

# COMMUNITY-BASED REHABILITATION: EVOLUTION FROM MEDICAL-ORIENTED APPROACH TO THE DREAM OF INCLUSIVE DEVELOPMENT

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## *Abstrak*

*Di masalalu, istilah difabel ini cenderung bertentangan dengan konsep rehabilitasi berbasis komunitas atau community-based rehabilitation (CBR), yang mana, dalam perkembangan di dekade awalnya, berfokus pada rehabilitasi medis. Rehabilitasi dapat didefinisikan sebagai sebuah pendekatan untuk menyembuhkan penyakit atau kelainan fisik dan non fisik atau memaksimalkan kemampuan orang yang memiliki penyakit itu, di mana ketidakmampuan untuk melakukan upaya penyembuhan ini akan menyebabkan seseorang dipisahkan dalam dua kategori: normal dan tidak normal. Bagaimanapun, saat ini, CBR telah bertransformasi melampaui pendekatan rehabilitasi dan banyak akademisi berharap hal itu menjadi sebuah strategi untuk mencapai perkembangan inklusif difabilitas. Selanjutnya, konsep ini telah membuktikan kesamaan misi antara CBR dan terminologi difabilitas itu sendiri. Tulisan ini akan mendesripsikan secara garis besar dari evolusi CBR dan ideologi di baliknya. Tulisan ini juga akan menerangkan bagaimana sebuah pendekatan ini dapat menjadi sebuah strategi yang efektif untuk mengurangi kemiskinan dan mewujudkan inklusi bagi kaum difabel dalam seluruh aspek kehidupannya.*

**Kata Kunci:** *Difability, Community-Based Rehabilitation, Medical Model, Inclusion*

## **A. Introduction**

This paper uses the term difability (different ability) to alter the common term disability which refer to impairment. This term, that is *difabel* in Bahasa Indonesia, reflects two big spirits: (1) to value potentials and abilities of people with impairment, that is also recognizing their dignity and well-being; and (2) to support the paradigm of equality and inclusion of everybody in the globe. In the past, this term might contradict with community based rehabilitation (CBR) which, in its early decades of development, focused on medical rehabilitation. Rehabilitation is an approach of curing individual's physical or non-physical impairment or maximising abilities of persons with impairment, in which inability to afford this dream may cause in separating people into 'normal and abnormal'. However, currently, CBR has evolved beyond rehabilitation approach and many scholars have expected it to be a strategy to achieve difability inclusive development. This signifies the similarity on inclusion mission between CBR and difability terminology itself.

The CBR that was firstly introduced in the late 1970s<sup>1</sup> was designed for fulfilment of rehabilitative needs for restoring individual's functioning.<sup>2</sup> Recently, with the release of the CBR Guidelines<sup>3</sup> that covers health, education, livelihood, empowerment and social, the CBR has changed from a single sector, medically oriented, service delivery approach to a multi-sectoral, comprehensive, rights-based approach.<sup>4</sup> CBR has embodied beyond its early rehabilitation label and has been feasible to be a strategy for realization of equal rights and opportunities, inclusion in every aspect of life, for the overall goal of community-based inclusive development.<sup>5</sup> It is also feasible to be employed for reducing poverty of people with difabilities.

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<sup>1</sup> Elizabeth Lightfoot, *Community-based Rehabilitation: A Rapidly Growing Method for Supporting People with Disabilities*. *International Social Work*, Vol. 47 No. 4 (NASW Press, Washington DC, USA, 2004) pp. 455-468; WHO, *From Alma-Ata to the Year 2000: Reflections at the Midpoint* (Geneva: World Health Organization, 2008), pp. 7-10.

<sup>2</sup> Einar Helander, *Prejudice and Dignity: an Introduction to Community-based Rehabilitation*, (Geneva: United Nations Development Programme, 1993), p. 8; Maya and MJ Thomas, a Discussion on the Shifts and Changes in Community-based Rehabilitation in the Last Decade, *Neurorehabilitation and Neural Repair*, Vol. 13 No. 3, (USA: ASNR, 1999), pp. 185-189.

<sup>3</sup> WHO, UNESCO, ILO, & IDDC, *Community-based Rehabilitation: CBR Guidelines*, (Geneva: World Health Organization, 2010).

<sup>4</sup> IDDC, *CBR Guidelines as a Tool for Community-based Inclusive Development* (Brussels, Belgium: International Disability and Development Consortium, 2012), pp. 12.

<sup>5</sup> WHO, UNESCO, ILO & IDDC, *Community-based Rehabilitation*, *Ibid*.

This paper will describe briefly evolution of CBR and ideology behind this change. It will also explain how this approach may be a feasible strategy for reducing poverty and bringing inclusion of people with impairment in all aspects of life. It is argued that with its old name, by emphasizing the new ideology underpinning it, CBR will be acceptable approach in the eyes of both people with difabilities and development agencies.

## **B. Medical Model Of CBR**

The emergence of the CBR began from the concerns about the stark discrepancies between conditions of people with different abilities indeveloped countriesand urban areas compared to thoseindeveloping countries and rural areas. People with difabilities in developed countries and urban areas receive lot of support from both the state and society, while those who live in developing countries and rural areas still experience discrimination and social exclusion with very little support from either the state or society.<sup>6</sup> Moreover, in the absence of safety net, people with difabilities in Southern countries have likely seek for a collaborative method that '(1) detects, diagnoses and explains their problem, (2) makes recommendations for primary treatment and referral, and (3) provides some aids and adaptations'.<sup>7</sup>

The CBR model was firstly introduced in the 1978 International Conference on Primary Health Care in Alma-Ata, USSR which laid the foundation of the universal goal of 'Health for All by the Year 2000'<sup>8</sup> by encouraging participation of the community and explorations of community resources for the purpose of broadening coverage of primary rehabilitation provisions and making those services more accessible for people with difabilities especially in less-developed nations.<sup>9</sup>

In the realm of difability, WHO realized the PHC model into twos trategies, namely 'impairment reduction and rehabilitation

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<sup>6</sup> Lightfoot, *Community-based Rehabilitation, Ibid.*, pp. 456.

<sup>7</sup> C. Lysack & J. Kaufert, Comparing the Origins and Ideologies of the Independent Living Movement and Community-based Rehabilitation, *International Journal of Rehabilitation Research, Internationale Zeitschrift für Rehabilitationsforschung, Revue internationale de Recherches De réadaptation*, Vol. 17 No. 3, (London, UK, Wolters Kluwer and Lippincott Williams & Wilkins, 1994), pp. 231-240.

<sup>8</sup> Lightfoot, *Community-based Rehabilitation, Ibid.*

<sup>9</sup> Lightfoot, *Community-based Rehabilitation, Ibid.*, p. 456.

delivery'.<sup>10</sup> Impairment reduction is an effort to eliminate the factors that cause impairment. This can be managed by the centres of primary health care through preventive programmes such as immunisation and maternal health services. Meanwhile, rehabilitation delivery is an effort to further intervention of impairment including promotion of CBR as a new rehabilitation strategy.<sup>11</sup>

Initially, CBR strategy was designed to respond to the limitation of institutional-based rehabilitation (IBR) which based in major urban areas<sup>12</sup> and requires high standard rehabilitation professionals and high-cost equipment in the provision of intensive rehabilitation for individuals with impairment.<sup>13</sup> Scholars indicated the limitation of the IBR for developing countries on a number of points: (1) institutions were expensive especially with regards to the cost of rehabilitation professionals and administrative staffs as well as the budget for sophisticated equipment and facilities where if the cost was subject to the users, disabled people who largely came from the poorest community would be unable to afford services<sup>14</sup>; (2) majority institutions positioned in cities where might hinder access of people with impairment living in remote areas who unable to afford transportation cost<sup>15</sup>; and (3) the cost for operational of high-tech rehabilitation equipment might be doubled with the cost for training of professionals who operated these tools.<sup>16</sup> It was considered imbalance when high budget of the poor countries was spent for fewer populations.<sup>17</sup> The early CBR model was marked with participation of society in planning and development of basic

<sup>10</sup> Lightfoot, *Ibid*, p. 458.

<sup>11</sup> Lightfoot, *Ibid*.

<sup>12</sup> S. Malafatopoulos, *Rehabilitation in the Third World*, Paper presented at the UCP International Conference on The Changing Rehabilitation World (New York, 1986).

<sup>13</sup> Lightfoot, *Community-based Rehabilitation*, *Ibid*.

<sup>14</sup> Lightfoot, *Ibid* ; Malafatopoulos, *Rehabilitation in*, *Ibid*.

<sup>15</sup> Lightfoot, *Ibid* ; Lysack & Kaufert, *Ibid* ; Malafatopoulos, *Ibid* ; Ahmadullah Mia, Community Participation: the Needed Approach To Primary and Secondary Prevention of Disability & Rehabilitation of the Disabled in Rural Communities. *International Social Work*, Vol. 26 No. 1, (Washington DC, USA: NASW Press, 1983) pp. 26-34; Suzie Miles, Engaging with the Disability Rights Movement: the Experience of Community-based Rehabilitation in Southern Africa, *Disability & Society*, Vol. 11 No. 4, (Oxford, UK: Routledge, 1996), pp. 501-518; Anne Mills, J Patrick Vaughan, Duane L Smith & Iraj Tabibzadeh, *Health System Decentralization: Concepts, Issues and Country Experience*, (Geneva, Switzerland: WHO) 1990, pp. 11-14.

<sup>16</sup> H. Finkenflügel, *Help for the Disabled in Hospital and at Home*. Paper presented at the World Health Forum, 1991; Lightfoot, *Ibid*.; Malafatopoulos, *Ibid*. ; Marincek, 1988; Miles, *Ibid*.

<sup>17</sup> Lightfoot, *Community-based Rehabilitation*, *Ibid* ; Mia, *Community Participation*, *Ibid*. ; Miles, *Engaging with the Disability*, *Ibid*.

healthcare services to match with distinctive requirements of the community<sup>18</sup> as well as deployment of community-based health workers to deal with low access of rural people with disabilities to urban rehabilitation professionals and specialists (WHO, 1986). It has been reported that the CBR strategy benefited to respond to the limitations of health and rehabilitation services for people with disabilities in rural areas and in developing countries.<sup>19</sup> It is 'both a philosophy and a strategy for providing rehabilitation services in the community in a more equitable, sustainable and appropriate way than can be provided in a health or educational institution'.<sup>20</sup>

The earlier definition of CBR was 'an effort to design a system for change - for improving service delivery in order to reach all in need, for providing more equal opportunities and for promoting and protecting the human rights of disabled people'.<sup>21</sup> Its spirit was the fulfilment of the right to disability rehabilitation. The focus on practical rehabilitative needs for restoring individual's functioning<sup>22</sup> is recently considered as the limitation of the medical model of CBR.

Regardless of its limitation on the merely medical approach, the use of community-based workers in developing countries have increased access to rehabilitation services for the impaired and have impacted on ability of people with disabilities to do something that before hand could not be done. Increase on rehabilitation services and optimisation of physical functioning of people with disabilities was seen as a manifestation of the success of CBR in developing countries.<sup>23</sup>

Along the way of its growth, there was criticism that although CBR has successfully moved the rehabilitation services from the urban rehabilitation institutions to the local community, yet the CBR has not been able to change the approach to disability from the medical to the social paradigm. It was evident that in general the CBR programs were still under the health ministries, while development actors still viewed impairments as disorders on individuals that

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<sup>18</sup> Lightfoot, *Ibid.* ; Mills et al, *Ibid.*

<sup>19</sup> Lightfoot, *Ibid.*; Birgitta Lundgren-Lindquist and Lena Nordholm, Community-based Rehabilitation-a Survey of Disabled in a Village in Botswana, *Disability & Rehabilitation*, Vol. 15, No. 2, (1993), pp. 83-89.

<sup>20</sup> Miles, *Ibid.*, pp. 502.

<sup>21</sup> Helander, Prejudice and Dignity, *Ibid.*, pp. 8.

<sup>22</sup> Thomas & Thomas, a Discussion, *Ibid.*

<sup>23</sup> Lightfoot, *Ibid.*

must be cured through rehabilitative procedures.<sup>24</sup> Considering WHO definition that rehabilitation is ‘all measures aimed at reducing the impact of disability and handicapping conditions, and at enabling the disabled and the handicapped to achieve social integration’<sup>25</sup>, the old CBR philosophy was limitedly matched for two conditions: ‘first, for situations when some sort of physical or mental impairment exists, but is amenable to treatment to improve or prevent a further condition; second, if a person has a condition that cannot be improved, but could become more independent through special assistance that builds on their abilities’.<sup>26</sup> These do not consider discrimination and environmental barriers that may occur at the most life time of people with difabilities.

### C. Inclusive Model Of CBR

Those limitations have encouraged the founder of CBR to seek for more comprehensive approach. The CBR has then expected to become a collaborative strategy that encourages multi-stakeholders – including difabled people’s organisations, family with difabled people, community leaders, business groups, etc. – to involve in creating and broadening equal opportunities of people with difabilities within society.<sup>27</sup> This effort has resulted in the new ideology underpinning the enhanced concept aligned in the first (1994) and the second joint position paper (2004) by World Health Organization , United Nations Educational, Scientific and Cultural Organization (UNESCO) and International Labour Organization (ILO). In these documents, CBR is defined as ‘a strategy for rehabilitation, equalization of opportunity and social inclusion of people with disabilities’.<sup>28</sup> This definition brings the CBR strategy

<sup>24</sup> Lightfoot, *Ibid.*

<sup>25</sup> Lundren & Nordholm, *Community-based, Ibid.*, pp. 83-89.

<sup>26</sup> Lightfoot, *Ibid.*, pp. 457.

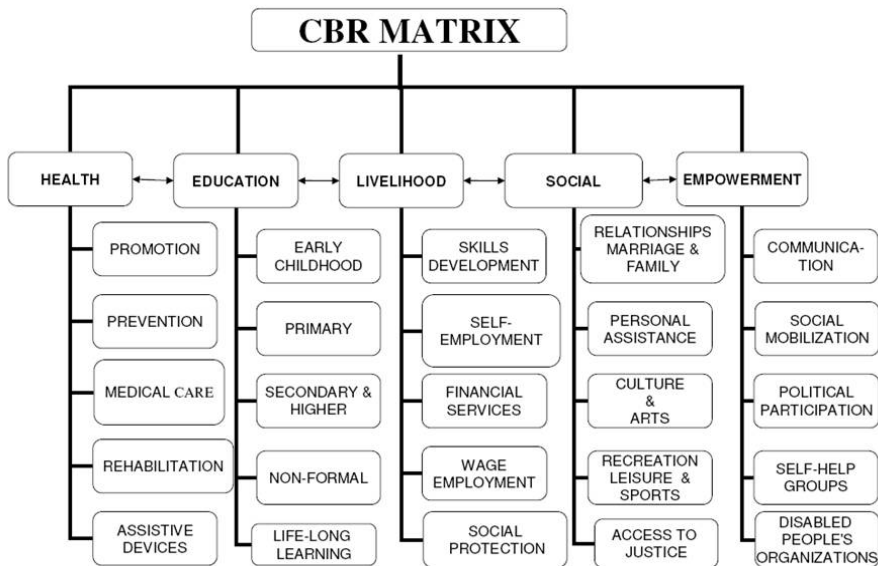
<sup>27</sup> ILO, UNESCO, & WHO, *CBR: A strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities: Joint Position Paper*, (Geneva: World Health Organization, 2004), pp. 1.

<sup>28</sup> ILO et al. , *Community-based, Ibid. 1994*; ILO et al, *CBR: A Strategy, Ibid.*, 2004

equalization of opportunities, poverty reduction and social inclusion of people with disabilities: Joint position paper</title></titles><dates><year>2004</year></dates><pub-location>Geneva</pub-location><publisher>World Health Organization</publisher><urls></urls></record></Cite><Cite><Author>WHO</Author><Year>1994</Year><RecNum>234</RecNum><record><rec-number>234</rec-number><foreign-keys><key app="EN" db-id="00zff0rwacdfrz1ervd2vr2amd595vppv5da">234</key></foreign-keys><ref-type name="Book"></ref-type><contributors><authors><author>IL

from medical rehabilitation to inclusion of people with difabilities in broader development arena in equal basis with others.

More recently, with the release of the CBR Guidelines<sup>29</sup>, the CBR implementation strategy has changed from a single sector, medical oriented, service delivery strategy to a multi-sectoral, comprehensive, rights-based approach.<sup>30</sup> The guidelines cover five interrelated components namely health, education, livelihood, empowerment and social in which each component is underpinned by five elements (see Figure 1). With strong focus on empowerment, the guidelines encourages participation and inclusion of people with difabilities, their family members and society in general development and decision-making processes in line with the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and the promotion strategy of community-based inclusive development (CBID).<sup>31</sup>



Source: <sup>32</sup>

O</author><author>UNESCO</author><author>WHO</author></authors></contributor s><titles><title>Community-based rehabilitation for and with people with disabilities: joint position paper</title></titles><dates><year>1994</year></dates><pub-location>Geneva</pub-location><publisher>World Health Organisation</publisher><urls></urls></record></Cite></EndNote>.

<sup>29</sup> WHO et al. , *Ibid.*, 2010.

<sup>30</sup> IDDC, *CBR Guidelines as a Tool for Community-based Inclusive Development* (Brussels, Belgium: International Disability and Development Consortium (IDDC), 2012, pp. 7.

<sup>31</sup> IDDC et al., *CBR Guidelines, Ibid.*, pp. 1.

<sup>32</sup> IDDC et al, *CBR Guidelines, Ibid.*, pp. 9; WHO et al., *Comm-based Rehabilitation, Ibid.*,

With multi ingredients, CBR now become a unique strategy that might vary in different culture and localities. Its way of implementations depend on local needs and circumstances. It can also be an integrated/inclusive program within a wider development program or an independent project run by an NGO as described by Miles below.

‘CBR services may be integrated into existing health, education or social welfare structures or they may be vertical programmes run by NGOs. Increasingly CBR services are being developed at village level as part of community development programmes, with relatively little input from rehabilitation professionals. Although a CBR programme may contain some or all of the ingredients discussed above, its flavour will depend upon the cultural context in which it is implemented. Each programme is therefore unique. Differences exist not only between CBR programmes in different cultures, but also between villages in one geographical area.’<sup>33</sup>

The newest CBR approach is now feasible to be used as a vehicle to achieve community-based inclusive development (CBID) especially in difability sector. CBID, which by many scholars has been proposed as a replacement name of CBR, is a goal of ‘making community and society at large inclusive of all marginalized groups and their concerns, including persons with disabilities ... [because] no one should be excluded from development for any reason.’<sup>34</sup> To achieve the CBID goal, CBR employs the ‘twin-track’ approach namely:

‘(1) Working with persons with disabilities to develop their capacity, address their specific needs, ensure equal opportunities and rights, and facilitate them to become self-advocates; (2) Working with the community and society at large to remove barriers that exclude persons with disabilities, and ensuring the full and effective participation of all persons with disabilities in all development areas, on an equal basis with others.’<sup>35</sup>

It is clear that in CBID framework, people with difabilities are no longer seen as the target of rehabilitation, but, rather, are expected to be the actor of inclusive development. In this sense, partnerships and alliances across different stakeholders are the key ‘to make

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2010.

<sup>33</sup> Miles, Engaging with, *Ibid.*, pp. 502-503.

<sup>34</sup> IDDC et al., *CBR Guidelines*, *Ibid.*, pp. 5.

<sup>35</sup> IDDC at al., *Ibid.*



programmes relevant and sustainable, to leverage other resources through wider networks, to capitalise on each other's strengths, and to reach the goal of inclusive development with persons with disabilities as advocates'<sup>36</sup> CBR is now expected beyond its label of rehabilitation to move forward into the framework of inclusive development in which each aspect of development should be inclusive of people with difabilities. The following section will explain how CBR may address social exclusion and poverty problems faced by people with difabilities.

#### **D. From Poverty and Social Exclusion to Economic Empowerment**

The major difability issue in the world is social exclusion that is associated with a 'lack of access to, or denial of a range of citizen rights, and also lack of societal integration, through limited power or ability to participate in political decision-making'.<sup>37</sup> In the difability perspective, it happens due to situation of socio-political structures that discourage participation of people with difabilities in many aspects of social, political, and economic lives. Sunarman Sukamto<sup>38</sup> explains that this is resulted from the stigma claiming that people with difabilities are incapable people. This stigma leads to inattention to people with difabilities that, in turn, results in impoverishment.

Social exclusion is a "stain" of democracy. Democracy, that according to Durkheim (1992)<sup>39</sup> is marked with active participation and integration of all inhabitants, while according to Weber<sup>40</sup> is marked with 'a formal equality of all citizens'<sup>41</sup> should give a room for people with difabilities to participate and to be integrated in every aspect of life in equal basis with others. Denial to people with

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<sup>36</sup> IDDC et al., CBR Guidelines, *Ibid.*, pp. 10; Thomas, Maya, Reflections on Community-based Rehabilitation. *Psychology Developing Societies*, Vol. 23 No. 2 (Thousand Oaks, CA, USA: SAGE, 2011), pp. 285.

<sup>37</sup> Sally Shortall, Are Rural Development Programmes Socially Inclusive? Social Inclusion, Civic Engagement, Participation, and Social Capital: Exploring the Differences. *Journal of Rural Studies*, Vol. 24 No.4, (, UK: ELSEVIER,2008), pp. 451.

<sup>38</sup> Sunarman Sukamto, *Rumusan Hasil FGD tentang Advokasi Mainstreaming Hak-Hak Difabel di 7 Kabupaten/Kota di Solo Raya dan Grobogan*, (Surakarta: PPRBM Solo, 2013).

<sup>39</sup> Emile Durkheim, *Professional Ethics and Civic Morals*, (New York: Routledge, 1992).

<sup>40</sup> Cited in Jeffrey Prager, Moral Integration and Political Inclusion: A comparison of Durkheim's and Weber's Theories of Democracy. *Social Forces*, Vol. 59 No. (4), (Chapel Hills, USA, University of North Carolina Department of Sociology, 1981), pp. 920.

<sup>41</sup> Shortall, Are Rural, *Ibid.*, pp. 451.

difabilities in many aspects of life limits their integration to society and then results in inequalities between people with difabilities and general citizens. Thus, there is no proper democracy where citizenship of such marginalised groups such as difabled people is denied.

It has been long time that people with difabilities citizenship is neglected. Poverty of people with difabilities is an obvious impact since access to paid works as well as access to entrepreneurship become harder for people with difabilities than that for general citizens. There are fewer people have formal and self-employment, while majority of people with difabilities are jobless. This creates inequalities of income<sup>42</sup> between people with difabilities and non-difabled people where revenues of general community members have grown in conjunction with the minimum wages legislation, while the revenues of people with difabilities have risen very tiny or have been stagnant or have even lost due to denial of the 1% employment quota of people with difabilities in Indonesia, for instance. As a consequence, families with difabled members, especially those that people with difabilities are the “back-bone” in getting income, are vulnerable to poverty. Vulnerability to poverty is defined as ‘the ex-ante risk that a household will, if currently non-poor, fall below the poverty line, or if currently poor, will remain in poverty.’<sup>43</sup> People with difabilities have potentially met with these characterised circumstances when they face difficulties in accessing public transports and facilities, affordably appropriate mobility aids, education, capital (bank loan), and other resources in daily life.<sup>44</sup>

Responding to those problems, CBR that in its empowerment component has a mandate to empower Self-Help Groups and Difabled People’s Organisations may be utilised as a vehicle to formulate an attempt of leveraging civic engagement and participation of people with difabilities. These are vital in order to open an opportunity of social, political, and economic inclusion. Civic engagement is ‘individual or collective action designed

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<sup>42</sup> Gordon, David, & Peter Townsend, *Breadline Europe: The Measurement of Poverty*: (Bristol, UK: The Policy Press, 2000), pp. 4.

<sup>43</sup> Shubham Chaudhuri, Jyotsna Jalan & Asep Suryahadi, *Assessing Household Vulnerability to Poverty from Cross-Sectional Data: A Methodology and Estimates from Indonesia*, (New York, USA: Columbia University Department of Economics, 2002), pp. 4.

<sup>44</sup> Sukanto, *Rumusan*, *Ibid*.

to identify and address issues of public concerns' (APA, n.d.). In difability arena, civic engagement may embody in advocacy for mainstreaming of difability rights, a struggle of demanding difabled people's participation in decision making and demanding for difability inclusive in all development sectors.

In this sense, civic engagement may vary, ranging between political and non-political. Such civic engagement can be non-political where people with difabilities empower themselves in economic term to leverage their quality of life. Another non-political example of civic engagement is difability awareness that also guided by CBR. It is an attempt to "rehabilitate" community understanding that impairment does not mean loss in all abilities but only differences in particular abilities in conjunction with such impairment. On the contrary, difabled people's civic engagement can also be very political when difabled people have participated in decision making processes: voicing their aspiration and calling on government accountability to include difability in general poverty reduction programs.

The long-term goal of those civic engagements is to make community life and government policies in general, as well as poverty reduction programmes in particular, difability-inclusive. Inclusion means 'the participation, and the ability to participate, in political and social structures, and it is seen as essential to political stability'.<sup>45</sup> It seems that people with difabilities participation in decision making processes is a key strategy to make governments accountable to difability issues. It is common in difability realm that governments claim that they already make every effort to help people with difabilities, yet, on the other hand, people with difabilities feel that the government policies are unable to respond the real difability problems and needs. This may occur when in the development of difability-related programmes and policies the government officials, who are usually non-difabled people, neglect the voice of people with difabilities. Thus, participation of people with difabilities is a strategy that aims to make government programmes and policies meet with actual difability problems and needs. People with difabilities as the consumer of development will play a central role in the assessment of their needs. Even this kind of participation is not a social norm<sup>46</sup>, in the difability case where

<sup>45</sup> Shortall, *Are Rural, Ibid.*, pp. 455.

<sup>46</sup> *Ibid.*

individuals are often neglected, excluded, and unheard, disabled people's participation is essential to make governments realise what disability actually is. Correct understanding to disability will then enable the governments to establish accurate approaches in dealing with disability issues. Furthermore, it will enable governments to produce effectively inclusive development programs in which for the long run it will increase disabled people's participation in mainstream development.

This is not only a new approach of moving from segregation to inclusion, but also distributing power to people with disabilities. Participation of people with disabilities is a form of power sharing that makes decision making processes available to disabled people participation, allows them to bargain for government policies to be pursued, and eventually allows them to enjoy the desired policies. In terms of inclusive poverty reduction, power distribution is no longer about distributing wealth to people with disabilities through charity programmes, but rather welcoming disabled people participation to job deployment, loan access, and entrepreneurship building. Inclusive poverty reduction should make people with disabilities independently-economically empowered and actively included in social and development activities. In addition, it also needs to consider different aspect of disability related needs so that people with disabilities will not be disadvantaged from such blind quantitative standards as the rate for decent living, minimum wage, and the poverty line. Yeo noted, 'if power were distributed differently, and people with impairments determined the nature of the physical environment, for instance, the world could be very different'<sup>47</sup>. It means that power sharing within inclusive poverty reduction will only be the case when physical and social barriers can be identified and then be removed. A CBR project is mandated to remove any barriers that may hinder active participation of people with disabilities. It is also obliged to create balanced relationships between people with disabilities and other stakeholders in society.

Considering analyses outlined above, it seems that the new CBR approach can answer critics and misinterpretations in local practices that narrowly translate CBR into strategy for "curing" rather than empowering the people.<sup>48</sup> This means that CBR strategy will not

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<sup>47</sup> Yeo & Moore, 2003, *Including Disabled*, *Ibid.*, pp. 577.

<sup>48</sup> Suharto, *Community-based Empowerment for Translating Disabled People's Right to Work: A Case Study in Klaten Regency, Central Java, Indonesia*, Master of Arts Research Paper

be merely relevant to non-government organisations (NGOs) with difability specialisation or health ministries. In conjunction with the current international development framework, the CBR may also be inserted into general poverty reduction programmes such as the millennium development goals.<sup>49</sup> It means that CBR may be used broadly as a strategy for mainstreaming of difability rights in all aspect of development.

Responding this shift, there has been few thoughts whether or not changing the CBR name will help CBR practitioners to adopt the paradigm shift. There were a couple of ideas on replacing the rehabilitation label, for example community-based empowerment<sup>50</sup> and community-based inclusive development.<sup>51</sup> Proposed name changes are considered as 'politically correct' than one with rehabilitation nomenclature because they can assert that there has been a paradigm shift from treating difabled people as the object of rehabilitation measures into the subject of development. In addition, these proposals also aim to guide CBR practitioners in local practices to the direction of inclusive development. Perhaps, changing the CBR name might provide stronger understanding about empowerment and inclusion perspective on this community-based assistance. On the other hand, the name change might also lead to confusion in the field levels, whilst medical rehabilitation is still needed.<sup>52</sup>

To compromise with this discussion, it is more essential to confirm that we can work under the old name but with awareness on the latest definition and guidelines. In addition, we can also maintain the existence of the term "rehabilitation" to assert the

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(Holland: Erasmus University Rotterdam, The Hague, 2010), pp. 11-12; Suharto, *Diffability and Community-based Empowerment: Lessons from the Translation of the Right to Work of People with Impairments in Indonesia*, (Saarbrücken, Germany: VDM Verlag Dr. Müller, 2011b), pp. 12-13.

<sup>49</sup> Joakim Davidsson, *Community-based Inclusive Development as a strategy for Millennium Development Goals*. (Bachelor), (Sweden: Uppsala University, 2010), pp. 10-15; IDDC, *CBR Guidelines*, *Ibid*.

<sup>50</sup> Suharto, *Community-based Empowerment for Translating Diffabled People's Right to Work: A Case Study in Klaten Regency, Central Java, Indonesia*, Master of Arts Research Paper (Holland: Erasmus University Rotterdam, The Hague, 2010), pp. 11-12; Suharto, *Diffability and Community-based Empowerment: Lessons from the Translation of the Right to Work of People with Impairments in Indonesia*, (Saarbrücken, Germany: VDM Verlag Dr. Müller, 2011b), pp. 12-13; Suharto, Suharto, *Community-based Empowerment for Advocating Diffability Rights. DevIssues*, Vol. 13 No. 1, (The Hague, The Netherlands), pp. 12-14.

<sup>51</sup> Davidson, *Community-based*, *Ibid*.

<sup>52</sup> Thomas & Thomas, *A Discussion*, *Ibid*, 2011.

idea that the most essential in CBR is rehabilitation of everyone perspective on difability itself, to confirm that either with or without medical rehabilitation, people with impairments are capable people – in which medical rehabilitation might maximise their capabilities, an integral part of society, have equal rights and opportunities. Furthermore, it expects society to include people with difabilities in social, economic, and political lives.

### **E. Conclusion**

Drawing from above explanation, it comes to a conclusion that the the new approach of CBR may change difability approach from impairment rehabilitation orientation into empowering orientation under the umbrella of mainstreaming of difability rights at every aspect of development. As such, a CBR project can be a vehicle for creating inclusion of people with difabilities within development at large. It is argued that impairment is only variation of human nature that may result in variation of abilities, not disabilities of human beings. It means that active participation of people with difabilities is possible and, therefore, a CBR project is mandated to remove any barrier that may hinder active participation of difabled people. A CBR project is also obliged to create balanced relationships between people with difabilities and other stakeholders in society.

A balanced relationship may enable difabled community and Difabled People's Organizations (DPOs) to do self-advocacy and policy advocacy with the support of community at large such as families, community leaders, government officials and civil society. Creating balanced relationships between difabled groups and other stakeholders is part of pathways to difability mainstreaming. Difability mainstreaming is characterised by (1) a room for difabled people in engaging full participation in economic, social, cultural, and political activities, and (2) availability of all development sectors in including and addressing difability issues.<sup>53</sup>

The role of advocacy on mainstreaming of difability rights through CBR model is basically directed by a vision that governments can adopt the CBR model for the future of inclusive development. When CBR project recently received less priority by the governments likewise in most Southern countries (Lysack & Kaufert, 1994) and funding to difability projects have to compete

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<sup>53</sup> Sukamto, *Rumusan, Ibid.*

with health, education, infrastructure, community development and other sectors, the new CBR approach may eliminate this budget competition. The nature of the new CBR approach is neither to win the CBR budget over other sector nor to establish a specifically minimalist disability project. Rather, it aims to mainstreaming all those sectors with disability rights where general health, education, infrastructure, livelihood and community development should respond specific needs of people with disabilities. It is a clear agenda that CBR aims to encourage governments to adopt five CBR components into local development framework in every ministry and agency that either directly or indirectly responsible to the life of people with disabilities.

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