Holistic Rehabilitation; Redeeming the Destitute to Dignity

Alessandra Unrau

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ABSTRACT

As one the fastest growing and soon-to-be most populated urban centers in the world, New Delhi, India is experiencing unprecedented overpopulation, with an estimated fifty percent of people living below the poverty line in informal settlements or on the streets. Within the bounds of social and cultural structures, overpopulation drives an increasing number of people into the depths of destitution.

This participatory-action research examined the types of change that destitute men, experience during the course of their treatment at the rehabilitation services at Sewa Ashram, and how that affects their ability to reintegrate back into society as transformed individuals. An anthropological approach with in-depth informant interviews of past and current patients as the main data collection method.

The results indicated that patients experienced an environment where they were invited and challenged to address their physical, spiritual, emotional, psychological and interpersonal needs in the context of a model of care based on dignity and compassion. As patients were invited to breathe, belong, believe and become, evidence of transformational change within their person was indicated.

The research also uncovered the hesitation of patients when they were presented with the option to leave the rehabilitation center, indicating a need for the organization to re-structure how they prepare individuals to reintegrate into society after they have experienced such remarkable change. The research indicated that intention must be placed in the sending out process, thereby breaking the bonds which typically draw individuals back into their old poverty cycle.

Aknowledgements

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I am proud of you.

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Introduction

Unique to any other time in history, the total population of people living within urban areas has now surpassed those living in rural areas. By 2025, it is estimated that India will surpass China in total population (UNDESA, 2013) with roughly forty percent of the population living within urban centers. Though reasoning behind migration from rural to urban settings is complex and can be explained by a variety of reasons, the diversity of opportunities found within an urban center are at the heart of theses migratory patterns. Approximately seventy percent of the Indian population still lives in rural areas (2011), but the growing lack of employment opportunities has increased rural to urban migration as families and individuals seek alternative employment solutions.

Delhi and the National Capital Region (NCR) counted together, is now considered the fastest growing urban center in the world, with a population of 24 million as of early 2014 (UN, 2014). A growing population coupled with rapid migration continues to overpopulate Indian cities, creating entirely new informal settlement communities, often entirely made up of migrants. Recent statistics estimate that roughly 50% of Delhi residents live in informal settlement communities (Pradhan, 2013).

As a growing hub for international business, and the countries political capitol, Delhi is a city of contrasting realities, where wealthy communities are spotted with small slums, where wealth and destitution are perpetually thrown together in the growing metropolis. The issues facing these informal communities combine urban issues faced by the entire urban population such as toxic air pollution, with much more pressing issues including access to clean water, electivity, education, safety from natural disaster, fresh food and land tenure.

The cultural and societal systems of India and her values perpetuate this interplay, as individuals considered in the margins remain invisible to their neighbours and informal communities are left to fend for themselves.

Attention must be paid to the identification of, and building up of local leaders from these communities. Grassroots leadership is integral in breaking the structures, which keep individuals within these settlements from accessing their basic rights and living a full and dignified life.

This research aims to examine the transformational changes that formerly destitute individuals go through while they are rehabilitated back to health and encouraged to become leaders within their communities. With the aim of seeing the cycle of poverty broken as individuals encounter personal transformation and re-enter their communities as change agents.

Community Context

New Delhi, India

Some of the most destitute individuals of Delhi are found living on the streets, having migrated to the city to find work but remain consistently unemployed or unable to secure themselves housing or land within the city. This often leaves them without shelter, adequate food or safety and health mechanisms.

One of the hubs in the city for the destitute and most marginalized who do not have access to even the basic shelter within a slum community, is the Yamuna Bazaar. This is an area of the city notorious for drugs users and violence, overcrowded with individuals on the brink of death, often suffering from multiple sicknesses and/or addictions.

Sewa Ashram Community & Delhi House Society

The work of Delhi House Society began in 1997 by T. Snellaert who was touched and overwhelmed by the poorest of the poor in Delhi. Isaiah 58 challenged Snellaert. He began taking in men off the side of the road and from Yamuna Bazaar and bringing them into his home to care for them and address their extreme health needs, quickly realizing that this was not a long-term solution.

Sewa Ashram, one program at Delhi House Society, inspired by Snellaert, has a holistic model for life transformation of patients within the Ashram, with the hope that dignity and life will be restored to those who graduate through their treatment, in order that they may build a life for themselves, rather than return to the streets from which they were picked up initially. The Ashram brings in the most destitute men off of Delhi streets, patients from all over the city, suffering from a range of illness and addictions

> *"Our vision is to see lives of the poor transformed: economically, physically, emotionally, socially and spiritually. To be a community of people that loves God, loves people and is a blessing to those in need."* (DHS, 2013)

SEWA Ashram is primarily a healthcare facility that addresses the emergent needs of their patients. Once immediate physical needs of the patients are addressed, the staff integrate both spiritual and economic training elements to facilitate an environment where these men can begin to deal with some of the most pressing issues facing this population. The issue at hand is the re-integration back into the larger community once a patient completes their physical treatments. Tracking and dealing with the physical changes of individual patients as they progress through treatment has been used as a systematic tool to access whether patients are 'ready' to return to their home communities.

It has been discovered, however, that there is a void of 'success' stories amongst patients who return to their home communities based on this method. Therefore, SEWA Ashram is requesting information and research regarding the less visible emotional/spiritual phases of change that individuals experience during their treatment, as a means of developing a more

holistic understanding of the needs and perhaps methodology behind sending patients back into their communities more fully equipped to *live out their transformed lives,* not simply to survive or return to their previous habits, but to be individuals who can affect change around them.

This research will be organized around the following question: What types of change do individuals encounter while seeking services at Sewa Ashram and how does this transformation affect their ability to become leaders when they reintegrate back into society?

Research Methodology

Population

The target population for this research includes destitute men in New Delhi, India, ranging in age from 18-55 years old, who are suffering from physical and/or mental illness, and have accessed services at the Sewa Ashram. The population includes both past and present patients.

Research Methods

The methodology of research primarily implemented an anthropological approach, using in-depth key informant interviews. Though focus groups are an excellent method of gathering data within anthropological research, this method appears to limit an individuals willingness to share within the highly shame based culture of India, therefore individual interviews was used as the primary data collection method.

Therefore, extensive interviews were conducted with 12 key informants from the community. 75% of the interviewees were conducted with current patients and long-term community members. 25% were done with past patients who returned to their communities, but who were unable to successfully re-integrate back into society and are once again living in destitution. 25% of the interviewees are what Sewa Ashram has described as the 'success stories'. The Sewa Ashram was the primary location for research, although one of the interviews was conducted off-site.

The individual interviews were semi-structured, incorporating both open-ended and closed questions. Focus was placed on questions pertaining to key moments, events and people within their lives, as well as their experience at the Ashram. Each interview ranged between one and two hours long. Questions were posed in English with Hindi translation.

Each interview was recorded and overviewed by a non-related 3rd party, who ensured the translations were accurate and resolved any uncertainties in translated data. Interviews were then transcribed into English, with the most pertinent information to be used within the final analysis. Interview data was then analyzed and compared to research on best

practices models from similar global models of programming. This research method is therefore limited, but comprehensive.

Assumptions and Limitations

There are a variety of assumptions associated with this research. First, we assume that the interview sample is representative of the population. Another assumption is that the interview questions are measuring and gathering the desired constructs. It is also assumed that key informants answer interview questions truthfully, and that translation between Hindi and English is accurate. Finally, it is assumed that the information gathered from the literature is accurate.

There are also limitations to this research. This research is based on the work of one NGO working within a very specific population of New Delhi. Time restraints for this research limit the scope and quantity of interviews with key informants. Out of a total of over 50 current patients and former patients who are now staff, only 12 were interviewed. Only one interview was conducted with a former patient who is living back in the city, with potentially hundreds of other individuals who have accessed the Sewa Ashram but who were not interviewed.

Research Assistants

The Hindi translator used for the interview process is a staff member from Delhi House Society, a partner organization of Sewa Ashram, who is familiar and generally trusted by patients at the Ashram and within the Yamuna Bazaar community. A neutral party translator preformed the transcribing of interviews. Her main role was to ensure questions and answers coincide and to confirm that the Hindi-English translation and information gathered was as accurate as possible.

Ethical Considerations

There are a variety of ethical issues that may present themselves within this research. These issues are primarily found within the qualitative research process. Relationships with the informants to this point have maintained myself as a research intern within the NGO.

Rights of Informants will be protected through the changing of their names within the presented data if so indicated by informants. The population of informants is largely illiterate, so the terms of confidentiality and consent were given by myself and the translator and agreed to verbally by informants. All names of informants have been changed to protect their identity, while leaving space to share their stories.

Permissions

Permission for research was granted by Delhi House Society and Sewa Ashram, as well as by each informant. In order to ensure transparency, each informant was asked if their names and the information they shared should remain confidential. All photographs were used with permission Delhi House Society also.

LITERATURE REVIEW

The purpose of this review is to examine the factors surrounding a destitute individuals mindset change process while seeking social services, as a means to examine what factors contribute to a successful integration back into society.

The scope of this review spans across multiple disciplines, as the process of individual change is multi-layered, integrating concepts of culture, religion, social status, support structure and personal motivation factors.

The research studies and literature chosen for review reflect the interplay of issues associated with mindset change amongst marginalized populations. This interplay includes an examination of local social structures, culture and personal change. The range of dates from the literature range from 2000-2014, though the literature from both Pickett and McGavran are considered benchmark additions.

An examination of global strategies plays an important role in this research. Since research in this specific field within the Indian context is limited, it is integral to expand the research scope to include examples from around the globe addressing similar issues. Bearing in mind that customs, culture and social structures differ significantly between location, it becomes imperative to approach the review and implementation of concepts with care and understanding.

The keywords used in searching databases were: rehabilitation, destitute, marginalized, impoverished, India, integration, community change, transformation, discipleship, people-movements, holistic change, mindset & conversion. Additional key words included: caste-system, Hinduism, Indian culture, group-decision, family-centered, group culture, models, NGO, grassroots, etc.

Mindset Change

Mindset, as defined by Webster's Dictionary, is 'a mental attitude or inclination', intrinsically connected to ones own culture, beliefs and worldview. The concept of Mindset change, therefore is the action of taking an established set of mental attitudes and re-working them in a way that activate positive change within the individual. For some, this mindset change is intrinsically linked to conversion (Wolf, McGavran, Pickett) and for others, mindset change can happen absent of spiritual change.

Great Indian thinkers like Phule and Ambedkar, have proposed the need for *conversion*, as the only viable method to break out of the Hindu religion and caste system in order to live freed from the chains of injustices structurally present within the system. Ambedkar

proposed conversion into *any* alternative religion, while Phule proposed following the *Baliraja*, also known as Jesus Christ (Wolf). Missions work and conversion has, historically in India, contributed to both negative and positive outcomes. However, the worldview expressed by Christians has historically presented an alternative, which has been integral in shaping the democratic nation of India as it is known today. Raj points out that "Today not many are willing to swallow the unpleasant truth that the Indian Social Reform Movement was initiated by Christian efforts" (1998, pg. 40). The constitution of India, likewise, outlines the principles of equality, outlined within the Christian Holy Bible and not found within the Hindu Holy Vedas.

Destitution as a Social Reality

Hissler-White describes destitution as the "most extreme form of poverty" (2005), where individual struggle with extreme commodity deprivation, social marginalization and are 'bereft of power' within their society (Hissler-White, 2005). She argues that the destitute have been cut off of even basic political, economic, social, physical and spiritual rights, often leaving them to live in a constant state of survival, dealing with compounding issues of malnutrition, disease, marginalization and lack of opportunity to move within socio-economic realms.

Hissler-White makes a distinction within India between the 'deserving destitute', those who are accepted by society to a certain extent as deserving of charity and development, and those simply stigmatized and not worthy of their own humanity, therefore not worthy to access services the same way as the 'deserving destitute' (2005, p. 885). When using the word destitute within this research, it is in reference to the 'undeserving destitute', those in India considered unworthy of compassion, care and basic dignity.

Group-Decision Making in Transformative Change

An important aspect in the change process of the individual is their interaction with the world and how they view themselves. Since this research will be done within India, it becomes imperative to integrate an understanding of group-decision making, while examining individual change.

Bishop Pickett first introduced the idea of 'rethinking' missions work within Indian group culture, particularly pressing the need to understand the Hindu mind and worldview in light of all action. Pickett stresses the power of homogeneity (group identity) and the importance of keeping individuals connected to their families, rather than isolating them in any way (1938).

McGavran takes Pickett one step further, identifying the importance of adopting an alternative methodology when discipling within family-centric societies such as India (1955), indicating the necessity to engage the whole group, or peoples, rather than isolating individuals. Johnson explores the power and influence of working within someone's *oikos* (Wolf, 1980), the social system or group of people related to each other through blood, community or task.

Though McGavran and Pickett have thoroughly explored the importance and necessity of working within the group-decision making structure as a means to lasting and transformative change, there remains a gap in literature regarding working specifically with the destitute in India, who have broken or lost their family networks.

Rehabilitation Methodology in India

Within the framework of the caste system, those whom other cultures or societies work towards integrating into society, such as the destitute, the orphaned, the differently-abled and the widows, are generally treated as the least within Indian society, and therefore not worthy of rehabilitation or participation within the greater society This is a key indicator as to why there are very limited services provided to the destitute, the orphaned, the widowed, the addicted, the sick and the differently-abled. Often times, these social welfare organizations have been started by outsiders or those holding alternative worldviews or beliefs.

Although the law indicates universal health care to all Indians, and the Ama Ata Declaration of 1978 outlines comprehensive health care for the sick and disabled, and Kumar outlines at least seven specific schemes for the disabled, in practice, access to these free services is limited at best. Kumar argues that community-rehabilitation is difficult within India because of the lack of prioritization to provide these services by the government sector. Kumar also argues that patients often struggle with the movement from social isolation back into a community setting (2012).

The literature from within India regarding rehabilitative services proved difficult to attain in either hardcopy or online, likely due to the relatively low number of rehabilitative programs nationwide. On the ground, however, a few notable NGOs have been identified including: Dehradun Guitar Company, JOYN and Asha Bhawan.

Rehabilitation Methodology Globally

Inner-city missions in North America have been developing structures to not only address emergent needs of their clients, but also how to facilitate healthy and long lasting re-integration of clients back into society. The LA Union Rescue Mission has a 1-2 year discipleship and skills training program, with a structure to re-integrate single men back into society at a level where they will not simple survive, but thrive and continue to live as changed individuals (2013).

Housing-first models, gaining popularity across North America, believe in the stability of a home as the most integral piece in an individuals recovery. These programs stress finding affordable housing for individuals, who can then focus on their other need areas, such as addiction, employment, education or disability while in a home of their own. Stable & Affordable housing is a positive step in breaking the cycle of homeless. Housing first, in its theory, addresses what has been deemed through analysis of the culture as an important foundation of rehabilitation; the re-establishment of a safe & stable home.

Other models to consider include the 12-step program and other discipleship specific best practice models for homeless men. As with the lack of literature from the Indian context, there is a lack of global literature regarding rehabilitative methodology from developing cultures, specifically those similar in culture to India. Through the literature on Rehabilitation in North America is extensive in both depth and breadth, it needs to be taken in consideration with the local literature and context.

Limitations in Research

Though there is considerable information regarding the psychology of slum dwellers and the process of mindset-change within a group-decision making society (McGavran, Pickett) and the barriers facing the most destitute populations in India (Hissler-White) there is still a considerable lack of knowledge regarding the process and indicators of mind-set change amongst this population group, in or outside India.

The process of re-integration of the most destitute back into society by means of personal transformation and ongoing organizational support does not have a large research backing. Therefore research into this topic proves a needed and valuable exploration into the topic, as well as a valuable exploration for Sewa Ashram as they seek to equip their patients for re-integration.

Research Findings

Retelling Their Stories

I had the privilege of spending many sunny afternoons listening as eight patients from the Sewa Ashram kindly shared their life stories with me. This research took place during the hottest months in Delhi, and often times when I would arrive at the Ashram, there were few places underneath the fans available and private enough for our interviews. Some of the earlier interviews took place under the shady refuge of a towering tree, with the hot wind swirling around us. Others took place inside one of the offices, while we huddled under a single fan. During all the interviews, sweat rolled faithfully down all our faces.

I share these stories, excerpted from the broader transcript of each interview, so that the gravity and depth of each man's experience will be in your mind as you read through the data and analysis. My hope is that the unique transformation they have experienced carries weight amongst the academics. So let us begin:

Sunil's Story

Sunil's parents died when he was only a child, so young that he can hardly remember their faces. He recalls one of his relatives telling him that they had fallen down a cliff to their death, in the hill region from which his family originates.

When Sunil first arrived in Delhi, he worked as a waiter to make ends meet. Eventually, Sunil started spending time at the Hanuman Temple[1] where he describes how he "was in bad company". During this time he was angry all the time and, as he describes, could not control his anger. He believed there was no way he would ever change his ways, so he continued to spend time in this bad company. He became an alcoholic and a drug-addict:

> I used to sleep under the Yamuna Bridge with rags to keep myself warm during winters… I made shed out of logs and was lying there for many days. No one came to help me or visit me. But after a long time, someone came and took me to the Sewa Ashram. I was unconscious.

When he was picked up by staff and brought to the Sewa Ashram, Sunil weighed only thirty kilograms. He was first diagnosed with jaundice, and later staff discovered he had also contracted tuberculosis so he spent two months in hospital in Delhi. He then spent a significant amount of time at the Bhowali TB Sanatorium in Nanital, where he received

[1] The Hanuman Temple is a Hindu Temple for the purpose of worshiping the Hanuman idol.

treatment for his illness. Sunil described his time at the Nanital TB Hospital as extremely lonely.

When he became healthy, he started going around the hospitals in Delhi, caring for TB patients who had no one looking out for them[2]. He bathed them and fed them and brought them to their various appointments and tests around the hospital campus. Doctors were impressed by his care and compassion for the TB patients. This compassion did not, however, protect him from the dangers of the disease and soon he contracted Multiple Drug Resistant TB. "While serving others I got MDR", he recounts. The day after his wedding, he started vomiting blood and was taken to the hospital, leaving his wife for one and a half months, while he received treatment.

"While serving others, I got MDRTB."

He eventually returned to the Ashram, but was ostracized by staff and patients who were afraid to touch him and be near him. Sunil explained that he "used to live in a separate room near the cow shed. People were scared, so no one used to come near there". Sunil recounts a very significant day in his life, where he first opened up a Christian bible and started reading it and had a vision. During this vision from God, Sunil explains that he was healed by God.

Sunil explained that it was confirmed by multiple tests that his MDRTB was, indeed, gone. Sunil attributes his healing and the drastic changes in his life with an encounter with a higher power, saying, "God healed me that day. That's how I started believing in God".

Meeting Sunil today, it is hard to imagine his countenance as anything less than consistently joy-filled. Staff described him as honest, joyful and faithful to his work. Sunil is talkative and kind and can be trusted to do his work well. One staff mentioned that Sunil "never has bad days" and it is in his nature to help others, so he has never questioned whether compassion and caring for patients 'makes sense' - he simply does it.

"As I was reading the Bible and praying, I saw my hands were shining like the moon. I saw light in my hands."

Prem's Story

Prem grew up in a Hindu household with four brothers and four sisters, somewhere in a small town in Nepal. His family did not have a lot of money so he was not educated. He struggled through his childhood and eventually left home to join the air force in India. Prem ended up in Faridabad with no money and began working in a canteen.

It was here that he began to enjoy alcohol. Over time he got married and had three children, one boy and two girls. One day his boy died and shortly after his wife died. That

[2] Unlike North American hospitals, Indian Government hospitals do not have support staff to move patients around, feed, clothe or bathe them or bring them to their needed tests and exams. Without someone acting on behalf of the patient, it is very difficult for them to access everything they need from the facilities and treatment.

was when he began drinking heavily and was always drunk. He sent his girls back to Nepal to live with his parents because he could no longer care for them. During the next few years he lost all contact with his family and spent all his money on his addictions.

One day he was doing some work on a rooftop and he fell off. He was unconscious when he was taken to the hospital and woke up completely alone. He had to have 2 operations, but the fall left him paralyzed as a paraplegic. Prem recalls feeling like "I have no one, I am completely alone." Someone from the Ashram met him in the hospital and he went straight from there to the Ashram to recover from his surgeries. He remembers how strange the Ashram was at first. People were so caring and they didn't seem to mind his disability.

During his first years at the Ashram, Prem spent a lot of time at the local water well in the field contemplating whether anyone would notice if he drowned himself. He said he often thought, "give me some poison, I'll take it and die! I was helpless." Prem struggled to open up and share about his life with others,

> Gradually they [Ashram Staff] started enquiring about my family. Where is your home? Where are you from? Where is your mother and father? I told them I don't have any family, I don't have anyone in my life…they were trying to get information from me… All of them were compelling me to tell my story.

After many years, during a prayer meeting, one of the staff told his own story about being a drug addict and getting lost in the jungle and his encounter with Jesus. Prem was very touched by the story and for the first time was able to share pieces of his story with someone at the Ashram. "Those who encouraged me were people who lived here with me. They shared their joy and sorrow with me. And the most important person I think and believed in my heart is God. It is God's hand in my life."

Over time, the staff were able to contact his family and arranged a trip for Prem to go visit them. He was very hesitant because he was afraid they would not welcome a 'cripple' back into their lives. But he went and he met his daughters and their husbands and his grandchildren and learned of his own parents passing. They welcomed him well with delight, for they all thought he was dead.

Prem is now considered a long-term community member and he has become an integral part of the community. Over the years he was given a new wheelchair, which has enhanced his freedom greatly. He is the go-to guy when someone is in need of something, like soap or a toothbrush and he is incredibly trustworthy, often holding money or possessions for others so they do not spend or lose them.

"It was God's grace and will. He chose me and brought me in the Ashram. I never knew God and am not even educated, but still, God chose me and brought me here."

Staff describe Prem as a pastor and father figure for other patients and community members and is very influential among them. He is always kind and calm. Two different staff noted an interesting phenomenon; those patients, who sleep closest to him, improve significantly faster than other patients.

"Whatever I have learned, it's all used here… I wasn't educated before, whatever I learned, I am using in the Ashram. And what I learned here, something now I can teach to my brothers. That's all I can give to my community."

Jatin' Story

Jatin was born into a very well off Sikh family in New Delhi. His father was a construction worker and his mother a housewife. He has two brothers and one sister. His family sent him to school, but he did not like studying and instead as he described, "I did what I pleased, I never paid heed in my studies. I was a spoiled brat. I did not even give my class ten boards… I started drinking when I was about twelve or thirteen years old. This is how my life went."

When Jatin was a youth, he was the center of a family dispute when he wrote a girl a love letter and her grandmother told his grandmother. "It is very important for me to tell this story. This was the turning point in my life" he explained. His grandfather was very disappointed that he was creating drama within the family and questioned Jatin saying, "what are you doing?! Why are you creating so much drama/. Why are you writing all these love letters when you can attain all this worth money? We have a lot of money, throw your money and watch the show. If you are so keen to get a girl then use your money for it." After this incident, his grandfather would supplement his money supply and Jatin starting using it for drugs and he became, as he stated "a womanizer".

Then Jatin's family arranged a marriage for him, and all the while his addictions continued. "I have no idea how my wife live and survived. Only she knows how she managed to survive living with an alcoholic" recalls Jatin. Eventually, he allowed her to divorce him and he continued doing drugs.

"Once I got a very bad wound from using injection drugs. I used to do a lot of drugs then." He was treated at the district center[3] and then taken to the Ashram until he became well and then he left. "I started doing drugs again once I left. In 2005, I got hurt again. It was very bad and deep. The scar is still there." At this point he was too sick to bring himself to the Ashram, but someone picked him up and brought him to the Ashram.

Jatin remained at the Ashram for over a year, and during that time he was completely healed of his injuries and drug-free. Then Jatin realized that he did not want to live his life on the road.

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[3] In its early stages, the Sewa Ashram operated an emergency center in Yumuna Bazaar. The district center would treat patients first before taking them to the hospital and from there decided who went to the Ashram.

One night there was a fight and during his attempt to stop the fight, Jatin was accused of fighting and drinking and was kicked out of the Ashram. "The blame was put on me falsely…In the morning they discharged me… I went to live the old life I had on the streets… For one and a half years I lived outside." During the first few months, Jatin did not take any drugs and would not engage with anyone on the streets, instead he explains that, "I kept trying to help myself become a better person" and he avoided his old friends to keep himself away from the temptations. Eventually, depression and loneliness caused him to start taking drugs again.

Then for a third time, Jatin was invited to return to the Ashram, and it was acknowledged that he had been falsely accused, "I don't know what changed my mind but I decided to go back. A month later, I got very sick. I was so sick that I couldn't even do any more drugs. I was unable to walk even." So he was picked up by Ashram staff and has been a part of the community ever since. He remembers feeling like, "This time, God really wants me to change my life. He wants me to let go of my bad habits. That is why I decided to change my life and fight for what is right."

For twenty-four years, Jatin was a drug addict and alcoholic, during which time he lost all contact with his family. Now he is clean of his addictions and an invaluable part of the Sewa team. He helps manage the clinic at the Ashram, distributing medications to the patients, waking at all hours to help with the needs that arise. "I don't want to go back to my old life… I think my presence here is more important." One of the biggest changes that Jatin self-identifies is the reality that he has started thinking about and being concerned with the well-being of other people.

Staff at the Ashram describe Jatin as responsible and faithful to his work. He always gives good advice to staff and is the go-to man when it comes to the most up to date information about the condition of any patient in the clinic. One staff described him as the clinic database, and that without him, everything would be much more chaotic. Though Jatin has moments when he looses his temper, he is quick to admit his mistakes and apologize. Staff described him as very empathetic with other patients, and since he has been through so much, he really understands suffering and what others are going through.

Ashok's Story

Ashok was born into a very poor Hindu family, with three brothers and one sister, in West Bengal. Though poor, their family heritage (caste) is actually Brahmin. As Ashok explained, "(they) barely managed to meet their meals and my parents used to work here and there as farmers in paddy fields. They have no property, no savings, very poor people." His childhood was very difficult because of their poverty, "our life was very sad and painful. We had so many problems in our house." To make things worse, Ashok was also suffering from some sort of illness that made it very difficult for him to move his hands or legs, which meant he had no means to contribute to the household while all his brothers were out in the fields working. Ashok never had the opportunity to go to school.

When Askhok was older, he married. "I had a peaceful life before marriage, but after marriage, I gave up my responsibilities and I started indulging myself in drugs." One day, his

mother asked him to build a house for his younger brother. As middle brother, this was not his responsibility, but that of his older brother. Ashok and his wife were very tight financially, because both were sick, so he asked his mother why she did not ask his older brother who was much better-off financially than him, "After that, my mother got furious. She asked us to leave," he recalls. "I had a cow. I sold it for 8000 rupees. I gave 6000 rupees to my wide wife and I asked her to go back to her parent's house. And I kept 2000 rupees for myself. I came to Delhi with that amount."

In Delhi, Ashok found a job as a day labourer but was not treated very well by his supervisor. So he left the job and found another and then a few more. He finally got a job at Chawri Bazaar in Chandhni Chowk as a labourer. "There I got this disease, tuberculosis. My condition started deteriorating," he remembers.

Somehow he came to know about the Sewa Ashram and arrived ready to be treated for his TB. Once he was healthy again, he started working in Delhi once more. Again he fell ill and this time he was told he was HIV positive. Around the same time he had an accident and hurt his leg very badly and it would not heal. So he returned to the Ashram for another round of treatment.

When asked if he wants to reconnect to his wife and children, Ashok said that it would be a great shame for him to come back empty-handed, so he would like to make some good money to bring home to them so he can say, "this is where I have been all these years, making money for us."

After completing treatment a second time, Ashok was hired on as a staff. He spoke of the struggle he had with some of the patients who would tease him and eventually had enough. He realized that he could be making much better money outside the Ashram, so he left. Only recently has Ashok returned to the Ashram. He expressed his love for the Ashram community and staff and appreciation for the ways in which they have helped him. He would however, like to eventually return to the city to work and save money so he can return to his family someday.

Ashok spoke of his time at the Ashram and how the last time he was there he met the living God. He said, "My life got completely changed and I started praying for the first time in my life…I learned to help others and take care of them."

Ali's Story

Ali's story begins in a house full of boys in the holy city of Varanasi. With his father working full-time running his Sari business and his mother and sister dead, Ali and his three brothers were often left to entertain themselves:

> I used to enjoy watching television. Through my regular viewing of television I got to know about the Red Fort, India Gate, Daryaganj and Delhi Gate. So, I thought that I should also explore the city of Delhi all by myself. So I ventured out when I was six years old. I

> had just gone out wearing my vest and underwear. Had a dream of going to Delhi to explore and to work and coming back to my home. But it did not turn up as I had expected and now I find myself in such a situation.

Ali left home and travelled by train to Delhi, explaining, "it took almost two days to complete my journey. I felt extremely tired and hungry." Ali asked people on the train for food and water, and saw all kinds of people near the train stations "pick-pocketing, stealing and committing other offences" to make money, and then "a thought came to my mind that in order to earn a living, I have to work."

Ali's first job was picking bottles from the trash. He made about forty rupees per kilogram (about 0.72$/kg). "After doing that [picking bottles] I went to a *dhaba*[4] and ate food until I was full. Then I thanked my God that he have me food to eat and a new life." At the *dhaba* Ali met a man who agreed to give him a job and a place to live. During the two and a half years he worked for this man, he made a bit of money but also became addicted to drugs, "I was eight years old when I first got addicted to drugs" he recalls.

During his teenage years, Ali contracted TB and eventually ended up at the Sewa Ashram for treatment. During this time he quit all his addictions. Once he completed his treatment and gained his strength, he returned to the city. Eventually Ali made his way to Yamuna Bazaar and began a job collecting junk,

> One day at night I cleaned a train and as a result my bag was full with junk. I felt tired and fell asleep on the railway track. I was in deep sleep when a train ran over me. As a result my leg was severed. My companions came to rescue me. They took me to the hospital where I was admitted for one week.

The doctors told Ali that he would likely have to have his leg amputated. A week later, when Ali was only nineteen years old, they amputated his leg and inserted his leg in an iron frame to make it strong and usable. Then Ali was discharged a week later and given a prescription for medications that cost 1500 rupees, an amount that would take him about a month of working to earn. He tried to find someone who could help him pay, but was unsuccessful. Then a friend in Yamuna Bazaar suggested he contact Sewa Ashram for help.

He returned to the Ashram and his medical costs have been taken care of by the NGO. Since his arrival a year and a half ago, Ali stopped taking drugs and feeding his addictions. Because Ali left home and became addicted to drug so early in his childhood, he never went to school. Now he studies at the Ashram, slowing learning both Hindi and English.

When asked about his goals, Ali was not sure what he wants to do specifically, but mentioned, "perhaps I want to recover from this loss and try to be self-reliant…I would never like to make the mistakes that I have committed in the past…God has given me a

[4] *Dhaba* is a small food-stand or restaurant

second change and I want to use it for a good cause." He desires to eventually reconnect to his family, but is not sure if they are still in the same place as when he left them fourteen years ago.

Staff have mentioned how impressed they are with Ali's attitude about his situation and think he has a lot of potential to transform his life because he is so young. Ali works hard at the job his has been given at the Ashram and he plays hard in the evening when patients and staff gather together to play cricket or volleyball. Even with only one leg, Ali is one of the most eager and best players on the team.

Ishaan's Story

Ishaan was born into an extremely impoverished Hindu family in New Delhi. His mother ran away when he was young, so his father was left caring for him and his older brother. "I grew up with my father and elder brother. We were very poor. We had nothing to eat and we used to live on the footpath, as we had no house, no shelter and no place to go. Sometimes we would go to the temporary government shelters, it was only for a short period of time though." Because they were so poor, Ishaan did not have the opportunity to go to school, though he and his father talked about sending him often.

When he was ten years old, Ishaan started working in a property dealership. This is where he started drinking, chewing tobacco and smoking, he recalls, "I used to get my salary and then I started taking some other more dangerous drugs like cocaine." He couldn't keep that job with his addiction, so he went through a few other jobs including being a cycle rickshaw driver and a garbage picker, "basically, I was just running from here to there, not stable at all." Then he says, "I finished all my money and ended up living in a park…by that time I had Tuberculosis."

Ishaan was admitted to the hospital, then transferred to a few different hospitals and ended up at the Sewa Ashram. "When I first came to the Ashram I had no hope. I was very sick," he remembers. As he slowly recovered physically, he also gave up his addictions and started reconnecting to his family. But as time went on he got bored and decided to leave the Ashram and look for a job. He fell back into old habits and once again found himself at the hospital.

This time he needed some operations done and during one of the operations became paralyzed. Sewa Ashram was called, and Ishaan was brought back to be cared for. It was during this time that Ishaan started participating more in the community at the Ashram. Ishaan describes a particular church meeting where he asked some of the staff to pray for him. After this time, he gained a lot of hope. He has since become a long-term community member, who helps facilitate the shop and the jewelry making business, and runs one of the evening bible studies.

Sewa staff describe Ishaan as a patient man, who is sensitive to other patients while always trying to encourage them. He is always with others and often prays for patients and they see his prayers answered.

Aaqib's Story

Aaqib's family is from Maharashtra, Puna but settled in Mumbai when he was young. His family is Muslim. He has three sisters. When he was twelve, his mother died and his father left the family, leaving his sisters to raise him.

"I ran away from that city and came to Delhi… I didn't have the desire to work. I was like a wanderer. I used to go here and there, never wanted to work, got addicted to drugs and my addiction worsened." After some years, Aaqib got a job at an NGO in Delhi and they helped him to start medications to stop his addiction. "The NGO I used to work for provided me a good job and a nice place to live" and when they discovered that he his addiction was so severe they contacted Delhi House Society. During this time he got married and had a child. Things were going well for his family.

"But, I realized that my legs started getting weaker and weaker day by day. So I stopped working…I didn't have enough energy to move my hands and feet. Due to the weakness, I fainted on many occasions." Aaqib found out he had contracted HIV and was advised to contact Sewa Ashram to receive the necessary treatment. He had to leave his wife and daughter in Delhi while he came in for treatment. He said, "It was very tough to leave my wife and child behind. But, at the same time, it was necessary as I needed to receive treatment."

Aaqib remembers feeling accepted and supported by staff when he first arrived. He has slowly been working on walking again and in the last year he has gone from using two crutches to walk, to only needing one. During his time at the Ashram, he was also baptized. Although Aaqib enjoys living at the Ashram and helping out at the shop, he remarks, "I do want to go, but I am not sure that this is the right time."

Nitu's Story

Nitu was born into a Hindu family in Uttar Pradesh and before he was five years old, both of his parents and his brother had died. He went to live with his aunt and uncle and very early on he contracted polio, which crippled his body. He had a difficult time living with his relatives because his cousins did not treat him very well.

Eventually when he was about seven years old, he decided to leave their house and started hopping trains, going "from one place to another." When he reached Delhi, he decided he would never return home again and began making friends in the city. He said, "I decided however, whatever conditions I live in here, I will never go back home".

His first job when he got to Delhi was in a shop, where he helped the shopkeeper with some of his accounts, even though he had no education. He lived amongst the drug dealers, smokers and drinkers, but he did not take any of those things. His only 'bad habit' was gambling.

Because of his polio, he had to crawl around the city and found that he could make a lot of money begging. So he began begging to make money. He would return to the community at the end of the day and would buy things for people and share his earnings and so he always had many friends. But when he began to get sick, and could no longer beg for money, his friends all stopped being his friends.

By the time he was very sick, he was living in a park in the middle of Connaught Place, a historic shopping area of Delhi. One day a foreign man came into the park and asked him if he was ok. No one had come to visit Nitu or check if he was alright. This foreign man asked him in Hindi if he was okay, and since his Hindi was very weak at the time, he could only say, "No, I am not okay." So this foreign man picked him up and brought Nitu into his car. Nitu thought that he was going to take him to the hospital, but he brought him to a school instead.

Nitu remembers feeling so hungry as the director of the school was quizzing him to see how much knowledge he had, that all he could think about was eating *halwa*[5]. The school decided to take Nitu as a student and he began living at the school, eating at the school and learning in a classroom for the first time in his life. Even though the other students in the school did not have to pay fees, Nitu's friend was paying for him to be there.

The foreigner, whose name he can no longer remember, paid all his costs and supported him while he was in school. "He was supporting me, and I was feeling very special." He brought Nitu to various hospitals to address his polio, "but it was a problem because at that time the polio treatment was not good. So we went to many hospitals but they could not help me."

Nitu fondly remembers that the foreigner called Nitu his son, and said, "When I die, you will be my heir." But then the foreigner had to leave but said he would be back in two years. During that time some women came from England and promised to bring Nitu to London to have surgery for his disability. He was very afraid because he did not speak English, but the principal of the school reassured him that she would go with him, so he did not have to worry.

Eventually the English ladies told him that the surgery would not be possible and Nitu was very sad. He ran away from the school and started living in Paharganj, where he started sniffing glue, gambling and once again begging for money. He would crawl through the busy streets and have to hide from the police in the nighttime. Most of the food he ate came from the garbage.

One of his friends went to the Ashram and when he returned, he was walking straight and Nitu thought "what is this place where you learn to walk straight?". So he found a way to contact the Ashram and asked if he could go to get help, but no one responded. Soon Nitu had connected to some women from London who had opened a shelter for street kids in the area. Through them, he was brought to the Sewa Ashram for the first time. He was about fourteen years old at the time.

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[5] A Punjabi sweet, made of flour, sugar and oil.

Nitu remembers how the Ashram felt like a paradise compared to where he was living outside in Delhi. People were not treating him like a human being when he lived on the streets, but those at the ashram treated him with dignity. But after a few days he felt the pull of his addictions and he wanted to go back so he could sniff again, "The addiction had dominion over me." One patient at the Ashram said to him, "If you want to go back, you can go back, but just remember, God has a very special plan for you." Nitu said that, "then this thing was sown into my heart."

Long-term staff and patients remember that when Nitu first arrived, he was very difficult to handle and he was very mischievous. He would hide tobacco and other things in his pockets and sell them to patients. But slowly over time and with discipline and prayer, he began to change.

In 2007 Nitu had an encounter with God and began going to church. Twelve boys were brought to the Ashram at the same time, and Nitu is the only one who stayed and has experienced a fully transformed life. Sewa staff decided to send Nitu to a one-year discipleship program. He said that none of the other students had a past like his, so it was very difficult for him to apply what he was learning to his own life.

Later a staff member suggested that Nitu move out and work for Delhi House Society, their partner organization. At first Nitu said no because he was very afraid to leave the Ashram and be tempted again by the things in the city. But after some guidance he decided to take the job. Nitu moved into a house with two other NGO staff and they were able to mentor him as he learned to live in a house and have a full time job.

This year Nitu has gotten engaged and will be married by October to a girl from the church he attends in Delhi. Friends and staff describe Nitu as faithful and like a pastor for others. His personality is filled with kindness and joy and he delights in serving others. The person who he is now is completely transformed from the young boy who used to crawl along the streets begging for money.

KEY DATA THEMES

Throughout the hours of sitting and listening to the stories of these men and pouring over the remarkable details of their lives, many themes began to emerge. Their experiences before, during and in some instances after the Ashram, can be categorized into six themes: Breaking, Bondage, Breathing, Belonging, Believing and Becoming.

Breaking

All of the informants experienced multiple levels of trauma during their lifetimes, which have been categorized as moments of breaking. These moments were pivotal in their shaping as individuals, often times leading them to fall into 'wrong things' as described by one informant.

For seventy-five percent of informants, this was early childhood trauma, including the death of parents or siblings or separation from parents by abandonment or accidental circumstances. For others the breaking happened in moments when unexpected tragedy became real. One man describes the moment when he decided he would never get up from the road on which he was laying. He would have rather stayed there until he died. Another man described having his leg be amputated and another talked of becoming paralyzed. Yet another describes suddenly loosing his wife.

But breaking for these individuals was also rooted much deeper. All of the informants spoke of being alone. For some this was a deeply rooted loneliness and for others it was the breaking of communication with their family and friends.

In fact, disconnection with their family was a common theme amongst all informants. All but one entirely lost contact with their families for years upon end, and only since spending time at the ashram have some been able to reconnect. The majority of the informants however, remain completely disconnected and unable to locate their families.

Bondage

As each man shared his story, it became clear that within their individual moments of breaking, they began searching for coping mechanisms and ways out of their respective realities. Consistently throughout their journeys, these men were being bound to something that drastically changed their lifestyle choices and opportunities. This bondage came in the form of lack of education, extreme destitution and addictions.

None of the informants passed through their twelfth standard of schooling. One made it through to tenth standard, another is currently completing his twelfth and a few others were able to get through primary schooling, but the rest did not have the opportunity to go to school and earn an education. This often limited the type of work they were able to find and did not allow individuals to choose how to escape their reality.

Another bondage that was experienced by all the men interviewed was their time spent living in extreme destitution. Most spent the majority of their lives living on the *footpath*, as one described. For some, it began suddenly, after a family dispute or their leaving home, and for others extreme poverty was the reality that they were born into.

All informants interviewed suffered at some point in their lives from an addiction. All but one of the informants were at one point addicted to drugs of varying strengths, while all except one, were also addicted to alcohol. Two informants also mentioned that they had gambling addictions.

One informant defends that he has been miraculously healed of his addiction, while three others describe how they have overcome their addictions by staying active and working at the Ashram, and by not allowing themselves to think about it. The rest are currently not feeding their addictions, but were hesitant to claim freedom from them.

Breathing

When the informants were asked to describe their experiences at the Ashram, they identified the staff as an integral piece, because they worked extremely faithfully to restore each patient's ability to "breathe". An overriding theme emerged, that these men were given the space into which they were invited to breathe again.

When a man comes to the Ashram, the staff's primary goal is to tend to their sicknesses and ailments. This means providing medical treatment and helping them to eat regular nourishing meals and getting sufficient rest.

Many spoke of having the opportunity to rest and rejuvenate, while others spoke of the compassion and care they were shown. Three informants spoke directly about their encounters being served, and how it was shocking and unusual to be cared for in such a way. One man stated, "First I thought, why would anyone every care for me? I am a crippled man."

All came with a disease and some were cured, while others continue to become healthier and healthier. Three men came unable to walk, and now they walk again.

Belonging

After the initial phase of having their physical needs met, various stories told by the men indicated their sense of being invited to belong. This belonging came in many forms.

All men emphasized the powerful impact of the community of staff and patients at the Ashram. Three men referred to this community as their family, while another urged that new patients should be taught that being a part of a family, in this instance the pseudo-family at the Ashram, is good and right and important for changing their lives.

Within a family, there are always responsibilities and accountability. One informant spoke of when he was given the task of helping give out medication to the TB patients, and how staff "must have seen something of value in me" because they gave him such an important responsibility. Others spoke about how longer-term community members mentored them and constantly told them how to live in truth and to live 'right'.

Sixty-two percent of the informants presented some sort of physical disability. Two of the informants are wheelchair bound. The remaining three have different issues with their legs, so they all need the assistance of a walking cane. Disability issues are significant within the context of India and will be explored further within the Analysis section.

Overall, informants together described a place where in the midst of their physical healing, they were able to enter into a community that identified and encouraged their dignity and value while keeping them accountable in the midst of their changes.

Believing

Consistently throughout all the interviews, these men recalled the invitations that they had received "to believe". For some, this was their reconnecting with their own spirituality, and for many, this was when they "learned about the living God."

Being invited to believe came in two forms: one as a spiritual encounter that led to significant life changes through healing, learning and discipleship, yet another came through the invitation to believe in oneself. One of the informants described his slow transition from feeling worthless, to now having a family and a good job and feeling worthy. Another described being noticed and known for the first time. Another recounted the ways in which he contributes on a daily basis to the work at the Ashram and how he knows that no one else would be able to fill his place as he has become an integral part of the working of the community.

"God showed me his light. The next day I went to see a doctor and the doctor said I am completely healed. It's God who healed me. And after that I never felt sick again. God healed me that day."
–MDRTB Patient

One informant experienced a power encounter and says he has been miraculously healed of his addictions. Yet another described a vision he had and how he was healed miraculously from MDRTB, which was confirmed by multiple doctors. Others spoke of witnessing the power of prayer as it healed patients all around them.

One of the men appears to have some sort of gifting, as described by staff, where those patients whose beds are closest to his improve radically faster and more successfully than any other patients in the Ashram. Taking in all accounts, it is clear that these men have experienced an atmosphere at the Ashram that is quite outside the ordinary, where they have been invited to believe in themselves and in something much greater.

Becoming

As their stories unfolded, patterns emerged indicating the process in which men were invited to breathe, belong and believe, and over time in this space, were encouraged to *become.* The process of becoming for each man was unique and as with us all, is still in process. The integral pieces involved in the midst of their becoming included responsibility, mentors, accountability, service and learning about "the truth".

"It was good seeing people helping each other."

Four of the informants spoke specifically of the drastic changes that they experienced as they were shepherded within their new life in the community at the Ashram. Each of the eight informants easily identified one or two staff or community members who have played an integral part in their growing and changing. For some, it was the simplicity of the care and compassion they were shown while in their worst states, for others it was the continual guidance and support that struck them most profoundly.

The community at the Ashram was described as a place where men are given responsibility and tasks, where they are held accountable for their actions. Three men spoke of their new unshakable desire to serve others, because they had first been served. One informant described a time when a staff member got very angry at him for doing something wrong,

only to return fifteen minutes later, to hug him and forgive him. He encountered what it meant to be held accountable, but also what it meant to be forgiven.

Three of the informants, who have been around the Ashram the longest, are now considered teachers within the community. They have taken on leadership roles and are eager to teach, to listen and to gently guide new patients.

When examining each of their lives, the changes that are seen, are indeed remarkable. As one man describes,

"I was a drug addict…now I am a Child of God."

To Be Sent

In an effort to understand these transformed lives further, I enquired as to the next natural progression of each man's life, which is moving out of the Ashram. What the informants shared was surprising.

What was deemed a logical next step by Sewa staff, was not always as logical for informants.

Two of the eight informants, have moved out of the Ashram and are described as 'success stories' by the staff. Both are still highly connected to the Ashram, and one has married while the other is engaged to be married. Two others, both paraplegics, have experienced incredible changes in their lives and have also been described as 'success stories' by some members of staff, although other staff see that their potential is limited by their desire to continue to live at the Ashram.

Three informants, two being the ones who no longer live at the Ashram and the third one desperately wanting to reconnect to his family, agreed that patients eventually need to leave the Ashram. Another concluded that leaving should depend on the person and whether they were 'ready'.

However, some informants were very sure that it is a bad idea for patients to leave the Ashram and return to their old communities. One in particular expressed that no one should leave saying, "It's good if they just stay here only. It's good for them…I want them to stay here in the Ashram and learn some skills." Upon further investigation, all informants that were hesitant about patients' leaving expressed valid concerns about the *ways in which they were leaving* and suggested some things that would be important if they did decide to leave.

All but one informant suggested the need for patients to remain very closely connected to the Ashram. These suggestions came in many forms, including having staff go out to visit them each day, coming back once a week for a

"It would be nice if we go visit them everyday. If we go once a week, they'll forget everything we taught them."

meeting, living in close proximity to the Ashram itself and working for the Ashram.

Other suggestions for a successful leaving process included staff going to pray for them everyday, connecting them to a healthy church community, having a mentor or teacher, finding new friends so they are not tempted by their old habits, teaching them usable skills to find a good job and moving into a completely new community.

One informant, who intentionally chose to stay at the Ashram because of his past as an IV drug user says,

> If they decide that they don't want to get back into their old, wrong lives, then they will succeed…They must have a good environment outside also. They should have people round them who tell them what is right and what is wrong…Someone to tell them that family is important.

Although the informants initially responded to the question of leaving with mixed feelings or outright disagreement, each informant when questioned further, had excellent suggestions. The hesitations of leaving revolved around a sense of not being prepared to integrate back into society. But when they began to think of how to support men who are leaving, the conversation often turned more hopeful, giving valuable suggestions to the problem at hand. It appears that a change in how the Ashram staff and community members view and structure *the leaving process* may need to be renovated to help facilitate each man's reintegration back into society.

4

Analysis

Invited to Belong

As a collectivist group-structured culture, the family unit in India is the most important social unit and a sense of belonging is inevitable within the family. Not only is an individual a member of a family, but they are also born into groups including caste, clan and religious community. Because of an individual's deep sense of inseparability from these groups, they preform tasks and live life very interdependently. As Dalal explains, "In traditional India family structure, the sense of belonging was the most cherished goal and any threat of isolation, or of social proscription was considered the worst thing to happen to anyone" (2000). As firm social units, families provide a sense of security and an identity to its members (Dalal).

Informants spoke of a place, somewhere in their healing process, where they were invited to belong and become a part of the community. Baumiester & Leary (1995) contend that one's 'belongingness', that is, their need to belong, is a fundamental part of human nature found across all cultures. Individuals who lack belongingness are inclined to increased mental and physical illnesses and are often more susceptible to behavioral problems such as suicide and criminal activity (1995).

All of the informants arrived at the Ashram alone. MacDonald & Leary (2005) studied the psychological affects of loneliness and discovered that the psychological pain from social rejection can be so intense that it actually involves the same parts of the brain as when experiencing physical pain. The majority of the patients coming through the Ashram are considered the lowest of the low within the social structure of the city, and are perpetually oppressed. These men have been ostracized from the dominant society, and this social exclusion may have unconsciously directed their behavioral, cognitive and emotional outcomes along the way (Baumiester & Leary, 1995). Each man identified a time when he did 'wrong things' or conducted himself badly, those things which bring them shame and discomfort to talk about.

Belonging in the Sewa Ashram community presents itself in a number of ways. Informants alluded to feeling safe to be vulnerable, to share their pains and their story. Prem talked about how staff and patients were constantly asking him about his past, his family and his story, but he didn't share his story for years, until the day that one of the staff members, Ton Baba, shared his own story of struggling with addiction. It was here, in a place of mutual vulnerability that he felt safe to share. For others, the Ashram is simply a safe place where they are accepted as they are. Acceptance in the group is therefore a huge proponent of belonging in the Sewa community.

Once patients feel accepted into this community, there is an expectation that they will participate and be given responsibilities for which they will be accountable. Each patient, as he is able, has an important role. This shifts the Ashram from a place to be served into a place to serve. Having a role and seeing its usefulness champions individuals in their belongingness.

Belonging within the Sewa Ashram also means being invited into an alternative family structure. Informants with a wife and kids had long since broken communication with them and those without no longer remained in contact with their families. As explored by Wolf, McGavern & Pickett, to be alone in India is to be counter-cultural because family is the most integral social unit. A man who is alone is not fully a man, thus the recreation of an alternative family invites patients back into an important aspect of the culture.

Family is the most important social unit within India, but as the structure of the joint family begins to break down, many in the younger generation are looking for alternative support systems. The next most important social unit is the peer network. For all of the informants, opportunities to build healthy and strong peer networks was stifled consistently by circumstance. For most individuals, the involvement in a school system, friendships formed in adolescence and positive interactions in the workplace are the foundational places in which one's long-term peer network is formed. All but one informant did not go to formal schooling, fix were living on the street before they reached adolescence and all but one have held a consistent job in a positive work environment. It's clear that their peer networks are weak, if present at all.

All informants described their friends in their old community as bad influences or bad people. Three informants spoke of not wanting to return because their friends will tempt them with alcohol and drugs, will entice them back into their old ways. Thus it becomes imperative, as Sewa Ashram structures ways to 'Send Out' their patients, that they help patients build strong and healthy peer networks. *Where does belonging fit in the midst of going?*

Examining other models of rehabilitation and recovery becomes essential in this process. For example, Alcoholics Anonymous, asserts itself as both a fellowship and rehabilitation program (Warfield, 1996). Integral to their structure is the creation of a supportive peer group.

Invited to Believe

While their emergent physical needs are being met and patients are actively finding belonging within the community, certain rhythms and structures are in place at the Sewa Ashram which invited patients to believe. While informants described their experience, it became clear that the action of believing comes in 3 distinct but complimentary forms; in a higher power, in others and in themselves.

First, patients are invited to engage or re-engage their spiritual side. This comes in a variety of forms, from accepting prayer to joining in on prayer meetings, joining in worship times and participating in Bible studies. Each informant expressed their own encounters with a higher power at some point in their interview, without being asked. In the forefront of much of their desire to change was recognition of a second or third chance at life, which they attributed to the working of God.

"I have sinned, but when I came to the Lord, he taught me to do the right thing. I was a drug addict. I was not even worthy to get married. God did everything good for me. *Everything is done by God, I just believed him. I had nothing before, I was empty. But God has changed everything. Now I even have a family, a wife and kids.* "
–Sewa Patient, Former drug addict

Engagement and recognition of a higher power as a means of healing, is not a new concept in recovery programs. Common to many recovery programs like AA and NA is an engagement and acknowledgement of a higher power. Durkheim (1948) suggests that alongside the important of discipline and structures, participants in recovery need to participate in activities and rituals which nurture social integration, encouraging patients to adopt new behaviors, values and social norms. Within the context of Sewa Ashram, the cultivation of these new behaviors is often seen through a patient's involvement in bible study, prayer, worship time and participating in the functioning of the community as a whole. White (1998) details how important these rituals, specifically within a group setting are in the recovery process.

Patients are emerged in a place where their needs are being met by the service of others. Culturally, most of the patients have come from lower castes, which are below the realm of compelling the compassion from others. Yet at Sewa, these men are treated like human beings, deserving of care. Informants spoke of their encounter with the selfless service of the nurses, volunteers and other patients while they were in recovery, often stirring a desire within themselves to go on to serve others. Patients were therefore invited to belief in goodness and humanity of others.

Finally, informants and staff spoke of the transformation of an individual's view of themselves. Coupled with their social status in the caste system, physical and mental disabilities are stigmatized within the caste system and many of these men, living with these disabilities have been marginalized to an even greater degree. One informant spoke of his encounter with staff at the Ashram when he first arrived, questioning why these men would care for "a cripple like me". Along with a general acceptance of everyone as they are, the structures and disciplines within the program encourage active participation in the community, where it can become easier for patients to see that they have a role to play, a purpose and something of value to give. Ali, a young man now with only one leg, has found a rhythm in his daily chore of washing clothes and takes pride in being one of the best players on the cricket pitch.

Speaking with the informants, it became clear that they no longer consider themselves lowly, dirty or worthless, but their overall experiences, the daily grind of their life at the Sewa Ashram has given them space to see their value and worth as individuals. This model

is often referred to as a dignity model, based on the premise that individuals are inherently valuable, which is a mindset that is predominant in Western and European values.

Though it is often easy to discredit foreign influence within a culture, in this case, the outsider was the bringer of a model that champions dignity and value to the marginalized. Wolf (2013) describes the underlying worldview value for human worth, not as a Western model, but as a model based much more historically on the teachings of Jesus. In a predominantly Hindu culture, one that listens to the teachings of Shiva and that follows a strict system that ranks each individuals' worth based upon their family heritage, skin colour and profession, it is not unusual for people to be outcaste and shunned to the margins. Wolf (2013) suggests that one's mindset changes based on which Worldvoice they are listening to, and at Sewa, clearly individuals and staff are invited to believe and listen to an alternative to Shiva and here is where transformation is happening.

Historical Indian thinkers like Phule and Ambedkar (in Bemal, 2008) also propose the need for mindset change, by means of conversion, as the only way to escape the caste system which holds captive and oppresses millions.

Invited to Become

Patients at Sewa Ashram are not only invited into physical, social and spiritual healing, but they are encouraged in their personal development. They are nurtured in the midst of their becoming. For many, being picked up off the street and taken to the Ashram was a clear sign of their second chance at life. Informants described varying degrees of their transformation process during their time at the ashram. Two aspects of becoming were described by informants, which included the importance of mentors and their adoption into a new family structure.

Role modeling as a form of indirect mentorship is a common example in most recovery programs. Recovering addicts run AA and NA, and an individuals' sponsor is also always a recovering addict. This structure gives individuals a practical real life example of someone who has been in their situation and who has overcome. Most informants spoke of their friends in the community being bad influences, but were able to name or describe qualities of one Sewa staff member with whom they were positively influenced by.

Mentorship at Sewa extends beyond simply a positive example, but is an intentional process of staff and long-term community members walking alongside patients as they heal physically, emotionally, spiritually and psychologically. Johnson explores the power and influence of working within someone's *oikos*, that is, the social system or group of people related to each other through blood, community or task. While patients may not share blood, name or caste with their peers or the staff at the Ashram, it is clear that they have found value in the alternative family structure and are willing to be mentored, even across conventional cultural barriers.

One aspect of an individual's personal development is their participation in skill and interpersonal building activities. Participating in a Sewa Lifegroup, for example, is an invitation into life-change through leadership development, dialogue, and participation in

community, accountability and studying themes structured around gospel principles. The overall aim being to equip individuals to re-integrate back into their communities with the spiritual, economic, social and physical means to live transformed and impact the wider community.

Although these are all significant change point for individuals, it is imperative to keep in mind the psychological implications of attempting to reintegrate back into society, without a strong social or familial network. The majority of patients at the Ashram have lost contact with their families, and rely solely on their peer network for support and companionship. The problem being, that if a patient is in recovery from a sickness or addiction and returns to that peer network, they will likely not be able to maintain their newly adopted believes, values, health or sobriety.

Fundamental transformation causes a new set of habits and lifestyle that are not conducive to the cycle of poverty in which patients came from. A patient in the midst of becoming is actively breaking down the bonds in their previous life, which have perpetuated their marginalization. Therefore it becomes increasingly important to examine, analyze, understand and improve the sending out process, in order to facilitate transitions which harbor the most chances for success for each patient.

To Be Sent

Though informants described a beautiful picture of their experience at the Ashram, admittedly difficult but also uplifting, it became quite clear that each informant had their own hesitations to returning to the wider community. While the outside society continues to marginalize, isolate and forget about the most destitute, within the walls of Sewa Ashram, patients are seen as human beings worthy of love, care and compassion. Within this space, in a model that champions the dignity of each man, it is clear from the informants stories that they have experienced some life-changing transformations.

But when their treatment has finished, or it is time for them to go, those who came as individuals, despite being welcomed into an alterative family, then leave once more as individuals. McGavran stresses the importance of adopting an alternative methodology when discipling within family-centric societies such as India (1955), indicating the necessity to engage the whole group, or peoples, rather than isolating individuals. How could this concept of discipling and participating in the group, when patients at the Ashram are so isolated from their families, be adapted to be impactful? If The Ashram fits according to the descriptions of the informants, and individuals are invited into an alternative family structure, and that family chooses to live a certain type of life within the bounds of the values and beliefs based on the teachings of Jesus, how does that transfer when an individual leaves?

Bishop Pickett warns against the temptation to isolate newly transformed individuals, in his case converts to Christianity, and instead suggested the need to 'rethink' missions work within the Indian group context, to incorporate the culture of group-centric decision making and participation into the transformative process (1938). When individuals come to the Ashram and become a part of the alternative family, they are invited to believe and live out what the community believes and lives out. McGavern cautions the idea of the 'Mission

Station', claiming that keeping or allowing all new converts to remain in the 'station' and not return to their home communities or go out into the wider public to share their transformation, means their own mindset change ultimately has little to no affect on society as a whole.

If breaking the cycle of poverty through growing leaders is part of the goal, then the process of sending out must be re-examined in order to fulfill that goal. If each man who leaves has not been fully prepared to reintegrate successfully, to be equipped with all the tools necessary to survive Indian customs, culture and societal structures which will naturally try to marginalize them again, what is the point in picking them off the street in the first place?

Kumar suggests that patients often struggle with the movement from social isolation back into a community setting (2012), meaning the initial process of coming the Ashram may be difficult. But then the process of leaving the community and attempting to foster a new community without the structure, intentionality and peer support found within the Ashram walls may be near impossible.

As was observed with Nitu when he first left the Ashram, the proper preparations, structure and encouragement were all necessary to ensure a successful reintegration into the wider community. Nitu had never lived on his own before, so providing him with two roommates to mentor and teach him was incredibly important. Nitu's overall mobility and maintainenance of contact with patients and staff at the Ashram was also very important.

Because Nitu has experienced mindset change during his time at Sewa, it was valuable for him to find a church community with which he could connect and find belonging. All the while being encouraged, mentored and corrected as he learned a new way to live in the city. Challenges like budgeting, mobility, cooking and punctuality were all met and struggled through, with a working knowledge that his new peer group was there to support him and see him through the difficulties. Nitu was invited to breathe, belong, believe, become, and eventually, he was very specifically sent out to reintegrate into the wider community. Though it was not easy and took a lot of intentionality on the part of Sewa staff, it is essential to take the lessons from Nitu's sending out as indicative of how to restructure the process of being sent at the Ashram.

5

Recommentations for Sewa Ashram

The research results are clear: patients are experiencing transformational change during their stay at the Sewa Ashram. But what also became clear in the research was the need to develop more comprehensive strategies for when the patients are ready to leave the Ashram and return to their communities. Nitu's story is a good example of what being sent can and should look like for all patients at the Ashram. Together with Nitu's story, informant suggestions and the overall analysis, I've compiled a listed of some short-term and long-term strategies for staff at Sewa Ashram and Delhi House Society to consider:

Short-Term Strategies

Building Up Patient Support Network

- Working directly and intentionally with patients preparing to leave the Ashram
- Building a structure to *send patients out* well and with increased support from staff and/or church partners within the community.
- Extending the alternative family structure they have experienced, beyond the walls of the Ashram when they leave.

Collecting Untold Stories

- Seeking out past patients who have returned to Yamuna Bazaar, hearing their experiences with Sewa and using this as a building block for strategy & prayer.

Addressing Lingering Trauma

- Most patients have experienced extreme trauma in life, but have not has facility to work through it.
- Employing and/or having a trained professional work one-on-one with patients trauma as a part of the healing process highly recommended.

Exploring Healing Ministries

- Further study of Inner Healing Ministry work with addicts & chronically homeless and how it could be implemented within Ashram.
- Addressing those things which bind patients to their past and prevent them from moving forward, like addiction, family issues, desire for money, destructive friends/communities, etc.

Long-Term Strategies

Almost all informants described their friends in their old community as bad influences or bad people. Three informants spoke of not wanting to return because their friends will tempt them with alcohol and drugs, will entice them back into their old ways. Thus it

becomes imperative, as the long term strategy for Sewa Ashram to focus on building a framework that encourages patients to build strong and healthy peer networks and is structured in a way with which Sewa can 'Send Out' their patients into the broader community.

Transitional Space

- A space where men who are seeking the Lord can experience intentional community, foundational biblical training, learn practical job and life skills and be disciple and sent into a community with the supports needed to live with dignity and let go of their past life.
- Details:
  - Dry house
  - 1-2 year commitment
  - Staff Resident for assistance and accountability
  - Routine Bible Study & Discipleship
  - Discipleship Model: Teaching disciples to go out and teach other disciples
  - Involvement in local community and local church: Connecting individuals to families willing to encourage and walk alongside patients while they re-integrate.
  - Adaption of spaces for physically disabled to be able to participate and grow further in their own capacity as well.

Adopting Gifted Leaders

- Finding/growing/adopting/borrowing gifted leaders anointed with the ability to shepherd and grow new believers in the Ashram into leaders who have the confidence to continue building up new believers and/or move into the larger society.

Questions For Further Exploration

- *Where does belonging fit in the midst of being "sent out"?*
- *How does each patients acceptance into the alterative family structure of the Ashram play a part when they are 'sent out'?*

6

Conclusion

The quiet stories of patients at Sewa Ashram tell a raw tale of the depths of experience lived by some of the most destitute men in the city. The experiences during their stay at Sewa has shown the unique model of inviting each man to breathe, belong, believe, become and be sent back into the city as transformed individuals.

Analysis of each man's story clearly shows how the encounter with compassion and care upon arrival at the Ashram was a defining moment in their journeys. Based on the findings from the research, it is clear the Sewa Ashram is providing a space that champions the dignity of men who would otherwise be completely forgotten within society. More importantly, the introduction of a Jesus-shaped culture and the invitation to believe an alternative set of views, which promote each individuals value, are indispensible to their rehabilitation model.

Though clear that there are hesitations and a lack of confidence to live out their transformed lives in the city, each patient has the potential to reintegrate back into the larger community with the introduction of a more structured form of being sent out. The creation of an intentional transitional space for men before they return to the city is vital.

Taking recommendations based on this research, the Sewa Ashram has the potential to not only transform individuals during their time within the walls of Ashram, but to see that transformation brought back into the streets of Delhi, thereby breaking the typical cycles of destitution these men have faced the majority of their lives.

At this crucial point in the organization, it is imperative that Sewa Ashram brings in evangelical leaders who can equip and send out these men, who have encountered the Living God, so they may live out their redeemed lives with dignity, breaking the cycle of destitution within the city.

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Appendix A

Best Practice Models

Transitional & Rehabilitation Programs

JOYN; India

JOYN India began as its founders Mel & Dave Murray began trying to answer the question of how to find sustainable solutions to the needs of people living in the majority world. JOYN's model involves seeking out people who are already doing good things within the community and partnering with these individuals to create more sustainable models that create a greater impact. JOYN seeks to find peoples *flare* and passions and train them into their potential, to teach individuals to value hard work as a tool to breaking poverty and addiction cycles. Their model also involves using Indian culture as an asset in creating good things, and linking that to the existing market.

The first stage of involvement in the organization is training, where individuals get used to working regular hours again. Then more intentional discipling occurs, where individuals are invited to prayer meetings, work with councilors and engage in various character development activities within the organization.

Their focus on quality work as a redemptive tool is a unique quality of their model. While navigating the caste system, JOYN functions in a way which builds up individuals skills, dignity, self-confidence and passions so that they can find new livelihoods and pride in their own person and in others.

Freeset; India

Freeset India is one example of a freedom business model. They work with those who have been recently freed from prostitution, teaching these women a variety of skills needed to be able to re-enter society with tools necessary to keep them and members of their families from falling once again into prostitution. Though Freeset is a business, it is also a community with a vision for the wider community in Kolkata. Freeset does not only provide for the emergent needs of the women in their program but also

Freeset is also a Fairtrade organization, that is breaking the cycles of poverty and the perpetuation of oppression along the entire production line of their products by choosing only to invest in matierials from ethical sources.

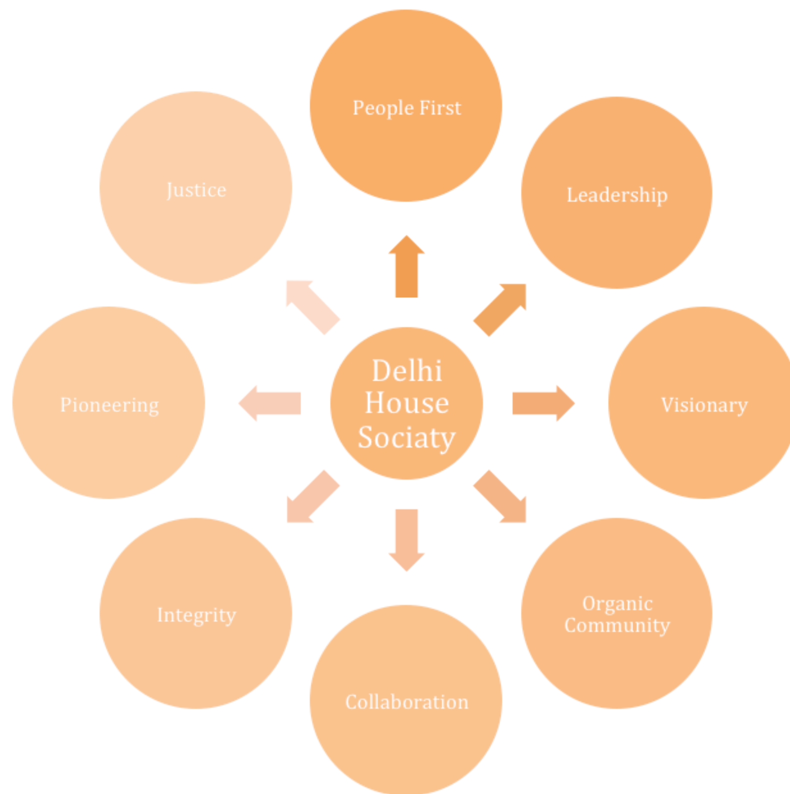
Freeset's model for breaking poverty through their holistic approach to preparing and equipping women to re-integrate into the community successfully is a valuable model to examine.

LA Union Rescue Mission (URM); Los Angeles, USA

LAURM has a one year discipleship program followed by a 6 month apprenticeship program and a 3 month transitional housing program. This breaks up the pressures and requirements to successfully transition men back into stable homes into smaller more manageable pieces. The first year is focused on discipleship and skill building. Men attend bible studies, go through biblical 12-step programs, participate in education, finance planning and anger management classes. They receive vocational training and go to fitness classes and they participate in a community church outreach. They have a set number of hours they must complete within the year and must adhere to the rules. There are 4 main goals for the year: remain drug & alcohol free, keep documentation of employment, resolve any health, dental, legal and mental health issues and finally, reconcile with their families.

The next stage of transition is the apprenticeship program, where men are guided through the process of maintaining a job and building an employment history, upgrade their education or begin vocational training. And finally the transitional phase is where men begin looking for affordable housing,

APPENDIX B



Fig, 1: Delhi House Foundation Model of Operation.