


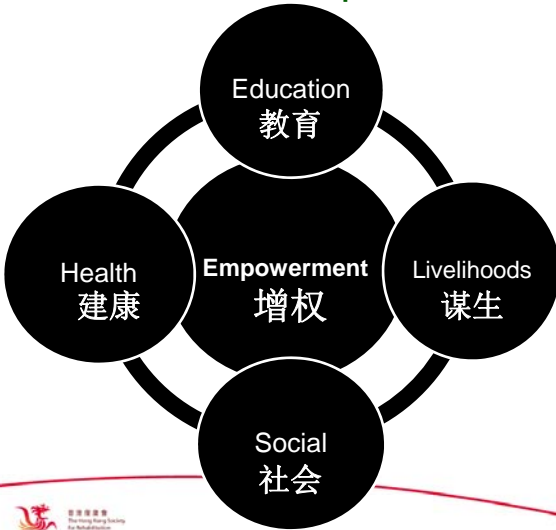


香港復康會
The Hong Kong Society
for Rehabilitation
國際及中國部
International and China Division

Developing Community-based Rehabilitation Programmes after the Wenchuan Earthquake

The Hong Kong Society for Rehabilitation
Sheila Purves

朝向包容性社區發展 Community-based Inclusive Development



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Chapel Khasnabis, WHO-DAR 2009

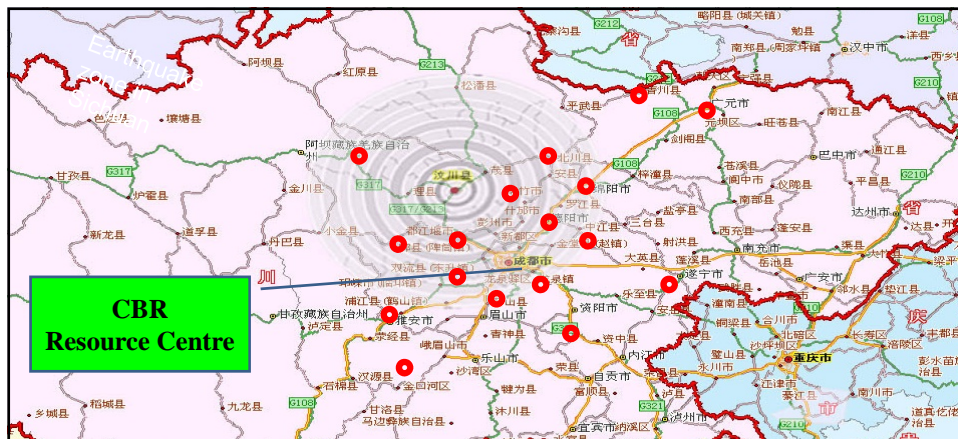
四川地震災區社區康復資源中心 Community Based Rehabilitation (CBR) Resource Centre serving the Earthquake Zones

Project partner: Sichuan University Hua Xi Hospital
Sponsor : Hong Kong SAR Government Trust Fund
 「支援四川地震災區重建工作信託基金」

Funding : HKD 7.8 million
Dates : Feb 2009 – Jan 2012 (3 years)


Main services: 成都、都江堰及汶川、德陽、廣元及青川
 綿陽(永興板房、中醫院、新北川及陳家壩鄉)

Other funds: Caring For Children, Golden Jubilee, HK Red Cross & individuals
 (2008 – present)



Resources: services, training, equipment, skills to:
 families, hospitals, rehab centres/disability orgs,
 SW stations, schools, welfare homes, volunteer groups, NGOs



| Developing CBR platforms | | | | |
|---------------------------------|---|--|--|--|
| | Phase I | Phase II |  | |
| | 動員 Mobilization | 組織 Organization | 鞏固 Consolidation | 維繫 Maintainence |
| Methods | Contacts Awareness Home visits Trainings | Group activities District network Problem solving | Community aware/change Self-help-MutualAid Identify local leaders | Training & supporting leaders, volunteers, Materials |
| Strategic Objective | Bridge hospital community gap Build relations ID entry-points | Develop links between service users Build networks | Build bridges between users & their own communities | Independent groups; &/or social integration concerns |
| Project time frame | 3-6 months | 6-10 months | 6-10 months | 6-10 months and longer |

Phase I: mobile team/outreach - laying the ground work for CBR

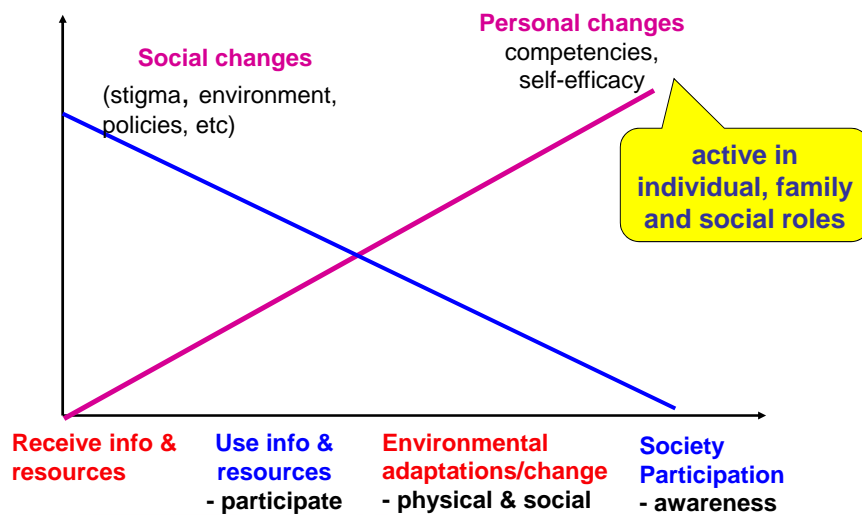
Establish a resource centre with mobile rehab team:

1. Follow up patients discharged from hospitals, or identified in community settings;
2. Provide information, advice, skills, equipment (& second surgeries) to meet needs of individuals & their families; NGOs, hospitals, schools, social welfare centres, etc;
3. Promote awareness of disability, importance of accessibility and need for activities, to help people with disabilities go out into their communities

策略一：跨專業介入 -
回應身、心、社、靈的「全健」需要



Process – not smooth, not linear
personalize for individual & community



Part II: Developing community rehabilitation networks

- Through group activities, self-managemetn skills training, developing self-help and mutual aid within communities, to facilitate social integration and new life goals
- Mobilizing community resources; modeling, training and advocating for change in community awareness and attitudes
- Developing local leaders among people with disabilities and chronic disease



策略二：自我管理 - 有能力與殘疾共存



新北川自我管理小組
/工作坊開展



策略三：自助互助 - 復康路上您並不孤單



(四) 策略四：社會融合 - 什麼才是真正的障礙?!



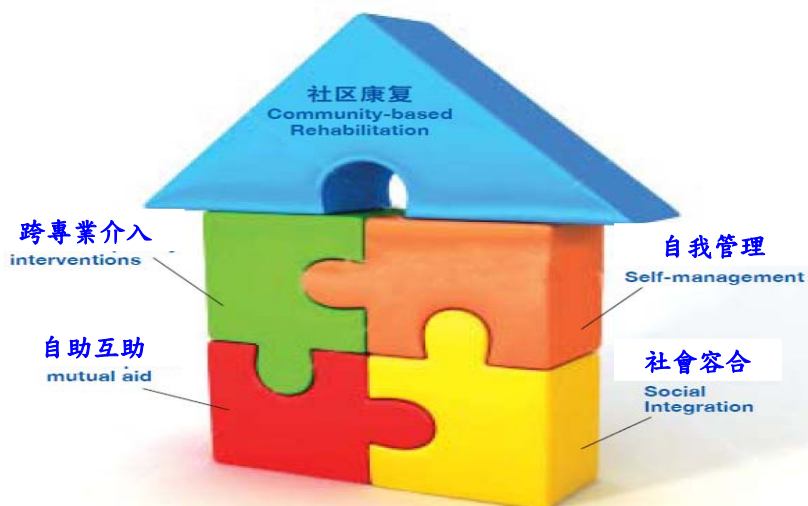


無障礙城市定向2011- 大型社區倡導活動



<https://sites.google.com/a/rehabsociety.org.hk/sichuan/home>

<https://docs.google.com/a/rehabsociety.org.hk/file/d/0ByM4xgVTCwrBdVYwbVY5d1NYTXM/edit?usp=sharing>



Community-based Rehabilitation (CBR)

-some key concepts for all community workers

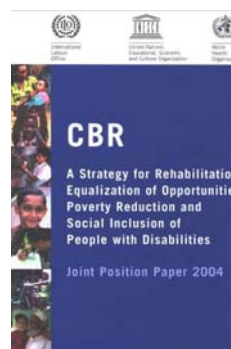


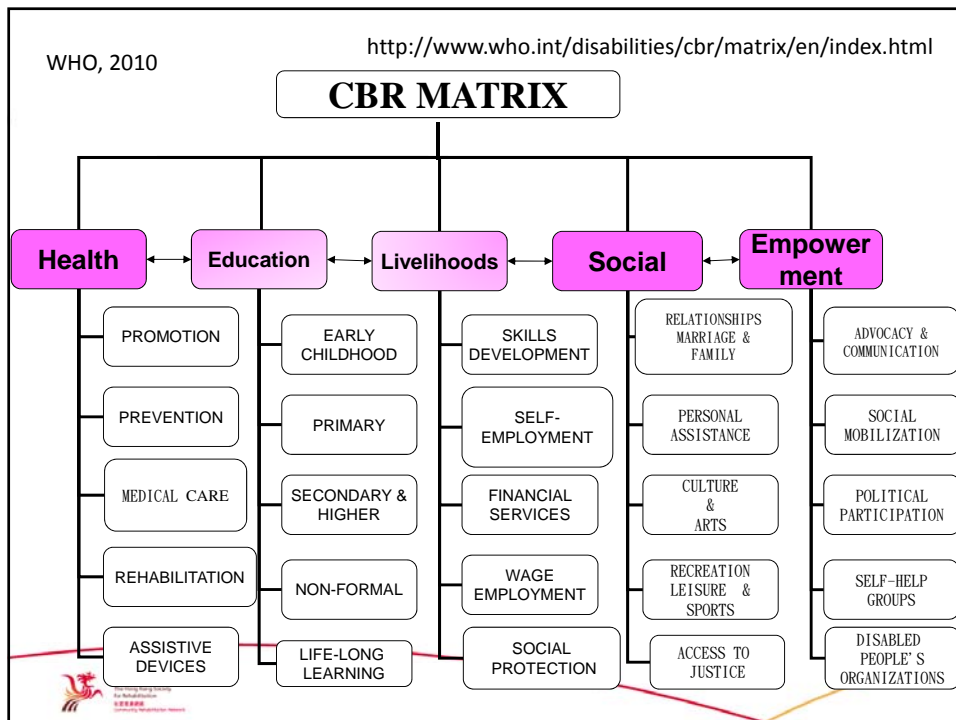
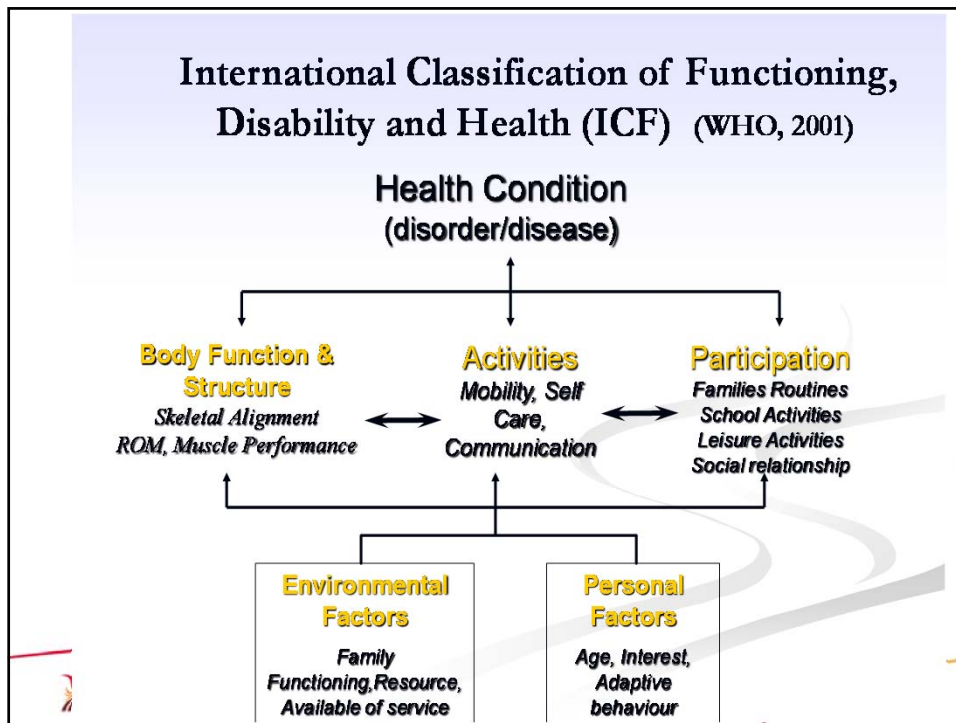
Community-based Rehabilitation (CBR)

“CBR is a strategy within general community development for the rehabilitation, equalization of opportunities & social inclusion of all people with disabilities.

CBR is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services.

WHO, ILO, UNESCO, 2004

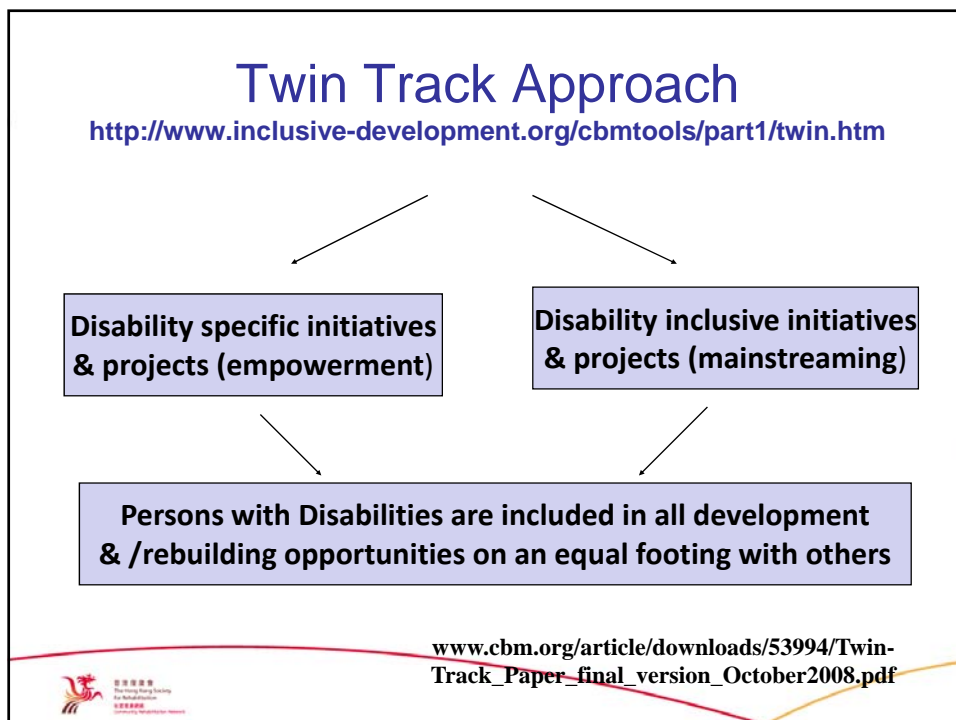


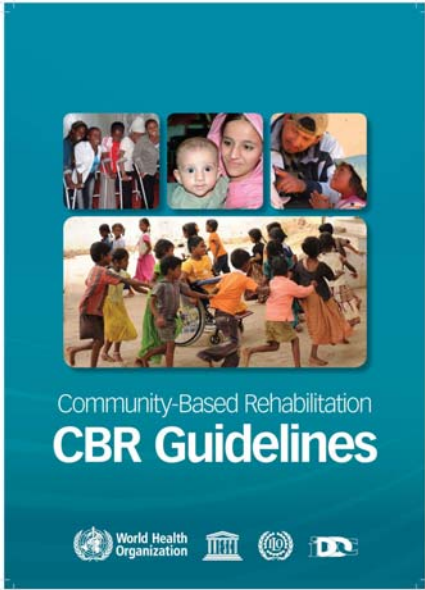




**CBR Guidelines:
Towards Community-
based Inclusive
Development**

社区康复指南
包融性社区发展

WHO, 2010
中文版, 2011年12月
www.who.int/disabilities/



Discussion (1)

Acquired disability

- Little awareness and understanding
- No community rehab platforms
- Desire to give and protect
 - Whereas rehab is about re-education, facilitation, coaching & empowering



Discussion (2)

Institutional levels

- Very little awareness / understanding of disability
- Referral system non functional (vertical)
 - No discharge planning; no forward thinking
- Inter-sectoral communication difficult (horizontal)
 - Need for social workers
- Huge lack of human resources in rehabilitation skills **and** especially community rehab skills
- Low prestige associated with community work

Discussion (3)

What we did well:

1. Provided needed skills & services in locations where they were needed
2. Worked with local partners; mutual respect with people and institutions
3. Activities inclusive of people with disabilities and chronic disease & public in their communities
4. Demonstrated groups approaches are important and increase confidence
5. Demonstrated mechanism & usefulness of CBR



Discussion (4)

Challenges within our team

- Integration of rehabilitation therapy and social work approaches
- Development of trans-disciplinary team
- Transfer of skills & de-professionalize
- Mainstreaming



Lessons Learned

- Must bridge the gap between hospital and communities: awareness, communication, mutual respect....
- Invest in community services: long term/ not highly visible
- Start where the communities are, and identify staff from within the communities
- Develop multi-sectoral referral network
- Promote, mobilize, facilitate local action & participation
- Capacity build in all sectors: skills for supporting people with disabilities; and skills for fostering inclusion
- It takes time to build sustainable community rehabilitation networks : and it is unlikely to look like what we first expect

What we are doing now

- 2012 to present:
 - service contracts, donor projects
- 2013 :
 - set up Sichuan-level NGO to provide CBR training and support
- Ya An Earthquake
 - co-ordinate/ communicate/ respond to requests/ respect locals; prepare to develop community rehabilitation



International Centre for Disability Rehabilitation and Development (ICDRD)



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Thank You

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服務成效

- 178 間醫院及康復站跟進探訪
- 2,814 次家訪
- 270個培訓課程，5,636受惠人次
- 112 個互助小組，1,741受惠人次
- 40 個殘疾意識醒覺活動，1,923受惠人次