

Editorial

Ever since community-based rehabilitation (CBR) was promoted in the early eighties, a lot of interest and effort had been focused on training of CBR personnel, with debates on the different levels and types of personnel, their tasks and training needs. During the eighties and the nineties, training programmes were designed and conducted in many countries, particularly for front-line, community-based 'CBR workers'.

Around the same time, there was also much debate on whether CBR workers should be multi-purpose skilled workers dealing with all aspects of CBR, or whether there could be different types of community level workers, such as those focusing on therapy and those working on community mobilisation, advocacy and so on. Wirz (2000) commented that no one system is appropriate for all CBR programmes, and emphasised that training of CBR workers must be local and geared to the needs of the projects where they work.

Another point of debate was the need for mid-level CBR workers and their role in CBR implementation, whether they had more of a supervisory and managerial role as the link between front-line workers and the CBR managers, or a direct operational role in terms of working directly with persons with disabilities, or both.

In a 1999 study of CBR workers' attitudes and education in south India, Paterson found that the responsibilities of the CBR workers included 'dispersing knowledge about disability, raising awareness in the community, counselling families and people with disabilities, assessing needs, referring people to other services, providing direct rehabilitation treatment, supporting families, making simplified technical devices, empowering individuals and groups, changing attitudes and teaching mobility skills'. In addition, the workers provided leadership training to and assisted families to obtain loans for small business ventures. This indicates that the CBR worker of the late eighties and nineties was involved in multi-sectoral activities. According to Paterson, 'the CBR worker needs to be a therapist, teacher, social worker, politician and vocational counsellor, as well as having the boundless energy and resourcefulness to work independently'.

With the publication of the CBR Guidelines of WHO, ILO, UNESCO and IDDC in 2010, there is renewed interest in the tasks and training of CBR personnel. Almost 10 years after Paterson's work, Deepak's (2011) study of 105 CBR workers from 7 countries, found that a majority of CBR workers have multi-sectoral

responsibilities, covering all the 5 components of the CBR Matrix. The study also found that 'the most important learning needs expressed by CBR workers and CBR project managers relate to "Empowerment", and include different issues such as promoting DPOs, understanding rights-based approach and how it is implemented, understanding advocacy and lobbying activities and how to implement them, etc'. This is reiterated in a scoping review by Jansen-van Vuuren and Aldersey (2018), where they found that the 'the most significant "gap" in CBR workers' skills was identified in the empowerment domain, where workers require further training in understanding the oppression of persons with disabilities, human rights, social justice, gender equality, advocacy, and understanding relevant political institutions and policies.' The review identified a 'crucial need for further training of CBR workers in both "hard" clinical skills such as knowledge about health conditions, specific rehabilitation techniques, and organisational management, and "soft" skills such as communication, advocacy, cultural competence, and critical thinking'. Mannan et al (2012) have brought up the need for a new cadre of worker, similar to the mid-level worker, to address the human resource gaps in CBR.

More than 30 years down the line, the debates around levels of CBR personnel and their training, appear to live on. CBR is a multi-dimensional, multi-sectoral and complex approach that requires appropriately trained workers who need to have their knowledge and skills updated periodically, in line with current trends. An added complication is the change in terminology from CBR to CBID, which, as discussed in earlier Editorials in this journal, raises more questions than answers. In relation to front-line personnel, are a CBID worker's role and tasks any different from those of a CBR worker? Do CBID workers require a different type of skill sets compared to CBR workers? These issues need to be clarified further. Some countries have started designing CBID workers' training curricula, and it is likely that there will be unnecessary reinventing of the wheel in terms of training, because of changes in terminology.

References

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