



# Changing concepts of CBR 2

## – Implications for physical therapists

Since its inception nearly thirty years ago, the concept of community based rehabilitation (CBR) has changed substantially. This culminated in 2003 in an international review of CBR by the World Health Organization. In a series of two Keynotes papers, Liz Carrington looks at the outcomes of the WHO review, and their implications for physical therapists.

In this, the second paper on changing concepts of CBR, she expands on the implications and challenges for the profession.

### What the WHO affirmed

The WHO international review affirmed CBR as a strategy for achieving rights for people with disabilities, a means of poverty reduction and a way of ensuring health and other services reach more people. CBR should be for all, including people without disabilities. Discussions with disabled people are essential for designing services which are relevant and give them control over their lives.

### What this means for PT

Models of CBR differ. Involvement by physical therapists depends on who benefits, who leads and who funds the work. Some models are designed to benefit particular groups, such as people with visual impairment or

children with cerebral palsy, and may be more specialised. Others have a generic cross-disability approach which is more inclusive.

Some CBR programmes are designed and led by people with disabilities with the involvement of the local community. Health may be one strand within a wider social agenda concerned with access to education, employment and other services disabled people need to live their lives. Physical therapists might act as consultants to provide technical input or teaching on request, to enhance function and the potential for social participation, and to help with changing negative social attitudes.

Other CBR programmes led by health care professionals may have a stronger medical focus yet take account of the wider needs of service users. Physical therapists may sometimes be the initiators of CBR where there have been no services before.

Government-led programmes will usually have wider coverage than those funded by Non Governmental Organisations (NGOs) and are more likely to have a clear structure that links CBR into the onward referral chain for health and other services.

Physical therapists need a high degree of flexibility and innovative thinking, and a wide range of management, practice, teaching and research skills if they are to contribute effectively to CBR.

### Physical therapists and government

Physical therapists need to advocate for a national policy on disability. Governments need to be clear about the strategic role physical therapists can play in contributing to the development and implementation of national CBR plans. Skilled, professionally trained physical therapists are essential to complement and support the work of CBR personnel. This will enhance sustainability and the quality of services.

### Qualifying education

To ensure that physical therapy is as life enhancing as possible, qualifying education should equip physical therapists to:

- value community work
- understand the social complexity of the context in which service users live and how this affects their goals, priorities and aspirations<sup>1</sup>
- listen to, and learn from, disabled people and be sensitive to their needs for information and help
- respect the knowledge and skills of disabled people, families, CBR workers and community leaders.

### Practice Issues

Disability and poverty are closely linked, so survival issues may come first for some people.

Physical therapists may need to:

- provide specialist technical input
- share appropriate skills with CBR



workers, disabled people, families and others who provide help and support to disabled people

- contribute to the training of CBR workers and provide ongoing support to enhance sustainability
- advocate for social change by implementing national disability legislation (where it exists), challenging discrimination and working with disabled people's organisations (DPOs) on strengthening positive attitudes towards disabled people in the community
- strengthen the local referral chain so that disabled people can access general health services as other members of society do
- ensure DPOs and disabled individuals are involved in designing services
- assist in capacity building of DPOs
- empower disabled people to be positive role models for others
- strengthen the evidence base for CBR by engaging in research on effectiveness.

## Community involvement

CBR works best if it is something the whole community wants. It cannot be imposed. Needs can be expressed more fully if the possibility of change is understood<sup>2</sup>.

So physical therapists have a role in:

- educating communities who have not been exposed to regular health care, about the benefits of physical therapy within CBR
- consulting disabled people to identify those who can best illustrate change in their lives as a result of rehabilitation
- promoting the inclusion of all disabled people and especially marginalised groups (eg. people with learning difficulties, women)

## Ongoing challenges

CBR has achieved much, but challenges remain, for example:

- multi-sectoral collaboration (health, education, social welfare, labour) is difficult to achieve in some countries
- some social groups within communities may not work together easily
- community work often has a lower status which impacts on career development physical therapists and CBR workers
- in settings where physical therapists are few, it may be hard to balance the attainment and development of core physical therapy skills in traditional roles with potentially more diverse roles within CBR
- the evidence base for CBR is weak so arguing for funds may be compromised<sup>3</sup>.

## Conclusion

WCPT is committed to promoting CBR<sup>4</sup>. Equipped with the right knowledge, skills and attitudes physical therapists can make contribution to the further development of CBR. The next step is to ensure good practice and innovative research is shared within, and beyond, WCPT.

### References

1. Finkenflügel H. Who is in and for what? An analysis of stakeholders' influences in CBR. Asia Pacific Disability Rehabilitation Journal 2006;17(1):12-34
2. Wirz S, Thomas M. Evaluation of community-based rehabilitation programmes: a search for appropriate indicators. International Journal of Rehabilitation Research 25 163-171. 2002.
3. Finkenflügel H, Wolffers I, Huijsman R. The evidence base for community based rehabilitation: a literature review. International Journal of Rehabilitation Research. 2005;28(3):187-201
4. World Confederation for Physical Therapy. Position Statement – Community Based Rehabilitation. Approved at the 15th General meeting of WCPT June 2003.

### Further reading

1. Hartley S. (Ed.) (2001) CBR. A Participatory Strategy in Africa. University College London. Centre for International Child Health, London. [www.asksource.info/cbr-hartley.htm](http://www.asksource.info/cbr-hartley.htm)
2. Evans PJ, Zinkin P, Harpham T, Chaudury G. Evaluation of medical rehabilitation in community based rehabilitation. Social Science and Medicine. 53, 333-348 2001

Liz Carrington represented WCPT at the WHO discussions on CBR and is a member of the EU Matters Working Group of the European Region of WCPT. She is International Development Adviser at the Chartered Society of Physiotherapy.

*Keynotes* is a series of occasional papers dealing with important professional, practice and policy issues relevant to physical therapists across the world, and to the development of physical therapy internationally.

*Keynotes* are written by independent authors and do not necessarily represent WCPT's opinion. For further information contact:

WCPT, 4th floor, Charles House, 375 Kensington High Street, London W14 8QH  
E-mail: [bjmyers@wcpt.org](mailto:bjmyers@wcpt.org)  
[www.wcpt.org](http://www.wcpt.org)

The World Confederation for Physical Therapy is a registered charity in the UK, no 234307

© WCPT 2007