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WALKING WITH **COMMUNITIES**

A 30-year

Global

and

Local

Health

and

Healing

Pilgrimage





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In 1991 I attended a conference in Leysin, Switzerland, led by Ian Campbell. During the conference I was introduced to concepts such as community engagement, community conversation and community participation and ownership. These concepts changed my way of thinking and my way of working.

At that time my home was on a Salvation Army compound in Colombo, Sri Lanka. After the conference I started connecting with the community around me in a different way. The integrated ways of working that I had been introduced to during the conference made me realise that I was not an expert on people's lives and circumstances, I should not impose my ideas on their lives, I should not assume I knew what a community needed, but instead I should come alongside, walk with them, listen to their stories and give support if and when needed.

The conference and subsequent countless meetings with Ian Campbell and Alison Rader Campbell – meetings that have always been inspiring and encouraging, always leading to new thought processes and ideas – became the start of a friendship that has lasted to this day.

The Campbells have had a great influence on Salvation Army ministry around the world. I thank God for their energy and for their example. I recall visits with them to communities in many lands, engaging in conversations with people on very noisy street corners in Old Dhaka, Bangladesh, in a large residential complex in Moscow, in a care home in a small town in Scotland. I always came home from these encounters enriched and happy. For in conversation with people I encountered God. I felt his presence and was blessed and inspired.

The Salvation Army was born on the streets. Our mission has never solely been within the four walls of a building, but out there where people live their lives. *Walking with Communities* does not outline a theory but is a powerful testimony to the presence of God everywhere and in every situation. How care can lead to hope and lasting change. It describes mission at its best. I know it will inspire and encourage you in your ministry. You will feel energised and uplifted in your spirit.

The journey outlined in this book started many years ago. As we slowly emerge from the COVID-19 pandemic its message is relevant and timely. It can help us all as we recover from this traumatic period in world history, and once again come alongside communities as they rebuild their lives.

Commissioner Birgitte Brekke-Clifton

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'This journey has taken them to every region of the world and has taught them the amazing capacity of local communities to deal with crisis and conflict'

WALKING WITH COMMUNITIES

is the fruit of engagement, remembrance and reflection of a 30-year health and healing pilgrimage.

Alison Rader Campbell and Ian Campbell have devoted their lives to health-related community development and integrated mission, participating with people in their living space so together they can grow to know God better. This journey has taken them to every region of the world and has taught them the amazing capacity of local communities to deal with crisis and conflict when appropriately accompanied.

The journey began in Zambia in 1987 when Ian was invited to accompany a grieving community affected by HIV and AIDS. Ian was the Chief Medical Officer at the nearby Salvation Army Chikankata Hospital. Catalysed by this experience, The Salvation Army began to explore an approach to local response that illuminated the ideal relational synergy of home and neighbourhood with a centre, such as a church, clinic or school.

A recognisable pattern emerged of encounter in the healing presence of God alongside and with people who suffer and who need hope.

Because HIV was spreading so fast at home and in neighbourhoods, visitation at home and community counselling, supported by health staff and congregations, were the obvious pathways to follow.

Despair was displaced by confidence and hope within patients, their families and neighbours. Strengths for local response were seen, such as care by presence, community belonging, willingness to change behaviour to prevent the spread of HIV, faith resurgence and humble leadership.

When Ian was appointed as The Salvation Army's Medical Advisor at International Headquarters, London, in 1990 (where he served until 2007), an opportunity to transfer learning was seized. It was not long before many community-driven grace-based responses to critical health and social issues were seen around the world.

Affirm Facilitation Associates emerged by 2008, coordinated by Alison and Ian, as an

inclusive Christian-based vehicle to gather experienced facilitators to link directly with communities to stimulate response, synthesise learning and support organisational adaptation.

In 2012, following requests to document the accumulating global experience, Ian and Alison revisited 39 communities in 20 countries. They called this process the Global and Local Community Conversation (GLOCon). From China to Rwanda, India to Ukraine, they met with local people to continue community conversations, to thank them, to learn about their continuing journey and to encourage the neighbourhood to take steps into their future.

A film featuring four of these community journeys was released in 2017 called *Together: A Journey of Neighbourhood Conversations*. The conversations and film provoked a need to review, name and share more widely what has been learnt.

THE SOUTH WEST COAST PATH

Since listening and appreciation is the essence of integrated mission, the idea developed of remembering the stories from the past 30 years and reflecting on their meaning by intensive sustained listening in a variety of English locales. The intention was to trust God for daily encounters with people on the path, to listen to their stories, and to distil meanings around themes, to which both local and global stories point. Walking the South West Coast Path, which hugs the clifftops and beaches of Somerset, Devon, Cornwall and Dorset, seemed like it would provide the right opportunities.

In June 2018, with fellow walkers, a supportive base camp crew and a team of virtual supporters, Ian completed the 630-mile journey in 28 days.

The experience validated the choice. GLOCon stories were refreshed by encounters on the path and enabled Ian to recall and reframe deep learnings and intercultural meanings more easily because of stories of 'today', which reminded of the past, and showed continuity towards the future.

All of us have been affected by COVID-19, which is a recent expression of that future. *Walking with Communities* illustrates specific community stories, with principles and practices for response that are relevant to the journey of every community, in every country. Looking back takes us on a journey toward COVID-19, and beyond.



0 10 20 Miles



THE SOUTH WEST COAST PATH

A scenic landscape featuring a body of water, a grassy hillside, and a cliffside. The water is a deep blue, and the sky is a clear, light blue. The grassy hillside in the foreground is lush and green, with a path leading down towards the water. The cliffside on the right is a mix of white and grey rock, with some green vegetation growing on it. The overall scene is peaceful and beautiful.

*'Walking with
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illustrates specific
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'We are **different and better** today only because we have **walked with communities** worldwide and have been **awakened to God's healing grace**'

FROM THE AUTHORS

The stories of local communities which have sustained their action and hope despite enormous obstacles are the roots of experience, and the learning that has emerged is due to their effort. We need to honour them, and a way to do so is to share particular examples and to listen carefully to the main theme that emerges from each of the stories. We have tried to listen well. We are different and better today only because we have walked with communities worldwide and have been awakened all the time to God's healing grace. We hope this book will help do the same for you.

Walking with Communities comprises pictures, stories and reflections that are easy to read and dip into, while the interrelatedness of the themes and local stories encourages deeper consideration. Reflection questions at the end of each chapter are there to help personalise and stimulate mission focus. Each of the 24 chapters represents one day's walk, and each is a synthesis of learning around one theme, to which the GLoCon and South West Coast Path stories point.

Each chapter is intended to stand alone, and can be read and acted on in any order, as one can do parts of the South West Coast Path, but why not come along for the whole journey?

Ian Campbell

Alison Rader Campbell

Woking, Surrey, England

Robin Rader

Suffern, New York, USA

INTEGRATED MISSION

Integrated mission emerged as a Salvation Army term in the early 1990s as a way to capture the essence of the social and faith and local community movement in terms of participation with others in the living space as well as the work and worship space, so that together we can all come to know the grace of God in Christ.

NOTE

In the narrative, 'I' refers to Ian Campbell, and 'we' to Alison and Ian unless others have been specifically named. Salvation Army officers in charge of local corps/community church units or larger areas have usually been designated simply as 'Salvation Army leaders' rather than identified by rank.

WHO THIS BOOK IS FOR

The book should be attractive and useful to those already in community development and mission work, and anyone with a heart for real encounter with people, and the healing presence of God, in their neighbourhood community story. It may be particularly useful for people who want to participate in stimulating transformation and don't know where to start.

You may be a person of faith working in health, development, reconciliation and mission. Or you might be someone engaged in your neighbourhood, or in any effort to reach out and live relationally, to discover something more about the character and presence and grace of God. In other words, people of 'integrated mission'.

Walking with Communities is a reflective record of long-term experiential learning in a health and development and mission context. A fully referenced analysis focused just for development professionals is not the intention. It is however intended to be an encouragement and a provocation for anyone already on or considering the journey.



SALT

'SALT' conversations are a foundation for experiential learning. SALT is an attitude, behaviour and practice, applied by a small team of two or three people through home and neighbourhood group conversations.

Team members help each other explore the Story of the hosts, with an Appreciative mindset, intent to Learn by listening, and alert to opportunities for Transfer of vision and direction from one neighbourhood group to another.

Family, friends and neighbours are part of the pattern of response across the global cultures. They contribute characteristics of movement, as do the health and faith leaders and workers who choose to engage.







1

CARE TO CHANGE

In this chapter, we explore the link between care with a person in their living space of home and neighbourhood and change in those who are affected or connected.

‘Then the angel showed me the river of the water of life, as clear as crystal, flowing from the throne of God and of the Lamb down the middle of the great street of the city. On each side of the river stood the tree of life, bearing twelve crops of fruit, yielding its fruit every month. And the leaves of the tree are for the healing of the nations’

Revelation 22:1-2



DAY 1

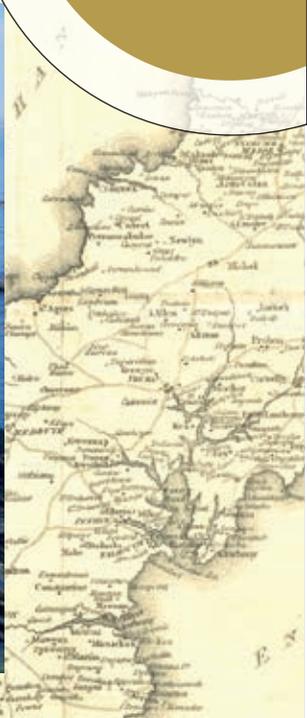
1 June 2018

Lynmouth to Minehead

Solitary Ian is on the way, starting at 5 am, walking three hours, then stopping for breakfast from his pack. He is looking at the sea, thinking back over experiences that have taught him about health and healing: the synergy of people, the part we play, the dynamic interaction of people that pulls apart or works together.



India
comes
to mind



AIZAWL, MIZORAM, INDIA



**SUSTAINED
CHANGE
REQUIRED
GENUINE CARING**



'The neighbourhood has truly owned responsibility for care and change'

AIZAWL, MIZORAM, INDIA 29 JANUARY-4 FEBRUARY 2012

CARE TO CHANGE: A SUMMARY

A caring presence at home motivates change in the neighbourhood.

Gan Sabra is a home and orphanage in the Zonuam neighbourhood belonging to Lucy Maruati. She has dedicated the space to children living with and affected by HIV. Lucy's connections and relationships in the close-knit community have helped neighbours to understand an HIV-positive status so the children feel accepted at school, church and in daily activities.

What has helped foster positive change? The strategy has been one of care linked to change, including personal accompaniment for each of the children; involvement of local neighbourhood members; integration of local leaders for problem-solving; a long-term shared vision of confident, independent and connected children; and facilitation for the children to return to their family, or to loving and sustainable community guardianship.

In another part of Aizawl, the neighbourhood of Dintar has gathered experience over the past 20 years of caring for local teenagers and adults living with addiction, and often with HIV and AIDS. They come from the same neighbourhood

and know each other. Starting with neighbourhood-built 'halfway homes', the community committee arranged care, counselling, follow-up to family homes and vocational training. Some of the people who were helped are now mentors, counsellors and carers in Dintar and the surrounding area.

Thinking about it: The neighbourhoods have learnt from experience. In Dintar, the halfway house was not enough. Sustained change required genuine caring that extended to facilitating reconciliation with family in the family home, and with local neighbours as well. A SALT team from the local Salvation Army church catalysed follow-up into family homes and the neighbourhood, and the community committee fostered engagement by many local church and public leaders.

In both situations, the neighbourhood has truly owned responsibility for care and change. They have found confidence through teamwork and shared faith. They have relational strength that orients the neighbourhood to look forward whilst realistically confronting the present challenges.





THEMATIC ANALYSIS: CARE TO CHANGE

What have we learnt from local experience?

Looking at the example of Gan Sabra, we can see some influences that resonate with an observation first made and articulated in 1988 with the Chikankata community, in southern Zambia. That is, caring and being with a person living with HIV, at home in the midst of their relatives and neighbours, can lead to change in the wider neighbourhood.

Personal accompaniment is the expression of care that affirms dignity in a person who is affected by any condition that may be judged by others. In the case of Gan Sabra, this refers to each of the children who were either living with HIV or orphaned because HIV had been responsible for the death of one or both parents. Personal dignity, worth and the sense that 'I do matter' are foundations for personal confidence building and freedom to participate in the community without fear of what other people may think.

The personal attention is given and received as caring. It is not primarily characterised by provision of service, but by presence.

The Dinthar community also clearly shows how care by presence with an infected or affected person leads to change in family and neighbourhood members. In the late 1990s the Dinthar community took resolute action, extending beyond the halfway house to home-based conversation. Until then, many people had been watching, often worried and afraid,

paralysed emotionally, feeling unable to act. Rejection by families of HIV-infected or drug-using family members was common, even if their sons, daughters and siblings wanted to come home.

Whatever the issue, be it HIV, drug use, domestic violence or being a relative of a person infected with Ebola, the really hard challenge for facilitating inclusion is to link the affected person – the subject – to their biological family in the context of home, and to others who are part of everyday relationships. Silent, invisible barriers to caring and changing often permeate the living space. The result can be separation, isolation, stigma and discrimination.

Who accompanies, who is present, and how? An 'outsider' companion needs to be there, but not intrusively. Being there requires a caring, humble and truthful stance by the 'outsider', who needs to be invited into the living space by the person directly affected, and by affected others.

Personal confidentiality within the family can become a shared confidentiality between family and neighbourhood members because of accompaniment. People share both directly and indirectly what was previously kept private. The generation of suspicion, fear or distrust is dispelled by paying attention to a person along with the biological family and the neighbourhood, when permission and invitation have happened.

An immediate neighbourhood in the geographic sense can mean the street, the families across the



road, the whole village or a sub-neighbourhood, depending on the context and the culture. It is a common pattern, globally, that there is no such thing as a family secret. Somehow the word gets out, but in part, generating fear. The distrust, blame, shame and stigma that happens with the immediate family can envelop the neighbourhood.

Personal accompaniment of a person who is affected, and of their immediate family, can dramatically shift exclusion to inclusion in a home. In the same way people in the neighbourhood can adjust and respond in caring ways. However, it depends on the intentions of the team that is personally accompanying the affected person and the family for the community conversation to open up and mature. This does not have to relate directly to the home visit of the affected family, yet there is always an indirect relationship.

Matani is a woman living with AIDS. She is part of the Dinthar community. About 15 years before we met her on a GLoCon visit in 2017, she was told by her doctor at the local clinic that she was HIV-

positive. Her husband had just died from AIDS, so she had been tested. The news spread. She did not know how. She says that she received an insight from God as soon as she heard her diagnosis. She felt God's care, and she changed. She was convicted that she had to share with others in a similar situation and help them to find courage. She wanted to care, so that change could happen.

Matani's first concern was for her two children. They were being set apart from the other children at school, so she had a conversation with all the teachers. They understood and relaxed. The same separation happened in her church – she sat in the aisle at church on her own for many weeks until someone sat near her, and things became normal again. What courage she showed! Her own family, particularly her father, took time to adjust but in time, her father came to live with her.

Matani became a leading statewide networker and facilitator, directly influencing care and change. When we met her she was not always well in her body yet she was radiant with hope.

The key to stimulating community conversation that shifts the focus of attention away from a particular person and their family, towards shared concern and shared community confidentiality, is the capacity of an accompaniment team to give a question back to local neighbourhood. The question can be one of curiosity, antagonism or speculation by any, and often many, in the neighbourhood. The response by the visiting team needs to be a question, not an answer. 'Why are

'Caring ... is not primarily characterised by provision of service, but by presence'



you concerned?', is the most important question for the outsider team, usually causing neighbourhood members to pause and reflect on the fact that the visiting team is interested in them as well as the family. Then a gradual opening up can develop, towards a shared desire to move forward together.

The Gan Sabra and Dinthar examples show what has been observed in many countries in the HIV and AIDS response, and with other critical conflict-laden and stigma-producing issues. Care with one person, in the immediate relationships of home and neighbourhood, can lead to change in many. Personal decisions for change, family support for change and neighbourhood reflection on community-wide change can synchronise shared action that yields confidence and hope.

There are other influences that also help to make the difference.

Local leaders can help through convening, experience sharing, problem-solving and decision-making. Good facilitation integrates leaders to help avert domination or dependency.

In the case of Gan Sabra, another influence has been facilitation of the return of children to their biological family, or in the absence of family to loving community guardianship. This has led to a

natural integration of the local care home with the surrounding community.

Those who accompany and facilitate in homes and neighbourhood need long-term vision. Team formation to stimulate and catalyse conversations needs to be sustained.

A team intent on accompaniment can be sustained if there is openness to new team members. New people join experienced team members and learn by immersing in the local reality. The team is strengthened by learning and sharing. New teams can also emerge from the experience that will enter other neighbourhoods by invitation to accompany and stir change there.

Care by presence in home and neighbourhood is the critical catalytic influence that leads to an expanding local movement of care and change. As well, people involved in health and religious structures are positively provoked to adapt if we truly believe that local community is inhabited by a God of grace, and if we authentically participate.

Incarnational caring changes all of us.



Rituu Nanda, a SALT team participant from Delhi, is an intergenerational learner

'Care by presence in home and neighbourhood is the critical catalytic influence that leads to an expanding local movement of care and change'



QUESTIONS THAT TAKE US FORWARD

- What are some common conflict-related, stigma-producing issues that have the potential to show the pattern of care to change in the interconnected circles of home, neighbourhood and service facility?
- Each neighbourhood that responds by its own willingness to engage through shared confidentiality and that addresses particular issues in its setting, need not declare the issue, process or result to other communities. However, other communities watch and often become attracted to the positive change seen.
 - ▶ How does one community influence another towards positive change?
 - ▶ How does the influence of one community that is changing intersect with another community that is also changing?
- What attitude is needed by those from health and faith facilities who might be able to facilitate interconnection and potential synergy for expanding response?
- How is the 'care to change' process a critical foundation for catalysing local neighbourhood movement on health and other issues, and how is that movement sustained?
- In what way and to what extent are those engaged with institutional structures inhibitors to this movement, and in what way can they be propitiators of the movement? How can the local change process influence the practice and policy of support, care and service organisations?

'Being there requires a caring, humble and truthful stance by the "outsider", who needs to be invited into the living space'



FINAL WORD FROM MIZORAM

'We grow as communities together on the journey through the river of life, the road of which is paved with relationships built with care and appreciation – a miracle that the Spirit of God has created.' – *Maii Zoengparii* after a SALT team visit