ORIGINAL RESEARCH

Training CBR Personnel in South Africa to contribute to the Empowerment of Persons with Disabilities

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ABSTRACT

Purpose: Recent conceptualisations of community based rehabilitation include empowerment of persons with disabilities as a key activity. This article reports on a study which explored the training of mid-level CBR workers in South Africa, with a specific focus on the ability of the course participants to address the oppression and empowerment of persons with disabilities.

Method: Over a three-year period, one cycle of action research was conducted in a non-government organisation that conducts mid-level CBR training in South Africa. Data collection methods included in-depth interviews with staff, students and past graduates of the course, document analysis, participatory rural appraisal techniques and two focus group discussions with the students' clients.

Results: Personnel, who had been trained in CBR before the year 2003, were found to have some difficulty in explaining the social model of disability and the oppression of persons with disabilities at a cultural and structural level. It was noted that after changes were implemented in the CBR course, the students had an orientation to working with, rather than for, persons with disabilities. They began to understand the complexities of empowerment and also engaged in social action to address the oppression of persons with disabilities.

Conclusions: The CBR Guidelines require a new skill-mix in mid-level CBR personnel. This study illustrates a possible training approach which can contribute to the development of these skills.

Limitations: The findings of this action research study were intended to improve practices in a specific organisation. However, the insights gained can be used elsewhere. With the limited resources available for the project, external validation of the results was not possible. Triangulation of methods and data sources was used to address the possibility of researcher bias.

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INTRODUCTION

Community based rehabilitation (CBR) has evolved as a concept since the 1980s, culminating most recently in the CBR Guidelines published by the World Health Organisation in 2010. The central and defining concepts of CBR have changed from the community- rather than institutional- base dominant in the 1980s (Miles, 1994) to the concepts of community development, social integration and the equalisation of opportunities for persons with disabilities in 1994 (ILO; UNESCO; WHO, 1994). Subsequently the conceptualisation of CBR has broadened to include such issues as human rights, poverty alleviation and the role of disabled people's organisations (ILO; UNESCO; WHO, 2004). The recent CBR Guidelines (World Health Organisation, 2010) acknowledge that CBR has been practised in different ways historically and geographically, and that a move away from a more traditional medical approach to CBR should begin with facilitating the empowerment of persons with disabilities and their families and communities (World Health Organisation, 2010). In order to make this shift in approach, the role and orientation of CBR personnel and their personal attributes becomes particularly important.

Empowerment in the Context of Disability and Community Based Rehabilitation

According to proponents of the social model of disability, along with the removal of structural barriers, the empowerment of persons with disabilities will enable them to overcome their experiences of oppression (Barnes & Mercer, 2003; Reeve, 2004). However, the notion of empowerment is a complex and sometimes contested one.

Fazil et al (2004) contrast two perspectives of empowerment: a structuralist understanding of empowerment and a human agency perspective. The structuralist perspective understands powerlessness of persons with disabilities as being caused by structural inequalities, and therefore empowerment involves removing social, economic and institutional barriers. This is similar to the idea of van Houten and Jacobs (2005), who claim that changes to the built environment and policies and legislation would foster empowerment at a societal level. In addition, van Houten and Jacobs (2005) identify a social or community level of empowerment, stating that self-help groups and social movements would facilitate the empowerment of persons with disabilities at this level.

A human agency perspective of empowerment (Fazil et al, 2004) is concerned with the individual's ability to act consciously and independently. According to this perspective, powerlessness is a state of mind or learned pattern of behaviour. Thus, empowerment focuses on developing the individual, for example through developing the self-esteem and self-confidence of the person with a disability (van Houten & Jacobs, 2005).

A similar model of oppression and empowerment at personal and structural levels, with the addition of a cultural dimension (Thompson, 1998), provided the framework for this study. At the cultural level, raising consciousness can help to break down discriminatory assumptions and stereotypes, while at a structural level empowerment can be attained through social action and a collective political response to the situation.

In the published CBR literature, discussion of the concept of empowerment in the practice of CBR is scarce, despite its acknowledged importance. Kendall et al (2000) understand empowerment to mean expanding power from the CBR worker to all those involved. In contrast, Werner (1993) claims the process of empowerment can be initiated through persons with disabilities themselves providing CBR services. According to Lang (1999), true community participation in CBR is also vital in empowering persons with disabilities. Pande and Dalal (2004) describe efforts towards both individual and community empowerment within a CBR project in a rural area of India, and the difficulties in obtaining and maintaining the support of the powerful members of that society.

While the World Health Organisation (2010) recognises the value of community participation and the involvement of persons with disabilities in CBR, it includes changing attitudes, building capacity and encouraging participation and decision-making as part of the complex process of empowerment. A common thread in all these perspectives on empowerment is the notion of agency or action, which is captured on the first page of the World Health Organisation's Empowerment booklet (2010) thus: "Empowerment begins to happen when individuals or groups of people recognise that they can change their situation, and begin to do so."

Training of Community Based Rehabilitation Personnel

Wirz (2000) describes three different levels of personnel working in CBR as being grassroots community based rehabilitation workers, mid-level rehabilitation workers and professionals (often therapists) who may also be CBR managers. In South Africa, mid-level CBR personnel are known as community rehabilitation

facilitators (CRFs) and their function is to directly provide rehabilitation to the person with a disability and his/her family, as well as to network with and refer them to services in other sectors, such as social services and education. The current study focuses on these mid-level workers.

The personnel delivering CBR services are crucial to its effectiveness, and they require training to orientate them to the prevailing understanding of CBR and to develop skills to carry out their role. In a recent review of the literature, scant information was found regarding training of CBR personnel, particularly mid-level workers. However, Cornielje and Ferrinho (1995) and Dolan et al (1995) refer to the training of mid-level CBR personnel in the South African context. Dolan et al (1995) mention the use of adult education principles and a problem-oriented approach in training CBR workers on topics such as health education, specific disabilities and group work. Paulo Freire's (1972) concepts of conscientisation, as well as critical thinking and problem-solving, were the preferred approaches in the training mentioned by Cornielje and Ferrinho (1995), with the key emphases on community development, disability rights and integration of persons with disabilities into the community (Randall, 1998).

In spite of a broader emphasis in these two training courses than in medically-oriented rehabilitation, there is no explicit reference made to training CBR personnel to empower persons with disabilities. MacLachlan et al (2011) mention that the training which needs to be developed for a mid-level cadre, should have a skills-mix appropriate to the new CBR Guidelines (World Health Organisation, 2010). More recently, Como and Batdulam (2012) concur with this need for training across all components of the CBR matrix (including empowerment) in the context of CBR in Mongolia.

The aim of the current study was to critically explore the training of mid-level CBR workers in one South African NGO, with a specific focus on enhancing the ability of course participants to address the oppression and empowerment of persons with disabilities.

METHOD

Setting

This study took place in KwaZulu Natal, one of the most highly populated provinces of South Africa (10.8 million, according to Statistics South Africa, 2011),

which is also severely affected by poverty and HIV/AIDS. The action research cycle was conducted in CREATE (CBR Education and Training for Empowerment), a non-government organisation (NGO) based in Pietermaritzburg, the capital of KwaZulu Natal. Data collection took place in the city, in rural areas approximately 100 to 150 kilometres from Pietermaritzburg and in townships near Durban and Johannesburg.

Participants

The study involved one class of 7 students at CREATE, who were training to become mid-level CBR workers known as community rehabilitation facilitators (CRFs). The two-year course involved sessions of class work covering theory, interspersed with blocks of practical work which the students completed in their own rural or peri-urban (township) communities. Five male and two female students participated in the research. All of them had completed at least 10 years of schooling before joining the CBR course, and all were 21 years or older. There were two students with disabilities in the class.

Other participants in the study were the staff of CREATE, including two persons with disabilities and two staff members without disabilities. One focus group session was held in a rural area with 6 clients of one student – they were all females, two of whom were adults with physical impairments and four were mothers of children with disabilities. The participants in the second focus group were 6 adults with disabilities who were clients of a CBR student working in a township. They included two males and four females whose impairments were deafness, mental illness and physical impairments. A purposive sample of 6 CRFs, who had completed the CBR course earlier between 1996 and 2002, was interviewed during the initial phase of the action research. This sample was selected to represent male and female CRFs, urban and rural work locations, government and NGO employees, and two of the provinces in which CRFs were working.

Research Design

Action research was chosen as the research design because it can accommodate and reflect social justice in its process and content, and is oriented towards improving practice. Price and Kuipers (2000) suggest that action research is appropriate for studies in CBR because it accommodates an empowerment framework. Action research also allows the researcher to conduct research and observe her own practices while being involved in bringing change to those practices. In this study,

the author played the roles of trainer, curriculum developer and researcher. To address the potential for bias, the researcher used triangulation which involved comparison of data from multiple sources and the use of multiple methods of data collection. Cross validation across respondents was also done to help guard against bias.

The three-year cycle of action research used multiple methods for data collection in order to provide rich insights into the experiences and reflections of the leading role-players. Initially, the course documents were analysed and 6 CRFs, who had previously been trained by CREATE and its predecessor, were interviewed regarding the outcomes of the training on their practice. Based on analysis of this data, the research team (comprised of the researcher, another staff member, a person with a disability and a previously trained CRF) determined what changes needed to be made to the curriculum. The changes were implemented in the action phase of the research cycle (Table 1), and then observed using participatory rural appraisal techniques with the students, interviews with staff and students, focus groups with clients and further document analysis.

Table 1: Changes made to the CBR course curriculum

Content	1. Social model of disability brought into every module, particularly relating it to the students' experiences in their practical work
	2. Sessions on oppression and liberation added
	3. Session added to reflect on social action undertaken by a student
	4. Week-long module on advocacy and lobbying added
Teaching methods	1. Social model taught using experiential learning
	2. Curriculum for advocacy and lobbying module negotiated with students
	3. Increased number of sessions using dialogue, codes and praxis (Freire, 1972)
	4. More persons with disabilities used as course facilitators
Outcomes	1. The expected outcomes for students in practical blocks were changed to include empowerment more explicitly

Data Analysis

A process of thematic content analysis was used to analyse the interviews as well as the focus group discussions. The transcripts were analysed to identify categories which were subsequently drawn together into themes that were identified across the transcripts. The themes and categories were derived inductively from the data, rather than developing a coding frame prior to analysis. The participatory rural appraisal exercises were analysed by those who participated in the exercises together with the researcher. The course documents were analysed using the content analysis approach recommended by Bauer (2000), which involved constructing a coding frame based on the theoretical framework of the study, coding the documents and then analysing the coded data both numerically and qualitatively.

Ethical Considerations

Ethical clearance for this study was obtained from the University of KwaZulu Natal (HSS/06093A). Free and informed consent was obtained from all the participants, their anonymity was protected and they were free to withdraw at any stage of the research.

RESULTS

Inconsistencies in the CBR course prior to the action research

Course content

Analysis of documents related to the CBR course from 1996 to 2002 revealed that official documents categorised the course as having an emancipatory approach to disability. The stated purpose of the course was "to empower people with disabilities and communities through providing well-trained CBR personnel" and it aimed to develop the skills of CBR students to critically engage with disability within the South African socio-economic and political context.

However, in spite of apparently embracing the empowerment of persons with disabilities, some inconsistencies were noted. There was no specific mention of the term "empowerment" in any of the stated outcomes of the different modules of the course. Also, a time-allocation analysis (Neuman, 2000) of the content of the CBR course identified how students may have received conflicting implicit messages about the underlying values of the course. In terms of time spent on teaching,

44% of the course duration was spent on issues related to individual persons with disabilities and their families, e.g. dealing with specific impairments such as arthritis and cerebral palsy. Very little time was spent on attitudes and beliefs (3%) or on the structural level (institutions, the social model of disability and overcoming societal barriers experienced by persons with disabilities) where oppression also occurs, according to Thompson (1998). Oppression of persons with disabilities was not a topic that was included in the content of the CBR course at all.

Student knowledge

The inconsistencies between the intentions of the CBR course and its implementation may also account for the findings from the CRFs' interviews. Several of the CRFs were not at first able to explain the theoretical construct of the social model of disability, although in practice a number of them had begun implementing the social model principle of removing barriers. Some CRFs were able to identify oppression at an individual or personal level, but no one was able to talk about oppression at a cultural and structural level. For example, CRF- B explained:

> *"But some families, they seem to neglect disabled people. As a result they hide them, you see. So it's like they're oppressed in a way, you know."*

Practice outcomes

The CRFs recounted many examples of their work in community development and in overcoming barriers faced by persons with disabilities. For example, CRF-B told of motivating a bank to place an automatic teller machine at a level that a wheelchair user could reach. Although another CRF did not use the word 'empowerment', her description of one aspect of her work could be understood as empowering persons with disabilities:

> *"I'm just helping the groups to get organised, the DPOs. Like guiding them how to start an organisation. Things like having some elections, having a Board, registering, and stuff like that"* (CRF-E).

Hence it appears that despite the shortcomings of the CBR course conducted prior to 2003, the CRFs were able to assimilate something of its ethos and values when they were students, and had not simply based their work on the relative emphases in the course content. The prevailing values of liberation and respect for human rights, emanating from South Africa's new democratic Constitution, may also have influenced the CRFs' practice.

Results of the changes to the CBR course

After changes to the CBR course, the following themes emerged from an analysis of the findings from staff, CBR students and their clients.

Working with, rather than for, persons with disabilities

One of the key changes that staff members identified in the participants of this study, as compared to those who were trained earlier, was the students' attitude towards persons with disabilities. One staff member characterised this as an orientation to working **with**, rather than for, persons with disabilities. Another staff member made a specific reference to one of the students:

> *"You know he (Student E) is, in Zulu "nobuntu". He's got this thing of working together with people.... He's not like he want to tell them, but he's willing to start something together with them and he's kind of a person who really want the people to own whatever that has been started" (*Staff member 1).

This comment illustrates how the Zulu and African cultural concept of *"ubuntu"* could be particularly useful if formally included in the training of CBR personnel in South Africa.

In response to a task to chart their change in attitude towards persons with disabilities over time, most CBR students indicated that they had been exposed to myths and negative attitudes about disability in childhood but their attitudes had changed after studying CBR at CREATE. As one student put it:

> *"[Staff member] likes to make jokes about people with disabilities or about herself as a disabled person and that has changed the way I used to feel about people with disabilities. That makes me realised that people with disabilities do not feel ashamed of themselves, therefore I do not need to [feel ashamed]…… Meeting people with disabilities as clients/colleagues/trainers helped to relate to them without thinking that there is difference between us"* (Student C).

It is possible that such experiences may have contributed to the attitudinal differences between the study participants and students of the earlier CBR course.

Beginning to understand the complexities of empowerment

The researcher engaged with the students in matrix ranking (a participatory rural appraisal exercise). The students identified topics covered by the CBR course which they felt were most helpful in the empowerment of persons with disabilities. The chosen topics included disability awareness, removal of barriers

in the community, conflict resolution and advocacy. A number of the topics relate to the ideas of Coleridge (1993) about the empowerment of persons with disabilities.

Growing awareness of the oppression of persons with disabilities

All the students in the study were able to describe the nature of oppression, using their personal experiences as well as their experiences of working with persons with disabilities. The responses were analysed using the five 'faces' of oppression according to Young (1994) – exploitation, marginalisation, powerlessness, cultural imperialism and violence. The students found it relatively easy to identify instances of exploitation, marginalisation and powerlessness in their own lives and in the lives of persons with disabilities. For example, Student A showed awareness of persons with disabilities being oppressed through exploitation:

> *"If we are talking about oppression of disabled people it is … like the taxi drivers who used to charge them double when they are using the wheelchairs."*

A deaf participant in one of the focus groups reported that a CBR student had dealt with her experience of marginalisation.

> *"Before I know [the CBR student] it was quiet.… Others did not want to communicate with me. They were not prepared to learn how to communicate with me. I was isolated"* (S-5, Focus group 1).

Several of the CBR students were able to relate instances of cultural imperialism that their clients with disabilities had experienced. Student B explained how an adult literacy class teacher oppressed a hearing impaired learner by not adapting to her needs:

"And she [hearing impaired adult learner] go [to classes] two weeks or three and then she stop to go to school because the teacher, she not speak loudly and face that people because they are deaf."

One client with a mental illness reported his lack of opportunity to participate in decision-making as a form of powerlessness:

> *"And the other thing, my girlfriend is not treating me like a normal person. She is taking decisions for me as if she is the only person with rights. We cannot share ideas. She is Miss Know-all"* (S-4, Focus group 1).

None of the students reported on violence in relation to persons with disabilities.

Unlike their predecessors, the CBR students were able to explain and relate to oppression at the cultural and structural levels (Thompson, 1998). Student E related the oppressive actions of a family towards their relative with a disability in the context of cultural beliefs and practices. Similarly, Student D was able to identify the oppressive practices of certain schools in relation to children with disabilities, which can be construed as oppression at a structural level.

CBR students and social action

By analysing students' reports and other documentation, the researcher identified a number of social actions that the students engaged in, such as writing letters to the press and participating in a march with persons with disabilities. These activities were undertaken in response to tasks set for students' practical course work and also on their own initiative. Two students also addressed physical accessibility in the hospital that employed them, resulting in a draft disability policy for the hospital and an accessible human resources department.

In spite of their achievements through social action, the CBR students were also subjected to a number of tensions and challenges. The student who planned and participated in the march to lobby for the rights of persons with disabilities, was told by his supervisor at the hospital that employed him, that he could not do this during work hours because it was not part of his rehabilitation work. Collective social action was a struggle for students from rural areas because of the difficulties in gathering persons with disabilities whose homesteads are far apart. Rural students from areas with simmering political tensions also feared that their traditional leaders would identify them as political upstarts because of their involvement in social action.

DISCUSSION

The results of this study raise a number of issues - some regarding the training of CBR personnel and others concerning the empowerment of persons with disabilities through CBR. The theoretical perspectives of empowerment used in this study (Thompson, 1998; Fazil et al, 2004) are directly linked with the overcoming of oppression and powerlessness. In the context of South Africa and the anti-Apartheid struggle, oppression is a concept that the majority of South Africans (particularly those born before 1994 such as the CRFs and CBR students in this study) are familiar with. The study results showed that the CRFs who had not learnt specifically about oppression and disability in class were

still able to identify oppression at an individual level in their clients. However, the distinction between the CRFs and the CBR students in this study lies in the nuanced understanding the CBR students had, of the manner and levels at which persons with disabilities are oppressed.

Various authors (Northway, 1997; Barnes & Mercer, 2003; Rule, 2008) have found the conceptualisation of the five 'faces' of oppression by Young (1994) a particularly useful tool to describe the situation of persons with disabilities. Young (1994) states that a group of people can be considered to be oppressed if they are subject to one or more of these conditions or faces of oppression. Northway (1997) identifies all five 'faces' of oppression as affecting persons with disabilities, and in fact adds a sixth 'face' - discrimination. Although the CBR students in this study did not identify violence as a form of oppression affecting persons with disabilities, Young's conceptualisation of oppression was useful as a method of explaining their improved understanding.

An important part of empowerment of persons with disabilities is participation in decision-making. As one of the focus group participants with a disability indicated, it is particularly disempowering to be excluded from decision-making. The staff members identified the CBR students as working **with,** rather than for, persons with disabilities. This appears to indicate that the changed CBR course was able to train personnel to engage with persons with disabilities in decision-making, rather than doing so on their behalf. Another related aspect of empowerment is the formation of, and participation in, disability groups or organisations according to Coleridge (1993). The CBR Guidelines (WHO, 2010) also mention self-help groups and disabled people's organisations (DPOs) as part of the empowerment of persons with disabilities in CBR. According to a classification of van Houten and Jacobs (2005), at one end of the spectrum self-help groups are important for personal empowerment, while social movements, at the other end, are crucial for collective action and societal and political change. The CBR students did not identify self-help groups or DPOs as being an important part of empowerment. The possible gap in their understanding points to an area that can be further explored and perhaps developed in the CBR course.

The results of this study give an indication that it is possible for mid-level CBR personnel to be trained to address the empowerment component of the CBR matrix (World Health Organisation, 2010) along with other responsibilities within CBR. The cross-sectoral nature of CBR requires multi-skilled personnel and hence calls for careful planning of their training. With regard to appropriate

content on empowerment for a CBR course, this study has shown that a consistent ideological approach appears to assist students. A focus on social justice, which incorporated the social model of disability, personal and theoretical understandings of oppression and liberation, human rights and learning practical skills related to lobbying and advocacy appears to have assisted the students in implementing social action.

Coherence between the values and ethos of the course, the official documentation and the implementation of the training process is also important. In this regard, CBR trainers are crucial to creating an environment that is conducive to learning about the empowerment of persons with disabilities. As illustrated in this study, it appears that CBR trainers who are themselves empowered persons with disabilities can make a strong impression on students. Similarly, those who supervise CBR personnel and students have an influence on their practice, and the lack of supervisory capacity in rural areas in particular, may affect CBR services.

While training CBR personnel for empowerment other factors to be considered are the contexts of the training and the pedagogy. In this study, an NGO committed to social justice provided the environment in which students could learn about oppression and empowerment. The situation would be different in an organisation with a strong focus on health, and less emphasis on advocacy and rights. MacLachlan et al (2011) suggest that a new CBR mid-level cadre with their broader skill-set needs to be insulated from the territorial protectionism of existing professionals which is sometimes found in the health sector. The use of critical pedagogy of Paulo Freire (Freire, 1972; Freire & Shor, 1987) and participatory rural appraisal (Chambers, 1997), which are consistent with the emancipatory intent of the CBR course in this study, also appears to have contributed to the outcomes of this study. Lang (2000) specifically explores the usefulness of Freire's work in orientating CBR programmes towards the empowerment of persons with disabilities.

Limitations

The primary objective of this action research cycle was to study and effect change within one CBR training organisation. The results were not intended for generalisation, although the insights gained should inform practice elsewhere. Secondly, given the resources available, external verification of the findings was not possible and thus there was some potential for researcher bias in the study.

CONCLUSION AND RECOMMENDATIONS

Follow-up research is recommended, based on the CBR students who participated in this study and students who subsequently followed the same course. The study could investigate how these CRFs are implementing activities to address the empowerment of persons with disabilities, the barriers they have encountered and possible strategies for overcoming them. Such an evaluation of the impact of the training course would contribute further to knowledge on the most appropriate forms of training for CBR personnel to implement the CBR Guidelines (World Health Organisation, 2010).

Another area of investigation that may be pursued is the identification of those characteristics and experiences of potential CBR personnel which may positively affect their empowerment work with persons with disabilities. This would help in determining selection criteria for CBR students and personnel. An audit of CBR training courses internationally could help to identify pertinent issues in the content and pedagogy of CBR training courses, as well as in the recruitment and selection of students. This could inform CBR course design, currently being mooted at the World Health Organisation.

The complexity and multi-faceted nature of CBR has implications for the skill-mix required in both mid-level CBR personnel as well as CBR trainers. If there is to be investment in developing and spreading CBR, then knowledge of appropriate training for CBR personnel is of key importance.

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