

# Alternative Responses to the Human Resource Challenge for CBR

Pim Kuipers<sup>1\*</sup>, Huib Cornielje<sup>2</sup>

1. Associate Professor, Population and Social Health Research Programme, Griffith Health Institute, Griffith University, and Centre for Functioning and Health Research, Queensland Health, Australia

2. Director, Enablement, The Netherlands

## ABSTRACT

*This commentary outlines some ways of understanding CBR and offers corresponding suggestions for responding to the contemporary human resource challenge it is faced with. It is argued that CBR exists within an increasingly complex reality, characterised by new challenges, new approaches to development and numerous international principles and guidelines. In response, the authors advocate the use of multiple research methods, participatory action and contextualised ways of addressing human resource issues. They suggest that new understandings are required, for future CBR workers to be enablers of people with disabilities, agents of change in communities and societies, and champions of human rights. The complex reality of CBR suggests the need for a CBR cadre which is capable of creative and reflective reasoning. This might be achieved through the participatory development of contextualised training curricula, practical hands-on learning, the use of mentoring, and an emphasis on reflection and adaptability.*

## INTRODUCTION

The previous article in this issue, by Mannan, MacLachlan and McAuliffe (2012), highlights a fundamentally important point of consideration for all those with an interest in CBR and Inclusive Development. The article draws on a number of key international documents for its background and argues for a new cadre of rehabilitation personnel for CBR, with a new skill-set. The authors make the case for a science-based research response to the human resource challenge in CBR, and recommend a coordinated strategy across all CBR settings globally. The particular research response they propose, which is centralised through WHO regions with a strongly organisational and scientific focus, identifies as

---

\***Corresponding Author:** Dr Pim Kuipers, Associate Professor, Population and Social Health Research Programme, Griffith Health Institute, Griffith University, and Centre for Functioning and Health Research, Queensland Health, Australia. Email: p.kuipers@griffith.edu.au

key issues the analysis of tasks, roles, skills, training and scope of the workforce, and relies on the use of organisational psychology methods.

While agreeing with these authors that this is an important and timely issue for the CBR world, some of the assumptions and methods outlined are questioned here. Further, it is suggested that there may be some alternative ways of thinking about the human resource challenge for CBR.

### **The Questions Asked**

First, the underlying questions raised by Mannan et al (2012) warrant consideration. To illustrate, using terminology from such organisational and management approaches as they recommend, it may be observed that a key focus of the Mannan et al (2012) article is the “supply” side of the human resource issue in CBR. They highlight the concerns of managers, policy-makers, providers, experts, governments and non-government organisations. While the authors of this commentary agree that addressing organisational concerns, human resource structures, skill-sets and task shifting is legitimate, it is suggested that this is only part of the equation. An alternative and arguably more important perspective for CBR is the “demand” side of the equation. That is, exploring the concerns of people with disabilities, their families, their organisations and communities. What do they want of CBR workers? What models of staffing and skills best meet their needs and concerns? Such questions may be a constructive alternative starting point from which to consider the issue of human resources in CBR.

Such person-centred questions may then inform further important questions: “How should our models of workforce development be influenced by the concerns and priorities of people with disabilities, their families and communities?” and “How will we investigate what they want or need of staff and workers?” In the current commentary it is suggested that answering these questions may provide a more grounded conceptualisation of the skills required for various roles, and the potential training needs of workers, volunteers and family members. Such answers will provide vital information on the nature of a potential human resources response in CBR.

### **The Frameworks Adopted**

Mannan et al (2012) draw on the CBR Guidelines (WHO, UNESCO, ILO, & IDDC, 2010) and Matrix (WHO, 2010) for their framework. These are excellent starting

points since they spell out a broad conceptualisation of CBR, which should inform thinking about human resource challenges in this area. These international documents reflect considerable breadth and diversity of issues. They emphasise that rehabilitation is one aspect of CBR, and issues such as advocacy, community mobilisation, self-help, livelihood, and social dimensions are likewise very important priorities. They indicate the importance of moving beyond individual or medical perspectives to acknowledge social and rights-based approaches, and the fostering of change in communities and society to become more inclusive of people with disability.

Using the terminology of another international framework, the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001), it might be observed that the authors' emphasis on rehabilitation, health services and treatment for people with chronic conditions links with 'body function' and 'body structure' dimensions. These are obviously very important dimensions of the concerns of people with disabilities. However, the ICF also underlines the importance of 'activities' and 'participation' in the rehabilitation process and in the lives of people with disabilities. The ICF underscores the significance of physical and social 'environment' factors and the place of 'personal' dynamics in the rehabilitation process. Ideally, the full range of these dimensions will be acknowledged in a human resource conceptualisation for CBR.

Mannan et al ( 2012) also constructively refer to the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) (UN, 2007). Indeed, this document should inform thinking and research about human resources in CBR, and orient researchers, managers, policy-makers and planners to the centrality of human rights for people with disabilities. In the same way, research interventions and human resource initiatives for CBR workers, regardless of their level, should emphasise a human rights perspective.

### **The Complexity of CBR and the Human Resource Challenge**

As indicated in the Matrix and the Guidelines, CBR is complex; as an approach and strategy it has many dimensions, layers, contexts and aspects. In acknowledging the complexity of CBR by highlighting various points, this commentary suggests that there are some lessons to be learned from the study of 'complexity', which can inform the human resource challenge for CBR and how it might be researched.

The study of complexity is now well-established in areas such as health care (Fraser & Greenhalgh, 2001; Plsek & Greenhalgh, 2001) and international development

(Ramalingam & Jones, 2008; Jones, 2011). This approach notes that complex issues like CBR involve many layers (from the medical to the social), and that responses to such complex issues should include many strategies, different ways of responding, and involve many contexts and stakeholders (Medical Research Council, 2008; Jones, 2011).

Unfortunately, complex problems tend to be poorly suited to research using scientific methods. Complex issues like CBR are typically difficult to predict, partly because they are constantly changing (dynamic in nature), and are often difficult to define in narrow terms (because they are ambiguous and the existing evidence is often unclear and conflicting) (Jones, 2011). Therefore, traditional and scientific problem-solving approaches, which assume that the lines between causes and effects are simple and straight (linear causation), that the whole of something can be understood by looking at small aspects (reductionism), and that knowledge is neutral, are mostly inadequate for researching such complex issues (Medical Research Council, 2008; Jones, 2011; Meessen et al , 2012; Paina & Peters, 2012).

Based on understandings of how to respond to complex issues (Gericke et al , 2005; Medical Research Council, 2008; Ramalingam & Jones, 2008; Jones, 2011; Meessen, et al, 2012; Paina & Peters, 2012), it is suggested that research into the human resources challenge for CBR might adopt an alternative approach. It is suggested that CBR might draw different types of evidence from multiple and diverse sources, and use a variety of methods. The potential research methods should be collaborative in nature (with many stakeholders across sectors and disciplines), and with a commitment to participate with people with disabilities, their families and communities. Specific research methods should focus on building consensus and on action.

### **CBR Workers and Reflective Reasoning**

Apart from research methods, the complexity literature also indicates some alternative ways of responding to the human resources challenge in CBR. A number of researchers who have commented on complexity have emphasised the importance of reflection, critical thinking and reflective practice as important ways of building workforce capability in complex settings (Fraser & Greenhalgh, 2001; Plsek & Greenhalgh, 2001; Jones, 2011).

Reflection helps workers to develop broader understanding which can be applied to other settings and problems, and to explore new possibilities when dealing with

other complex situations (Mann et al, 2009). An emphasis on reflective practice can help CBR workers to better understand their own experience and that of the people with disabilities with whom they work. Critical reflection would help CBR workers develop skills to define a problem in a situation and think about the decisions to be made, the goals, and the steps to take (Mamede & Schmidt, 2004). Training strategies built on their experiences may equip CBR workers at all levels to develop practical and creative ways of working in complex and changeable environments.

Further, part of the response to the human resource challenge in CBR would be to build the capabilities of a cadre of workers and volunteers. This may assist them in dealing with the complex reality of negotiating community based support for people living with complex care needs (such as with complications of spinal cord injury), with psycho-social issues (such as poor self-esteem or stigma), with socio-economic challenges (such as discrimination in the workplace) and related complex disadvantages. As a result, it is suggested that beyond task shifting and identifying skills, levels and cadres, a major part of the focus of the human resource challenge for CBR might be an emphasis on fostering reflection and critical thinking.

In general however, the preceding article (Mannan et al, 2012) is a welcome publication which introduces an urgently needed debate regarding the nature of staffing, roles, functions, and scope of CBR workers. In an era where there is increasing focus on meeting the needs and aspirations of people with disabilities through mainstream (development) agencies, services, institutions and resources, such questions of staffing are crucial. Building the structures and capabilities of a CBR cadre to engage with inclusive development and advocate within mainstream services, is a key priority. The current commentary suggests that the skills required for these tasks include reflective reasoning and critical thinking.

In the CBR of the future, there will be substantial need for a cadre skilled in networking, liaison, mediation and advocacy. CBR workers will have to be resource persons who, together with people with disabilities and their families, will be able to identify and reflect on problems and collaboratively work to find novel solutions.

## CONCLUSION

The complex reality of CBR suggests that there is need for a CBR cadre which is capable of creative and reflective reasoning. In the context of more mainstreamed

services and more inclusive development initiatives, the approach of CBR staff will increasingly be to build partnerships in problem solving, and to connect people with each other, with services and with resources. The current commentary suggests that an emphasis on task shifting, on narrow competencies or on delegated tasks may be only a small dimension of the challenge ahead.

Likewise, training programmes for such a cadre will have to emphasise the uniqueness of each situation and of each person, recognising difference and diversity. Too great an emphasis on global or uniform protocols and competencies will not assist in building reflective capacity and ability to deal with complex realities in diverse contexts. Rather, it would appear that the most constructive way forward will be the participatory development of contextualised training curricula, involving practical 'hands-on' learning, fostering mentoring, and emphasising reflection and adaptability.

While the current authors suggest that some of the methods, frameworks and solutions proposed by Mannan et al ( 2012) require further consideration, it is evident that the human resource challenge in the complex reality of CBR requires clear direction and leadership. Piecemeal approaches currently in place, with staffing and training provided differently in each programme or project, are clearly inadequate. National and international commitments are required to pursue the goal of equal opportunities and ultimately more inclusive societies. Towards this goal, greater commitment to inclusive development and the implementation of the UNCRPD will be important steps. The integration of localised human resource models built on these principles, which can respond to the complex reality of CBR and which equip workers with capabilities for reflective reasoning, will also be vital.

## REFERENCES

- Fraser SW, Greenhalgh T (2001). Coping with complexity: educating for capability. *British Medical Journal*; 323(7316): 799-803. <http://dx.doi.org/10.1136/bmj.323.7316.799>. PMID:11588088 PMCID:1121342.
- Gericke CA, Kurowski C, Ranson MK, Mills A (2005). Intervention complexity - A conceptual framework to inform priority-setting in health. *Bull World Health Organ*; 83(4): 285-293. PMID:15868020 PMCID:2626218.
- Jones H (2011). Taking responsibility for complexity: ODI Briefing Paper 68. London: ODI.
- Mamede S, Schmidt HG (2004). The structure of reflective practice in medicine. *Medical Education*; 38(12): 1302-1308. <http://dx.doi.org/10.1111/j.1365-2929.2004.01917.x>. PMID:15566542.

- Mann K, Gordon J, MacLeod A (2009). Reflection and reflective practice in health professions education: A systematic review. *Adv Health Sci Educ Theory Pract*; 14(4): 595-621. <http://dx.doi.org/10.1007/s10459-007-9090-2>. PMID:18034364.
- Mannan H, MacLachlan M, McAuliffe E (2012). The Human Resources Challenge to Community-Based Rehabilitation: The need for a scientific, systematic and coordinated global response. *Disability, Community Based Rehabilitation and Inclusive Development*, 23(4);6-16.
- Medical Research Council (2008). *Developing and evaluating complex interventions: New guidance*. London: Medical Research Council, UK.
- Meessen B, van Heteren G, Soeters R, Fritsche G, van Damme W (2012). Time for innovative dialogue on health systems research. *Bulletin of the World Health Organisation*; 90(10): 715-716. <http://dx.doi.org/10.2471/BLT.12.112326>. PMID:23109736 PMCid:3471061.
- Paina L, Peters DH (2012). Understanding pathways for scaling up health services through the lens of complex adaptive systems. *Health Policy and Planning*; 27(5): 365-373. <http://dx.doi.org/10.1093/heapol/czr054>. PMID:21821667.
- Plsek PE, Greenhalgh T (2001). The challenge of complexity in health care. *BMJ*; 323(7313): 625-628. <http://dx.doi.org/10.1136/bmj.323.7313.625>. PMID:11557716 PMCid:1121189.
- Ramalingam B, Jones H (2008). *Exploring the science of complexity: Ideas and implications for development and humanitarian efforts*. London: Overseas Development Institute.
- United Nations (2007). *United Nations. Convention on the Rights of Persons with Disabilities and Optional Protocol*. Geneva: United Nations.
- World Health Organisation (2001). *International classification of functioning, disability and health*. Accessed from <http://www.who.int/classifications/icf/en/>
- World Health Organisation (2010). *The community-based rehabilitation (CBR) matrix*. Accessed from <http://www.who.int/disabilities/cbr/matrix/en/index.html>
- World Health Organisation, United Nations Educational, Scientific and Cultural Organisation, International Labour Organisation & International Disability and Development Consortium (2010). *CBR guidelines for community based inclusive development*. Geneva: World Health Organisation.