Community-Based Rehabilitation for Persons with Disabilities: An Indigenous Calling

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Abstract

Community interconnectedness has been an essential aspect of the Indian cultural ethos and belief systems about social life. Over nearly four decades, the evolution of the Community-Based Rehabilitation approach as an effective alternative to traditional vocational rehabilitation practice and a dignified medium of social inclusion has been recognized, studied, and documented across the world, especially in lower-income or middle-income communities, developing and underdeveloped countries. There has been some evidence of its successful implementation in different parts of India. However, a well-integrated effort from the state and its regulatory bodies has not gained prominence in this sphere. In this context, the article tries to outline the sociocultural suitability, pragmatic opportunities and challenges that align with the successful implementation of CBR programmes within the Indian community ecosystem. CBR here is discussed specifically in terms of generating livelihood for persons with disabilities through a medium of community integration.

Keywords:

Community-based rehabilitation, Persons with disabilities, Vocational Rehabilitation, Social Inclusion

Introduction

Work is a central aspect of adult life that signifies one's ability to survive and represents dignified living and acceptance from society. The vocational rehabilitation of persons with disabilities has been a challenge in India. Practices that have yielded efficient results in Western countries have been met with roadblocks within the Indian context. The first Vocational Rehabilitation Center

(VRC) was set up in India in collaboration with the Government of USA in 1968. Simultaneously it has grown to 21 VRCs (now called National Career Service Centre for Differently Abled) in different parts of the country under the Ministry of Labour and Employment. However, despite their relentless efforts, given the resource limitations, a humongous population to address, and attitudinal challenges in employers, the train-then-place model by such sheltered workshops has not yielded the type of impact it was needed to yield. According to the Census of India (2011), persons with disabilities (PWD) represent 2.21 per cent of the total population. Out of these only 36.3% are engaged in some type of work participation, with 10.3% of them involved in just some type of marginal work. Only around 50% of PWDs between the age group of 15 to 60 years are engaged in some form of work participation. Hence the survival and financial independence of PWDs become a huge concern at the level of the individual with disability, their families, and even the state. In rural areas, 2.24 per cent of the population have a disability, and their employment poses a greater challenge given the lack of resources and vocational opportunities, inadequate medical care and rehabilitation systems, and also the lack of community awareness about empowering their members with disabilities. With unemployment in the country being a grave issue, PWDs are somehow left at the lower end of the employment food chain. Hence alternative approaches need to be worked upon so that innovative yet feasible options can provide both means of livelihood and a sense of empowerment for PWDs. An alternative that provides a purpose in life, with active and participative living.

The two important pillars of rehabilitation post-medical intervention and restoration are vocational and social rehabilitation which center around the idea of workplace inclusion and social inclusion respectively. Community-based rehabilitation (CBR) meets both the functional goals of inclusion and is mutually participative and mutually beneficial. CBR is found to improve capabilities with an improved sense of agency at a personal and social level, which in turn facilitates better participation (Biggeri et al., 2014). CBR is realized through the objective of providing support and access to opportunities that help PWDs become active agents in contributing to their community. The community is required to provide a dignified platform for persons with disabilities based on the ideals of human rights (Hartley et al, 2009).

The train-then-place model followed over the years in vocational rehabilitation, which even though may be seemingly relevant is nonetheless redundant. This is because vocational training in sheltered workshops uses outdated equipment, and obsolete technologies which do not prepare PWDs to enter and effectively perform in competitive industries, which then most likely reduces their chances of retainment in long-term employment (Jaeger et al., 2006). More contemporary work has been calling for a paradigm shift to the place-then-train approach which rejects the protective environments in earlier traditional approaches. It focuses on meeting the training needs that are relevant to a given work setting (Corrigan, 2001). Community-based rehabilitation has the place-then-train approach inherent in it. This approach apart from CBR has also been used and has shown success rates in 'supported employment', where training occurs after placement at a job site (Bond et al., 1997; Jaeger et al., 2006). Thus, in both CBR and supported employment, given a disability, related functional limitations, and residual capacities, the place-then-train approach leads to better adaptation to the specific work environment, wherein the training and the post-training work execution takes place.

The basic tenets of CBR were resounded in World Health Organization (WHO), Alma-Ata Declaration of 1978 which viewed health as a basic human right that requires action on the part of the health sector and the social and economic sectors. The focus was on easy access to primary health care, and rehabilitation services within the community, in the spirit of developing the self-reliance and self-determination of persons with disabilities. It specifically focused on the inequalities between developed and developing countries, intending to develop community and social resources. The CBR guidelines of WHO (2010) emphasize guiding community stakeholders to develop and strengthen CBR programs with a clear strategy for the community-based development of persons with disabilities. The UN Convention on the Rights of Persons with Disability (CRPD) of 2006, which was ratified by India in 2007 was a milestone development. It introduced the rights-based approach that was meant to cut through different domains in the life of PwDs. Article 26 of the CRPD on Habilitation and Rehabilitation upholds the promise, the possibility, and the role of the state in working for the cause of CBR.

Article 26 specifically focuses on the role of the state to ensure the fullest possible independence and encourage inclusion promoting their social and vocational ability. Article 26b specifically explicates this idea by promoting inclusion and participation in the community and other aspects of social life, even in rural areas.

However, to realize this, stakeholders require continuous support to meet their basic needs and to empower persons with disabilities and their families. CBR takes into account that livelihood is not limited to only formal employment and may have many avenues with different patterns of participation, task involvement, and work compensation which are embedded within the local spheres of life, within routines of agrarian and fishing communities, within the craftsmanship of local artisans, and local family and community enterprises, especially in rural areas. Hence livelihood can be understood as a way of life that has evolved and developed to aid the sustenance of community members and meet the local requirements. CBR embraces this idea of livelihood and also the version of livelihood industrialization purports by engaging with small-scale industries. In this paper, we discuss the suitability of the Indian social ecosystem for community-based rehabilitation and the opportunities and challenges that are evident for its optimal implementation.

Understanding the suitability of CBR in terms of the Indian Socio-Cultural Ethos

The success of CBR is contingent on accessibility, cultural sensitivity, and the readiness of the community to participate and provide services (Chatterjee et al., 2003). In India local communities have been self-sufficient, through community values which have facilitated different mechanisms of support. Goodwill towards others (Sadhbhavana) and cooperation (Sahyog) have been value-based characteristics of the Indian Society. Being a largely agrarian society cooperativeness as opposed to competition as a social orientation is very much evident in specifically rural societies or small towns. The Hindu idea of Dharma (Duty) which focuses on our obligation towards others and notions of self-sacrifice (Kayama et al., 2019) is an important social value that can catalyze CBR through the religious consciousness in Indian society. Altruistic and social outreach values and practices have also been part of other Indian

religions such as Sikhism, Buddhism, and Jainism, apart from Hinduism. Christian and Islamic institutions and organizations have also shown commitment to similar western values in Indian society. Efforts towards social outreach activities have been exercised by different religions in their own ways and may prove to be an important facilitator for CBR projects. There has also been a historical impact of many social reformers in India, which has also held great relevance in contemporary times. The strong adherence to the principles and teachings of these social reformers by their followers and associated organizations has led to relentless work to realize their legacy. This base if drawn upon strategically can be an important catalyst for community-based rehabilitation. However, amongst other marginalized groups, PWDs have been largely left out of mainstream marginalization and discrimination discourse in the academic and political sphere. An aspect that needs to be introspected and addressed at an advocacy, activism, and societal level.

The interdependent self-construal that regulates the Indian mindset and the related collective orientation in Indian society (Kapoor et al., 2003) is not driven by the Western values of focusing on self-needs of independence and autonomy, seeking power, and achievement. Indians are more likely to be higher on benevolence, as to being helpful and having a sense of responsibility towards others and also follow a more traditional orientation of being devout and accepting of others (Konsky et al., 2000). This is evident for example in how families in Indian societies are concerned about their aging parents and constantly engage in activities or behavior which depict a caring attitude (Dhar, 2012). Similarly, the joint family system in India, especially with poor people and in rural areas has proved resourceful in providing care for persons with disabilities (Dalal, 2010; Pal, 2011). It is therefore important to recognize how such a socio-cultural ethos in India provides the essential value-based ecosystem for CBR to thrive.

However, even though the larger societal values may seem conducive to successfully implementing the CBR strategy, taking cognizance of the social barriers that exist in Indian society is a must. Negative attitudes and irrational socio-cultural conceptions of disability may pose as inhibiting factors (Saini & Kapoor, 2020). If we hold Allport's contact hypothesis (Allport, 1954) to be true, this

challenge to CBR has an innate solution in CBR itself. Prejudices and stereotypes would tend to reduce once community players come in continuous contact with a PWD who as a result of effective CBR intervention is working in a constant interactive and mutually shared space of learning and working together. We can thus assume a clearer understanding by community members about persons with disabilities developed through intergroup contact, would then eventually reduce judgment and attribution based on stereotypes. Some studies have also depicted the benefits of CBR. In India, CBR activities were found to change negative mental conceptions, affect levels of prejudice, and decrease exclusion tendencies on the part of the community (Biggeri et al., 2014). It also led to more autonomy in activities of daily living and a better quality of life for PWDs (Mauro et al., 2014).

CBR in India: Challenges and Opportunities

In India from the level of the State, CBR did not work due to the emphasis on centralized planning of rehabilitation initiatives (Dalal, 2010). Centralized control has been an imperial legacy, which locates power to the Nation State. However, this centralized rehabilitation planning is based on the assumption of 'affluence of the state' which has been modeled in Western developed countries as an optimal process. Developing countries face challenges in rehabilitation programs and related goals in terms of availability and allocation of resources, budget allocation and financial flow, overpopulation, and large-scale poverty.

Especially in the case of rural areas and the urban poor, community-based rehabilitation becomes a solution-focused approach, by integrating societal resources in terms of rural communities, local artisans, family-run small-scale businesses, self-help groups, self-employed community players, and volunteers. There is enough research evidence that documents the benefits and efficacy of CBR in Rural India and low-resource settings (Biggeri et al., 2014; Chatterjee et al., 2003; Chatterjee et al., 2009; Mauro et al., 2014). Advocating, mobilizing, and coordinating community-based rehabilitation efforts require the direct involvement of organizations working for PWDs' which have a better understanding of the challenges, requirements, and disability-specific functionality and adaptability. Organizations working for PWDs need to coordinate

advocacy efforts to inculcate community ownership toward their members with disability. Community livelihood and income-generating activities by relevant stakeholders need to be met with appropriate planning and training to accommodate persons with disabilities in a dignified way. Specifically, with CBR, community workers require rehabilitative work training to help persons with disabilities adapt to cognitive, physical, and sensory tasks. The goals are attitudinal change among community members, target interventions, and income-generating activities to alleviate persons with disabilities from poverty by involving organizations working with PWDs to deliver CBR programs, and by adopting a Human rights perspective in community work (Turmusani et al, 2002). CBR does not only provide an opportunity for a community to reach out to its members with a disability, but it also provides impetus to the target person with a disability to contribute towards the social and economic development of the community. If implemented meticulously it provides opportunities to exercise equality and mutual respect for both the parties involved.

CBR also requires providing health care initiatives, identifying trainers from the society, screening, and identification of persons with disabilities within a given community, community-level advocacy and disability sensitization, and educational and vocational guidance. All of these require considerable and well-coordinated efforts by organizations working for PWDs to engage the community members and the same time generate resources and incentives required to encourage the smooth implementation of CBR goals. Financial aid through corporate social responsibility (CSR), religious charitable trusts, philanthropists, and government-aided bodies can provide basic infrastructure, training, and implementation costs of CBR. Drawing upon NGO's, religious institutions and political organizations who have been at the forefront of community work and developing a connectedness with the marginalized sections of society can also prove beneficial.

The availability of Rural Rehabilitation Extension Centers (RRECs) associated with the wide network of Vocational Rehabilitation Centers provides a pragmatic opportunity and expertise to work in rural communities to accelerate CBR intervention in Rural Areas. But, the absence of CBR in the Indian policy framework is largely disappointing. As it does not find a mention in the Rights of Persons

with Disabilities Act (2016). The act focuses basically on vocational training for employment and self-employment. However, the scope for interpretation remains when it specifies under 'schemes and programmes' the inclusion of PWDs in mainstream formal and non-formal vocational skill training. Hence the idea of 'non-formal' can be extrapolated to suit the idea of CBR, but remains vaguely connected. Hence the biggest challenge to realizing the implementation of CBR projects on a larger scale is primarily a lack of recognition from the state as an effective medium, which restricts the scope for its nationwide implementation.

The positive ray of hope is the availability of courses such as 'Diploma in Community-Based Rehabilitation' and 'Post Graduate Diploma in Community-Based Rehabilitation' recognized and regulated by the Rehabilitation Council of India (RCI) under the Ministry of Social Justice and Empowerment, Govt. of India. Rehabilitation Council of India Act (1992) hence recognizes the professional expertise required to plan, execute, and exercise CBR projects and related interventions. This diploma hence provides a specific training opportunity for professionals who would be required to develop such expertise.

Conclusion

CBR nonetheless is not a replacement for traditional vocational rehabilitation efforts. Nor does it try to refute the effectiveness of other career development orientations that integrate the steps taken to increase employment opportunities across all strata of employment hierarchies for persons with disabilities, with efforts towards inclusive education from elementary to the highest level of education. It only presents itself as a viable alternative addressing the full participation of persons with disabilities not only in gainful employment but social integration by realizing key aspects of human rights. The effectiveness of CBR has been documented in India, mostly through the efforts of NGOs working for persons with disabilities. However, efforts need to be made to recognize and integrate CBR into the governmental policy framework which would lead to concentrated efforts by governmental agencies. This would lead to a systematic network of CBR interventions across different states and regions in India, rather than isolated efforts in some pockets of the country that are likely to benefit only a few PWDs.

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