

## GUEST EDITORIAL

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### Essential Standards for CBR Field Workers

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In recent years there have been many changes in the field of community-based rehabilitation (CBR). In the early years of CBR development there was a strong medical focus on the rehabilitation opportunities for people with disability. However, CBR gradually evolved into a strong community based approach that supported families, adults and especially children with disabilities through practical home based rehabilitation activities – in reality often provided by the caregivers - that helped them to cope with daily life. Besides the practical rehabilitation activities, field workers supported the inclusion of people with disabilities in all aspects of life e.g. lobbying for inclusion in schools; raising awareness about disability in the community; lobbying for access to important service and ensuring that people with disabilities could participate in livelihood opportunities or gain employment. This approach which started already to evolve in the eighties of the last century, is now often referred to as the social and/ or rights model. For us this approach of working together with families and people with disabilities in the community, addressing rehabilitation needs, promoting participation and social inclusion is fundamental to CBR and thus the work and activities done by CBR field workers.

However, recent developments and changes, for example the move from CBR into community based inclusive development (CBID) or the Rehab2030 Action Plan of the WHO both seem to take the focus away from the extremely important grassroots work of the CBR field worker and as such seem to deny the importance of home-based services for people with disabilities. Various recent studies and reports from field visits by different NGOs working in the field of disability and rehabilitation, show that within the CBID approach many field workers talk about inclusion, disability rights, community mobilisation and advocacy, but

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lack the most elementary rehabilitation skills necessary to support children and adults, and coach families in order to improve functioning and quality of life. Some advocates of the CBID movement deny the importance of rehabilitation as a complementary but fundamental condition in achieving inclusion and seek inclusion especially in the form of mobilising communities. We, however, are convinced that these two aspects cannot be separated nor contrasted; both are important. Yet, the average person with a disability wishes to have access to high quality rehabilitation and assistive devices; precisely something that often is not available, accessible or affordable in many low- and middle- income countries. Not recognising such rehabilitation as of vital importance to those who have no access to such services is a violation of human rights. One could argue that the current WHO approach will fill the gap that is left with moving from CBR into CBID but given that the WHO approach apparently seems to focus largely on professional rehabilitation services we need to be on the alert. The shift from CBR to CBID is in our opinion a risky endeavour which may result in a shift from offering essential rehabilitation services at the community and household level to those who otherwise have nothing else then to rely on a community development approach focusing on mainstreaming which in practice will mean 'away-streaming'.

The newly widely embraced CBID approach mainly promotes the rights of people with disabilities and inclusion in community development, but it lacks attention to the practical rehabilitation skills that CBR field workers need to master in order to achieve disability inclusion and participation of people with disabilities in all sectors of society.

The Rehab2030 Plan of Action aims at improving accessibility to rehabilitation services for all people, not just people with disabilities. However, the reality in low- and even middle- income countries shows that essential rehabilitation services are only available in bigger cities and not in small towns, villages, or remote areas. Besides, many people cannot afford these services even if they can access them. In many low- and middle- income countries the numbers of professional rehabilitation staff such as physiotherapists, occupational therapists, or speech therapists are not sufficient at all to serve the rehabilitation needs of the entire population. Moreover, some rehabilitation professionals like social workers, psychologists, or CBR field workers are not even considered to be part of the core team of rehabilitation professionals. Even when the numbers of rehabilitation staff needed to deliver rehabilitation services are available, many people still

would not be in a position to access the services because of eco-social factors such as poverty, geography. In order to reach them we seriously need to invest in supporting and further developing community level rehabilitation services. Some may argue that this is not a long-term solution and we better invest in ensuring that enough rehabilitation professionals will be trained according to western models. We, however, feel that a western solution may not be the answer; we also feel that it is inhumane and not respecting fundamental human rights to not ensure short term solutions for those living on the fringes of society. As such we rather see but one solution and that is to seriously invest in the promotion and development of rehabilitation at the community level. Whatever name one wishes to give to such a model is not a concern to us. Our concern is simple and simply the right of people with disabilities living in remote and under-resourced areas to also have access to essential rehabilitation services; our concern is not the position of rehabilitation professionals nor those of the minority of people with disabilities – usually the elite - who already have the luxury of making use of quality rehabilitation services. Our concern is simple and simply about the right for life for everyone.

In our view, it is high time to professionalise and recognise CBR field workers as an essential and valuable core member of a comprehensive rehabilitation team in low- and middle-income countries. In doing so, many CBR field workers, who are often people with disabilities, or mothers of a child with a disability, we are bringing valuable personal experience of disability into comprehensive rehabilitation, who – if receiving proper training in rehabilitation – are well able to address the needs of people with disabilities.

It is time to recognise the indispensable role of CBR workers in delivering rehabilitation services in low- and middle-income countries. They play a vital role in both community development as well as the work they do with families. It is in our view high time that CBR field workers receive a robust training followed by a proper career path, a decent salary and be part of existing health and/or social service personnel. They should be recognised by governments and NGOs as a valuable para-professionals in the delivery of rehabilitation services in the community.

We propose to develop a global CBR training curriculum based on core and essential skills a field worker needs in order to prepare him/her for their important tasks in the community. We propose – based on numerous evaluations of CBR programmes - a 1-year diploma/certificate training that offers people the

opportunity to start a career working in rehabilitation at the community level. The minimum training CBR field workers need is 3 months spread over one year in which theoretical training is alternately followed by practicals in the field. The Essential Standards study done by Enablement during 2017-2018 clearly shows the core skills which CBR field workers need to have in order to offer practical rehabilitation activities in the community for people with disabilities and to train and coach families to support people with disabilities. The CBR curriculum should be based on group- based learning, practical assignments and learning from the implementation of CBR activities and thus gaining practical rehabilitation skills. CBR training should be clearly linked to the realities of the community.

CBR field workers can be the link between the new approaches focusing on community mobilisation (CBID) and the operationalisation of the Rehab2030 action plan of the WHO and as such play a vital role in making sure that really no one is left behind.

A CBR programme requires CBR fieldworkers with practical rehabilitation skills, and skills to collaborate and network with different organisations and various sectors. They need to be aware of the network of resources and services available within their area of work. CBR fieldworkers most of all need to be agents of change and problem solvers. Such a role will ensure that persons with disabilities and their families are empowered to make the changes needed in their lives and enabled to come into contact with the right mainstream resources, or at times with special services that are required.

A training curriculum for CBR fieldworkers should be related to the five CBR pillars and an additional to 2 other pillars: i.e. condition specific knowledge and management. The essential standards study (ref. 2018) showed a gap in training topics relates to the livelihood, social and education domain and these naturally received also the least attention in day-to-day activities of the fieldworkers. Yet, these domains are of large importance to people with disabilities and their families. Various studies show that there is a strong link between poverty and disability, and it is thus evident that this area of work requires attention. The social domain may seem of less importance (e.g. because of the attention for culture and arts as well as recreation, leisure and sports) however, this is also the domain that deals with issues of religion (culture), relationships and justice: aspects that so often refer to essential concerns such as discrimination, stigma as well as rights and righteousness. Awareness raising is regarded as a priority issue and closely linked to above mentioned issues.

We invite you to respond to this editorial; an editorial which for some of the readers may be common sense; for others it may be provocative; some may agree; others will disagree. We hope to get your views – not so much on terminology - but far more on principles; on what is needed on ground; not so much on grand philosophies and theories but far more on the reality of daily life in so many countries of this world. By promoting a recognised CBR career path we hope that many dedicated CBR workers will receive the adequate training and support that they need to create an inclusive society for all. CBR field workers can play a vital role in linking new developments and approaches about mainstreaming disabilities to practical rehabilitation activities in the community, making sure that really no one is left behind. Please submit your articles, best practices, reviews, opinion papers etc as we wish to publish next year a special on this subject.