting. We thought our plan had been translated accurately to the meeting by the local health worker, people nodded in agreement and then one other young woman stood up and we were told she was the new Vice President! Our tactic has backfired in the most dramatic way possible. We then gave emotional support to the secretary and she told us that the new Vice President would be married in the next year, would have to leave the Panchayat and she was, therefore, happy to stay as secretary till then and to await the girl's departure. This incident had been resolved, but more by good fortune than good management.

While we seemed to be able to maintain involvement of the dalit women and to successfully resolve particular incidents, the underlying issue of power and exclusion being exerted by the SHG leader and a few other women persisted. We reflected on this and it seemed as though we could win battles but the war continued, caste and other divisions remained intact. We thus decided to seek a more structural solution to the issue of exclusion within the communities. We were not under the illusion that we could replace the current exclusionary structures, but we wanted to build a viable alternative, even if it sat beside the old ones for some considerable time to come.

The Project felt like a real struggle for all Project team members. Our struggle was concerned with maintaining a strength perspective in the face of a seeming onslaught of exclusionary practices within the community. It sometimes became difficult to appreciate the community in a positive way. We were becoming deficit-focused, so we deliberately turned our attention and our discussions to the alternative question "What are the strengths in this community?" and our vision immediately broadened beyond a few individuals to the whole community. There were people who were involved in other civic activities, including women's self help groups and the Panchayat Council. We firmly believed that collective power worked for the good of a community as well as in other ways. We were increasingly convinced that our short term tactics for each discrete incident was not an adequate solution; that a more durable solution must lay in our facilitative and consultant roles, through partnership with the Panchayat people in building a community based structure, owned by them, which could address issues competently and capably. We had somehow fallen into the trap of providing the solutions and so by default, assuming a deficient community. We needed to realign our perspective towards a reinvigorated believing in the indigenous ability of the community and walking alongside it to build structures based on its strengths.

We went back to talk with the groups we were working with. We contextualised the tailoring unit as one, but only the first of many projects that the Healthy Districts Project would initiate. That the tailoring unit originated in one village did not mean that it belonged to that village. Anyone from the Panchayat could participate. But the Project Team would be involved only for three years and the project would need to continue after that, totally in the hands of the community. So, we proposed that we establish a Panchayat-wide Healthy Districts Community Committee. Our rationale for this was that it would be representative of all communities across the Panchayat, including the two dalit colonies. If it were assisted to develop the skills to manage and govern the project in ways consistent with the values and objectives of the Project, then this would be an effective alternative mechanism within the communities, and one which may be able to deal with exclusion issues into the future. We considered our assistance as providing training in such areas as collaborative decision making, conflict resolution, and so on. This committee would consist of Panchayat Council representatives and two nominees from each village, hamlet and colony, one woman and one man. We would visit each community, explain the Project, the role of the Committee and the roles of its members. We would then ask each community to select its two nominees.

To date we have established the committee. We are undertaking Appreciative Inquiry with the Committee and commencing a training program which is similar to those used with women's self help groups, in capacity building and group and project organisation skills.

Strengths and Caste/membership

The divisions in the Alanganeri community have important implications for strength based practice. For the Project team, the divisions and fractures initially represented threats to the Project. We appreciated the exclusion issues arising within the community as indicative of deeply embedded divisions. We therefore concentrated on ameliorating the situations that presented. On each occasion we devised tactics to counteract the divisive processes. In so doing, we inadvertently and insidiously fell into a deficit framework. We discarded our belief in the community's strengths and internal resources and sought to redress weaknesses, as we saw them. Our tactics did not work beyond immediate band aiding.

When we stood back, reflected and took a community-wide view and reminded ourselves of strength based practice, we began to reframe the divisions as diversity. In a community which had had separatist programs in the past, we had dalit and caste people joining together and, indeed, a dalit woman as teacher. Where many self help groups had

excluded non members, we had the privilege of non members participating. Not only were they participating, but they were developing leadership roles. They were taking initiative, they were taking on responsibilities and they were influencing the directions of the tailoring project.

Reframing divisions as diversity unearthed for us many more sources of rich diversity in the community and the Project. We had young and old; we had literate and illiterate; we had an individual who was both a health worker and a member of a caste. Diversity, we realised, brought new and more perspectives to the processes. People from diverse backgrounds, working together, even with understandable tensions, represented a new dimension of dialogue, of listening and being together, rather than retreating into corners of the Panchayat and each holding tight to their own 'truth'. We then moved to 'institutionalise' or formalise this resource by establishing the Community committee where the diversity was represented on a body that will become the decision making body of the project.

The strengths perspective was crucial in our work with exclusion because it enabled the Project team to reframe deficiencies (divisions) as community strengths and resources (diversity; and with diversity coming together, dialogue; and with dialogue, richer processes and outcomes). The perspective proved to be more powerful an influence on our practice than the caste and membership issues confronting us. Conversely, when we realigned ourselves with a strength based approach, it was crucial in developing structures that would embrace the diversity, which is in stark contrast to trying to remedy divisiveness.

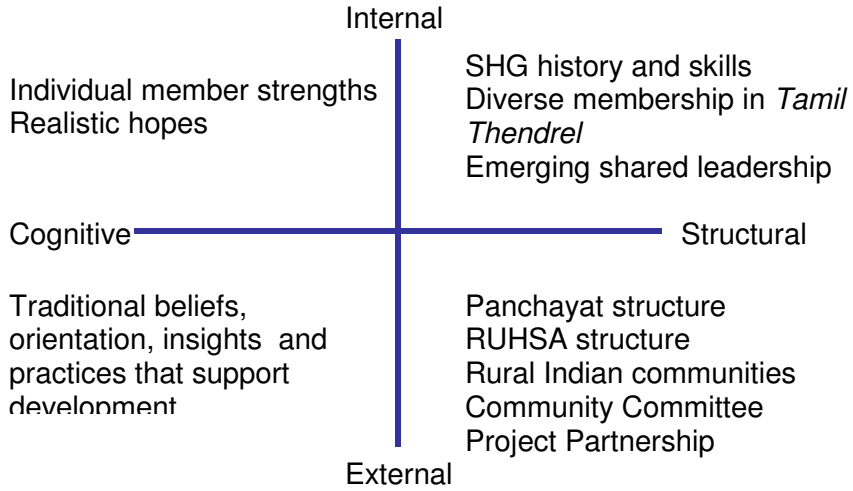
6. Summarising the Project resources – community strengths
To date, the Project has identified, drawn on, utilised and enhanced community resources and strengths. These can be conceptualised as:

Cognitive strengths: all those strengths that individuals narrated in their past achievements, such as perseverance, organising skills; the ability of the people to build hope realistically on past achievements and current resources; and so on.

Structural strengths: Those supportive aspects of the Panchayat structure; the community-based structures of RUHSA; the supportive aspects of rural Indian communities; and so on.

Internal (to the group) strengths: the history of the SHG and the skills it has accumulated through its training and activities; the inclusion of diverse background people into the *Tamil Thendrel* group; the emerging leadership skills within the group that fracture caste lines; and so on.

External (to the group) strengths: the Community Committee; the development and maintenance of a learning environment created by such partners as Madras Christian College and their students in dialogue with the University of South Australia social work students.



7. Learnings and Conclusion

There are many lessons being learned with the Alanganeri community being powerful teachers. The power of community development and the partnership model of working with communities has been strongly reinforced. Having a genuine belief in, and a commitment to identifying, working with and sharing discoveries of strengths in a community is central to development work. A belief in and commitment to a strength based approach is equally potent in a community which is poor, relatively underdeveloped with relatively poorer health status than other communities. The ease at which barriers to development work can seduce one into a deficit framework is frightening. The strength of a team and the power of reflection in practice as a foil to reverting to what professionals love – deficits – has also been reinforced.

We are developing a more useful and more sophisticated understanding of the meaning of the environment as a helping resource. We have come to understand that this is not a given and simple fact, but it is a developmental process and its fruition must be guided. The helping aspect of the environment has to be nurtured, developed and understood as one aspect of a contradictory phenomenon. In other words, there are alienating forces as well as supportive forces and it is the skill of the workers, the understanding of power as a dynamic force and the processes of building counter structures that will actualise the environment as a maximally helping resource. Belief in strengths does not mean a naive view of community. Rather, it must include a thoughtful and balanced analysis of all dynamics and interests within a community and it must also then include a clear set of strategies to build up supportive features and a set of strategies that challenge the vested interests that use power abusively and exploitatively.

Our Madras Christian College partner emphasised to us the importance of empowerment through dialogue, not separatist action. This has, on a number of important occasions, been reinforced for us. It principle has guided our building of the community committee. It has guided our delicate work within the *Tamil Thendrel unit*. It has underpinned our encouragement of the young dalit embroiderer and the dalit teacher. We have strengthened our belief that dialogue and collaboration will lead to more durable empowerment of people and groups. As Iris Marion Young (1990) claims, dialogue, which is the different coming together to listen, understand and broaden one's own view of the world, leads to two important things, greater social justice and wiser outcomes. Both of these will contribute to a successful Project. A tailoring unit which is making great profits but has excluded the most marginalised is a failure.

This dialogue and mutual support amongst partners is noteworthy in itself. Harnessing the strengths and resources that are the wisdom within these partners has enriched the Project and the learning. There has been an open and trusting relationship whereby doubts can be expressed, unsolved puzzles shared, bewilderments ventilated and joys and achievements celebrated together. The partnership is modelling effective collaboration but it is also modelling the development of a learning environment (Holt, Love and Heng 2000), where knowledge is not considered a static thing that some possess and others do not. Rather, it is constructed as a developing and ongoing process of generating and regenerating knowledge (Payne 1991) that derives from the reflections (Schon 1995) on practice that occur in the partnership amongst the community and the Project partners. This openness to confronting the unknown with curiosity and excitement is, in itself a strength and a resource on which the Project is relying.

In the end, a moderate project, whether it is tailoring, road building or learning English, but which is inclusive of all, will be a success in view of the objectives of the Healthy Districts Project.

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