Certificate in Community Based Inclusive Development (CBID)

Facilitator Guide PHASE ONE

Version – 1.1

Rehabilitation Council of India

Department of Empowerment for Persons with Disabilities (Divyangjan)
Ministry of Social Justice and Empowerment
Government of India

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Introduction

The Certificate in Community Based Inclusive Development (CBID) is a 6-month, full-time, competency-based vocational education program.

The course is of 24 weeks duration – each week consisting of 30 hours (6 hours/day).[1] In line with the requirements of a competency-based course, the practice: theory ratio is 60:40.

The course covers three Key Performance Areas (KPAs):

1. **Inclusive Community Development (ICD)** – 40 percent allocation,

2. **Assessment and Intervention (A&I)** – 40 percent allocation, and

3. **Professional Behaviour & Reflective Practice (PB&RP)** – 20 percent allocation.

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[1]A notional session length of 90 mins is suggested, which will provide 4 sessions/day (20 sessions/week = 480 sessions). Sessions can be shortened or lengthened as needed, provided the weekly allocation is maintained.

CBID Competencies

Within the three KPAs, there are 11 Units of Competency:

Inclusive Community Development	Assessment and Intervention	Professional Behaviour and Reflective Practice
1. Demonstrates an applied knowledge of community-based inclusive development and its underpinnings	1. Demonstrates an applied knowledge of disability in experience, law and contemporary understanding	1. Fulfils role expectations and requirements
2. Engages and profiles the community	2. Undertakes assessment and planning	2. Organises and manages tasks and responsibilities
3. Works with government structures	3. Facilitates knowledge, linkages and referrals	2. Maintains personal wellbeing and continuing education
4. Supports community leadership and action	4. Supports and provides multi-sectoral intervention	

These Units of Competency are the agreed broad sets of knowledge, skills, attitudes and values that India's CBID experts consider Fieldworkers must have to independently deliver quality and safe CBID.

The Notion of Advancing Competence

Competence advances progressively across the course:

The course is conducted across three Phases, reflecting an expectation of steadily advancing competence as well as a stipulation of training venue and nature of teaching and learning. Phase One covers the first four weeks of training, when trainees are considered Novices, working at Level 1. The 40 percent theory component of the course is predominantly completed during this Phase, and the venue can be either a Training Centre if the mode of transaction is face-to-face, or online.

The Standard required to be achieved at completion of Phase One is as follows:

KPA	Novice Standard
Inclusive Community Development	At this level, trainees demonstrate understanding of relevant inclusive development principles and practices and can explain the impact of community barriers on disability. They research, document, and practice making a case to explain the relevant statutory laws undergirding the community inclusion mandate and the rights of people with disability. They can describe strategies in community development that foster empowerment and self-determination and make plans for supporting community members with disability to determine and explain their needs, priorities, and aspirations. In simulated settings, they practice encouraging family and associates to greater connection, interaction, and support. Trainees participate in and reflect on support group/DPO meetings, successful advocacy interactions, and the planning process and running of disability-specific and inclusive community events. They explain PRA and community mapping and profiling procedures and engage in mapping their main village stakeholders.

KPA	Novice Standard
Assessment and Intervention	At this level, trainees demonstrate understanding of a strengths-based approach to disability and provide explanations of disability causation to counter superstitious views. They research and document relevant statutory laws, schemes and provisions and, in simulated settings, provide accurate information and advice in response to basic questions of entitlement and procedure. Trainees observe early identification and basic assessments and document results using prescribed formats, including for Disability Certification/ UDD. They practice communicating low-stakes information and assessment results accurately and respectfully. They describe and assist in the provision of simple, evidence-based, multi-sectoral interventions. In simulated settings, they practice training family members in these techniques and discuss how existing family resources can be used to improve outcomes. They research and explain different strategies for improving emotional wellbeing, identifying situations where these might be needed.
Professional Behaviour and Reflective Practice	At this level, trainees demonstrate understanding of different methods for planning work schedules and engage in preparing work plans against prescribed formats. They complete assigned tasks in a timely way. Trainees engage in group work and experience and discuss the value of different skill sets in a team. They research and describe the relevant codes of conduct, laws, ethical requirements, and SOPs of the role. They engage in reflection on their personal responses to disability and identify potential emotional impacts and challenges arising from their attitudes, values, and background. They identify and are open to feedback about gaps in their knowledge and skills and investigate avenues for ongoing learning.

Requirements for Achieving Phase One

Attendance

The minimum attendance required is 80 percent for all Theory component work and 90 percent for all Practical components.

Assessment processes

Assessment during Phase One (formative assessment)

As this is a competency-based course, assessable tasks are designed to support competency development. They are therefore based on or conducted in real work situations and involve learning by doing and reflecting on practice. These *formative* assessments are of four types, with the fourth type – Assignments, beginning in Phase 2. They must be satisfactorily passed for the Trainee to pass Phase One level:

HURDLE TASKS

Hurdle tasks are achieved by attendance and participation. While all activities of the course could be classed as hurdle tasks, some have been selected to focus on as representative of important aspects of CBID Fieldwork. ***Trainers should prepare a marking guide to confirm these hurdle requirements have been completed.***

JOURNAL TASKS

Journal tasks require submission of brief, formal notes that summarise learning and reflection on performance of important CBID tasks and responsibilities. ***Trainers and placement supervisors should read these entries and sit with the trainee to discuss any issues or concerns.***

PORTFOLIO PROJECT

The Portfolio project draws from trainee work across the course in compiling and annotating official government documents, work-related protocols, and issue-related resources and tools supporting CBID Fieldwork. Trainee collection and filing of these documents are checked each week,

and a subset submitted as part of the Portfolio project. This submission will be single document (submitted (digitally or hardcopy) that is composed of four tasks –

1. A **Resource Folio** of official documents about disability-related legislation, policies, entitlements, and procedures for availing them. *Trainers should prepare a marking guide to confirm these resources have been gathered and filed correctly.*

2. The specific **Reporting and Referral Protocols** of the trainee's local community, relating to the policies and procedures mentioned in #A. *Trainers should prepare a marking guide to confirm these resources have been gathered and filed correctly.*

3. **Resources and Tools** – select NINE (9) issues encountered in your CBID fieldwork placements – THREE (3) for Inclusive Community Development and working with groups and community sectors, THREE (3) for Assessment and Rehabilitation and working with individuals and families, and THREE (3) for Professional Behaviour and Reflective Practice. For each issue identified –

    a) Compile an annotated list of 2-3 different resources and tools (18-27 in total):

        -   Six (6) for Inclusive Community Development,

        -   Six (6) for Assessment and Intervention, and

        -   Six (6) for Professional Behaviour and Reflective Practice.

        Examples of resources and tools could include – information sheets, questionnaires, activities, flash cards, websites, books, media, etc.

        Specific contexts for their use might be – different community settings, age groups or disability conditions; 1-1 or group resources and tools, or resources and tools supporting team and workplace functioning.

    b) Describe how/ where/ when/ why you might use each specific resource as part of your role – considering both proactive and reactive uses.

    Trainers and placement supervisors should read through these resources that trainees have gathered to check they are fit for purpose and appropriate to the need.

4. **Short Answer Written Responses**– derived from the Explanatory Notes Manual (Please note: To retain the competency-based nature of learning in this course, Self-Learning Materials (SLMs) are not given to trainees but are provided to trainers/ placement supervisors as **Explanatory Notes (ENs)** to help them design and check the Short Answer Written Responses section of the Portfolio project – Part D). *Trainers should go through the Explanatory Notes Manual for their KPA and devise a set of practice-relevant questions covering the most important topics. A suggestion is 1-2 questions per subject per week.* An example question, taken from ICD 1.1.1.2 – Diversity in Community is:

"Not all members of the community come from the same culture or language background. Their 'setbacks' and 'ways of coping' may differ. a) Identify two different 'set- backs' that people with disability in your community likely face, based on cultural, ethnic or language difference; b) Describe a different 'way of coping' with each setback; c) Discuss (in a paragraph or two) two ways that you might need to adapt yourself to meet the specific cultural needs of people and families living with disability in your community."

Assessment at the end of Phase One (summative assessment)

At the end of Phase One, a summative assessment of trainee performance across the Phase is to be conducted. This establishes the extent to which the required standard for the Phase has been achieved and supports the trainer to decide if the trainee is ready to proceed to the next Phase or needs more time to consolidate the skills of the current Phase.

This is a multiple-choice **Observational Assessment** that the trainer completes from their observations and knowledge of the trainee on placement. It obtains a score that places the trainee at one of the Levels of the course – Novice, Advanced Beginner, Competent, or Above Standard.

The rubrics making clear what is required of the trainee at Phase One level and must be provided to the trainees at the start of the course, and regularly referred to.

Achieving the Level of each Phase at its conclusion should be regarded as a Pass to the next Phase.

Phase One List of Explanatory Notes (EN)

Assessment and Intervention:

Topic 1:   Understanding disability

Topic 2:   Barriers to disability

Topic 3:   Disability and its functional impact

Topic 6:   Transition to a rights-based approach

Topic 9:   Family structure

Topic 10:   Factors to be considered when approaching and communicating with family

Topic 11:   Importance of screening

Topic 12:   Selection, administration, and contextualisation of checklists

Topic 13:   Interpretation of results

Topic 19:   Communication

Topic 20:   Certificates and procedures for availing them

Topic 23:   The CBID Matrix

Topic 26:   Development of the child

Topic 27:   Roles of the multidisciplinary team

Topic 29:   The ADIP Scheme.

Professional Behaviour and Reflective Practice

Topic 1:   Roles and responsibilities of CBID workers

Topic 2:   Limits to the role of a CBID worker

Topic 3:   Impact of personal frameworks to the role

Topic 4:   Workplace laws and policies

Topic 5:   Code of conduct, consent and confidentiality

Topic 6:   Reporting formats

Topic 7:   Work targets

Topic 8:   The CBID team

Topic 9:   Workplace Safety

Topic 10:   Women's Safety and Wellbeing

Topic 20:   Developing case studies.

Inclusive Community Development

Topic 1:   CBID concepts and implications

Topic 2:   Models of disability

Topic 3:   Government programs supporting inclusive community development

Topic 4:   Participatory and asset-based approaches to community engagement

Topic 5:   PRA/PLA

Topic 6:   Collaborating with government agencies.

Phase One List of Assignments/ Tasks

ICD

1. Week 1: 1.1.1.3 Journal task – Map diversity in your local context

2. Week 1: 1.1.2.3 Journal task – Identify model of disability and barriers in your local context

3. Week 2: 1.2.1.2/ 1.2.2.2 Portfolio – begin developing a file of relevant government policies, acts and schemes supporting inclusive community development

4. Week 3: 2.2.1.2 Journal task – Cataloguing resources of the training centre

5. Week 3: 2.2.2.2 Portfolio (ongoing) – devising a checklist to use to ensure meeting reports are participatory

6. Week 4: 2.2.3.2 Portfolio (ongoing) – developing a set of indigenous guidelines for supporting participation of people with a disability in all CBID work in the local context

7. Week 4: 3.1.1.1 Hurdle – Draw a tree diagram of the 3-tier Panchayati Raj System

A&I

1. Week 1-2: 1.2.1.1/2 Journal task – Fill out sheets of visits to inclusive settings

2. Week 1: 1.1.3.2 Journal task – Disability impact on families in own community

3. Week 1: 1.2.2.1 Journal task – Diversity in families in own community

4. Week 2: 1.2.2.2 Portfolio – Filing government entitlements and schemes for PWD

5. Week 2: 2.2.1.1 Portfolio – Filing Disability Screening and WHODAS 2.0 assessment tools

6. Week 2: 1.3.1.1 Fill out sheets of visits to relevant government departments

7. Week 3: 2.2.1.2 Testing a screening checklist in neighbourhood of the training centre

8.	Week 3: 2.3.1.2 Hurdle – Scoring and interpreting an in-class checklist assessment

9.	Week 3: 3.2.1.1/3.2.2.1 Portfolio – Filing disability certification documents and application procedures

10.	Week 4: 4.1.1.2 Hurdle – Using the CBR Matrix to trouble-shoot exclusion – requires development of case-studies of people with disability looking to access the different sectors

11.	Week 4: 4.2.1.1 Portfolio – Developmental Stages and Dev. Delay Checklist

12.	Week 4: 3.3.1.1 Portfolio – document referral processes to different specialists of the multidisciplinary team

PB&RP

1.	Week 1: 1.1.2.1 Journal task – Boundaries to the CBID Worker role

2.	Week 2: 1.1.3.1 Journal task – Enabling and limiting aspects of personal background

3.	Week 2: 1.2.1.1 Journal task – Child Protection Laws

4.	Week 3: 1.2.1.2 Portfolio – Filing Safeguarding Risk Assessment

5.	Week 3: 1.2.2.1 Portfolio – Filing Safeguarding Code of Conduct

6.	Week 4: 1.3.1.2 Hurdle – Checklist of rehabilitation staff and their roles

OBSERVATIONAL ASSESSMENT (Summative)

Trainee performance is evaluated using this tool at the completion of Stages 1, 2 and 3.

INSTRUCTIONS: For each question, please choose ONLY ONE response. The response you choose should be the closest match to this CBID Fieldworker's typical performance, or what you consider this Fieldworker is able to do. If you feel the performance falls between two levels, select the lower one. This will indicate that the Fieldworker has achieved that level but has not reached the higher one.

Q1. Understands community development and CBID

    A.   Defines barriers to and principles of inclusion in the community

    B.   Explains the impact of backgrounds on the experience of disability and disability inclusion

    C.   Develops arguments to counter negative community attitudes and outlook

    D.   Compares different community perspectives on disability and inclusion

Q2. Understands disability conditions (definitions, causes)

    A.   Can explain the causes of disability to counter incorrect or superstitious understandings

    B.   Describes the main features of the 21 disabilities under the RPD Act, 2016

Q3. Understands statutory provisions

    A.   Explains some relevant statutory laws, provisions, and procedures and their connections

    B.   Applies the correct statutory provision and procedure to the situation

    C.   Justifies proposed adjustments/ changes to community infrastructure/ practice using the legislation

Q4. Understands background differences (socio-economic, gender, caste, religion) and their impact

    A.   Explains factors that contribute to and hinder inclusion of persons with disabilities by communities

B. Identifies the interplay of [socio-economic/ gender/ caste/ religious] factors impacting situations

C. Negotiates for the benefit of all, utilizing unwritten ground rules of different groups

Q5. Differentiates between disabilities

A. Differentiates between obvious disabilities (e.g., vision/ hearing / evident physical disability)

B. Identifies less obvious conditions (e.g., developmental disabilities, other neurological diseases)

C. Identifies and gives rationale for likelihood of mental illness

Q6. Performs functional assessment

A. Completes basic checklist as instructed

B. Selects and administers appropriate checklist

C. Factors in all circumstances that might be impacting assessment accuracy

Q7. Communicates assessment findings

A. Provides low-stakes information accurately (information positive/ neutral in impact)

B. Communicates sensitive information in consideration of the emotional wellbeing of the receiver

C. Communicates convincingly to resistant stakeholders

Q8. Reads family/ relationship structures and dynamics

A. Follows expected societal norms when relating to people and families living with disabilities

B. Demonstrates respectful and supportive behaviour to people and families living with disabilities

C. Identifies salient/ critical issues and features in family/ relationship dynamics

D. Changes the way they relate depending on the need of the family/ relationship situation (e.g., draws on strength-based approach to transform a situation that seems hopeless)

Q9. Develops family ability and efficacy to set goals and plan

A. Acts in a directive, task-oriented manner in dealings with individuals and families living with disability

B. Facilitates collaborative discussions with the family/ relationship

C. Facilitates collaborative decision-making in the family/ relationship

D. Analyses one's own behaviour and adjusts it to further empower individuals and families

Q10. Identifies assets, capabilities and strengths

    A.   Knows of the strength-based approach

    B.   Includes questions about assets and strengths in the functional assessment

    C.   Interprets and incorporates findings about individual/ family strengths into the plan

Q11. Enhances movement and physical capacities

    A.   Follows through on activities/ exercises prescribed by the allied health professional

    B.   Ensures correct use of assistive devices to support mobility and physical capacity

    C.   Suggests home modifications to improve physical access

    D.   Facilitates greater physical access in the community (including transport) for an individual

    E.   Advocates for community-wide adoption of universal design access principles and practices

Q12. Enhances social, emotional, and cognitive development and early learning

    A.   Encourages social participation by the family in the community

    B.   Informs family about available early learning resources

    C.   Facilitates family resourcefulness in using what is available to foster development and learning

Q13. Trains in the use of basic assistive and rehabilitation devices

    A.   Trains family members in simple techniques (e.g., human guide)

    B.   Trains in use of assistive technology (e.g., mobility devices, communication devices)

    C.   Trains other stakeholders in the community

Q14. Enhances personal independence

    A.   Assists in facilitating independence in activities of daily living

    B.   Independently facilitates independence in activities of daily living

    C.   Builds capacity in family members to facilitate greater personal independence

    D.   Problem-solves to overcome individual/ family resistance to improving personal independence

Q15. Communicates using different communication methods

    A.   Describes and gives examples of different forms of communication for different disabilities/ needs

B. Communicates one-step information (e.g., single words, greetings) in other formats as required

C. Seeks to expand beyond basic proficiency in different communication media/ formats

Q16. Links people to professional intervention/ services

A. Ensures Disability Certification/ UDD

B. Identifies the correct referral pathways and refers appropriately

C. Identifies and refers people at risk and hard to reach

D. Facilitates camps and campaigns to bring professional services to village level

Q17. Provides social and emotional support

A. Informs individuals and families about various strategies to improve emotional wellbeing

B. Applies an emotional support strategy in response to an obvious (i.e., stated) need

C. Provides emotional support in response to a holistic appraisal of the needs of individual and family

D. Considers external factors (e.g., caste, culture) when providing social and emotional support

Q18. Demonstrates effective listening

A. Listens and in response, advises

B. Utilises learned listening strategies when interacting with individuals and families

C. Carefully attends to both spoken and unspoken information to respond appropriately

Q19. Establishes necessary connections

A. Maps main stakeholders in the village

B. Plans and maps strategically (e.g., considers less obvious stakeholders such as schools)

C. Communicates with stakeholders to make/ strengthen community connections

D. Obtains necessary directives from authorities (e.g., the Taluk)

Q20. Sensitizes and trains others

A. Instructs families in ways to support their member with a disability

B. Trains close community members to better connect/ interact with people with a disability they know

C. Instructs village functionaries about general disability needs and their responsibilities

D. Trains outside service providers about general disability needs and their responsibilities

Q21. Understands community resources

    A.   Defines and describes Participatory Rural Appraisal

    B.   Participates in PRA with support

    C.   Guides community to PRA (mapping)

Q22. Enables utilization of community resources

    A.   Encourages families to use their existing (own) resources

    B.   Facilitates government resources to be available to individuals and families

    C.   Convinces the community to actively contribute from its own resources

    D.   Brings external resources into the village

Q23. Identifies potential leaders

    A.   Identifies obvious leaders (from among individuals with disabilities, family members, community)

    B.   Encourages and informs potential leaders about how to develop their capacity

    C.   Models leadership skills to potential leaders

    D.   Brings out and develops latent leadership skills in others

Q24. Supports formation of groups and DPOs

    A.   Describes observed group formation processes

    B.   Supports establishment and organization of group/ DPO meetings

    C.   Educates groups about their entitlements and obligations

    D.   Trains groups to function independently

    E.   Facilitates groups to connect with other relevant key stakeholders

Q25. Shares relevant information and documents

    A.   Explains relevant support provision schemes, programs, and documents

    B.   Collects data on access to provisions by people with disabilities

    C.   Reports on compliance at the village level

Q26. Argues for inclusion with community leaders

    A.   Observes persuasive interactions with leaders

    B.   With support, makes a case for greater inclusion to local leaders

    C.   Interacts on one's own to persuade Block level leaders to engage in inclusive development

    D.   Supports and models to other CBID trainees how to interact persuasively with leaders

Q27. Motivates individuals and families to join community groups

    A.   Identifies and prioritises the factors impacting on individuals and families joining groups

    B.   Persuades/ makes a case for a family/ individual to join in community life

    C.   Addresses multiple factors inhibiting community participation

Q28. Organises inclusive programs and special days

    A.   Observes and is involved in the organization of inclusive programs and special days

    B.   Arranges and conducts inclusive programs and special days alongside DPOs and community

    C.   Supports the community / DPO to conduct inclusive programs and special days/ events

Q29. Takes on the requirements of the role (e.g., is prepared to travel by different modes to different locations, work with groups from different backgrounds, work on days/ at times best suited to the community)

    A.   Identifies challenges to the role in one's own background and formulates arguments against these

    B.   Evidences reliable, responsible, impartial behaviour

    C.   Adapts approaches as per the needs of individual / family/ communities

Q30. Contributes as an active team member

    A.   Recognises the value of different skill sets in a team

    B.   Facilitates and fosters positive team functioning

    C.   Advocates for the vision and cause of the team

Q31. Conducts oneself in a trustworthy manner

    A.   Completes assigned tasks as arranged

    B.   Keeps confidential information entrusted

    C.   Demonstrates impartiality when dealing with parties who have opposing points of view

Q32. Respects disability as a source of knowledge

    A.   Restates in one's own words the right of people with disability to be treated equally

    B.   Make space and elicits the contribution and insights of people with lived disability experience

    C.   Persuades the community to relate and engage with disability from a strengths-based perspective

Q33. Operates within relevant legal and regulatory framework

A. Complies with relevant laws and code of conduct/ SOP

B. Ensures one's own workplace behaviour and interactions respect cultural and contextual norms

C. Incorporates new ideas/ practice/ frames of reference into existing SOPs

D. Advocates to others for personal responsibility for ethical occupational practice

Q34. Preserves personal social-emotional wellbeing

A. Identifies potential emotional impacts of the role

B. Monitors their own wellbeing and seeks support

C. Actively supports others to pursue personal wellbeing as an integral part of occupational practice

Q35. Plans ongoing learning to improve CBID performance

A. Identifies gap in knowledge and skills

B. Takes advantage of organized learning opportunities

C. Prioritizes learning needs in consideration of the level and requirements of the role

D. Plans to complete the expected Diploma progression

Q36. Prepares work plans

A. Prepares work plans against prescribed format

B. Adapts work plans for unexpected events/ situations

C. Plans work, taking into consideration longer term goals

Q37. Writes reports

A. Documents basic information using prescribed format

B. Completes complex reports

C. Adapts reports to meet new requirements

D. Provides interpretation of data/ results in reports

Rubrics and Scoring Guide

Each question expresses a competency progressively – hence, if a trainee scores at level C for a question, they have by default achieved the two levels below that – hence, for that question, they score a 3 (A+B+C). In the Rubrics and Scoring Guide that follow, the total score can be aligned to a validated performance band/level where the trainee is currently working.

Inclusive Community Development – Rubrics and Scoring Guide

Proficiency bands (score ranges):

- **NOVICE (1–12):** Demonstrates awareness of basic principles and functions of CBID; shares accurate information about inclusion, rights, and entitlements with individuals and families
- **ADVANCED BEGINNER (13–26):** Provides reasoned arguments for community inclusion; engages in inclusion advocacy and supports individual and community empowerment
- **COMPETENT (26–40):** Advocates for greater community access and inclusion across all sectors; obtains resources and services; develops local leadership capacity of people and families living with disability
- **ABOVE STANDARD (41–46):** Promotes CBID beyond the community; facilitates legislation and government practice changed

Level of minimum competency to practice

1 FRAMEWORKS OF UNDERSTANDING

Criterion	Insufficient Evidence	NOVICE	ADVANCED BEGINNER	COMPETENT	ABOVE STANDARD
1.1 Understands community development and CBID	Insufficient Evidence	Defines barriers to and principles of inclusion in the community	Explains some relevant statutory laws, provisions, and procedures and their connections	Compares different community perspectives on disability and inclusion	
1.2 Understands statutory provisions	Insufficient Evidence		Explains some relevant statutory laws, provisions, and procedures and their connections	Applies the correct statutory provision and procedure to the situation	
1.3 Understands background differences and their impact	Insufficient Evidence		Explains factors that contribute to and hinder inclusion of persons with disabilities by communities	Identifies the interplay of [socio-economic/ gender/ caste/ religious] factors impacting situations	

2 ENGAGES & PROFILES THE COMMUNITY

Criterion	Insufficient Evidence	NOVICE	ADVANCED BEGINNER	COMPETENT	ABOVE STANDARD
2.1 Establishes necessary community connections	Insufficient Evidence	Lists main stakeholders in the village		Communicates with stakeholders to make/ strengthen community connections	
2.2 Sensitizes and trains others	Insufficient Evidence			Trains village functionaries about general disability needs and their responsibilities	
2.3 Understands community resources	Insufficient Evidence	Defines and describes PRA/ PLA	Participates in PRA with support	Guides community through PRA (mapping)	
2.4 Enables utilization of community resources	Insufficient Evidence	Encourages families to use their existing (own) resources	Facilitates government resources to be available to individuals/ families	Convinces the community to actively contribute from its own resources	
2.5 Identifies potential leaders	Insufficient Evidence		Encourages and informs potential leaders about how to develop their capacity	Models leadership skills to potential leaders	
2.6 Supports formation of groups and DPOs	Insufficient Evidence	Describes observed group formation processes	Supports establishment and organization of group/ DPO meetings	Facilitates groups to connect with other relevant key stakeholders	
2.7 Shares relevant information and documents compliance	Insufficient Evidence	Explains relevant support provision schemes, programs, and documents	Collects data on access to provisions by people with disabilities		
2.8 Argues for inclusion with community leaders	Insufficient Evidence	Observes and describes persuasive interactions with leaders	With support, makes a case for greater inclusion to local leaders	Interacts on one's own to persuade Block level leaders to engage in inclusive development	
2.9 Motivates individuals and families to join groups	Insufficient Evidence	Identifies and prioritises the factors impacting on individuals and families joining groups	Persuades/ makes a case for a family/ individual to join in community life	Addresses multiple factors inhibiting community participation	
2.10 Organises inclusive programs and special days	Insufficient Evidence	Participates in the organization of inclusive programs and special days	Arranges and conducts inclusive programs and special days alongside DPOs and community	Supports the community / DPO to conduct inclusive programs and events	

3 WORKS WITH GOVERNMENT AGENCIES

- COMPETENT: Obtains necessary directives from authorities (e.g., the Taluk)
- ABOVE STANDARD: Negotiates for the benefit of all, utilizing unwritten ground rules of different groups

4 SUPPORTS COMMUNITY LEADERSHIP & ACTION

- NOVICE: Instructs families in ways to support their member with a disability
- ADVANCED BEGINNER: Trains close community members to better connect/ interact with people with a disability they know
- COMPETENT: Trains groups to function independently; Develops arguments to counter negative community attitudes and outlook; Explains the impact of backgrounds on the experience of disability and disability inclusion; Instructs village functionaries about general disability needs and their responsibilities; Plans and maps strategically (e.g., considers less obvious stakeholders such as schools); Educates groups about their entitlements and obligations

Skill elements (columns): Justifies proposed adjustments/ changes to community infrastructure/ practice using the legislation · Brings external resources into the village · Supports and models to other CBID trainees how to interact persuasively with leaders · Reports on compliance at the village level · Brings out and develops latent leadership skills in others · Trains outside service providers about general disability needs and their responsibilities

Assessment and Intervention – Rubrics and Scoring Guide

Competency	Insufficient Evidence	NOVICE (1-13): Supports basic aspects of CBID work; provides instruction and advice to individuals and families; corrects wrong understandings of disability	ADVANCED BEGINNER (14-26): Works collaboratively with families and individuals to build capacity; develops judgement in how best to intervene; applies a strengths-based approach to the disability support task	COMPETENT (27-39): Engages in overcoming attitudinal and physical barriers to inclusion for the individual; builds community capacity to support rehabilitation goals; reflects critically on own performance and extends self to improve	ABOVE STANDARD (40-44): Extends the possibilities of community-based rehabilitation, responds creatively from thorough knowledge
1 UNDERSTANDS DISABILITY					
1.1 Understands disability conditions	Insufficient Evidence	Knows what factors cause disability and what don't	Names and describes the 21 disabilities under the RPD Act 2016		
1.2 Differentiates between disabilities	Insufficient Evidence	Differentiates obvious disabilities	Differentiates developmental disabilities	Identifies mental illness	
2 UNDERTAKES ASSESSMENT AND PLANNING					
2.1 Performs functional assessment	Insufficient Evidence	Completes basic checklist as instructed	Selects and administers appropriate checklist	Interprets and incorporates findings about individual and family strengths into the plan	Factors in all circumstances that might be impacting assessment accuracy
2.2 Communicates assessment findings	Insufficient Evidence	Provides accurate low-stakes information	Communicates sensitive information considerately	Communicates convincingly to resistant stakeholders	
2.3 Supports family to set goals and plan	Insufficient Evidence	Acts in a directive, task-oriented manner in dealings with individuals and families with disability	Facilitates collaborative discussions with the family	Facilitates collaborative decision-making in the family	Analyses one's own behaviour and adjusts it to further empower individuals and families
2.4 Identifies assets, capabilities and strengths	Insufficient Evidence	Knows of the strength-based approach	Incorporates questions about assets and strengths in the functional assessment		
3 FACILITATE LINKAGE/ REFERRAL					
3.1 Links people to specialist services	Insufficient Evidence	Ensures Disability Certification/ UDD	Identifies correct referral pathways and refers appropriately	Identifies and refers people at risk and hard to reach	Facilitates camps and campaigns to bring professional services to village level
3.2 Writes reports	Insufficient Evidence	Documents basic information using prescribed format		Completes complex reports	Adapts reports to meet new requirements
4 PROVIDE MULTISECTORAL INTERVENTION					
4.1 Enhances movement & physical capabilities	Insufficient Evidence	Follows through on physical therapist's suggested activities	Ensures correct use of assistive devices to support mobility and physical capacity	Suggests home modifications to improve physical access	Facilitates greater physical access in the community
4.2 Enhances social, emotional & cognitive development	Insufficient Evidence	Encourages social participation by the family in the community	Informs family about available early learning resources	Facilitates family resourcefulness in using what is locally available to foster development and learning	
4.3 Trains in using assistive devices	Insufficient Evidence	Trains family members in simple techniques	Trains in use of assistive technology		Trains other stakeholders in the community
4.4 Enhances personal independence	Insufficient Evidence	Assists in facilitating independence in activities of daily living	Independently facilitates independence in activities of daily living	Builds capacity in family members to facilitate greater personal independence	Problem-solves to overcome family resistance to improving independence
4.5 Uses different communication methods	Insufficient Evidence	Describes and gives examples of different forms of communication	Communicates one-step information in other formats as required		Seeks to expand beyond basic proficiency in different communication means

Level of minimum competency to practice

Additional descriptors noted in upper bands:
- Advocates for community-wide adoption of universal design physical access principles and practices
- Provides interpretation of data/ results in reports

Professional Behaviour & Reflective Practice – Rubrics and Scoring Guide

Proficiency levels:

- **ABOVE STANDARD (41–46):** Takes a leadership role in the CBID team; provides powerful advocacy in the community; actively seeks development opportunities beyond the role
- **COMPETENT (26–40):** Reflects on situations to reach a thorough understanding; respects alternative viewpoints; ensures plans are realistic, aspirational, and adaptable, is open to opportunities arising
- **ADVANCED BEGINNER (13–26):** Applies learned strategies to improve interactional style; seeks to support good team functioning; attends to cultural and contextual detail in dealings with people and can be trusted with confidential information
- **NOVICE (1–12):** Performs assigned tasks; meets basic expectations and requirements; reflects on performance and learning needs; relates respectfully to CBID team members and individuals and families with disability

Level of minimum competency to practice

1 FULFILS ROLE EXPECTATIONS AND REQUIREMENTS

Criterion	Insufficient Evidence	Novice	Advanced Beginner	Competent	Above Standard
1.1 Takes on the requirements of the role	Insufficient Evidence	Lists challenges they will face in working with people from different backgrounds	Evidences responsible, impartial behaviour with all people and families, regardless of background	Adapts approaches as per the needs of individuals, families, and communities	
1.2 Operates within relevant legal and regulatory frameworks	Insufficient Evidence	Complies with relevant laws and code of conduct/SOP	Ensures one's own workplace behaviour and interactions respect cultural and contextual norms		Incorporates new ideas/practice/frames of reference into present procedures
1.3 Conducts oneself in a trustworthy manner	Insufficient Evidence	Completes assigned tasks as arranged	Keeps confidential information entrusted		Demonstrates impartiality when dealing with parties who have opposing points of view
1.4 Contributes as an active team member	Insufficient Evidence	Recognises the value of different skill sets in a team	Facilitates and fosters positive team functioning		Advocates for the vision and cause of the team
1.5 Respects disability as a source of knowledge	Insufficient Evidence	Restates in one's own words the right of people with disability to be treated equally	Makes space and elicits the contribution and insights of people with lived disability experience		Persuades the community to relate to and engage with disability from a strengths-based perspective
1.6 Demonstrates effective listening	Insufficient Evidence	Listens and in response, advises	Utilises learned listening strategies when interacting with individuals and families	Carefully attends to both spoken and unspoken information to respond appropriately	
1.7 Reads family/relationship structures and dynamics	Insufficient Evidence	Follows expected societal norms when relating to people and families living with disability	Demonstrates respectful and supportive behaviour to people and families living with disabilities	Identifies salient/critical issues and features in family/relationship dynamics; Changes the way they relate depending on the need of the family/relationship situation	
1.8 Provides social and emotional support	Insufficient Evidence		Applies an emotional support strategy in response to an obvious (i.e., stated) need	Provides emotional support in response to a holistic appraisal of the needs of the individual and family; Considers external factors (e.g., caste and culture) when deciding provision of social and emotional support	

2 MANAGES TASKS, WELLBEING & CONTINUING ED.

Criterion	Insufficient Evidence	Novice	Advanced Beginner	Competent	Above Standard
2.1 Prepares work plans	Insufficient Evidence	Prepares work plans according to prescribed formats		Adapts work plans for unexpected events/situations; Plans work, taking into consideration longer term goals	
2.2 Preserves personal social-emotional wellbeing	Insufficient Evidence	Identifies when the role they play is having an emotional impact upon them	Monitors their own wellbeing and seeks support when needed	Actively supports others to pursue personal wellbeing as an integral part of occupational practice	Advocates to others for personal responsibility for ethical occupational practice
2.3 Plans ongoing learning to improve CBID performance	Insufficient Evidence	Identifies gaps in knowledge and skills	Prioritizes learning needs in consideration of the level and requirements of the CBID role	Takes advantage of organized learning opportunities	Plans to complete the expected Diploma progression

Phase One Timetable

PHASE ONE		Week 1	Week 2	Week 3	Week 4
MONDAY	am	1.1.1.1 Concept of disability 1.1.1.2 Working definitions of 21 disabilities	1.2.1.2 PRACTICUM (Visit) Department of Social Welfare, District Health Office and District Education Officer	2.2.2.1 Screening checklists - types and contextualisation 2.2.1.2 PRACTICUM Pilot testing screening checklist in neighbourhood of training centre	4.1.1.1; 4.1.1.2 The CBID Matrix and use of Matrix to troubleshoot exclusion
	pm	1.1.1.1; 1.1.1.2 Overview of community, disability and diversity	1.2.1.1 Legislation, policies and acts relating to disability and rights	2.1.1.1; 2.1.1.2 Concept of community engagement, profiling and mobilising	2.2.3.1 Participatory community meetings
TUESDAY	am	1.1.1.1; 1.1.1.2 Roles and responsibilities of the CBID worker	1.1.3.1; 1.1.3.2 Impact of personal framework	1.2.1.2 (cont): Safeguarding children and adults at risk. 1.2.2.1 Ethics and confidentiality	2.1.1.1; 2.1.1.2 Work planning and Work targets
	pm	1.1.2.1; 1.1.2.2 Models of disability and implications	1.2.1.2 PRACTICUM (Portfolio) Begin development of file of policies, acts, and schemes	2.1.2.1; 2.1.2.2 Community empowerment and stories from empowered role models	2.2.3.2 PRACTICUM (Portfolio) Indigenous guidelines for supporting participation in the local context

PHASE ONE		Week 1	Week 2	Week 3	Week 4
WEDNESDAY	am	1.1.2.1 Limits of responsibilities	1.2.1.1; 1.2.1.2 Workplace laws and policies	2.3.1.1 CBID responsibilities in reporting and reporting formats	1.3.1.1; 1.3.1.2 The CBID team and other professionals
	pm	1.1.2.1 Barriers of disability 1.1.2.2 Disability barriers practicum 1.1.3.1. Impact of barriers on family	1.2.2.1 Procedures for availing entitlements - central and state governments 1.2.2.2 Sharing entitlements with individual and family PRACTICUM	2.3.1.1; 2.3.1.2 Interpreting and sharing checklist results	3.3.1.1 Roles of members of the multidisciplinary team 4.2.1.1 Creating a checklist to assist identification of developmental delay
THURSDAY	am	1.1.1.3 PRACTICUM Develops initial map of local diversity	1.2.2.1 Benefits and legislative underpinnings of inclusive communities	2.2.1.1 Concept and tools of PRA 2.2.1.2 PRACTICUM Cataloguing resources of training centre	3.1.1.1 Panchayati Raj system and structure 3.2.3.1 Identifying gaps and issues in government service provision
	pm	1.1.3.2 PRACTICUM - Barriers facing different disabilities in the local community (combine with ICD 1.1.2.3 below)	2.1.1.1 Family structures personal dynamics 2.1.1.2 Family structures and dynamics - disability impact	3.1.1.1 Information in accessible formats 3.1.2.1 Appropriate and timely sharing of information 3.2.1.1 Types of certification	4.3.1.1 The ADIP Scheme – Assistive devices available
FRIDAY	am	1.1.2.3 PRACTICUM Identifies local barriers and models of disability operating in the local community	1.2.2.2 PRACTICUM (Portfolio) Schemes and provisions enabling ICD	2.2.2.1 Concept of 'participatory' in PRA 2.2.2.2 PRACTICUM (Portfolio) Checklist for developing participatory reports	3.1.1.1 Workplace safety 3.1.2.1 Women's safety and wellbeing
	pm	1.2.1.1 Entitlements and provisions in inclusive organisations 1.2.1.2 Visit inclusive organisations PRACTICUM	2.1.2.1 Factors to consider in relating to diverse Indian families 2.2.1.1 Rationale, processes and purposes of disability screening	3.2.1.2 Observing completion of certification with a family 3.2.2.1 Pre-requisites for certification and completion of formalities	Prep for Phase 2 work – discussion; check-in (one-on-one interviews?)

Phase One Session Plans

Week 1

Key: A&I ICD PB&RP

Week 1	Phase One Training Centre – Input	
	AM	**PM**
MONDAY	1.1.1.1; 1.1.1.2 Concept of disability and working definitions of 21 disabilities	1.1.1.1; 1.1.1.2 Overview of community, disability and diversity
TUESDAY	1.1.1.1; 1.1.1.2 Roles and responsibilities of the CBID worker	1.1.2.1; 1.1.2.2 Models of disability and implications
WEDNESDAY	1.1.2.1 Limits of responsibilities (Journal)	1.1.2.1; 1.1.2.2 Barriers facing people with disability and practicum
THURSDAY	1.1.1.3 PRACTICUM Develops initial map of local diversity (Journal)	1.1.3.1. Impact of barriers on family 1.1.3.2 Impact of models of disability in own community (Journal)
FRIDAY	1.1.2.3 PRACTICUM Identifies local barriers and models of disability operating in the local community (Journal)	1.2.1.1/1.2.1.2 Entitlements and provisions and their application in inclusive self-group/ open employment/ inclusive education – discuss models and their impact (Journal)

Phase One Week 1

Course Introductions Appendix 1

1.   Completion of a 'Snapshot of me' ("Who am I?"; "What is my connection to disability?")

   a)   Questions eliciting the trainee's model of disability before the course starts, which are then gathered by the trainer and provided as a set of statements for trainees to categorise into the different models in that session…

   b)   What are your concerns about being able to complete this course? What support needs do you have?

2.   "What do I know about disability and CBID (establish a baseline)" and "What would I like to know"?

   a)   Maybe some reflection on CBR/CBID workers you know and what they have achieved for people, families, the community

   b)   How disability is understood in your local community

A&I

1.1.1.1	Concept of disability
1.1.1.2	Working definitions of 21 disabilities
1.1.2.1	Barriers to disability
1.1.2.2	PRACTICUM Disability barriers
1.1.3.1.	Impact of barriers on family
1.1.3.2	Journal task – Disability impact on families in own community
1.2.1.1; 1.2.1.2	Journal task – Government provisions and their application in inclusive organisations

PB&RP

1.1.1.1 & 1.1.1.2	Roles and responsibilities of the CBID worker
1.1.2.1	Journal task – Limits of CBID worker responsibilities

ICD

1.1.1.1 & 1.1.1.2	Overview of community, disability and diversity
1.1.2.1 & 1.1.2.2	Models of disability and implications
1.1.1.3	Journal task – Initial mapping exercise
1.1.2.3	Journal task – Identification of local barriers and models of disability

A&I UNIT ONE: Understanding Disability; MODULE 1: Functional impact of disability

Topic 1: Concept of disability

Session 1.1.1.1: Understanding disability
Session 1.1.1.2: The 21 disabilities of the RPWD Act 2016

Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes: Trainees will understand the concept of disability, disability types, and define newer disabilities, and will appreciate a lived experience perspective

Time	Content	Activities	Resources
	1.1.1.1 Disability is an umbrella term	Briefly note that disability cannot be defined solely by bodily impairments and that this will be discussed more later and in ICD	Chart comprising all symbols of disabilities, PPTs
	Categorising impairments	Video presentations of (min 8) people with disability covering the four disability types – Physical, Intellectual, Sensory, Psychiatric (mental illness). Group is not told of these types to start. They pair up and categorise people by their disabilities, then in whole group, trainer groups the photos on the whiteboard and supports consensus of the categories	PPT of photos of the 8 people Hard copies of the photos Blue tack Whiteboard
	Impairment/ disability categories	Explain the four categories – Physical, Intellectual, Sensory, and Psychiatric (mental illness)	PPT
	1.1.1.2 RPWD Act 2016	Presentation of 21 disabilities	PPT
	Simulating disability	Simulations may include: Tying both legs and using wheelchair Using earplugs and trying to interact Using earplugs and blindfold and being led through various rooms and reflecting on experience	Wheelchair Earplugs Blindfolds
	Meeting people with disability	Invite people with the most common disabilities contained in the RPWD Act 2016 and interview them with the trainees. Consider also including people with some of the 'newer' of the 21 disabilities, previously not recognised (Acid attack Victims, Learning Disabilities, Multiple Sclerosis, Muscular Dystrophy, Parkinson's, Haemophilia, Thalassemia, and Sickle cell anaemia)	People with different disabilities Interview questions: **Appendix 2** – What is the implication of you now having a recognised disability under the RPWD Act 2016? – How do you define disability? – How can your local community better support your participation and that of your family?

References:

- http://www.disabilityaffairs.gov.in/upload/uploadfiles/files/RPWD%20ACT%202016.pdf

- *EN Topic 1: Understanding disability*

A&I UNIT ONE: Understanding Disability; MODULE 1: Functional impact of disability

Topic 2: Barriers facing disability

Session 1.1.2.1 Barriers to disability and community rehabilitation/ habilitation
Session 1.1.2.2 PRACTICUM Identifying barriers to rehabilitation in the local community

Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: Trainees will identify and categorise barriers to community-based rehabilitation and suggest strategies for their removal

Time	Content	Activities	Resources
	Barriers according to the ICFDH (WHO 2001)	Develop the ICF diagram while explaining each aspect	ICF diagram (WHO 2001, p214) **Appendix 3**
	Attitudinal and socio-emotional Barriers	PowerPoint Presentation case studies Mind maps Discussions	Pictures of Attitudinal and socio- emotional barriers Charts
	Physical and Environmental Barriers	case studies Mind maps Discussions Show a video film on Accessible Indian Camping	Video Film charts
	Removing Barriers	Brainstorming Mind maps Discussions Demonstration of App Voice of SAP	Charts LCD Mobile with Internet
	1.1.2.2 Practicum	Trainees are placed in the field to observe barriers to the multisectoral rehabilitation of PWDs in the community	Table to fill in **Appendix 4** – Columns the types of barriers (physical, communication, attitudinal. – Rows the 5 CBR Matrix sectors (health, education, work, social, empowerment)

References

- World Health Organisation (2001). International classification of functioning, disability and health; Geneva: WHO. p. 214.
- https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html
- www.lightfortheworld.nl
- Houtenville, A. and Boege, S. (2019). Annual Report on People with Disabilities in America: 2018. Durham, NH: University of New Hampshire, Institute on Disability. Available at https://disabilitycompendium.org/sites/default/files/user-uploads/Annual Report 2018 Accessible Adobe ReaderFriendly.pdf
- Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. [Accessed August 6, 2019].
- Source: World Health Organization; available at https://www.who.int/mediacentre/news/notes/2012/child disabilities violence 20120712/en/
- *EN Topic 2: Barriers to disability*

A&I UNIT ONE: Understanding Disability; MODULE 1: Functional impact of disability

Topic 3: Family impact of disability

Session 1.1.3.1: Impact of disability on families			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Explore and analyse the difficulties and positive impact of disability on families			
Time	**Content**	**Activities**	**Resources**
	Implications of different disabilities Physical, Psychological, Emotional and Financial impact of Disabilities Open Discussion	PowerPoint Presentation Discussion case studies Sharing of experiences of trainees with disability or lived experience of disability in their families or showing a video/ film on impacts on Disability	CBID trainees with disability/ lived experience Video Film
	The positive impact of disability on the family	Hearing from trainees who are family members of an individual with a disability about the support families can provide and the positive outcomes of living with disability in the family	CBID trainees with disability/ lived experience

References

- http://nhsn.ie/information/information-for-host-families/the-impact-of-disability-on-a-family/
- **EN Topic 3:** *Disability and its functional impact*

A&I UNIT ONE: Understanding Disability; MODULE 1: Functional impact of disability

Topic 3: Family impact of disability

Session 1.1.3.2: PRACTICUM Disability impact on families in own community			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Differentiates between the traditional medical approach and present rights-based approach in supporting family members			
Time	**Content**	**Activities**	**Resources**
		Trainees will consider their community and examples of the ways different models of disability are impacting individuals and their families. They will journal their thoughts and responses	Learning Journal Exercise 1 **Appendix 5**

References

- https://apps.who.int/iris/bitstream/handle/10665/44405/9789241548052 introductory eng.pdf? sequence=9
- **EN Topic 6:** *Transition to a rights-based approach*

A&I UNIT ONE: Understanding Disability; MODULE 2: Government provisions and procedures

Topic 1: Entitlements and inclusive organisations

Session 1.2.1.1: Entitlements and provisions explained
Session 1.2.1.2: PRACTICUM Disability provisions in inclusive organisations

Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: Categorise government provisions according to the sectors/ organisations they belong to and consider the organisational impact of these provisions and any issues with compliance or correct application of the legislation

Time	Content	Activities	Resources
	1.2.1.1 Describing various government entitlements, provisions, and concessions for people with disability and their impact on community sectors and organisations	Application of entitlements and schemes within inclusive organisations As a group, trainees complete a chart of types of government provisions, entitlements, and concessions for people with a disability and the possible impact on community sectors and organisations Preparation for visits to inclusive organisations	Wall charts
	1.2.1.2 PRACTICUM	Visiting, observing and discussing disability provisions and issues with compliance in: inclusive self-group open employment inclusive education	Learning Journal Exercise 2 **Appendix 6**

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities

MODULE 1: Take on practical and logistical requirements; Topic 1: CBID roles and responsibilities

Session 1.1.1.1: CBID workers roles and responsibilities – Introduction

Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: Trainee learns and discusses roles and responsibilities for the different levels

Time	Content	Activities	Resources
	Roles and responsibilities working with individuals and families;	Watch video of CBR worker at a home visit and during a community meeting (SHO / DPO meeting)	Video: see References below
	Group Discussion	Identify roles played in the video from the list provided	List of duties to be provided
	Talk by Trainer	Roles and responsibilities, including those not covered	PowerPoint

References:

- Suggested video: https://www.youtube.com/watch?v=MeiperdmHE8
- *EN Topic 1: Roles and responsibilities of CBID workers*

Notes for trainer:

Outline of CBID responsibilities:

A.   Working with individuals and families:

   A1.   Identify and address

   A2.   Simple rehabilitation

   A3.   Counselling

B.   Bringing communities together:

   B1.   Networking

   B2.   Facilitation

   B3.   Mobilization and organization

C.   Mobilisation of resources

   C1.   Identification of resources

   C2.   Advocacy

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities

MODULE 1: Take on practical and logistical requirements; Topic 1: CBID Roles and responsibilities

Session 1.1.1.2: CBID Roles and Responsibilities – Bringing communities together; mobilization of resources			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainee identifies and describes the community inclusion work and mobilisation of community resources by the CBID worker and discusses challenges			
Time	**Content**	**Activities**	**Resources**
	Resources available at community level C1. Identify resources C2 Advocacy		
	Resources available at community level	Brainstorming in groups- how the CBID worker can help to mobilise community resources	List of resources. Can be linked to a PRA from ICD group activities.
	Identifying resources and key stakeholders and community influencers	Discussion	
	Introducing advocacy	Talk on what advocacy is in relation to the CBID role	
		Influencing each other – talking in pairs to persuade the other person to do something	

References:

- *EN Topic 1: Roles and responsibilities of CBID workers*

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities

MODULE 1: Take on practical and logistical requirements; Topic 2: Limits of responsibilities

Session 1.1.2.1: Boundaries to the CBID Worker Role			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainee identifies boundaries to his/her role as a CBID worker in cultural, professional, personal areas.			

Time	Content	Activities	Resources
	Boundaries of other roles	Examples- nurse/ doctor	
	Cultural boundaries	Brainstorming – cultural, gender norms	
	Personal boundaries	Personal space of individual with disability, Personal space of the CBID worker	https://canbc.org/blog/respect-personal-space/
	Define boundaries of role	Group discussion- what CBID can do and cannot do	
	Defining own limits	Individual writeups	Learning Journal Exercise 3 **Appendix 7** Can be linked to KPA 3- 3.2.1 Self-Assessment

References:

- *EN Topic 2: Limits to the role of a CBID worker*

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 1: Disability in traditional and contemporary understanding; Topic 1: Community, disability and diversity

Session 1.1.1.1: Diversity in Community			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainee appreciates and describes the diverse composition of community			
Time	**Content**	**Activities**	**Resources**
	Introduction: Trainers and trainees reflect about sharing commonalities which constitute characteristics of a community	Ice Breaking activities of passing the parcel. Music or any sound starts, an object is passed around. When the music or sound stops, the person having the object will do self-introduction and describe an element of the community	Facilitator instructions, Any available object for passing around in the group Flip chart/Board marker pens.
	Definition and explanation of a community	Trainer will write the key concepts of a community on strips and place them in a box. Each trainee picks one and reflects on it, linking it to people in his/her community Come together in small sub-groups and formulate the definition of a community. Each sub-group presents their definition and may add to the definition	Box with written strips of characteristics of a community Flip charts
	Diversity in community	Distribute meta cards on which trainees write the different types of local diversity other than disability (e.g., caste, creed, religion, gender, economic and social status) Trainer then helps the group summarise and categorise the lists and discuss the impact on participation of each and suggest diversity is a community asset provided all can access the benefits and make their contribution	Blank cards Facilitator instructions

References:

- *EN Topic 1: CBID concepts and implications*

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 1: Disability in traditional and contemporary understanding; Topic 1: Community, disability and diversity

Session 1.1.1.2: The Asset and Rights of Disability in Local Community			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainee discusses and appreciates the functional impact, contribution to the asset of diversity, and right to inclusion of people with disability in the local community			
Time	**Content**	**Activities**	**Resources**
	Presenting different functional limitations as part of disability	Mock exercise on different types of impairment and resulting functional difficulties Should this be mocked, or simply involve people with different disabilities?	Facilitator instructions, rope, wheelchair, water bottle... (**list all)
	Pair-share on disability conditions and definition	Trainer writes types of disability on strips and places in a box. Trainees in pairs pick one and reflect on it, their experience and knowledge of it, and consider its functional impacts. They formulate a definition of disability.	Blank cards Facilitator instructions
	Group discussion on disability definition	Each pair presents their definition and contributes to the final definition.	
	Discussion on disability as part of diversity and right to inclusion	Trainer leads discussion about the inclusion of disability in community diversity and the importance and benefit of community participation being facilitated for all members	

References:

- *EN Topic 1:* CBID concepts and implications

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 1: Disability in traditional and contemporary understanding; Topic 2: Models of disability and implications

Session 1.1.2.1: A Twin-Track Understanding of Disability			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainee discusses the contribution to disability of factors external to the person, and a twin-track understanding of disability			

Time	Content	Activities	Resources
	Disability is not the same as impairment	The trainer will facilitate discussion about the difference between disability and impairment by noting that trainees have identified people with the same impairment but different degrees of access and acceptance. Each participant is asked to share one idea on the meaning of impairment and disability. These are written on flip charts and then the difference between impairment and disability is made clear. Disability is about barriers to inclusion. Explain the concept of 'Handicap' also which is a major barrier to inclusion.	Facilitator instructions
	ICF – Impairment, functioning, disability, participation	The trainees are divided into pairs and assigned a disability condition and asked to identify in what ways community access affects functioning and participation. These are written on meta cards and displayed under their headings The trainees continue in pairs to identify barriers persons with impairment face in their daily lives. These are then divided into barriers that are linked to attitudes, communication, access and participation Meta cards are now stuck on the WALL	Meta cards
	Connection between impairment, functioning, participation, twin-track approach.	The umbrella is opened, and the word DISABILITY is stuck on top of the umbrella and the terms IMPAIRMENT, FUNCTIONING, BARRIERS, PARTICIPATION are put as strands on the umbrella. It is explained that Disability is an umbrella term which includes impairment, functioning, barriers and participation. To promote participation a twin track approach is required one at the level of the person and the other at the level of systems so that inclusion can take place leading to inclusive development.	Umbrella ICF diagram?

Reference links:
- https://www.telegraphindia.com/states/odisha/definition-of-disability-guest-column/cid/289209
- http://disability.virginia.edu/2018/12/04/disability-as-part-of-human-diversity-dr-marcus-martins-influenc/
- http://www.biologydiscussion.com/ecology/community/community-definition-concept-structure-ecology/70721
- https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1449&context=gladnetcollect
- https://www.who.int/disabilities/world report/2011/chapter1.pdf

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 1: Disability in traditional and contemporary understanding; Topic 2: Models of disability and implications

Session 1.1.2.2: Disability Models have Different Impacts			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees elaborate on various models of disability and describe how perspectives of disability impacts participation			

Time	Content	Activities	Resources
	Implications of various models of disability	Trainer will encourage the trainees to discuss and reflect on various aspects of disability. While doing so, the verbatim will be written in speech balloons. These will reflect how disability is subjected to different perspectives.	Speech Balloons based on each model
	Charity Model and its implications	The group will go through the case study of a charity model and discuss the implication of the charity model on the mindset and participation of PWDs	Case Study
	Medical Model and its implications	The group will go through the case study of a medical model and discuss the implication of the medical model on the mindset and participation of PWDs	Case Study
	Social Model and its implications	The group will go through the case study of a social model and discuss the implication of the social model on the mindset and participation of PWDs	Case Study
	Human rights and participatory models	The group will go through the case study of a Human rights model and discuss the implication of the human rights model on the mindset and participation of PWDs, e.g., Poster Presentation of human-interest stories on benefits of rights-based approach	Case study on Allotment of Under Indira Awas Yojana Coverage under Self Help Groups Micro credit from Bank Old Age pension

References:

- http://www.scielo.org.za/pdf/hts/v74n1/06.pdf
- https://www.nap.edu/read/5799/chapter/5#65
- *EN Topic 2: Models of disability*

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 1: Disability in traditional and contemporary understanding; Topic 1: Community, disability and diversity

Session 1.1.1.3: PRACTICUM Initial mapping exercise			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Develops initial map			
Time	**Content**	**Activities**	**Resources**
	Trainees consider the disability diversity in their local community	Trainees create an initial map from their existing knowledge; identify gaps in their knowledge; identify community representatives who could support them to develop a more accurate map; and develop a data collection tool	Learning Journal Exercise 4 **Appendix 8**

References:

- https://www.iied.org/participatory-learning-action
- https://pubs.iied.org/search/?s=PLA
- "Working towards inclusion: Experiences with disability and PRA"
- https://pubs.iied.org/pdfs/G02138.pdf

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 1: Disability in traditional and contemporary understanding; Topic 2: Models of disability and implications

Session 1.1.2.3: PRACTICUM Identifies local barriers and models of disability			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Identifies local barriers and disability models			
Time	**Content**	**Activities**	**Resources**
	Trainees consider their community from the point of view of people with disability they identified in 1.1.1.3	Trainees may categorise barriers to disability under access, communication, attitudes and participation	Learning Journal Exercise 4 cont. **Appendix 8**

References:

"Community mapping study: People with impairments in Musanze District, 2013": https://chanceforchildhood.org/wp-content/uploads/2014/03/Jubilee Action FCYF Mapping Report PWI Musanze Rwanda.pdf

Week 2

Week 2	Phase One Training Centre – Input	
	AM	**PM**
MONDAY	1.2.1.2 PRACTICUM (Visit) Department of Social Welfare, District Health Office, District Education Officer (**Journal**)	1.2.1.1 Legislation, policies and acts relating to disability and rights
TUESDAY	1.1.3.1 Impact of personal framework – explain that this will involve trainee reflection at the conclusion of Phase One – encourage reflection and journaling thoughts and any changes to prepare for sharing (**Journal**)	1.2.1.2 PRACTICUM (**Portfolio**) Begin development of file of policies, acts, and schemes
WEDNESDAY	1.2.1.1; 1.2.1.2 Workplace laws and policies (**Journal**)	1.2.2.1 (Portfolio) Procedures for availing entitlements 1.2.2.2 PRACTICUM Sharing entitlements with family
THURSDAY	1.2.2.1 Benefits and legislative underpinnings of inclusive communities	2.1.1.1 Family structures personal dynamics 2.1.1.2 Family structures and dynamics – disability impact
FRIDAY	1.2.2.2 PRACTICUM (Portfolio) Schemes and provisions enabling ICD	2.1.2.1 Factors to consider in relating to diverse Indian families (**Journal**) 2.2.1.1 Rationale, processes and purposes of disability screening

Notes:

● The **portfolio** task has a number of aspects and is completed across the course - it achieves almost all output goals other than the fieldwork - covering the assignments, assessments, and resources that the trainee needs to gather and file to support them in their role

● * PB&RP 1.1.3.2 needs to occur in Phase 2, as it involves reflection on progress since the course began.

Phase One Week 2

A&I

1.2.1.2	Journal task cont. (visiting inclusive organisations)
1.2.2.1	Portfolio: Procedures for availing schemes and grants
1.2.2.2	Portfolio: Sharing entitlements with family PRACTICUM
2.1.1.1	Family structures personal dynamics
2.1.1.2	Family structures and dynamics – disability impact
2.1.2.1	Journal task – Factors to consider in relating to diverse Indian families
2.2.1.1	Portfolio: Rationale, processes and purposes for disability screening

PB&RP

1.1.3.1	Journal task – Impact of personal framework
1.2.1.1; 1.2.1.2	Journal task – Workplace laws and policies

ICD

1.2.1.1	Legislation, policies and acts relating to disability and rights
1.2.1.2	Portfolio: Filing policies and acts supporting ICD
1.2.2.1	Benefits and legislative underpinnings of inclusive communities
1.2.2.2	Portfolio: Filing schemes and provisions enabling ICD

A&I UNIT ONE: Understanding Disability; MODULE 2: Government schemes, provisions, procedures Topic 1: Entitlements for individuals and families pertaining to community sectors

Session 1.2.1.2: PRACTICUM - Field visit of inclusive organisations			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees are exposed to entitlements in relation to community sectors			
Time	**Content**	**Activities**	**Resources**
	Continue with visits to inclusive org's and discuss schemes and availability of funding grants	Visiting: Department of Social Welfare District Health Office District Education Officer	Learning Journal Exercise 2b **Appendix 9**

Resources:

- See **ICD EN Topic 3:** *Government programs supporting ICD*

A&I UNIT ONE: Understanding Disability; MODULE 2: Government schemes, provisions, procedures Topic 2: Procedures for availing entitlements

Session 1.2.2.1: Entitlements and schemes – central and state government procedures			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will be able to explain entitlements and statutory provisions, schemes and concessions for individuals and families of PWDs			
Time	**Content**	**Activities**	**Resources**
	Meanings of key terms		Power point
	Entitlement & statutory provision for PWDs	discussion	Booklet powerpoint
	Entitlement & statutory provision for families of PWDs	discussion	Booklet powerpoint
	Central government schemes & concession	discussion	Booklet handouts
	State government schemes & concession	discussion	leaflets handouts
	Portfolio task – Entitlements and Schemes and FAQs	Learners will file different entitlements, schemes etc in their **Portfolio** and complete a FAQ section	FAQs about Entitlements and Schemes for People with Disability **Appendix 10**

References:

- http://vikaspedia.in/education/parents-corner/guidelines-for-parents-of-children-with-disabilities/legal-rights-of-the-disabled-in-india
- *EN Topic 20: Certificates and procedures for availing them*

A&I UNIT ONE: Understanding Disability; MODULE 2: Government schemes, provisions, procedures Topic 2: Procedures for availing entitlements

Session 1.2.2.2: Procedure for availing entitlements, schemes, concessions & benefits			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will be able to explain procedures for availing entitlements, schemes, concessions and benefits			
Time	**Content**	**Activities**	**Resources**
	Central government – procedure	Filling form/ application	forms power point
	State government – procedure	Filling forms / application	forms power points
	In-class practice of informing families about procedures for availing entitlements and schemes	Trainees practice sharing this information and answering questions. They table information in their portfolio and complete a FAQ section	FAQs about Procedures for Availing Entitlements and Schemes **Appendix 11**

References:

- http://vikaspedia.in/education/parents-corner/guidelines-for-parents-of-children-with-disabilities/legal-rights-of-the-disabled-in-india
- **EN Topic 20:** *Certificates and procedures for availing them*

A&I UNIT TWO: Assessment and Planning; MODULE 1: Establish positive working relationships

Topic 1: Family structures and dynamics

Session 2.1.1.1: Different family structures and dynamics			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be able to analyse different family structures and inter and intra family dynamics			
Time	**Content**	**Activities**	**Resources**
	Set induction	Discussion on families that the trainees are coming from	
	Family Structure Concept of Indian families	Brainstorming Discussion	Charts Laptop
	Inter and intrapersonal relationships in Indian families: Parent-child relationships Sibling relationships Mother-in-law and daughter in law relationship etc	Role play and discussion on dynamics observed in families Simulated activities	Laptop

References:

- https://www.researchgate.net/publication/249648665 Indian family systems collectivistic society and psychotherapy
- http://www.scielo.br/pdf/ptp/v17n2/7878.pdf
- https://culturalatlas.sbs.com.au/indian-culture/indian-culture-family
- **EN Topic 9:** *Family structure*

A&I UNIT TWO: Assessment and Planning; MODULE 1: Establish positive working relationships

Topic 1: Family structures and dynamics

Session 2.1.1.2: Family structures and dynamics – disability impact			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will explain the impact of different family structures and inter and intra family dynamics on members with a disability			
Time	**Content**	**Activities**	**Resources**
	Case studies presentation – different disabilities, different family structures and dynamics, different members of the family with a disability	Trainees will discuss the probable dynamics of that family with PWD	Case studies Laptop chart

References:

- See PB&RP EN Topic 20: *Developing case studies*

A&I UNIT TWO: Assessment and Planning; MODULE 1: Establish positive working relationships

Topic 2: Strategies for approaching families

Session 2.1.2.1: Factors to consider in relating to diverse Indian families			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be familiar with different strategies to use when approaching families of different types and ways to adapt these strategies			
Time	**Content**	**Activities**	**Resources**
	Set induction – how we interact with people visiting our home… guests and strangers	Discussion	
	Important family contexts; Religious background Political orientation Cultural background Economic background Family type	Ppt presentation Simulated setting Role play Discussion on how trainees have to approach families differently after understanding their context Could watch video clippings and discuss how CBID worker is establishing a relation with a particular family	Videos Laptop Cases Learning Journal Exercise 5 **Appendix 12**
	Modes of Communicating with the family: 7 Cs of communication 8 types of Listening skills	PPT presentation Role play and discussion Simulated activities to enable trainees to discriminate between sympathetic and empathetic approach	Videos Laptop Cases

References:

- *EN Topic 10: Factors to be considered while approaching a family and modes of communicating with a family*

Notes:

- The practical application of this topic occurs in Wks 5 & 6

A&I UNIT TWO: Assessment and Planning; MODULE 2: Checklists within scope of role; Topic 1: Need for screening

Session 2.2.1.1: Rationale, processes, and purposes of disability screening
Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: Explain the need for and process of screening and sharing and uses of screening results

Time	Content	Activities	Resources
	Rationale for disability screening by CBR workers Methods of disability screening	PowerPoint Presentation on Disability Screening – a simple way of identifying disability as early as possible	Manual on Screening Process
	The process of screening	Demonstration of screening	To file in the Portfolio – simple Disability Screening Tool and WHODAS 2.0 (12-item version) **Appendix 13**
	Purposes of screening	Discussion about responsible sharing and follow-up use of screening results	

References

- http://www.searo.who.int/entity/mental health/documents/childhood-disability-screening-tools.pdf?ua=1

- Lankaster and Grills (2019) *Setting up Community Heath Programs in Low- and Middle-Income Settings (4th ed).* Ch23: Disability and Community-Based Rehabilitation – https://oxfordmedicine.com/view/10.1093/med/9780198806653.001.0001/med-9780198806653-chapter-23

- WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) https://www.who.int/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule

- *EN Topic 11: Importance of screening*

Session 1.1.3.1: Enabling and Limiting Aspects of Personal Background
Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: The trainee understands the enabling and limiting aspects of their own personal background in order to utilize strengths and overcome limitations for the good of the client.

Time	Content	Activities	Resources
	Lived / shared experience of disability	Sharing in small groups personal lived experience or shared experience of disability	
	Personal reflection	Differences in understanding between taught and pre-concepts	Can use some of the reflective questions from resource 2 (2nd dot point) below – add to Learning Journal Exercise 5 **Appendix 12**
	Gender, religion, caste, family, educational, socioeconomic, understandings of disability	Interactive Lecture	See References below

References:

- World report on disability ch 1: https://www.who.int/disabilities/world report/2011/report/en/

- Also check: This is probably too detailed but would be a good resource that can be used for this section: https://www.americanbar.org/groups/diversity/disabilityrights/resources/implicit bias/

- *Topic 3: Impact of personal frameworks to the role*

Notes:

Links to assessment and intervention unit 1&2 models of disability and impact of disability

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 2: Works legally and ethically; Topic 1: Workplace laws and policies

Session 1.2.1.1: Child protection laws
Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: Trainee resourced to interpret and abide by key rules and regulations that govern the conduct of the CBID worker (both related to the institution and community)

Time	Content	Activities	Resources
	Overview of the Protection of Child Rights Act, 2005, Protection of Children from Sexual Offences Act, 2012, the structure under which it is enacted Brief introduction to other Acts mentioned under the focus area	Introduction PPT – Presentation giving an overview of the Act and rules, its functions,	LCD projector & screen or clean wall
	Roles and responsibilities of the Commission for Protection of Child Rights Act 2005, at the Central and State levels. Levels constituted by the State Commission to for redressal of child protection issues at the village level and their functions	Brainstorming with the trainees: Reasoning on need for such a law PPT – Presentation giving an overview of the roles and responsibilities of the Commission, structures available at different levels in the state	LCD projector & screen or clean wall
	Focus areas of the Commission such as a. Child Rights b. Right To Education c. Juvenile Justice d. Street Children e. POCSO f. any other	PPT – Presentation on the different focus areas of the commission and redressal mechanisms available at the State level	LCD projector & screen or clean wall
	Understanding importance of the law for CBID worker while functioning at the community level	Group work: divide the trainees into groups for the different focus areas (a-f). Give each group 20 minutes to discuss the kind of issues they would need to deal with and how they could be addressed by the CBID worker Presentation by the group – 20 minutes	Flip charts Post-its White board Learning Journal Exercise 6 **Appendix 14**

References:

- Government of India: Acts related to children:
- https://www.ncpcr.gov.in/index1.php?lang=1&level=0&linkid=18&lid=588
- https://wcd.nic.in/sites/default/files/Download%20File 1.pdf
- Draft National Child Protection Policy Dec 2018
- *EN Topic 4: Workplace laws and policies*

Session 1.2.1.2: Workplace Laws and Policies – Safeguarding children and adults at risk
Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: will help the trainee to interpret and abide by key rules and regulations that govern the conduct of the CBID worker (both related to the institution and community)

Time	Content	Activities	Resources
	The responsibility & obligation to Safeguarding - Raising awareness about the value of safeguarding and about the session	Introduction Group game with balloons	Balloons Play area
	Child Protection & Child Safeguarding -To define/differentiate the scope of child protection and child safeguarding Child Abuse and its symptoms -To understand what constitutes abuse and how to identify abuse	Power-point presentation with definitions Power-point Plenary question and answer session	LCD projector and screen Flipcharts Pens Papers
	Child Safeguarding Standards 1. Policy 2. People 3. Procedures 4. Accountability	Power-point presentation with the Safeguarding standards Group work: reading as an example of CBM's Safeguarding policy for an idea of an organisation having child safeguarding policies and understanding what it means to the CBID worker	LCD projector and screen Flipcharts Pens Papers Post-its
	Contact with children	Brainstorming: To identify whom and how the CBID worker and the different CBID team members in the organization has contact with children	Flipcharts Pens Papers Post-its
	The training organization child protection policy and framework. This is to give them an understanding for their subsequent field work and how to put something in place if they later work where there are no such policies.	Presentation by someone from the organization	

References:

- Children and Adults at Risk – Safeguarding Policy of CBM
- https://cbmindia.org.in/e-update-files/CBM-Child-Safeguarding-Policy.pdf

- *EN Topic 4: Workplace laws and policies*

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 2: Legislation and programs for disability and inclusion; Topic 1: Disability and rights legislation

Session 1.2.1.1: Acts and Policies			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved:			
Session 4: *Enlist various Policies, Act and Schemes and its provisions for ICD*			

Time	Content	Activities	Resources
	Name and Acts, Rules thereunder of the Policies and programs and their commencements	The group will be given lecture inputs about highlights of timelines of various ACTs and policies (UNCRPD 2006, RPwD 2016, NTA 1999, RTE 2009) and the RCI	PowerPoint Presentation Guest lecturers with knowledge of the acts
	Importance of UNCRPD Act 2006 in the Indian context	The group will be given lecture inputs on highlights of UNCRPD	PowerPoint Presentation
	RPwD Act 2016	The group will be given lecture inputs on high lights of RPwD	PowerPoint Presentation
	Right to Education Act, 2009/ National Education Policy 2020	Group will be taken to a nearby schools and explained salient features of the Act and Policy	Discussion with School Authorities
	National Trust Act, 1999	The group will be given lecture inputs on highlights of National Trust	PowerPoint Presentation
	Rehabilitation Council of India Act	Brief introduction of salient features of Act	PowerPoint Presentation

References:

- https://mhrd.gov.in
- www.socialjustice.nic.in
- http://rehabcouncil.nic.in/
- https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 2: Legislation and programs for disability and inclusion; Topic 1: Disability and rights legislation

Session 1.2.1.2: Compiling Relevant Disability Legislation and Schemes Supporting ICD			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will begin development of a **portfolio** of relevant policies, acts, and schemes			

Time	Content	Activities	Resources
	Folio of Relevant Legislation and Schemes	Trainees will begin to develop a **portfolio** of relevant policies, acts, and schemes under the following headings: name; date; source of information; areas covered; how to invoke in response to need/ issue	**Portfolio** project **Appendix 15**

References:

- ***EN Topic 3:*** *Government programs supporting inclusive community development*

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 2: Legislation and programs for disability and inclusion; Topic 2: Benefits of and legislature for inclusive communities

Session 1.2.2.1: Benefits and legislative underpinnings of inclusive communities			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will appreciate and discuss the benefits of inclusion in different community sectors (health, education, work, social [sport, religious, cultural events], and family life)			

Time	Content	Activities	Resources
	Brainstorm	Trainees provide dot point content on sheets posted on the wall headed with "What does inclusion look like in… schools/ workplaces/ family life/ social/ cultural/ religious/ sporting events?	
	Video testimonials	Trainees view short movies (around 10mins) testifying to the benefits of inclusion into different sectors – hearing from people with and without disabilities	Video accounts
	Practicum	Trainees consider what might stand in the way of these positive situations being realised in their context and any legislative and local government support they know of that could help bring them about	Flip Charts, marker pens

Reference links:

- Video stories of the benefits of inclusion: https://www.youtube.com/watch?v=MeiperdmHE8 (Nepal – Enablement's CBR for Inclusive Development)
- *EN Topic 3: Government programs supporting inclusive community development*

ICD UNIT ONE: CBID Concepts and Underpinnings; MODULE 2: Legislation and programs for disability and inclusion; Topic 2: Benefits of and legislature for inclusive communities

Session 1.2.2.2: Government Schemes and Provisions Supporting ICD			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees explore and build a file of the various government schemes and provisions supporting and enabling ICD			

Time	Content	Activities	Resources
	Reflection/ Review of ICD concepts	FGD (Focused Group Discussion)	
	Role of Govt., Development Administration and community structures in promoting ICD	Sharing of info graphic of Central and state govt. schemes	PowerPoint presentation
	Practicum – recapitulating the understanding of ICD in a holistic manner	Adding to **Portfolio** relevant Central, State and local schemes and provision for ICD	

Reference links:

- https://mohfw.gov.in
- https://www.nrega.nic.in
- **EN Topic 3:** Government programs supporting inclusive community development

Week 3

Week 3	Phase One Training Centre – Input	
	AM	**PM**
MONDAY	2.2.2.1 Screening checklists – types and contextualisation 2.2.1.2 PRACTICUM Pilot testing screening checklist in neighbourhood of training centre	2.1.1.1; 2.1.1.2 Concept of community engagement, profiling and mobilising
TUESDAY	1.2.1.2 (Portfolio) Workplace laws and policies – Safeguarding children and adults-at-risk 1.2.2.1 (Portfolio) Ethics and confidentiality – Safeguarding code of conduct	2.1.2.1 Empowerment of communities and groups (Portfolio) 2.1.2.2 Hearing from empowered role models with disability and documenting their catalytic stories (Portfolio)
WEDNESDAY	2.3.1.1 CBID responsibilities in reporting and reporting formats (Hurdle)	2.3.1.1; 2.3.1.2 Interpreting and sharing survey/ checklist results* (Hurdle)
THURSDAY	2.2.1.1 Concept and tools of PRA; 2.2.1.2 PRACTICUM Cataloguing resources of training centre (Journal)	3.1.1.1 Information in accessible formats 3.1.2.1 Appropriate and timely sharing of information 3.2.1.1 Types of certification
FRIDAY	2.2.2.1 Concept of 'participatory' in PRA; 2.2.2.2 PRACTICUM (Portfolio) Checklist for developing and presenting participatory reports**	3.2.1.2 Observing and scoring certification 3.2.2.1 Pre-requisites for certification and completion of formalities

Notes:

* This includes ethical considerations – a PB&RP topic (2.3.1.1), which should be addressed here

**Perhaps this begins with watching a clip of a participatory meeting? Or having some DPO reps explain what it is?

Phase One Week 3

A&I

2.2.2.1	Screening checklists – types and contextualisation
2.2.1.2	Screening checklist – pilot-testing
2.3.1.1; 2.3.1.2	Group hurdle – Data collection, scoring and interpreting survey/ checklist results
3.1.1.1	Information in accessible formats
3.1.2.1	Appropriate and timely sharing of information
3.2.1.1	Portfolio project: Types of certification
3.2.1.2	Observing and scoring certification
3.2.2.1	Portfolio project: Prerequisites for certification and completion of formalities

PB&RP

1.2.1.2	Portfolio project: Workplace laws and policies – Safeguarding children and adults-at-risk
1.2.2.1	Portfolio project: Ethics and confidentiality – Safeguarding Code of Conduct
2.3.1.1	Hurdle task – CBID responsibilities in reporting and reporting formats

ICD

2.1.1.1; 2.1.1.2	Concept of community engagement, profiling and mobilising
2.1.2.1	Portfolio project: Empowerment of individuals, communities and groups
2.1.2.2	Portfolio project: Documenting and filing catalytic stories for later use
2.2.1.1	Concept and tools of PRA
2.2.1.2	Journal task – Cataloguing resources of training centre
2.2.2.1	Concept of 'participatory' in PRA
2.2.2.2	Portfolio project: Checklist for developing and presenting participatory reports

A&I UNIT TWO: Assessment and Planning; MODULE 2: Checklists within scope of role
Topic 2: Adaptation and use of checklists

Session 2.2.2.1: Screening checklists – Types and contextualisation of checklists			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Chooses appropriate checklist and uses them correctly			
Time	**Content**	**Activities**	**Resources**
	Developing a screening plan	Input on planning for disability screening: • Obtain permission to conduct the screening. • Conduct an awareness programme in the community about the screening camp/clinics. • Develop screening tools[5] that are concise, simple, culturally appropriate, and in the local language • Train CBR team members how to identify those requiring further assessment, and how to record them accurately.	*Setting up Community Health Programs in Low- and Middle-Income Countries, 4th ed.* (Lankaster & Grills, 2019)
	Need for a checklist Components of a checklist	Demonstration using a checklist	Checklist – refer Disability Screening Tool and WHODAS 2.0 (**Appendix 13**)
	Contextualisation of Checklist: Need for adapting the available checklist Process of adaptation	Adapt the available checklist to the present context in terms of language and items of the checklist – input on principles of adaptation	
	Practicum – adapting checklists	• Considering physical accessibility of venues and providing transport if needed. • Additional support to facilitate participation by individuals with special needs, e.g., sign language for the hearing impaired. • Helping those with difficulty in reading and writing by a) Keeping written exercises to a minimum. b) Keeping written points short, clear, and reinforced with a verbal explanation; c) Using pictures and illustrations as much as possible; d) Helping illiterate participants with any reading and writing tasks. • Regularly checking understanding. • Fostering participation by people with hearing difficulties through a) Seeking family assistance b) Speaking loudly and clearly (but not shouting) c) Inviting those with hearing difficulties to sit at the front	Consider ways to adapt the Disability Screening Tool for different disability requirements, including print disability

References
- https://oxfordmedicine.com/view/10.1093/med/9780198806653.001.0001/med-9780198806653-chapter-23?print=pdf

- *EN Topic 12: Selection, administration, and contextualisation of checklists*

A&I UNIT TWO: Assessment and Planning; MODULE 2: Checklists within scope of role

Topic 1: Need for screening

Session 2.2.1.2: Screening checklists – Pilot testing			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Test the quality of the checklist			

Time	Content	Activities	Resources
	Pilot testing of checklist	Trainees will test their adapted checklist on 3-5 persons living in the neighbourhood of the training centre	

A&I UNIT TWO: Assessment and Planning; MODULE 3: Interpreting results, communicating findings

Topic 1: Drawing conclusions from survey/ checklist results

Session 2.3.1.1; 2.3.1.2: Data collection, scoring and interpreting survey/ checklist results and PRACTICUM			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will participate in selecting an appropriate checklist, administering and scoring it, and presenting a reasoned interpretation of results.			

Time	Content	Activities	Resources
	2.3.1.1 Checklists; types, availability, choice of the correct one	Discussion	Different checklists
	Scoring of checklists. Factors to be kept in mind while administering and scoring any checklist	Demonstration using different checklists	Different checklists
	Interpretation of results of checklists	Share different types of filled in checklists and arrive at conclusions (in group or individually)	Scored checklists
	2.3.1.2 Group hurdle – Observing checklist assessment, scoring, and interpreting	Trainees will be presented with a case study of a local person with a disability and together will discuss and decide the checklist appropriate to be administered to them. This person will then join the class and be evaluated by the trainer – the trainees watching and scoring the results. A discussion of the results will follow, ensuring trainees interpreted results correctly	

References:
- https://www.seattleu.edu/media/disability-services/CONFIDENTIALITY-OF-DISABILITY0102d7cc.pdf
- Developmental screening test by Bharat Raj (an Indian adaptation of the Vineland Social Maturity Scale)
- Family Needs Scale developed by NIMH http://www.niepid.nic.in/NIMH%20Family%20Needs%20Scheme.pdf
- *EN Topic 13: Interpretation of results*

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 1: Appropriate, timely information; Topic 1: Accessible formats for sharing information

Session 3.1.1.1/ 3.1.2.1: Information in accessible formats & appropriate and timely information			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Communicates correct information in an accessible format.			

Time	Content	Activities	Resources
	3.1.1.1 What is the right information?	List of myths and facts about disability	Flip Chart
	Introduction to different accessible formats	Role play	Role Play materials
	3.1.2.1 Role-play inappropriate information sharing	E.g., Develop role plays from such as the following parent comments: "When [my daughter] was first diagnosed, we were sent a full list of services, which was a bit overwhelming at the time [and] it probably would have been helpful to have some held back until a little later" "They sent some information quickly which we straight away acted upon, which later we discovered was out of date, so we wasted a lot of time. They should have researched the situation better beforehand."	
	Input – Timely information – variety of ways this can be understood	Timely information is: - Up to date - Quick to respond to questions asked - Appropriate to the time and need – it is not information overload Respectful of where the person is and supportive of their own self-discovery	

References:

- https://cis-india.org/accessibility/blog/digital-accessibility-in-the-rights-of-persons-with-disabilities-act-2016
- *EN Topic 19: Communication*

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 2: Certification

Topic 1: Different certificates and their completion

Session 3.2.1.1; 3.2.1.2: Different types of certification and observing completion with a family			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Distinguishes different certificates and develops skills for completing formalities for certification			

Time	Content	Activities	Resources
	Different types of certificates for PWDs Importance of various certificates	Demonstrating various Certificates	Certificates
	Procedure of availing the Certificates	Demonstrating various application forms, standard process and list of enclosures for each application form	Application forms **Portfolio** – Filling Disability Certification Documents and Application Procedures **Appendix 16**
	3.2.1.2 Practicum	Trainees observe completion of certification for a family and discuss results	

References:

- http://vikaspedia.in/education/parents-corner/guidelines-for-parents-of-children-with-disabilities/disability-certificate
- *EN Topic 20: Certificates and procedures for availing them*

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 2: Certification

Topic 2: Certification pre-requisites and eligibility

Session 3.2.2.1: Criteria and eligibility prerequisites for availing different Certificates			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: States the prerequisites for any particular certification			
Time	**Content**	**Activities**	**Resources**
	Disability specific certificates including disability certificates, railway concession, travel concession, UDID, Disability identity card	Trainees look at various Disability specific Certificates and have a discussion about eligibility prerequisites	Disability Specific Certificates
	Procedure of providing general certificates including PAN, Aadhar, BPL Certificate, Ration Card and Driving licence	Demonstrating various General Certificates and completing formalities	General Certificates
	Evaluation	Trainees table eligibility particulars and prerequisites	**Portfolio** – completing **Appendix 16**

References:

- https://uidai.gov.in/
- http://www.disabilityaffairs.gov.in/upload/uploadfiles/files/RPWD%20ACT%202016.pdf
- http://www.swavlambancard.gov.in
- http://www.iitg.ac.in/eo/sites/default/files/railwayConcessionForm.pdf
- *EN Topic 20: Certificates and procedures for availing them*

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 2: Works Legally and Ethically; Topic 1: Workplace Laws and Policies

Session 1.2.1.2: Workplace laws & policies 2 – Safeguarding children and adults at risk*			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes: Trainees will interpret and abide by key rules and regulations that govern the conduct of the CBID worker (both related to the institution and community)			

Time	Content	Activities	Resources
	Recap of previous session.	Ask some questions.	
	Simulation incident management -To show practical examples of child safeguarding risks and incidents we may face.	Group work: the trainees can be given an exercise of gathering information from newspapers, electronic and social media on news of abuse on children with disabilities, reflect on the incident and the safeguarding issues that has been brought out from the incident	Flipcharts Pens Papers Post-its
	Child Safeguarding Risk analysis and risk reduction	Brainstorming - To identify the range of department/program-specific risks to children and how these risks can be reduced.	Flipcharts Pens Papers Post-its

*This is further from 1.2.1.2 input in Week 1

	Practical session 1, Phase 2		
	Thinking like a child - To lay foundation and cultivate empathy and consciousness about the experiences for children who use our services.	Self-reflection exercise - Reflection of a childhood experience	
	Simulation incident management	Group work reflection - To show practical examples of child safeguarding risks and incidents we may face.	
	Simulated exercise risk assessments	Work as pairs: To practice safeguarding risk assessments (children at risk).	**Portfolio** – filing Safeguarding Risk Assessment **Appendix 17**
	Practical session 2, Phase 2		
	Simulated exercise in risk assessments Provide case studies/scenarios for the trainees to discuss.	Work as pairs: To practice safeguarding risk assessments – a. Child at risk b. Adults at risk	

References:

- **EN Topic 4:** *Workplace laws and policies*

Session 1.2.2.1: Ethics and Confidentiality			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainee can explain how they will work within the expected ethical framework and handle information with confidentiality.			

Time	Content	Activities	Resources
	Introduction: To alert the trainee to the need for ethical behaviour.	Tell or Read a Story (real or realistic) which illustrates some good and bad ethical issues and have the class discuss: What was good about the way the CBID worker approached this person? What could the worker do differently?	Story
	Code of Conduct for CBID Workers* - e.g., CBM's Safeguarding Behaviour Code, pp14-15 of *Children and Adults-at-Risk* (2018).	Give the handout and ask trainees to discuss the importance of each aspect of the code of conduct.	Portfolio – filing CBM Safeguarding Behaviour Code Appendix 18 Manual
	How to show respect (from CBM): 1. Above all, think ability, not disability. Think of the person first, and the disability as secondary. 2. Address people with disability by their names. 3. When you speak about disability, remember the 3 P's – personal, positive and precise… a. Personal – use 'people with a disability; rather than 'the disabled' b. Positive – for example, it is better to say, 'has a disability' rather than 'afflicted with a disability' and 'has a learning disability' rather than 'is mentally retarded' c. Precise – say 'wheelchair user' rather than 'confined to a wheelchair' or 'wheelchair bound' 4. It is fine to offer your hand in greeting as you would to anyone else. Be aware however, that some types of physical disability may limit or prevent a handshake in response. 5. Use your normal tone and style of speech. Don't shout. If you can't be heard, the person will let you know.	Brainstorm How can we show respect to persons with disability? After the trainees have brought up the points, the trainer can add any from the left-hand column that were left out.	Whiteboard

Time	Content	Activities	Resources
	6. People with a disability are interested in the same topics of conversation as people without a disability. 7. All assistive devices, such as canes, walking frames, wheelchairs and communication boards are personal property and should not be moved or touched unless you are asked to do so. 8. Treat adults as adults, regardless of their disability. 9. Always offer your help and wait for a response. Don't just rush in and do what you think would be helpful – it may well not be! Many disabilities are hidden. Never make assumptions but seek to understand.		
	Consent Consent is important whenever we are working with persons with a disability. As far as possible consent should be taken from the individual after explaining clearly without any jargon what you will be doing for them. Consent is required for treatment, for data collections, for photos etc. Verbal consent is adequate in most situations. Explain situations where a written consent would be required and when consent needs to be taken from the relative rather than the person with disability.	Facilitator explains interactively.	
	Confidentiality: Confidentiality is "the fact of private information being kept secret" (Cambridge dictionary) As a CBID worker, you will be told information about clients and their families which you need to safeguard. People will trust you with personal information that you should not go around telling others. Need to learn when you have to tell someone else- often can ask permission to share the information with another member of the CBID team or superior.	Case Scenarios to discuss what information is confidential and what is open to share.	Case scenarios as hand-out or in manual.

References:

- * CBM 2018 Children and Adults-at-Risk: Safeguarding Policy (pp14-15) – https://www.cbm.org/fileadmin/user upload/CBM Safeguarding Policy 2018.pdf

- https://www.cbm.org/fileadmin/user upload/Publications/CBM-DID-TOOLKIT-accessible.pdf p28

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities

MODULE 3: Documentation and Reporting; Topic 1: Reporting Formats

Session 2.3.1.1: Reporting – CBID responsibilities and report formats			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees complete a standard CBID report in groups			
Time	**Content**	**Activities**	**Resources**
	Introduction to report writing	**Powerpoint presentation:** **Basic elements:** 1 Names, date, key personnel in the event, reported by; 2 Having a description on the purpose and sequence of events or a situation 3 Interpretation of the significance of the event or situation 4 Comments on observations including facts or results of a quick assessment 5 Likely outcomes on the future course of action 6 Recommendations as an action plan for future course of action and reference 7 Any other concluding remarks **Reinforce the importance of:** - being clear and precise, - using simple language, - using bullet points	Pen Paper LCD projector and screen Case studies
	Group hurdle – preparing a report	The trainer to give 4 scenarios for reporting to the groups The group to discuss the core points to be covered under the various headings/ sub-headings and prepare a report	CBID Report **Appendix 19**

References:

- *EN Topic 6: Reporting formats*

ICD UNIT TWO: Engage and Profile the Community; MODULE 1: Explores Participatory and Asset-Based Approaches; Topic 1: Concept of Community Engagement

Session 2.1.1.1: Concept, Types and Principles of Community Engagement			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will explore the concepts and components of community engagement			

Time	Content	Activities	Resources
	Engagement; need, meaning and concept	Lecture/ presentation group discussion engagement	1. Projector 2. PPT 3. Chart paper 4. Glue stick
	Types of community engagement focusing on ● Community development or community building ● Community participation in consultation ● Helping organisations, administration etc. to improve their service ● Social change movements or as part of the work of community-based organisations	Powerpoint presentation with illustration	Laptop and PPT
	Principles of community engagement ● Planning and preparation ● Inclusion & demographic diversity ● Collaboration and shared purpose ● Openness to learning ● Transparency and trust ● Impact and action ● Sustain engagement	Group discussion exercise/ game in community	Local resources

Reference links:

● https://www.futurelearn.com/courses/global-disability/0/steps/37611

● https://www.cbm.org/fileadmin/user upload/Publications/CBM-DID-TOOLKIT-accessible.pdf

● *EN Topic 4: Participatory and asset-based approaches to community engagement*

ICD UNIT TWO: Engage and Profile the Community; MODULE 1: Explores Participatory and Asset-Based Approaches; Topic 1: Concept of Community Engagement

Session 2.1.1.2: Resource mobilisation, Stakeholder Analysis and participation			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will classify and categorise various community resources, identify stakeholders, and describe their role in community participation			

Time	Content	Activities	Resources
	Resources: Natural Local Administration Human Physical Social Community Family	Divide the participants into four groups. Each group identifies the available resources around them and writes them on meta cards and sticks them on chart paper. These cards are then aligned under the titles of resources such as natural, local, administration, human, physical, community and social	Meta cards Chart Paper Pens Glue stick
	Stakeholder and its types. Stakeholder analysis grid that includes issues goals & questions to be addressed that should be the resource	Using the same groups, a basic understanding of stakeholders – primary, secondary and tertiary is given to the trainees. After this the groups identify the stakeholders and write these on meta cards and make a group presentation	Format of stakeholder grid
	Linking of Resources, stakeholders	The trainer will explain and align the community resources to stakeholders and link them to find solutions by undertaking stakeholder's analysis grid	Board and Markers

Reference links:

- Leleaetal.2014 Stateholder Guide.pdf

- https://www.researchgate.net/profile/Anja_Christinck/publication/280234554_Methodologies_for_Stakeholder_Analysis_-_for_Application_in_Transdisciplinary_Research_Projects_Focusing_on_Actors_in_Food_Supply_Chains/links/55ae5f3208aed614b09a6b7b/Methodologies-for-Stakeholder-Analysis-or-Application-in-Transdisciplinary-Research-Projects-Focusing-on-Actors-in-Food-Supply-Chains.pdf?origin=publication detail

- *EN Topic 4: Participatory and asset-based approaches to community engagement*

ICD UNIT TWO: Engage and Profile the Community; MODULE 1: Explores Participatory and Asset-Based Approaches; Topic 2: Empowerment of Communities and Groups

Session 2.1.2.1: Importance of and levels of empowerment			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will explore and describe the concept and levels of empowerment			
Time	**Content**	**Activities**	**Resources**
	What are opportunities, resources utilised, and what problems are addressed?	Case Study of F.P.O Co-operation/ DPO	Documentary/ Case study Meta Card
		All participants will paste their meta card with answer on chart	Documentary/ Case study Meta Card
	Different levels of empowerment	a) Individual: Presentation + Case study b) Family/ group: Presentation + Case study c) Organizational: Presentation + Case study d) Institution: Presentation + Case study	Regarding individual empowerment – file in your **Portfolio** Tronto's (1994) empowerment through care model **Appendix 20**: • **Empowering relationships are exemplified by five moral elements:** 1) attentiveness (recognizing the needs of others, suspending one's own goals, ambitions, plans of life, and concerns in order to recognise the needs of others); 2) responsibility (looking beyond obligation or legal duty to the importance of caring for those who need support); 3) competence (provision of care leading to needs being met); 4) responsiveness (ensuring that care needs have been met from the perspective of the person receiving care); and 5) integrity (the significance of all of the above elements interlinking in order for 'good' care to be achieved)

References:

- http://siteresources.worldbank.org/INTEMPOWERMENT/Resources/41307 wps3510.pdf
- http://siteresources.worldbank.org/WBI/Resources/EmpowermentLearningModulebody.pdf
- https://iep.utm.edu/care-eth/ (Care Ethics – discusses Tronto)
- *EN Topic 4: Participatory and asset-based approaches to community engagement*

ICD UNIT TWO: Engage and Profile the Community; MODULE 1: Explores Participatory and Asset-Based Approaches; Topic 2: Empowerment of Communities and Groups

Session 2.1.2.2: Stories from empowered advocates and role models			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees interview empowered advocates about how sense of efficacy/ empowerment develops			
Time	**Content**	**Activities**	**Resources**
	Developing Empowerment	Face to face interaction with empowered/ role models to understand how sense of efficacy or empowerment develops	Empowered advocates with lived experience of disability Interview proforma **Appendix 21** – needs to ask questions such as: • what disempowerment looks like, • the story of how empowerment grew, • what empowered individuals/ groups are able to achieve, • the kinds of obstacles encountered, • detail of how those obstacles were overcome. • how empowerment is sustained. • what is the role of the outsider CBID worker? Portfolio project – document and file these stories creatively to make them available to others

References:

ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plans and Implements Community Approaches; Topic 1: Concepts and Tools of PRA/PLA

Session 2.2.1.1: Concept and Tools of PRA (now PLA) for Community Engagement			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes: Trainees explore and discuss community engagement tools			

Time	Content	Activities	Resources
	Why PRA/PLA? Principles of PRA/PLA. PRA/PLA Tools for Community Engagement: Brainstorming, Case Study, Stakeholder Analysis (13 tools)	The basics of PRA/PLA is presented to the trainees, ensuring the link with the introductory exercise. The presentation and interaction to ensure that trainees are clear on the importance of PRA/PLA. Participatory learning in action (PLA): an umbrella term for a wide range of similar approaches and methodologies, including Participatory Rural Appraisal (PRA), Rapid Rural Appraisal (RRA), Participatory Learning Methods (PALM), Participatory Action Research (PAR), Farming Systems Research (FSR), Méthod Active de Recherche et de Planification Participative (MARP), and many others. The common theme is the full participation of people in the processes of learning about their needs and opportunities, and in the action required to address them (CBM Disability Inclusive Development Toolkit). Through presentation and the Manual, the Tools of PRA/PLA are explained with examples linking with the village/community environment.	Power point. Charts. Handout on basics of PRA/PLA

References:

- Participatory Rural Appraisal (PRA)/ Participatory Learning and Action (PLA)
- Disability KAR (Knowledge & Research) – Manual; PRA Manual: FAO
- https://pubs.iied.org/search/?s=PLA; https://www.iied.org/participatory-learning-action
- *EN Topic 5: Participatory Rural Appraisal/ Participatory Learning & Action (PRA / PLA)*

Session 2.2.1.2: Practicing Resource Appraisal			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees appraise and organise the resources of their training centre			

Time	Content	Activities	Resources
	Introduction: Importance of observation, communication to enlist resources	In an individual activity the trainees are requested to walk around the campus and observe or ask questions to find out what, who, where resources, people are located and to record their experience.	Learning Journal Exercise 7 **Appendix 22**
		On their return they are to organise their observations in a way that is meaningful. One or two trainees are invited to share their experience. Two important points are stressed how the trainees got information and how they organised it in a meaningful way (Journal task)	

References:

- Disability KAR (Knowledge & Research) – Manual
- PRA Manual: FAO
- *EN Topic 5:* PRA/PLA

ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plans and Implements Community Approaches; Topic 2: Participation in PRA/PLA

Session 2.2.2.1: Preparing for Participatory Reporting; Concept of 'participatory'*			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees prepare to report a PRA in a participatory manner			

Time	Content	Activities	Resources
	Introduction	Using Brainstorming the Trainer invites three trainees to do a Brainstorming and revision of the learnings of the previous session	Flip chart Pens
	Methods of sharing PRA results with the community in a participatory manner.	Trainer provides guidelines on how to ensure inclusive, participatory community sharing	Guidelines for participatory sharing – these are in EN Topic 4
	Group discussion and preparation for presentation	Trainees form three groups, and each group discusses ways and means to make the delivery of the PRA results in a participatory and inclusive manner.	PowerPoint. Charts. Handout on basics of PRA Manuals

*Combine with PRA tools and techniques of Unit 4 Module 2 Topic 1&2

References:

- *EN Topic 4: Participatory and asset-based approaches to community engagement*

Session 2.2.2.2: **Portfolio** project: Checklist for participatory reporting			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees prepare to report a PRA in a participatory manner			
Time	**Content**	**Activities**	**Resources**
	Participatory reporting	Invite members of a local DPO to explain what this is	
	Reporting in a participatory manner	Trainees watch a clip of a participatory meeting. They use the guidelines for participatory sharing from EN Topic 4 to prepare to report, elaborating on the points further as needed	

References:

- *EN Topic 4: Participatory and asset-based approaches to community engagement*

Week 4

Week 4	Phase One Training Centre – Input	
	AM	**PM**
MONDAY	4.1.1.1/4.1.1.2 The CBID Matrix and use of Matrix to troubleshoot exclusion (Hurdle)	2.2.3.1 Participatory community meetings
TUESDAY	2.1.1.1; 2.1.1.2 Introduction to work plans and CBID work planning	2.2.3.2 PRACTICUM (Portfolio) Indigenous guidelines for supporting participation in the local context
WEDNESDAY	1.3.1.1; 1.3.1.2 Roles of the CBID team and other team members*	3.3.1.1 (Portfolio) Roles of members of the multidisciplinary team and referral processes 4.2.1.1 Stages of child development
THURSDAY	3.1.1.1 Panchayati Raj system and service delivery (Hurdle) 3.2.3.1 Identifying gaps and issues in service provision	4.3.1.1 ADIP Scheme
FRIDAY	3.1.1.1; 3.1.1.2 Workplace safety 3.1.2.1 Women's safety and wellbeing and challenges	Prep for Phase 2 work – discussion; check-in** Include here PB&RP 1.1.3.2 - sharing the impact of personal framework on working with people with disability

* This should go where A&I talk about the multidisciplinary team (3.3.1.1)
**Should there be an interview with each trainee at the end of Phase One – how they have gone, any questions or concerns, and an informal assessment of progress so far and areas of strength/ or to work on.

Phase One Week 4

A&I

4.1.1.1/4.1.1.2	Hurdle task – The CBID Matrix and Use of Matrix to troubleshoot exclusion
3.3.1.1	Portfolio: Roles of members of the multidisciplinary team and referral processes
4.2.1.1	Portfolio: Stages of child development and Developmental Delay Checklist
4.3.1.1	ADIP Scheme – (Assistance to Disabled Persons) – for purchasing / fitting aids

PB&RP

2.1.1.1; 2.1.1.2	Introduction to work plans; CBID work planning
1.3.1.1; 1.3.1.2	Hurdle task – Roles of the CBID team and other team members
3.1.1.1; 3.1.1.2	Workplace, travel and community safety and maintenance of health and safety
3.1.2.1	Women's safety and wellbeing and challenges
1.1.3.2	Impact of personal framework on working with people with disability - reflection

ICD

2.2.3.1	Participatory community meetings
2.2.3.2	Portfolio: Indigenous guidelines for supporting participation
3.1.1.1	Hurdle task – Panchayati Raj system and service delivery
3.2.3.1	Identifying gaps and issues in service provision

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 1: Conducts Interventions Within Scope of Role; Topic 1: Scope of CBID Matrix

Session 4.1.1.1/4.1.1.2: The CBID Matrix
Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: Trainees are able to understand the scope of the CBR Matrix and its use to troubleshoot exclusion

Time	Content	Activities	Resources
	4.1.1.1 Introduction of the CBR Matrix	Presentation of history and importance of CBR Matrix	Projector and screen
	Use of the Matrix	Discussion on CBR Matrix and its importance in CBID work	Projector and screen
	Details of the CBR Matrix components	Group work: To fill the empty skeleton of the CBR Matrix with various components.	Paper and Pens
	4.1.1.2 Practicum	Working in pairs, trainees will take a case study and consider the matrix components relating to that situation. They will fill in a table of types of community services and personnel who head the first four sectors, and possible barriers and issues preventing equal participation and consider how to support empowerment of the individual using the components of the fifth sector - Empowerment	Range of case studies of individuals with disabilities seeking access to the different sectors of the Matrix **Hurdle** Table to fill up of responses **Appendix 23**

Reference

- https://www.who.int/disabilities/cbr/matrix/en/
- *EN Topic 23: CBID Matrix*

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 2: Enhances holistic development of individual with disability; Topic 2: Roles of the Multidisciplinary Team

Session 3.3.1.1: Role of Members of the Multidisciplinary Team and Referral Processes			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Differentiate Roles of various members of the multidisciplinary Team to support competency to refer appropriately			

Time	Content	Activities	Resources
	Introduction to Multidisciplinary team: PT, OT, SLP, Psychologist, Special Educator, Early Interventionist	PPT Presentation	Laptop Videos
	Role of Multidisciplinary team	PPT Presentation	Laptop Videos
	Referral processes for different specialists	PPT Presentation	**Portfolio** should contain these referral processes

References:

● *EN Topic 27: Roles of the multidisciplinary team*

Notes

• This topic connects to referrals and single window service provision – see Wks 9, 11-12 and 20

	Session 4.2.1.1: Stages of child development			

Session 4.2.1.1: Stages of child development
Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: Trainees understand stages of child development

Time	Content	Activities	Resources
	Introduction to development - Typical and atypical development	Introduce and connect students to the topic by having them write about what stage they believe themselves to be in when speaking in terms of childhood development. Share and discuss answers.	Laptop Videos
	Definition and usage of key developmental terms	Students will need to bring documents and/or photos from home detailing their development	• Poster board or large paper • Markers
	Stages of development	Explain stages of child development	
	Checklists to identify developmental delay	Introduce developmental checklists and their uses and administration requirements. Discuss the role of the CBID Fieldworker and briefly about ethical and responsible data collection, interpretation, sharing and storing of results – this will be addressed in more detail in Week 6 Present the checklist(s) used by the placement organisations the trainees will be going to in Phase 2. Trainees file these checklists in their **Portfolio** and make administration and scoring notes	Various developmental checklists used by CBID Fieldworkers in India

References:

- https://www.cdc.gov/ncbddd/actearly/milestones/index.html
- https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all checklists.pdf
- *EN Topic 26: Child development*

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 3: Fitting and Training in Assistive and Rehabilitation Devices; Topic 1: The ADIP Scheme

Session 4.3.1.1: ADIP Scheme (what assistive devices available under scheme)			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Sufficient knowledge on ADIP scheme			

Time	Content	Activities	Resources
	Introduction on ADIP and such other schemes	Details about ADIP and other such schemes ADIP stands for Assistance to Disabled Persons – for purchasing / fitting aids	Projector and screen
	Details of assistive devices available under ADIP	Presentation: Details of the Assistive devices and their use	Projector and screen
	Requirement of accessing ADIP scheme	Lecture on eligibility, criteria and formalities of accessing ADIP scheme	Projector and screen

References:

- Website of Ministry of Social Justice, Disability Division for ADIP scheme and all the details
- *EN Topic 29: The ADIP Scheme*

UNIT TWO: Organise and Manage Tasks and Responsibilities

MODULE 1: Prepare Work Plans; Topic 1: Work Targets

Session 2.1.1.1: Introduction to Work Plans			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: will help the trainee to demonstrate his/her ability to set realistic targets			

Time	Content	Activities	Resources
	Meaning of a work plan? Need for preparing a work plan?	Brainstorming on the two discussion points separately with the CBID workers. A volunteer can note the points on a flipchart PowerPoint presentation (2 slides) may then be shared with the trainees to reinforce understanding	Flipchart White board LCD projector and screen
	The Structure and Content of a Work Plan for a CBID worker Duration of a work plan	PowerPoint presentation to trainees with key points on the -Structure of a work plan -Content of a work plan Discussion on work plan based on given task and duration of assignments as a CBID worker	LCD projector and screen Flipcharts Pens Papers Post-its
	Managing the work plan Identifying budget and personnel / working with key collaborators to accomplish work plan Identifying risks and assumptions to complete the work plan Having a result-oriented approach	PowerPoint presentation followed by discussion after a sub-topic is covered	LCD projector and screen Flipcharts Pens Papers Post-its
	Importance of monitoring and review Importance of prioritising		

References:

EN Topic 7: *Work targets*

UNIT TWO: Organise and Manage Tasks and Responsibilities

MODULE 1: Prepare Work Plans; Topic 1: Work Targets

Session 2.1.1.2: CBID Work Planning			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainee will evaluate various work plans for interventions and appreciate the main aspects of work planning			

Time	Content	Activities	Resources
	Introduction to preparing work plan for an intervention/event/task	World Café: The trainer divides the trainees in groups and presents to them different work plans collected, e.g.: - Work plans for developing a mental health programme - Work plans for early intervention of a child with multiple disabilities and enrolment of the child in school - Work plans for an inclusive group (with and without disability) to be supported to set up a production and marketing unit of Indian spices. - Work plan for conducting a celebration on the account of International Day for Persons with Disabilities Group work - Discussion by the group on the nature of the work plan and impressions of it (is it well laid out/could it have been done better?) - Circle important aspects/ points in planning the intervention from the given scenario	Flipchart White board LCD projector and screen
		Trainer to list the common elements from group presentations and emphasise the essential components to be covered in the work plan	

References:

- **EN Topic 7:** *Work targets*

UNIT ONE: Fulfilling Role Expectations and Responsibilities

MODULE 3: Work Effectively in a Team; Topic 1: The CBID team

Session 1.3.1.1: Roles of CBID team members			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainee lists the other CBID team members			
Time	**Content**	**Activities**	**Resources**
	Needs of a person with disability	Brainstorming	CBR guidelines
	Roles of specialists	Quiz: Matching roles to specialists	Quiz questions
	Roles of different specialists	Presentation/ lecture	PowerPoint

References:

- *EN Topic 8: The CBID team*

UNIT ONE: Fulfilling Role Expectations and Responsibilities

MODULE 3: Work Effectively in a Team; Topic 1: The CBID team

Session 1.3.1.2: Roles of other professionals			
Phase One; Session Number:			
Session Duration: 90 mins			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainee understands the roles of other specialists			
Time	**Content**	**Activities**	**Resources**
	Role of physiotherapist Prosthetic and Orthotist *Special educator* Audiology/ speech therapist Occupational therapist	Visit to rehab centre / DDRC to interact with various professionals Observe activities - mark against the checklist	Check list of staff and their roles Hurdle

References:

- *EN To7pic 8: The CBID team*

UNIT THREE: Maintain Personal Wellbeing and Continuing Education

MODULE 1: Monitor and Maintain Personal Wellbeing; Topic 1: Workplace safety

Session 3.1.1.1: Travel safety and safety in the community			
Phase One; Session Number:			
Session Duration: 90 mins			
Number of Learners:			
Learning Outcomes to be Achieved: The trainee understands the roles of other specialists			
Time	**Content**	**Activities**	**Resources**
	Intro to safety and personal responsibility	Ppt	Resource material: 1. CBM General Safety and security for travellers 2. CBM safety and security for persons with disabilities 3. Safety in civil unrest
	Understanding risks	Brainstorm: Risks in the centre	
	Safety on the road	Discussion: Scenarios	Case studies in Document 2
	Practical: Make a plan for safe travel to the field area		

References:

- **EN Topic 9:** *Workplace Safety*

UNIT THREE: Maintain Personal Wellbeing and Continuing Education

MODULE 1: Monitor and Maintain Personal Wellbeing; Topic 1: Workplace safety

Session 3.1.1.2: Maintaining physical health and safety			
Phase One; Session Number:			
Session Duration: 90 mins			
Number of Learners:			
Learning Outcomes to be Achieved: The trainee understands the roles of other specialists			
Time	**Content**	**Activities**	**Resources**
	Intro: Health as a state of physical, mental, social, and spiritual wellbeing	Ppt	
	Physical health, nutrition, exercise	Self-reflection	
	Mental health	Ppt	Nae disha resources
	Sexual health		See mhrd.gov.id resource below
	Dependency: Alcohol, tobacco, drugs etc.		

References:

- https://mhrd.gov.in/adolescence programme
- **EN Topic 9:** *Workplace Safety*

UNIT THREE: Maintain Personal Wellbeing and Continuing Education

Module 1: Monitor and Maintain Personal Wellbeing; Topic 2: Women's safety and wellbeing

Session 3.1.2.1: Women's safety and wellbeing and challenges			
Phase One; Session Number:			
Session Duration: 90 mins			
Number of Learners:			
Learning Outcomes to be Achieved: The trainee understands the roles of other specialists			
Time	**Content**	**Activities**	**Resources**
	Introduction to women's safety and wellbeing		
	Women's health issues	Menstruation, sanitation in the field	Discussion
	Women's safety handbook	Lecture	
	Summary	Discussion	

References:

- https://www.mitkatadvisory.com/InsightPdf/Women-Safety-Handbook-Jan-20
- *EN Topic 10: Women's Safety and Wellbeing*

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 1: Takes on practical and logistical requirements: Topic 3: Impact of personal framework

Session 1.1.3.2: Impact of personal framework			
Phase One*; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Reflect on the changes in their understanding <u>after the first phase of field work</u>* Trainees understand the enabling and limiting aspects of their own personal background in order to utilize strengths and overcome limitations for the good of the client.			
Time	**Content**	**Activities**	**Resources**
	Individual reflection	Write down current understanding	
		Highlight 2 changes in understanding across Phase One	
		Peer sharing of how their personal background has affected their work so far either positively or negatively.	
		Sharing in larger groups	

References:

- *Topic 3: Impact of personal frameworks to the role*

ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plans and Implements Participatory Approaches; Topic 3: Participation in Community Meetings

Session 2.2.3.1: Guidelines and resources for achieving participatory meetings			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will review and discuss good and bad practices in leading community meetings			

Time	Content	Activities	Resources
	Observe a simulated community meeting*	Provide trainees with a list of difficulties that typically accompany community meetings and a list of possible responses of the CBID worker. Trainees observe the meeting and check the difficulties and behaviours they observed. They then feedback observations and discuss	Group of people to stage the community meeting Checklist of difficulties and possible responses – one for each trainee
	Presentation on elements of effective community meetings	Purpose Planning Setting Improving participation Outcomes/ next steps	PowerPoint Handout – list of guidelines (generic) for effective community meetings

* OR observe the PBRP U1M1T1S4 meeting and complete both that checklist (roles and responsibilities) and this one – (difficulties and responses) – or the one checklist should cover both

References:

- *EN Topic 5: Participatory and asset-based approaches to community engagement*

Session 2.2.3.2: Indigenous guidelines and resources for participatory meetings			
Phase One; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will develop a set of indigenous guidelines for increasing participation in their setting			

Time	Content	Activities	Resources
	Developing indigenous guidelines to increase participation	Trainees discuss in pairs and note down adaptations to the guidelines for their setting and file these in their Portfolio	Projector Chart Paper Glue Stick Dry Colour

References:

- *EN Topic 5: Participatory and asset-based approaches to community engagement*

ICD UNIT THREE: Work with Government Agencies; MODULE 1: Advocates to and Collaborates with the Government; Topic 1: Panchayat Raj System, Functionaries and Service Delivery

Session 3.1.1.1: Panchayat Raj System and its structure of government officials	
Phase One; Session Number:	
Session Duration:	
Number of Trainees:	
Learning outcomes to be achieved: Trainees explain the hierarchy of government bodies and their role responsibilities	

Time	Content	Activities	Resources
	Introduction This should be a practical session where the trainees have to visit the District, Block, Panchayat and collect information on the structure and functioning of the Local Governance System and the method through which various schemes are sanctioned and implemented. They are then trained on how to analyse and organize the information and use it for training DPOs for Advocacy)	Recapitulate any one public representative	Board and Marker
	3-tier Panchayati Raj System: 1. Gram Panchayat (village), 2. Janpad Panchayat (Taluka/ Block), 3. Zilla Parishad (District)	Categorisation of public representatives into respective local self-governing bodies	Infographics
	Structure of Govt officials at each level	Drawing a tree diagram Hurdle	Infographics

References:

- *EN Topic 6: Collaborating with government agencies*

ICD UNIT THREE: Collaborations with Government Agencies; MODULE 2: Supports Inclusion Commitments and Compliance; Topic 3: Analysing Gaps and Identifying Issues

Session 3.2.3.1: Gap analysis of government service provision and effective presentation and negotiation skills
Phase One; Session Number:
Session Duration:
Number of Trainees:
Learning Outcomes to be Achieved: Trainees experience through role play the skills of gap analysis, negotiation and presentation to different stakeholders

Time	Content	Activities	Resources
	Issue and Gap Analysis skill Development of Skills related to advocacy and Campaign Presentation skills with a High interest group.	Learning to do gap analysis of issues through Gap analysis tools. Learning of various Advocacy and Campaigns skills and conduct role plays on various skills on selected case study. Role play and practice	Chart paper/ Gum stick/ Tape Board / Video / infographic material of various organisations.
	Conclusion- Effective Gap Analysis and presentation and advocacy skill developed		

References:

- https://www.bio.org/sites/default/files/Negotiation%20Strategies Lesley%20Stolz.pdf
- https://www.cbm.org/news/news/news-2018/disability-inclusion-policy-brief-gap-analysis-on-disability-inclusive-humanitarian-action-in-the-pacific/
- *EN Topic 6: Collaborating with government agencies*

Phase One Appendices

A Snapshot of Me

1. Who am I?

2. What is my connection to disability?

3. How do I define or describe disability?

4. Concerns about completing this course

5. Support needs I have

6. How do I define or describe CBR/CBID?

7. How is disability understood in my local community?

8. What has CBID achieved for people and families in my community?

Monday morning, Week 1: Course Introductions

Interviewing People with Disability

This may be an interview of the person with disability, or a family member

Trainees should hear from people from the four disability categories – Physical, Intellectual, Sensory (including speech), and Psychiatric (mental illness)

Trainees should hear from people who are now categorised as having a disability according to the RPWD Act 2016, but who previously were not classed as disabled.

Include the following questions:

1. Can you tell us about your condition and how it impacts you day to day?

2. For those with one of the newer conditions… What are the implications of you now having a recognised disability under the RPWD Act 2016?

3. How do you define disability?

4. What is your family structure and involvement in supporting you?

5. Are there difficulties you have participating in your local community?

6. Can you suggest ways you and your family could be more included and involved?

*Monday morning, Week 1: A&I 1.1.1.1./1.1.1.2*

ICF Diagram

The International Classification of Functioning, Disability and Health (ICF) was developed in 2001 to classify health-related functioning in life situations.

It describes disability as an umbrella term for the dynamic interaction between a person's health condition, environmental factors and personal factors.

The ICF argues that functioning and disability cannot be deduced only from health conditions or impairments alone as the interplay of the individual's environmental and personal factors with their condition can change the level of disability dramatically. All factors must be considered.

The ICF describes a health condition or impairment on three levels – the level of the body (functions and structures), the level of activity (what the person can do) and the level of participation (how the person is being involved).

WHO, 2001 The International Classification of Functioning, Disability and Health (ICF),18.
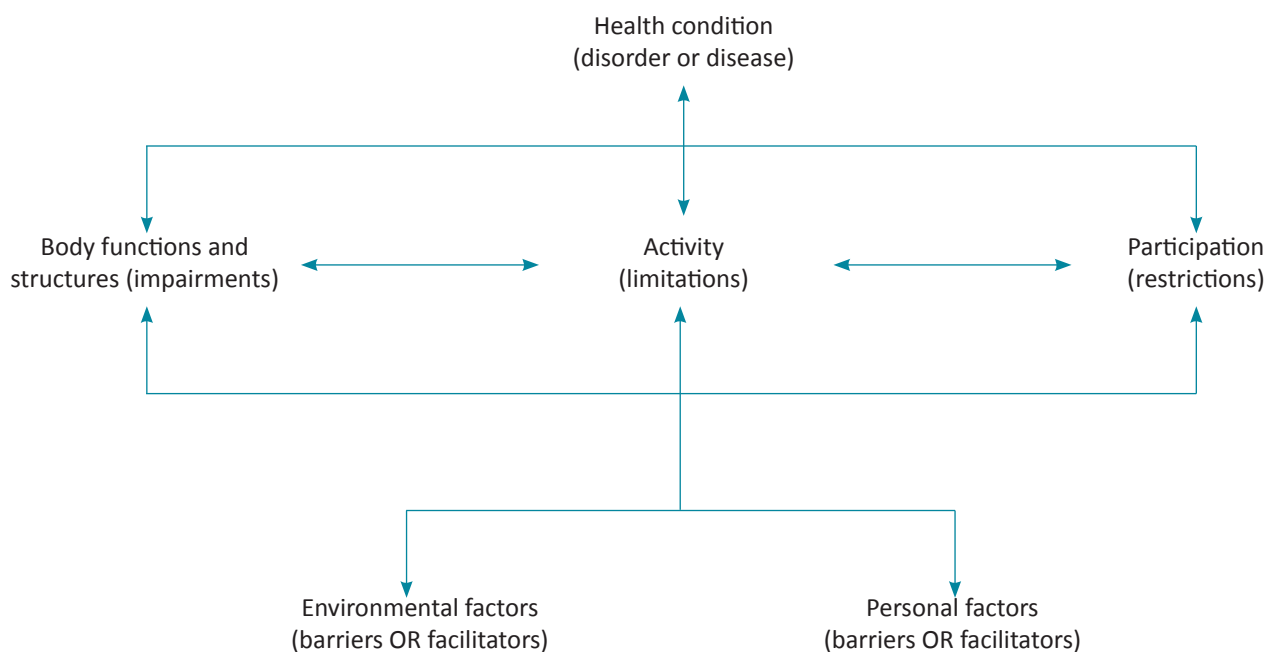
Wednesday afternoon, Week 1: A&I 1.1.2.1

Barriers in the Local Community

CBR Matrix Sectors	Types of Community Barriers		
	Physical	Communication	Attitudinal
Health			
Education			
Work			
Social			
Empowerment			

Wednesday afternoon, Week 1: ICD 1.1.2.2

Learning Journal: Exercise 1

Situation (Date, Subject, Session Number and Name):
A&I 1.1.3.2: Disability Impact on Families in Own Community

Task:

Consider your community and examples of the ways different models of disability are impacting individuals and their families. Journal your thoughts and reactions in response.

Thoughts and Reflections:

Thursday afternoon, Week 1: *A&I 1.1.3.2*

Learning Journal: Exercise 2a

Situation (Date, Subject, Session Number and Name):
A&I 1.2.1.2: Disability provisions in inclusive organisations – Field Visits

Task:

After visiting the various inclusive organisations organised for you, note your findings and thoughts about the disability provisions of the organisation and any issues with availing entitlements or with compliance

Thoughts and Reflections:
Inclusive self-help group:

Open employment:

Inclusive education setting:

Friday afternoon, Week 1: A&I 1.2.1.2

Appendix 7

Learning Journal: Exercise 3

Situation (Date, Subject, Session Number and Name):
PB&RP 1.1.2.1: Boundaries to the CBID Worker Role

Task:

Note the boundaries to the CBID Fieldworker role in cultural, professional and personal areas and reflect on any challenges to you personally

Thoughts and Reflections:

Wednesday afternoon, Week 1: PB&RP 1.1.2.1

Learning Journal: Exercise 4

Situation (Date, Subject, Session Number and Name):
ICD 1.1.1.3 & 1.1.2.3: Initial Mapping Exercise – Disability and Barriers in Local Community

Task:

Reflect on the people with disability known to you from your community. Draw a simple map of your community containing the main streets and the facilities connected to the CBR Matrix sectors. Place an X in the places where people with disability live and identify their type of disability by acronym (PD = physical disability; ID = intellectual disability, SD = sensory disability; MI = Psychiatric Disability). Consider where these people live in relation to the services they need and the accessibility of the roads, transport and services to their needs. Categorise the barriers facing these individuals under access, communication, attitudes, and participation.

Thoughts and Reflections:

Thursday and Friday afternoon, Week 1: ICD 1.1.1.3/ 1.1.2.3

Learning Journal: Exercise 2b

Situation (Date, Subject, Session Number and Name): **A&I 1.2.1.2:** Entitlements Related to Different Community Sectors – Field Visits

Task:

After visiting the various inclusive organisations organised for you, note your findings and thoughts about the disability provisions of the organisation and any issues with availing entitlements or with compliance

Thoughts and Reflections: Department of Social Welfare: District Health Office: District Education Officer:

Monday morning, Week 2: A&I 1.2.1.2

FAQs on Government Entitlements and Schemes for Disability

Q1:

Ans:

Q2:

Ans:

Q3:

Ans:

Q4:

Ans:

Q5:

Ans:

Wednesday afternoon, Week 2: A&I 1.2.2.1

FAQs on Procedures for Availing Government Entitlements and Schemes

Q1:

Ans:

Q2:

Ans:

Q3:

Ans:

Q4:

Ans:

Q5:

Ans:

Learning Journal: Exercise 5

Situation (Date, Subject, Session Number and Name):
A&I 2.1.2.1: Factors to Consider in Relating to Diverse Indian Families PB&RP 1.1.3.1 Enabling and Limiting Aspects of Personal Background

Task:

Following input on the diversity in Indian families as regards religious background, caste, culture, economic background, geographical location and family type, and reflection on your own personal background, note your learnings and important points you must consider as you begin working with different families with disability in your community.

Thoughts and Reflections:

Wednesday afternoon, Week 1: A&I 2.1.2.1; Tuesday afternoon Week 2: PB&RP 1.1.3.1

Disability Screening Tool

Questions	Some difficulty	Lots of difficulty	Unable to do it	Comments
Does anyone in your family have difficulty seeing, even if wearing glasses?				
Does anyone in your family have difficulty hearing, even if using a hearing aid?				
Does anyone in your family have difficulty walking or climbing steps?				
Does anyone in your family have difficulty remembering or concentrating?				
Does anyone in your family have difficulty with self-care, such as washing all over or dressing?				
Using your language, does anyone in your family have difficulty communicating (e.g., understanding or being understood by others)?				

Friday afternoon, Week 2: A&I 2.2.2.1

WHODAS 2.0

Please refer to the WHODAS 2.0 Manual before completing this questionnaire. It provides demographic questions and instructions for administering and scoring and interpreting results.

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

Who is administering this questionnaire? (circle one): Self/Proxy (state relationship) In the past 30 days, how much difficulty did you/ your relative have in:						
S1	Standing for long periods such as 30 minutes?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S2	Taking care of your household responsibilities?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S3	Learning a new task, for example, learning how to get to a new place?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S4	How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S5	How much have you been emotionally affected by your health problems?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S6	Concentrating on doing something for ten minutes?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S7	Walking a long distance such as a kilometre [or equivalent]?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S8	Washing your whole body?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S9	Getting dressed?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S10	Dealing with people you do not know?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S11	Maintaining a friendship?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
S12	Your day-to-day work?	1=None	2=Mild	3=Moderate	4=Severe	5=Extreme or can't do
H1	Overall, in the past 30 days, how many days were these difficulties present?	Record number of days				
H2	In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?	Record number of days				
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?	Record number of days				

Friday afternoon, Week 2: A&I 2.2.2.1

Learning Journal: Exercise 6

Situation (Date, Subject, Session Number and Name):
PB&RP 1.2.1.1 Child Protection Laws

Task:

Following input on Child Protection Laws, summarise the group discussions on ways to address issues arising from the six focus areas of the Commission for Protection of Child Rights Act 2005

Issues and Redressal Mechanisms open to CBID Fieldworkers in relation to the following focus areas:

Child Rights:

Right to Education:

Juvenile Justice:

Street Children:

Protection of Children from Sexual Offences (POCSO):

Other:

Wednesday morning Week 2: PB&RP 1.2.1.1

Tabling Disability Legislation and Schemes Supporting ICD

Name, date, source of information	Areas covered:	How to invoke in response to need/ issue:
UNCPRD 2006		
RPwD Act 2016		
National Education Policy 2020		
National Trust Act 1999		
RCI Act 1992		

Tuesday afternoon Week 2: ICD 1.2.1.2

Tabling Disability Certification Documents and Application Procedures

Name	Enclosures and Eligibility Prerequisites:	Application Procedures:
Disability-specific Certificates:		
Unique Disability ID (UDID)		
Disability Certificate		
Railway and Travel Concessions		
Below Poverty Line (BPL) Certificate		
General Certificates:		
PAN		
Aadhar		
Ration Card		
Driving Licence		

Thursday & Friday afternoon Week 3: A&I 3.2.1.1; 3.2.2.1

Safeguarding Risk Assessment

Using the CBID organisational and program-specific risks to children that you identified in the Brainstorming exercise, prepare a Risk Assessment Table and determine a Risk Rating for each and place these in your Portfolio.

Source: CBM's *Children and Adults-At-Risk Safeguarding Policy*

Activity (Risk Event)	
Effect on Objectives (How would the risk impact project, people and objectives?)	
Impact*	
Likelihood**	
Risk Rating (Impact x Likelihood)	
Mitigation Strategies (List the measures already in place [P] and that you are developing [D] that would prevent or reduce this risk from occurring	
Acceptable Risk? Yes/No	
Risk Owner (Individual responsible for the risk event)	
Timeline (Expected completion date for item)	
Monitoring/Reporting (Reporting timeframes and method)	

Risk Rating		*IMPACT		
		Low	Medium	High
LIKELIHOOD	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium

Tuesday morning, Week 3: PB&RP 1.2.1.2

Example Code of Conduct for CBID Workers

The safeguarding behaviour code is designed to protect children and adults who come into contact with CBID representatives. Adherence to this behaviour code is mandatory. Violation will result in disciplinary procedures that may include legal action. If unsure whether an action may violate this Code, please seek guidance from your local Safeguarding Focal Person.

I, (please insert name) .... acknowledge that I have read and understood the CBID Safeguarding Policy and agree to comply with if and to be responsible for observing the Safeguarding Behaviour Code in my work environment.

In this respect I will:

- Be committed to creating a culture of openness and mutual accountability at the workplace.

- Adhere to the general principles of the UNCRPD21 by respecting the inherent dignity, individual autonomy and independence of persons; non-discrimination, promoting full and effective participation and inclusion of persons in society; respect for differences and acceptance of persons with disabilities as part of human diversity and humanity, promoting equality of opportunity and equality between men and women, promoting accessibility and respect for the evolving capacities of children with disabilities.

- Apply the 'two-adult rule' when conducting any activity with children. This means that another adult (a colleague or child's caregiver) should be present or easily reachable/nearby. In cases when this is not possible, I will inform my Supervisor in the interests of transparency and accountability. Adults should also have the option of having an adult support person if they request.

- Ensure physical contact is at all times appropriate. (It is the responsibility of CBM representatives to understand the cultural contexts in which they work, and to know what culturally appropriate behaviour is).

- Use positive, non-violent methods to communicate and role-model good behaviour to children.

- Adhere to children and adults' consent decisions for taking photographs, filming or writing reports for reporting or public relations work.

- Protect and handle personal data of children and adults with care and ensure third parties who receive this information also respect it.

- Notify my Safeguarding Focal Person or the Global Safeguarding Manager as soon as possible (no later than 48 hours after receiving a complaint/witnessing an incident) about any concerns, allegations and incidents of abuse, neglect and exploitation regarding CBM staff, representatives, programmes and operations.

- Comply with any safeguarding investigation (including interviews) and make available any necessary information.

I will never:

- Hold, fondle, kiss, cuddle or touch children or adults in an inappropriate and/or culturally insensitive way or engage in activities involving close body contact with children or adults beyond the professional requirements.

- Act in ways that may be abusive or place an adult or child at risk of abuse.

- Spend excessive time alone with a child, away from others, behind closed doors or in a secluded area (see 'two-adult rule' above). This does not apply to children to whom one has legal or cultural care responsibility.

- Develop relationships with children or adults-at-risk that could in any way be deemed exploitative or abusive.

- Marry a person below the age of 18, regardless of consent and local custom.

- Make sexually suggestive comments or actions to a child even as a joke.

- Engage in sexual activity or have a sexual relationship with a child, regardless of consent or local custom. Mistaken belief in the age of a child is not a defence.

- Engage in sexual activity or relationship with an adult beneficiary of [CBID] programs because of the inherently unequal power dynamics.

- Assist a child in intimate tasks that he or she can do unaided, unless requested (such as taking them to the toilet, bathing or changing clothes).

- Hit or otherwise physically assault or physically abuse children or adults.

- Act in ways intended to shame, humiliate, harass, belittle or degrade children or adults (perpetrate any form of emotional abuse).

- Discriminate against or favour particular children or adults to the exclusion of others with whom I am working.

- Take a child engaged with CBM programmes alone in a vehicle or other means of transportation unless it is absolutely necessary and with parent/guardian and managerial consent.

- Invite adults with whom I am in a professional relationship or unaccompanied children into private residences, unless they are at immediate risk of injury or in physical danger.

- Sleep in same room or bed with children unless absolutely necessary (for example, in crisis situations or emergency shelter situations), in which case I must inform my supervisor, and it should be ensured that another adult is present if possible. Note that this does not apply to an individual's own children or children for whom they have legal or cultural care responsibility.

- Condone, or participate in behaviour with children or adults that is illegal, unsafe or abusive, including being part of harmful traditional practices (like female genital cutting).

- Exploit children or adults for their labour (for example, domestic servants, casual labourers) or for sexual purposes (for example, prostitution)24 or trafficking. Note that the definition of child domestic work (house help) does not include occasional babysitting, gardening, help with house chores during out of school time.

- Use any computers, mobile phones, video cameras, cameras or social media to exploit or harass children or adults, or access child exploitation material through any medium.

- Give or allow children to use illegal drugs, alcohol or restricted substances or encourage their use.

Location and date: Signature:

Tuesday morning, Week 3: PB&RP 1.2.2.1

CBID Report Form

Date:

Key personnel in the event:

Reported by;

8.   Purpose, sequence of events, situation:

9.   Interpretation of the significance of the event or situation:

10.   Comments on observations including facts or results of a quick assessment:

11.   Likely outcomes on the future course of action:

12.   Recommendations as an action plan for future course of action and reference:

13.   Any other concluding remarks:

Wednesday morning, Week 3: PB&RP 2.3.1.1

Five Moral Elements of Empowering Relationships (Tronto, 1994)

Empowering relationships are exemplified by five moral elements:

1. Attentiveness (recognizing the needs of others, suspending one's own goals, ambitions, plans of life, and concerns in order to recognise the needs of others)

   - *A proclivity to become aware of need*

2. Responsibility (looking beyond obligation or legal duty to the importance of caring for those who need support)

   - *A willingness to respond and take care of need*

3. Competence (provision of care leading to needs being met)

   - *The skill of providing good and successful care*

4. Responsiveness (ensuring that care needs have been met from the perspective of the person receiving care)

   - *Consideration of the position of others as they see it and recognition of the potential for abuse in care*

5. Integrity (the significance of all of the above elements interlinking in order for 'good' care to be achieved).

Tronto J (1994). *Moral boundaries: A political argument for an ethic of care.*
New York, NY: Routledge, 126-136.

Tuesday afternoon, Week 3: ICD 2.1.2.1

Questions to support Catalytic Storytelling by Role Models with Disability

● What was the situation like at the beginning?

● How did the sense of empowerment and self-determination grow?

● What was achieved by combined effort?

● What were the kinds of obstacles encountered?

● How were the obstacles overcome?

● How have you maintained your sense of agency and confidence to bring about change?

● What is the ideal role of the CBID fieldworker in supporting people with disability to bring about needed change?

Tuesday afternoon, Week 3: ICD 2.1.2.2

Learning Journal: Exercise 7

Situation (Date, Subject, Session Number and Name):
ICD 2.2.1.2: Practicing Resource Appraisal

Task:

Consider the training centre campus or CBID organisation and record its features, assets and resources

Thoughts and Reflections:

How did you gather the information; who did you consult?

Features, assets and resources and where located:

How will you organise your findings in a meaningful way for presentation?

Thursday morning, Week 3: ICD 2.2.1.2

Services and Stakeholders of the Sectors of the CBR Matrix

HEALTH	EDUCATION	WORK	SOCIAL	EMPOWERMENT
Promotion	Early Childhood	Skills Development	Personal Assistance	Advocacy and Communication
Prevention	Primary	Self-Employment	Relationships, Marriage and Family	Community Mobilisation
Medical Care	Secondary and Higher	Wage Employment	Culture and Arts	Political Participation
Rehabilitation	Non-formal	Financial Services	Recreation, Leisure and Sports	Self-Help Groups
Assistive Devices	Lifelong Learning	Social Protection	Justice	Disabled Peoples Organisations

Monday morning Week 4: ICD 4.1.1.2

REHABILITATION COUNCIL OF INDIA

(A Statutory body of the Ministry of Social Justice & Empowerment)
Department of Empowerment of Persons with Disabilities (Divyangjan)

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Community Based Inclusive Development (CBID)