



Certificate in Community Based Inclusive Development (CBID)

Facilitator Guide PHASE TWO

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 (KPA):

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.

¹A notional session length of 90mins 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 Two covers the middle 12 weeks of training, when trainees are considered Advanced Beginners. During this Phase, comprising three weeks of applied input of different kinds and nine weeks of on-the-job training, supervised fieldwork and assignment completion is the predominant mode of learning and the venue is an CBID (RCI-certified) workplace.

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

KPA	Advanced Beginner Standard
<p style="text-align: center;">Inclusive Community Development</p>	<p>At this level, trainees collect data on current access and identify the interplay of factors contributing to different situations of community exclusion, providing arguments to counter negative attitudes beliefs. They are developing the ability to apply the correct statutory provision to different disability situations and to facilitate and link people to appropriate government entitlements, including those at risk and hard to reach. Trainees can describe empowering features of CBID programs and activities and demonstrate an empowering approach in their own practice, including eliciting the insights, leadership, and independent goal setting of people and groups with lived experience of disability. With support, they encourage and persuade village leaders and influential others to improve cross-sectoral inclusion and work alongside them and DPOs in bringing camps, inclusive programs, professional services, and special days to village level. They can plan and complete community mapping that is strategic and thorough in relation to specific needs and actively participate in PRA.</p>

KPA	Advanced Beginner Standard
Assessment and Intervention	<p>At this level, trainees can identify less obvious disability conditions and, with support, select and administer basic assessments that incorporate questions about family assets and strengths. They are able to create reports, identify correct referral pathways, and refer appropriately. They can communicate sensitive information considerately, using learned listening and emotional support strategies and facilitate collaborative planning and goal-setting discussions with the family/ support base. They provide and communicate about available early learning resources and other relevant information in a timely way. Trainees are proficient in providing and training others in basic interventions, including independence in daily living tasks, prescribing assistive devices and technology and simple home modifications, and communicating in other formats.</p>
Professional Behaviour and Reflective Practice	<p>At this level, trainees manage their workload in routine tasks and activities and, with support, adapt work plans when unexpected events arise. They collaborate with other members of the CBID team, actively facilitating and fostering positive team functioning. Trainees demonstrate reliable, responsible, and impartial behaviour, respecting confidentiality and cultural and contextual norms. They take responsibility for their own wellbeing in the role and make use of support that is available. They take advantage of continuing education opportunities.</p>

Learning and Teaching in Phases Two and Three

Workplace-based Learning

Trainees entering Phase Two of CBID training must move from Novice through Advanced Beginner to 'Competent' stage in five months. To meet the challenge of this goal their work experience must have the following features:

- **Work task variety** – both a varied workload and a continued opportunity for new learning,
- **Task-skill match** – both utilising existing knowledge and skills fully, making appropriate task quantity demands, and providing a 'just right' challenge to improve beyond current level,
- **Meaningfulness** – tasks that are relied on by other members of the workplace and contribute to the overall effectiveness of the team,
- **Autonomy** – being given a say in how tasks are carried out and being trusted to complete tasks within their competency alone,
- **Feedback** – regular opportunities to meet with their Placement Trainer and regular written feedback. Research has shown that the learning benefit of work experience is strengthened through guided reflection on it. This has been called the "secret" of high-quality vocational training because of its capacity to foster the three dimensions of knowledge – knowing *that*, knowing *how*, and knowing *why*,²
- **Colleague support** – team members who are happy to 'think out loud' as they solve a problem and who support the CBID enculturation of the trainee,
- Professional competence and considerate behaviour of the Placement Trainer (e.g., encouraging the trainee to find new solutions for mistakes rather than lowering expectations and becoming directive; being interested and available but not over-protective, which slows vocational self-efficacy development). *It is the competence of the Placement Trainer that primarily influences trainee competence development.*

²Hauschildt (2018). A review of methodologies for measuring the costs and benefits of in-company apprenticeship training. International Labour Office Discussion Paper.

Workplace-based Teaching

The requirements of CBID personnel delivering Phase Two/Three CBID training include the following:

- CBID occupational knowledge,
- CBID field experience,
- a personal inclination to the training role,
- a dedication to young people and their development through training,
- though formal qualifications are not essential, some pedagogical training for vocational education and time for systematic reflection on the role is highly recommended,
- while not a necessity, lived experience of disability – personal or in the family, or other sensitising experience of disadvantage or marginalisation is an advantage,
- As 60-80% of Phase Two/Three training is workplace based (3-4 days/week), and requires access to real work situations, Phase Two/Three Placement Trainers should be current CBID staff who train part-time alongside their regular work duties. In order to ensure that an appropriate allocation of their working week is available to their activities as trainer, they should not train more than three trainees at a time

The Placement Trainer functions primarily as a training companion, a coach, a role model whose words and behaviour form a unit, and a “supportive supporter” in the training process. They communicate with the trainee on an equal footing but as still the “knowing one”. As coach, a core process of Placement Trainer work is developing and designing solutions together with the trainee. Forms of learning involving instructive teaching styles and predominantly passive trainees are not suitable for this role and therefore should not be engaged in.

Requirements for Achieving Phase Two

Attendance:

The minimum attendance required is 80 percent for all Theory component work and 90 percent for all Practical components. A completion certificate of all is to be certified by the Principal / Head of the Institution in which the trainee is enrolled.

Assessment processes

Assessment during Phase Two (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, and all must be satisfactorily passed for the Trainee to pass Phase Two 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 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 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.”

ASSIGNMENT TASKS

Three major assignments for the Inclusive Community Development subject are conducted across Phases 2 and 3. The requirements and instructions for these Assignments are provided in the Session Plans. They are:

1. Preparing and running an Advocacy Campaign (Phase Two Block 1) – 4-weeks
2. Conducting a PRA/PLA (Phase Two Block 2) – 4-weeks
3. Conducting a Community Inclusion Project (Phase 3) – 8-weeks.

Assessment at the end of Phase Two (summative assessment)

At the end of Phase Two, 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 Two 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 Two List of Explanatory Notes (EN)

Assessment and Intervention:

- Topic 14:** Case Review with Health Specialists
- Topic 15:** Acceptance of Family
- Topic 16:** Resource Mapping
- Topic 17:** Participatory Planning
- Topic 18:** Family Capacity
- Topic 19:** Communication
- Topic 20:** Certificates & Procedures for Availing Them
- Topic 24:** Interventions at Community Level
- Topic 26:** Child Development

Professional Behaviour and Reflective Practice

- Topic 6:** Reporting Formats
- Topic 11:** Redressal Mechanisms
- Topic 12:** Communication Skills
- Topic 13:** Team Interactions
- Topic 14:** Team Dynamics
- Topic 15:** Managing Negative Responses
- Topic 16:** Reflective Planning
- Topic 17:** Time Management and Timely Reporting
- Topic 18:** Disaster Preparedness
- Topic 19:** Meeting Reports
- Topic 20:** Developing Case Studies
- Topic 21:** Managing Negative Outcomes
- Topic 22:** Emotional Health and Managing Negative Emotions

Inclusive Community Development

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

Topic 5: PRA/PLA

Topic 6: Collaborating with government agencies

Topic 8: Supporting Community Action

Topic 9: Local Leadership and Groups

Phase Two List of Assignments/ Tasks

Phase Two Block 1

ICD

1. Week 5: 2.1.2.2 – Portfolio project (cont.): Documenting catalytic stories
2. Week 5: 3.1.1.2 – Portfolio project: Collecting and interpreting secondary data on government service delivery
3. Week 5: 3.1.2.2 – Assignment – Advocacy campaign and IEC materials
4. Week 6: 2.1.2.2 – Portfolio project: Documenting catalytic stories
5. Week 7: 3.1.1.2 Portfolio project (cont.): Service delivery data collection instrument (development)
6. Week 7: 3.1.2.2 Assignment: IEC materials and Advocacy campaigns
7. Week 8: 3.2.2.2 – Portfolio task: Case studies and stories from data that illustrate government compliance
8. Week 8: 3.1.2.2 – Assignment (cont.): IEC materials and Advocacy campaigns.

A&I

1. Week 5: 2.2.2.2 Group hurdle – Screening local community (setting up for Wk 6)
2. Week 5: 2.4.1.1 – Portfolio project: Case review using Case Record Proforma
3. Week 5: 2.4.2.1; 2.4.2.2 - Hurdle task – Acceptance of disability in the family
4. Week 5: 2.5.1.1; 2.5.2.1 - Journal task – Strength-based methods – Resource- and eco-mapping with the family
5. Week 6: 2.1.2.2 – Hurdle task – Setting up good working relationships

6. Week 6: 2.2.2.2 – **Hurdle task** – Screening survey of local community
7. Week 7: 2.5.1.2 **Portfolio project**: Mapping an individual's and family's support network (eco-map)
8. Week 7: 2.5.2.2 **Portfolio project**: Mapping resources for rehab needs (resource map)
9. Week 8: 2.6.2.1 – **Hurdle task** – Engaging parents with other stakeholders.

PB&RP

1. Week 5: 1.2.3.1 – **Portfolio project**: Redressal mechanisms – Roles of child protection agencies
2. Week 5: 1.3.3.1 – **Journal task** – Communication skills
3. Week 5: 1.3.2.1 – **Journal task** – Team interactions
4. Week 6: 1.2.3.2 – **Portfolio project**: PRACTICUM (Visits) and filing redressal documentation
5. Week 7: 1.3.3.3 **Group hurdle** – Communication skills: preparing to present community health messages
6. Week 8: 1.2.2.2 – **Hurdle task** – Checking-in on confidentiality.

Phase Two Block 2

ICD

1. Week 9: 2.2.4.1 **Assignment – PRA**: Introduction; visual tools; writing a work plan
2. Week 10: 2.2.4.1 **Assignment – PRA cont.**
3. Week 11: 2.2.4.1 **PRA assignment cont.**
4. Week 12: 2.2.4.1 **PRA assignment cont.**

A&I

1. Week 9: 3.2.2.2 **Hurdle task** – Completing certification
2. Week 9: 3.3.1.3 **Portfolio** – Referral pathways – resource directory to support access to rehabilitation
3. Week 11: 3.3.1.3 **Portfolio (cont.)** – Rehab resource directory and referral pathway
4. Week 12: 4.8.1.1 **Portfolio** – Ongoing and summative evaluations of progress from intervention
5. Week 12: 4.2.1.2 **Hurdle** and **Journal** – Using developmental delay checklist with a typically developing child

Phase Two Block 3

A&I

1. Week 13: 4.4.2.1 **Hurdle** – ADL tasks – task analysis
2. Week 14: 4.3.1.2 **Portfolio** – ADIP form for fitting and training assistive and rehab devices
3. Week 15: 4.8.1.2 **Portfolio** – Conducting and filing ongoing and summative evaluations
4. Week 15: 4.4.2.2 **Hurdle** – Demonstrate teaching of ADL skills
5. Week 16: 4.4.2.2 **Hurdle cont.** – Teaching ADL skills.

ICD

1. Week 13: 3.2.1.3 **Assignment** – Writing to government officials
2. Week 13: 3.2.3.2 **Assignment** – Government compliance gap analysis
3. Week 13: 4.1.1.2 **Assignment** – Theory of change
4. Week 13: 4.1.2.1 **Journal task** – Facilitating empowerment
5. Week 13: 4.1.2.3 **Journal task** – Evaluating and reporting empowerment
6. Week 13: 4.1.2.2 **Assignment** – Catalytic storytelling
7. Week 14: 3.2.1.3 **Assignment cont.** – Writing to government officials
8. Week 14: 3.2.3.2 **Assignment cont.** – Government compliance gap analysis
9. Week 14: 4.1.2.3 **Journal cont.** – Evaluating and reporting empowerment
6. Week 15: 4.2.1.2 **Assignment** – Developing a guidebook of local agencies
7. Week 16: 4.2.2.1 **Journal** – Responding to challenges of working together
8. Week 16: 4.2.2.2 **Journal** – Documenting conversations responding to challenges.

PB&RP

1. Week 14: 2.3.1.2 **Hurdle** – Preparing forms for various record keeping purpose
2. Week 16: 2.3.3.2 **Portfolio** – Developing case studies – obtaining consent.

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.

Level of minimum competency to practice																				
Justifies proposed adjustments/changes to community infrastructure/practice using the legislation	Negotiates for the benefit of all, utilizing unwritten ground rules of different groups	Obtains necessary directives from authorities (e.g., the Taluk)	Addresses multiple factors inhibiting community participation	Convinces the community to actively contribute from its own resources	Supports the DPO to conduct inclusive programs and special days/events	Interacts on one's own Block level to persuade leaders to engage in inclusive development	Supports and models to other CBID trainees how to interact persuasively with leaders	Reports on compliance at the village level	Facilitates connect with other relevant key stakeholders	Models leadership skills to potential leaders	Brings out and develops latent leadership skills in others	Trains outside service providers about general disability needs and their responsibilities	ABOVE STANDARD: Promotes CBID beyond the community; facilitates changed legislation and government practice	41-46						
Compares different community perspectives on disability and inclusion	Develops arguments to counter negative community attitudes and outlook	Identifies the interplay of [socio-economic/gender/religiosity] factors impacting situations	Participates in PRA with support	Guides community through PRA (mapping)	Plans and maps strategically (e.g., considers less obvious stakeholders such as schools)	Persuades/makes a case for a family/individual to join in community life	Encourages families to use their existing (own) resources	Participates in the organization of inclusive programs and special days	Observes and describes persuasive interactions with leaders	Explains relevant support provision schemes, programs, and documents	Trains close community members to better connect/interact with people with a disability they know	Instructs families in ways to support their member with a disability	NOVICE: Demonstrates awareness of basic principles and functions of CBID; shares accurate information about inclusion, rights, and entitlements with individuals and families	1-12						
Explains the impact of backgrounds on the experience of disability and inclusion	Applies the correct statutory provision and procedure to the situation	Explains factors that contribute to and hinder inclusion of persons with disabilities by communities	Explains some relevant statutory laws, provisions, and their connections	Defines barriers to and principles of inclusion in the community	1.1 Understands community development and CBID	1.2 Understands statutory provisions	1.3 Understands background differences and their impact	2.1 Establishes necessary community connections	2.2 Understands community resources	2.3 Lists main stakeholders in the village	2.4 Motivates individuals and families to join groups	2.5 Organizes inclusive programs and special days	2.6 Argues for inclusion with community leaders	2.7 Shares relevant information and documents compliance	2.8 Supports formation of groups and DPOs	2.9 Identifies potential leaders	2.10 Sensitizes and trains others	3 WORKS WITH GOVERNMENT AGENCIES	4 SUPPORTS COMMUNITY LEADERSHIP & ACTION	Inclusive Community Development – Rubrics and Scoring Guide

Level of minimum competency to practice														
Identifies mental illness	Factors in all circumstances that might be impacting assessment accuracy	Analyses one's own behaviour and adjusts it to further empower individuals and families	Interprets and incorporates findings about individual and family strengths into the plan	Facilitates camps and campaigns to bring professional services to village level	Adapts reports to meet new requirements	Advocates for community-wide adoption of universal design physical access principles and practices	Provides interpretation of data/ results in reports	Facilitates greater physical access in the community	Trains other stakeholders in the community	Problem-solves to overcome family resistance to improving independence	Seeks to expand beyond basic proficiency in different communication means	27-39	<p>ABOVE STANDARD: Extends the possibilities of community-based rehabilitation, responds creatively from thorough knowledge</p> <p>COMPETENT: 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</p> <p>ADVANCED BEGINNER: 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</p> <p>NOVICE: Supports basic aspects of CBD work; provides instruction and advice to individuals and families; corrects wrong understandings of disability</p>	40-44
Names and describes the 21 disabilities under the RPD Act 2016		Facilitates collaborative decision-making in the family	Identifies and refers people at risk and hard to reach	Identifies correct referral pathways and refers appropriately	Completes complex reports	Suggests home modifications to improve physical access	Facilitates family resources/ usefulness in using what is locally available to foster development and learning	Trains in use of assistive technology	Builds capacity in family members to facilitate greater personal independence	Independently facilitates independence in activities of daily living	Communicates one-step information in other formats as required	14-26	<p>ADVANCED BEGINNER: 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</p> <p>NOVICE: Supports basic aspects of CBD work; provides instruction and advice to individuals and families; corrects wrong understandings of disability</p>	1-13
Knows what factors cause disability and what don't	Completes basic checklist as instructed	Acts in a directive, task-oriented manner in dealings with individuals and families with disability	Knows of the strength-based approach	Ensures Disability Certification/ UDD	Documents basic information using prescribed format	Follows through on physical therapist's suggested activities	Encourages social participation by the family in the community	Trains family members in simple techniques	Assists in facilitating independence in activities of daily living	Assists in facilitating independence in activities of daily living	Describes and gives examples of different forms of communication		<p>1.1 Understands disability conditions</p> <p>1.2 Differentiates between disabilities</p> <p>2.1 Performs functional assessment</p> <p>2.2 Communicates assessment findings</p> <p>2.3 Supports family to set goals and plan</p> <p>2.4 Identifies assets, capabilities and strengths</p> <p>3.1 Links people to specialist services</p> <p>3.2 Writes reports</p> <p>3.3 Facilitate linkage/referral</p> <p>4.1 Enhances movement & physical capabilities</p> <p>4.2 Enhances social, emotional & cognitive development</p> <p>4.3 Trains in using assistive devices</p> <p>4.4 Enhances personal independence</p> <p>4.5 Uses different communication methods</p>	Assessment and Intervention – Rubrics and Scoring Guide
1 UNDERSTANDS DISABILITY			2 UNDERTAKES ASSESSMENT AND PLANNING			3 FACILITATE LINKAGE/REFERRAL			4 PROVIDE MULTISECTORAL INTERVENTION					

Phase Two Block 1 Timetable

		Week 5	Week 6	Week 7	Week 8
MONDAY	am	2.1.2.2 (Setup) the task to approach a family and set up a good working relationship 2.2.2.2 (Setup) Door-to-door screening survey	2.1.2.2 Establishing good working relationships with families	2.4.2.2 PRACTICUM Observing meal-time interaction of family with a disability	2.6.1.2 Completing an IFSP for the same family and select a goal
	pm	2.1.2.2 Supporting empowerment through catalytic storytelling 2.2.3.2 (Setup) reporting on a meeting 3.2.1.1 (input) enlisting frontline officers 3.2.1.2 (input) Event management and letter writing skills	2.1.2.2 Documenting catalytic stories cont.	2.2.3.2 Attending a community meeting and documenting its effectiveness in bringing about participation of all stakeholders	3.1.2.2 Time allocated for designing an advocacy campaign
TUESDAY	am	1.1.1.2 (Setup) Roles and responsibilities of CBID workers 1.2.1.2 Workplace laws and policies (Setup) 1.2.3.2 (Setup) Visits 1.2.3.1 (input) Redressal mechanisms	1.2.3.2 Visits to understand redressal mechanisms	1.3.3.2 (cf. to A&I 2.2.2.2) Communication skills 1.3.3.3 Alternative communication	1.3.4.1 (input) Team dynamics 1.3.4.2 Practicing team interactions
	pm	3.2.2.1 (input) Reviews PRIs and administrative structures and departments	2.1.2.2 Documenting catalytic stories cont.	3.1.1.2 (cont). Developing the service delivery data collection instrument	3.1.2.2 Time allocated for designing an advocacy campaign
WEDNESDAY	am	1.3.3.1 (input) Communication skills 1.3.2.1 (input) Interacting well in teams 1.3.2.2 (Setup) Significant interactions	1.2.3.2 Visits to understand redressal mechanisms cont.	1.3.3.3 Communication skills cont. (in-class practice)	2.2.1.1 (input) Managing negative outcomes
	pm	2.4.1.1 Case review and facilitating the family to participate 2.4.2.1 Assessing acceptance of a PWD within the family	2.2.2.2 Screening for disability survey and feedback to placement trainer (group task)	2.5.1.2 Mapping a person and family's support network (ecomap)	2.6.2.1 Engaging parents in participatory experiences with other stakeholders
THURSDAY	am	3.1.1.2 (input) Collecting and interpreting secondary data on service delivery	2.1.2.2 Documenting catalytic stories cont.	3.1.2.2 Time allocated to collecting IEC materials	3.2.2.2 Develop case studies and stories from data illustrating compliance to service delivery requirements of the government
	pm	2.5.1.1; 2.5.2.1 Resource and ecomapping with the family	2.3.2.1; 2.3.2.2 Sharing and storing screening results responsibly and PRACTICUM	2.5.2.2 Mapping resources for rehab needs	2.6.2.1 Engaging parents in participatory experiences cont.
FRIDAY	am	3.1.2.1 (input) Advocacy campaigns 3.1.2.2 IEC materials	2.1.2.2 Documenting catalytic stories cont.	3.1.2.2 cont. Collecting IEC materials	The week concludes with presentations and debrief all together: • A&I 2.4.2.2 Discussion of the role of the family (cf.to Phase One ICD 1.1.2.1/ 1.1.2.2) • PB&RP 1.1.3.2 Discuss changes in understanding across this block • PB&RP 1.3.2.2 Team interactions • ICD 3.1.2.2 Presenting advocacy plan
	pm	2.6.1.1/ 2.6.2.1 Developing an IFSP and supporting goal achievement	2.4.1.2 Participating in a multi-disciplinary case review and recording impressions	2.5.1.2/ 2.5.2.2 – complete eco- and resource maps	

Phase Two Block 1 Session Plans

Week 5

Week 5	Phase Two Block 1 Week 1 In-field – Input week	
	AM	PM
MONDAY	<p>2.1.2.2 (Setup) the task to approach a family and set up a good working relationship.</p> <p><i>In your first placement block you will</i></p> <ul style="list-style-type: none"> • observe how your placement trainer approaches a family, • approach a family under supervision, • write a journal entry on your experience and list the roles you observed – this latter relates to PB&RP 1.1.1.2 – Roles and responsibilities of the CBID worker) <p>2.2.2.2 (Setup) Door-to-door screening survey (Group hurdle)</p> <p><i>During this next block you are going to complete a door-to-door survey for screening (one village/ four trainees) ...</i></p>	<p>2.1.2.2 Continuing to appreciate the effects of empowerment on self-determination, perseverance, resilience and success.</p> <p><i>Following on from Week 3, in this first block you will</i></p> <ul style="list-style-type: none"> • continue to meet empowered advocates and hear and report about stories of success and how they are used to catalyse action elsewhere • report these stories creatively as part of the portfolio assignment <p>2.2.3.2 (Setup) task of reporting on a meeting in terms of participation of people with a disability.</p> <p><i>In Phase one trainees developed a set of indigenous guidelines for supporting participatory approaches for their own local setting. This block you will</i></p> <ul style="list-style-type: none"> • attend a community meeting as an observer, • write a report of its effectiveness in terms of supporting participation <p>3.2.1.1 Identifying and enlisting frontline officers (input)</p> <p>3.2.1.2 Meeting and event management guidelines and letter writing skills (input)</p>

Week 5	Phase Two Block 1 Week 1 In-field – Input week	
	AM	PM
TUESDAY	<p>1.1.1.2 (Setup) Roles and responsibilities of CBID workers <i>You are to make a journal entry about the roles and responsibilities of CBID workers that you observe during A&I 2.1.2.2 and ICD 2.1.2.2</i></p> <p>1.2.1.2 Workplace laws and policies (Setup) <i>We discussed these in Phase One. During your upcoming block placement, you are to note at least one situation where enforcement of law or policy was required – note the situation and how it can be resolved</i></p> <p>1.2.3.1 (input) Redressal mechanisms 1.2.3.2 (Setup) Visits <i>In the first block placement you will make visits to:</i></p> <ul style="list-style-type: none"> ● State Commissioner’s Office, ● District Child Protection Units, ● Block/ Village Child Protection Committees / Childline centres, ● Women’s commission (2 half days) <p><i>You will complete a report about the role of these entities and file their details in your Portfolio</i></p>	<p>3.2.2.1 (input) Reviews PRIs and administrative structures and departments</p>
WEDNESDAY	<p>1.3.3.1 Communication skills (input) Interacting well with people with a disability and families, the community, and your team (Journal) 1.3.2.1 (input) Team interactions (Journal) 1.3.2.2 (Setup) Significant interactions <i>During your placement, record in your study journal interactions of significance that you have had – difficult and positive and choose one to reflect on with your peers and placement trainer. This reflective discussion will take place at the end of the first block placement</i></p>	<p>2.4.1.1 Case review and facilitating the family to participate in the rehab process ... <i>You will participate in a multi-disciplinary case review and record your impressions on the Case Record Proforma (Portfolio)</i></p> <p>2.4.2.1; 2.4.2.2 (Setup) Assessing acceptance of a PWD within the family... <i>In the first placement block you will observe a person in their family and the level of acceptance of different members. (Hurdle)</i></p>

Week 5	Phase Two Block 1 Week 1 In-field – Input week	
	AM	PM
THURSDAY	<p>3.1.1.2 (input). This is the second session on the Panchayat Raji system of government. The focus is on collecting and interpreting secondary data on service delivery.</p> <p><i>In the upcoming first block placement:</i></p> <ul style="list-style-type: none"> • Trainees will develop a format for collecting service delivery data (Portfolio) 	<p>2.5.1.1; 2.5.2.1 (Setup) Strength-based methods – Resource and eco-mapping with the family</p> <p><i>You will also help the family identify their support networks and resources to help their rehab needs. (Journal)</i></p>
FRIDAY	<p>3.1.2.1 (input session) Advocacy campaigns. This session discusses advocacy campaigns and the IEC materials needed for successful local advocacy.</p> <p>3.1.2.2 During this session trainees will begin to gather/ develop important IEC materials for their Advocacy campaign which will continue in the first block placement (Assignment)</p> <p>3.1.2.2 (Setup)</p> <p><i>In the first block session you will continue developing IEC materials and be given time to design an advocacy plan</i></p>	<p>2.6.1.1/ 2.6.2.1 (Setup) Developing an IFSP and supporting community participation...</p> <p><i>Finally, in this first block you will set up an IFSP for a family and support them to engage in the community</i></p>

Phase Two Week 5

A&I

- 2.1.2.2 Setting up good working relationships
- 2.2.2.2 **Hurdle task (group)** – Screening survey of local community (setup for Wk 6)
- 2.4.1.1 **Portfolio project:** Case review using Case Record Proforma
- 2.4.2.1; 2.4.2.2 **Hurdle task** – Acceptance of disability in the family
- 2.5.1.1; 2.5.2.1 **Journal task** – Strength-based methods – Resource- and eco-mapping with the family
- 2.6.1.1; 2.6.2.1 Developing an IFSP

PB&RP

- 1.1.1.2 Roles and responsibilities of CBID workers
- 1.2.3.1 **Portfolio project:** Redressal mechanisms – Roles of child protection agencies
- 1.2.3.2 PRACTICUM (Visits) – setting up for Wk 6
- 1.3.3.1 **Journal task** – Communication skills
- 1.3.2.1 **Journal task** – Team interactions
- 1.3.2.2 Significant interactions

ICD

- 2.1.2.2 **Portfolio project (cont.):** Documenting catalytic stories
- 2.2.3.2 Participatory meetings
- 3.2.1.1 Enlisting frontline government officers
- 3.2.1.2 Meeting and event management guidelines and letter-writing
- 3.2.2.1 Reviews PRIs and administrative structures and departments
- 3.1.1.2 **Portfolio project:** Collecting and interpreting secondary data on government service delivery
- 3.1.2.1 Advocacy campaigns
- 3.1.2.2 **Assignment** – IEC materials for advocacy campaigns

A&I UNIT TWO: Assessment and Planning; MODULE 1: Establishes Positive Working Relationships; Topic 2: Strategies for Approaching Families and Establishing Good Working Relationships

Session 2.1.2.2: Adapting strategies to achieve good working relationships			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be familiar with important ethical aspects of approaching a family and establish a good working relationship			
Time	Content	Activities	Resources
	Practicum	<p>Explain that trainees will be establishing working relationships with families when they go to the field and will need to be respectful and ethically responsible in how they approach them and relate.</p> <p>In Wk 6 trainees will meet a family under supervision, write a report on their experience and discuss how they went with their placement trainer</p>	<p>Refer to Tronto's (1994) ethic of care and five moral elements of empowering relationships</p> <p>Appendix 20</p>

References:

- <https://iep.utm.edu/care-eth/> (Care Ethics – discusses Tronto)

A&I UNIT TWO: Assessment and Planning; MODULE 2: Selects and Administers Appropriate Checklists Within Scope of Role; Topic 2: Checklists – Adaptation and Use

Session 2.2.2.2: Screening for disability in the local community			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees become ready to conduct a disability screening survey in the local area			
Time	Content	Activities	Resources
	Group hurdle	<p>Preparing to conduct a door-to-door survey for screening with allotment of one village to 4 CBID workers. In Wk 6, trainees will conduct a survey and complete the process of screening under supervision</p>	Screening survey

References:

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

A&I UNIT TWO: Assessment and Planning; MODULE 4: Communicates and Discusses Results and Findings; Topic 1: Case Review Processes and Facilitating Family Participation

Session 2.4.1.1: Case Review with Multidisciplinary Team			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Understands the process of Case review and how to facilitate the family to participate in the rehab process			
Time	Content	Activities	Resources
	Introduction to case review	PPT Presentation	The detailed Case Record Proforma of the PWD**
	Introduction to demographic data format	Reading of Demographic Data Format to be Attached	Detailed Case Record Proforma
	Common presenting complaints or concerns in the community	List of the common Complaints whenever they will come across in the community Discussion	Detailed Case Record Proforma
	Introduction to case history sheet	to Read Detailed Case History	Proforma
	Appropriate terminologies and images to refer to the conditions	Screening and Assessment Check list	Case Record Proforma
	Assessments and findings	Disability Classification List Revision	Case Record Proforma
	Summary and Recommendation	Group Discussion with Multi-disciplinary Team List of Open-ended Question File the Case Record Proforma in the Portfolio	Case Record Proforma

References

- https://www.researchgate.net/publication/319304595_A_Multidisciplinary_Approach_to_the_Assessment_and_Management_of_Pre-school_Age_Neuro-developmental_Disorders_A_Local_Experience
- *EN Topic 14: Case review with multidisciplinary team*

Notes:

** This Case Record Proforma should be provided as an **Appendix** in the Trainer's Handbook

A&I UNIT TWO: Assessment and Planning; Session Plan: MODULE 4: Communicates and Discusses Results and Findings; Topic 2: Assesses Level of Family Acceptance

Session 2.4.2.1: Acceptance of disability in the family			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will explore ways of assessing level of acceptance of a PWD within the family			
Time	Content	Activities	Resources
	Mechanisms for Understanding the PWD and caregiver Interaction	1. Build a Bridge Activity to understand Family and PWD An Interactive Session	Laptop Flip Chart
	Introduction to Families as Advocates	2. Host an open house In the classroom and implementing on the community Using the reference of other families' experiences, especially in relation to raising a child with a disability,	
	Types of family Participation	Collaborative Mealtime Play Time	

References

- <http://downloads.hindawi.com/journals/tswj/2007/781341.pdf>
- *EN Topic 15: Acceptance of family with person with disability*

A&I UNIT TWO: Assessment and Planning; Session Plan: MODULE 4: Communicates and Discusses Results and Findings; Topic 2: Assesses Level of Family Acceptance

Session 2.4.2.2: Determining family acceptance of disability			
Phase Two; Session Number:			
Session Duration: Half-day (2x90mins)			
Learning Outcomes to be Achieved: Trainees assess level of acceptance of PWD in the family			
Time	Content	Activities	Resources
	Briefing at the office	Discussion about the morning and trainee responsibilities	List of points for trainee to look for
	Visit family, including mealtime	Trainee observes the child in the family, participates in a playtime, assists CBID fieldworker in discussion with the family – answering questions, ascertaining wellbeing and understanding of disability; shares a mealtime and observes how managed	Perhaps a playtime activity has been devised by the trainee, or by the manager with assistance of the trainee
	Debriefing at the office	Trainee discusses with the manager, or completes a report, assessing the family's strengths, needs, wellbeing, and level of acceptance (Hurdle task)	Form for trainee to fill in or set of questions for manager to ask Appendix 24

A&I UNIT TWO: Assessment and Planning; MODULE 5: Analyse Needs Using Collaborative and Strengths-Based Approaches; Topic 1: Mapping Family Support Networks

Session 2.5.1.1: Strength based methods: Eco-mapping			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees discuss eco-mapping that identifies support networks of the client			
Time	Content	Activities	Resources
	Introduction	Present a case study where this approach has been practiced and in small groups, the trainees determine what is different in the transaction between the family and worker	Print out of the case study, digital copy of the case study, chart papers, markers
	Definition Principles, advantages and disadvantages of the approach	Presentation on definition and principles Big group discussion: advantages and disadvantages of this approach	Laptop, LCD
	Introducing Strength based interventions		Laptop, LCD
	Identifying support network: introduction to Eco mapping Components of eco-map Steps to create an ecomap	Presentation on ecomap, components and process of drawing one Model an example as a big group	Laptop, LCD, copies of example ecomap
	Creating an ecomap	In groups of 3-4, create an ecomap for member of the group	Chart papers, markers

Reference

- <https://pdfs.semanticscholar.org/bdde/f8b994c621f3d3e6b20e34f0526adc117e05.pdf>
- **EN Topic 16: Resource mapping**

A&I UNIT TWO: Assessment and Planning; MODULE 5: Analyse Needs Using Collaborative and Strengths-Based Approaches; Topic 2: Mapping Resources for Rehabilitation Needs

Session 2.5.2.1: Strength based methods – Resource mapping			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees discuss resources for rehab needs for PWDs			
Time	Content	Activities	Resources
	Introduction to re-source mapping: Definition, determining resources to map	Presentation on definition and steps	Laptop, LCD
	Resource mapping	Case study: determine in groups of 3-4, what resources will you map for this particular individual or family and how will you go about it?	Learning Journal Exercise 8 Appendix 25

References

- <https://www.wvi.org/sites/default/files/Mapping .pdf>

A&I UNIT TWO: Assessment and Planning; MODULE 6: Supports Realistic and Aspirational Planning and Goal setting; Topic 1: IFSP Development that Engages and Empowers

Session 2.6.1.1: Developing an individualized family support plan (IFSP)			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be able to develop an IFSP in consultation with all stakeholders with the family assuming complete responsibility of the PWD.			
Time	Content	Activities	Resources
	What is already known about IFSP?	Discussion	
	IFSP Meaning Need Services Who are involved; Family, Therapists, Doctors, Early interventionists, PWD, social workers? Role of each stakeholder Role of family to take responsibility of the PWD Mapping of concerns, priorities and resources of the family Process of IFSP	Ppt presentation Case discussions to Identify people to be involved in an IFSP	Laptop Cases
	Format of IFSP	PPT presentation Preparation of IFSP based on cases given	Laptop Cases
	Evaluation	Learner will be able to prepare an IFSP after discussion with all stakeholders (under supervision) (Hurdle)	IFSP proforma needed – the IFSP template from ectacenter.org described in the References below is a very detailed form, which will need to be adapted for the Indian CBID context

References:

- <https://www.understood.org/en/learning-attention-issues/treatments-approaches/early-intervention/ifsp-what-it-is-and-how-it-works>
- <https://ectacenter.org/eco/assets/pdfs/MDIFSPForms Rev%20Aug2011.pdf>
- **EN Topic 17: Participatory planning**

A&I UNIT TWO: Assessment and Planning; MODULE 6: Supports Realistic and Aspirational Planning and Goal setting; Topic 2: Facilitating Goal-Achievement by the Family

Session 2.6.2.1: Family ability and efficacy to achieve the goal –Supporting IFSPs			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be able to facilitate the individual and family to work with others to achieve goals			
Time	Content	Activities	Resources
	Meaning of family efficacy Family ability Family capacity	Ppt presentation Mind map to demonstrate family needs and resources Case discussions to identify needs, beliefs, and resources of a family	Laptop Cases Charts
	Role of CBID worker as a liaison person with other stakeholders (Eco map of a family if already made can be used here)	Brainstorming Discussions	Cases

References:

- <https://www.uky.edu/~eushe2/Bandura/Bandura2011AP.pdf>
- [http://www.puckett.org/presentations/FamCapacity Build I 2014 Adelaide.pdf](http://www.puckett.org/presentations/FamCapacity%20Build%20I%202014%20Adelaide.pdf)
- **EN Topic 18: Family capacity**

PB&RP UNIT ONE: Fulfil Roles, Expectations and Responsibilities; MODULE 2: Works Legally and Ethically; Topic 3: Redressal Mechanisms (1.2.3.2 Wk 6)

Session 1.2.3.1: Redressal mechanisms; covers three sub-topics: 1) Knowledge of Child protection cells; 2) Commissions for Persons with Disabilities; 3) Other Grievance mechanisms			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: will help the trainee to discover the local redressal mechanisms available and how to access them			
Time	Content	Activities	Resources
	Redressal Mechanisms - need Differentiating: <ul style="list-style-type: none"> ● Dissatisfaction ● Complaint ● Grievances Definitions Forms of grievances Types of grievances Effects of grievances	Introduction PowerPoint presentation to bring conceptual clarity on grievance, its types and effects, and the need for grievance mechanisms	LCD projector and screen Flipchart White board
	Grievance handling systems in India Grievance redressal procedure E-Courts Mission Mode Project and District legal service authority Free legal aid	PowerPoint presentation to trainees with key points related to the different redressal mechanisms in the country and in particular to children and adults with disabilities Group work: discussion on few case histories	LCD projector and screen Flipcharts Pens Papers Post-its
	Office of the Chief and State Commissioners for Persons with Disabilities – roles, responsibilities District Child Protection Units; Committees at the District, Block and Village level for Child Protection Childline India Grievance redressal with the National Trust Women’s Commission – complaints and legal cell	Powerpoint presentation Group work: reading the Act, organisational policy and understanding what it means to the CBID worker Portfolio – filing the grievance handling systems and organisation responsible in India	LCD projector and screen Flipcharts Pens Papers Post-its

References:

- Childline: <https://childlineindia.org.in/>
- Free legal aid: <https://districts.ecourts.gov.in/mahendragarh/legal-aid>
- National Trust: <http://thenationaltrust.gov.in/content/innerpage/grievance-redressal.php>
- Legal rights of persons with disabilities in India: <http://vikaspedia.in/education/parents-corner/guidelines-for-parents-of-children-with-disabilities/legal-rights-of-the-disabled-in-india>
- Office of the Commissioner for persons with disabilities: <https://www.india.gov.in/official-website-chief-commissioner-persons-disabilities>; <http://www.ccdisabilities.nic.in>
- Women’s Commission: <http://www.ncw.nic.in/ncw-cells/complaint-investigation-cell>
- **EN Topic 11: Redressal mechanisms**

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 3: Works Effectively in a Team; Topic: 3: Communication Skills

Session 1.3.3.1: Communication Skills			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees can explain what communication is, give examples for the types of communication, distinguish between good and bad communication and extract principles of good communication.			
Time	Content	Activities	Resources
	<u>Introduction:</u> Listening Clarity Feedback Communication important: - Within team - With clients / families - With community leaders - To mobilise community - To speak up for clients	1. Either facilitators or students to enact an incident showing poor communication. Then ask the class what went wrong. 2. Brainstorm what are the elements of good communication. 3. Ask why good communication is important in role of CBID Worker	Whiteboard
	<u>What does communication involve?</u> Communicator Recipient/s Message Channel Feedback	Use PowerPoint	Laptop and Projector
	<u>Types of Communication:</u> One –way/ 2 way Face to face/ Long distance Written /Spoken /electronic Verbal/non-verbal	PowerPoint	Laptop and Projector
	<u>Principles of good Communication</u> Complete Clear Concise (short and to the point) Courteous (respectful) Correct Concrete (specific not vague) Consideration (for the emotional responses of the receiver/s) Language Wait for feedback	<u>Group Discussion:</u> Discuss what you observed in the community about good communication. <u>Facilitator to cover the principles if not covered in above exercise.</u>	Hand-out with discussion topic

Time	Content	Activities	Resources
	<p>Special considerations when communicating with persons with disability: (from CBM)</p> <p>A warm Smile.</p> <p>Touch is a very effective communicator of love, concern and understanding.</p> <p>Use “people-first” language when referring to someone with a disability. “He is a boy with autism, rather than he’s an autistic boy”.</p> <p>Always speak directly to the person with the disability. Do not speak to the interpreter or aid as a ‘go-between’.</p> <p>Don’t be afraid to use the words “see”, “look”, “walk” or “listen”.</p> <p>People with disabilities are comfortable with these words. Don’t assume that people with speech, sight or hearing impairments have intellectual impairments.</p> <p>Raising your voice to a blind person or someone in a wheelchair or who has Down syndrome is unnecessary. Only a person with hearing loss has hearing loss!</p> <p>Avoid words that are judgmental or that lead to pity or sympathy; rather use words that reflect respect and acceptance.</p> <p>Talk to people with disabilities as equals. After all, they are.</p> <p>Do not have a conversation with others as if the person with a disability were not present. Allow opportunity for mutual interaction.</p> <p>Do not give excessive praise or attention to a person with a disability. It feels patronizing and makes them uncomfortable.</p>	<p><u>A story or even a person with disability who can come to the class and explain these.</u></p>	<p>Story</p>
	<p>Barriers to Communication</p> <p>The use of jargon.</p> <p>Emotional barriers and taboos.</p> <p>Lack of attention, interest, distractions, or irrelevance to the receiver.</p> <p>Differences in perception and viewpoint.</p> <p>Physical disabilities such as hearing problems or speech difficulties.</p> <p>Physical barriers to non-verbal communication.</p> <p>Language differences and the difficulty in understanding unfamiliar accents.</p> <p>Expectations and prejudices which may lead to incorrect conclusions.</p> <p>Cultural differences.</p> <p>Environmental – too hot, too cold, too much noise</p>	<p>Think – Pair – Share</p> <p>Think individually about some barriers that they have experienced.</p> <p>Pair – discuss with the neighbour</p> <p>Share – relevant points with the whole group.</p>	<p>Notebooks and pens</p> <p>Whiteboard</p>
	<p><u>Lines of Communication within the Team</u></p>	<p><u>Explain</u> using the field experience gained and /or PowerPoint what the lines of communication are.</p>	<p>Laptop and Projector</p>
	<p><u>Summarise session</u></p>	<p>Quick Recap</p>	
	<p><u>Reflection</u></p>	<p><u>THINK and WRITE DOWN:</u></p> <p>One new thing that you have learnt about communication which you think is useful.</p> <p>Two principles of good communication that you want to improve in.</p> <p>On a scale of 1 to 10, how good are your communication skills?</p>	<p>Learning Journal</p> <p>Exercise 9</p> <p>Appendix 26</p>

References:

- **EN Topic 12: Communication skills**

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities, MODULE 3: Works Effectively in a Team; Topic 2: Team Interactions

Session 1.3.2.1: Interacting well in teams			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Support trainees to interact well with the team.			
Time	Content	Activities	Resources
	<p><u>Introduction</u></p> <p>The importance of each team member.</p> <p>The interactions between team members.</p>	<p>Group Task- Divide the class into groups and perform a short team activity that involves all the members.</p> <p>Debrief - What did you observe about the interactions in your team? What was good? What was harmful to the team working well together?</p>	Suggested team activities – see Resources below
	<p><u>Recap</u> Who are the members of your team?</p> <p>Refer the CBID Team</p> <p>What are the lines of interaction between various workers in the team?</p>	<p><u>Group Activity</u> Make a chart with all the CBID team roles and how each affects the other</p>	chart paper and pens
	<p>Skills required to work well with:</p> <ul style="list-style-type: none"> - superiors - peers - juniors <p>Respect all</p> <p>Communicate clearly</p> <p>Ask if you do not understand</p> <p>Listen without interrupting</p> <p>Be careful about your tone of voice and body language</p> <p>Avoid judging or pointing finger at another</p> <p>Do not gossip about your colleagues</p> <ul style="list-style-type: none"> - if there is a problem talk to the person concerned. <p>Be careful what you put in writing (this is not an exhaustive list)</p>	<p>Continue in groups to discuss the characteristics of healthy interactions and unhealthy interactions between individual and other members of the team (superiors/ peers/ junior)</p> <p>Facilitator to fill in points they missed</p>	Hand-out with two columns for healthy and unhealthy interactions. Whiteboard and markers
	<p><u>Giving Feedback</u></p> <ul style="list-style-type: none"> - Appreciate and acknowledge the members of the team - When giving negative feedback, use Sandwich method 	<p><u>Think - Pair - Share</u></p> <ol style="list-style-type: none"> 1. How did you feel when someone appreciated your work? 2. Think of a time when someone corrected you 'nicely'. What made it easy to take that negative feedback. 3. What is the best way to correct someone? 	May need PPT for explaining the sandwich method of feedback.

Time	Content	Activities	Resources
	<p><u>Receiving Feedback</u></p> <ul style="list-style-type: none"> - Trainees develop a positive attitude towards receiving both positive and negative feedback. - See it as a stimulus to improve how I perform, not as a judgement of me as a person. 	<p><u>Group Discussion</u> How can we accept correction from our superiors or peers well?</p>	
	<p><u>Summary</u></p> <p>We need each other. We should work well together to achieve the best for our clients and the community</p>	<p><u>Reflect and write down</u> one or two ways you need to work on your interactions within the team.</p>	<p>Learning Journal Exercise 10 Appendix 27</p>

References:

Suggested team activities:

- <https://www.youtube.com/watch?v=QYjnfC7Zyvc>
- <https://www.youtube.com/watch?v=lcv4n9qK6ZQ>
- <https://www.youtube.com/watch?v=iV53bKvwQfs>
- **EN Topic 13: Team interactions**

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

Session 2.1.2.2: Supporting empowerment through catalytic storytelling			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will continue working on their Portfolio file of catalytic stories			
Time	Content	Activities	Resources
	<p>Portfolio project cont.</p>	<p>In Phase One, trainees interviewed and recorded empowered self-advocates telling their stories. Here, they work on developing catalytic stories that will support other groups to become aware, motivated, and confident that by their actions they can bring about change</p>	<p>Appendix 21: Interview form</p>

Notes:

Input session for this activity is in Phase One

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

Session 2.2.3.2: Prepare a Community Meeting Report			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will complete a report of a community meeting			
Time	Content	Activities	Resources
	Guideline for preparation of report	Cover skills in documentation and components of a report. Meeting Minutes	Projector Chart Paper Glue Stick Dry Colour
		Practice Board on draft meeting minutes format Demonstration of a village meeting Write report Hurdle	Projector Chart Paper Glue Stick Dry Colour

References:

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

ICD UNIT THREE: Work with Government Agencies; MODULE 2: Supports Inclusion Commitment and Compliance; Topic 1: Meeting and Enlisting Government Officials Session Plan: 3.2.1.1; 3.2.1.2

Session 3.2.1.1: Enlisting Govt. officials and Developmental Officials and developing networking skills; 3.2.1.2: Meeting and event management guidelines and letter-writing			
Phase Two; Session Number:			
Session Duration:			
Number of trainees:			
Learning Outcomes to be Achieved: <u>Session 4 Topic 1:</u> <i>Demonstrate skills of promoting participation</i> <u>Session 4 Topic 2:</u> <i>Developing illustrative success stories</i> <u>Session 4 Topic 3:</u> <i>Demonstrates networking skills to various stakeholders</i>			
Time	Content	Activities	Resources
	Front line officers	Naming the front-line officers	
	Sensitisation for frontline officials	Developing meeting guidelines with Govt. officers Letter writing skills Event management guidelines	Flip Charts
	Developing a theory of change	Discussion on identifying problem areas Suggesting plan of action for solution	Flip Charts
	Developing format for writing success stories	Field visits	Paper Pencil
	Recapitulation	Documenting formats	

References:

- <https://frontline.thehindu.com/cover-story/sensitising-the-state/article8068400.ece>
- **EN Topic 6:** *Collaborating with government agencies*

ICD UNIT THREE: Work with Government Agencies; MODULE 2: Supports Inclusion Commitment and Compliance; Topic 2: Collecting Data for Case Studies and Stories Showing Compliance

Session 3.2.2.1: Review PRIs and administrative structures and departments			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Understand PRIs and structures and service providing departments			
Time	Content	Activities	Resources
	Review of learning about PRIs and Administrative structures and major service providing departments	Chart presentation of PRIs and Administrative structure of District unit and its relationship with service providing departments	Chart paper, Gum stick, Tape/ Board, Markers

References:

- *EN Topic 6: Collaborating with government agencies*

Notes:

- See p.79 for gap analysis

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

Session 3.1.1.2: The service delivery mechanism and collection and interpretation of secondary data			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning outcomes to be achieved: Trainees explain the service delivery mechanism and how to collect and interpret secondary data and develop a format for collecting data on government performance			
Time	Content	Activities	Resources
	Service providing Departments: Hospitals, Schools	Making a Concept map	Chart
	Linking services to Departments and service delivery mechanism	Quiz	Flash Cards
	Secondary data collection	Developing a Format for data collection – filing it in the Portfolio	Format

References:

- <https://www.india.gov.in/my-government/government-directory>
- <https://data.gov.in/>
- *EN Topic 6: Collaborating with government agencies*

ICD UNIT THREE: Collaborations with Government Agencies; MODULE 1: Advocates to and Collaborates with Government; Topic 2: Supports Inclusion Commitment and Compliance

Session 3.1.2.1/ 3.1.2.2: Advocacy Campaigns and IEC (Information, Education and Communication) Materials			
Phase Two; Session Number:			
Session Duration:			
Number of trainees:			
Learning Outcomes to be Achieved: Demonstrate skills in planning and conducting advocacy campaigns; Develop IEC material for Advocacy and campaigns			
Time	Content	Activities	Resources
	3.1.2.1 Principle of advocacy	Person centric approach. Accountability Independence Accessibility Documentary of successful case ask question to trainees	Projector Posted Meta Card Chart paper
	Understanding importance of Advocacy	Design Advocacy Plan Decide demand and prioritise it Individual/ common sequencing Approach to appropriate office Application with Follow-up	Case study on Disability advocacy groups
	3.1.2.2 Need based IEC	Local Language need role play – team	
	Types of IEC in local context Assignment	Poster/ pamphlets soft messages Case study of problem New	Charts

References

- <https://ctb.ku.edu/en/table-of-contents/advocacy/advocacy-principles>
- <http://www.apcdfoundation.org/?q=system/files/cbid.pdf>
- *EN Topic 8: Supporting community action*

Week 6

Week 6	Phase Two Block 1 Week 2 In-field	
	AM	PM
MONDAY	2.1.2.2 Establishing good working relationships with families (Hurdle)	2.1.2.2 Documenting catalytic stories
TUESDAY	1.2.3.2 Visits to understand redressal mechanisms (Portfolio): <ul style="list-style-type: none"> State Commissioner's Office, District Child Protection Units 	2.1.2.2 Documenting catalytic stories cont.
WEDNESDAY	1.2.3.2 Visits to understand redressal mechanisms cont... <ul style="list-style-type: none"> Block/ Village Child Protection Committees / Childline centres, Women's commission 	2.2.2.2 Screening for disability survey and feedback to placement trainer (Group Hurdle)
THURSDAY	2.1.2.2 Documenting catalytic stories cont. (Portfolio)	2.3.2.1; 2.3.2.2 Sharing and storing screening/ checklist results responsibly and PRACTICUM
FRIDAY	2.1.2.3 Documenting catalytic stories cont.	2.4.1.2 Participating in a multi-disciplinary case review and discussing process

Phase Two Week 6

A&I

- 2.1.2.2 **Hurdle task** – Setting up good working relationships
- 2.2.2.2 **Hurdle task** – Screening survey of local community
- 2.3.2.1/2.3.2.2 Sharing and storing results of screening/ checklist survey
- 2.4.1.2 Participating in a multi- disciplinary case review and recording impressions

PB&RP

- 1.2.3.2 **Portfolio project:** PRACTICUM (Visits) and filing redressal documentation

ICD

- 2.1.2.2 **Portfolio project:** Documenting catalytic stories

A&I UNIT TWO: Assessment and Planning; MODULE 1: Establishes Positive Working Relationships; Topic 2: Strategies for approaching families and building strong working relationships

Session 2.1.2.2: PRACTICUM Establishing good working relationships			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be able to adapt strategies while approaching a family and establish a good working relationship			
Time	Content	Activities	Resources
	Practicum – Hurdle task	Trainee establishes a working relationship with an individual and family and discusses the factors they considered with their placement trainer	Use Tronto’s five moral elements, giving an example of how each element was attended to Appendix 20

A&I UNIT TWO: Assessment and Planning; MODULE 2: Selects and Administers Appropriate Checklist in Scope of Role; Topic 2: Checklists – their adaptation and use

Session 2.2.2.2 Screening for disability in the local community			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees conduct a disability screening survey in the local area			
Time	Content	Activities	Resources
	Practicum – Group hurdle cont.	Conducting the door-to-door survey for screening (under supervision) with allotment of one village to 4 CBID workers. Feedback to placement trainer, focusing on interpretation of results	Screening Survey

References

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

Notes:

- Set up in Week 5 – a group task involving 2-3 sessions (see Phase Two assignments)

A&I UNIT TWO: Assessment and Planning; MODULE 3: Interpreting results, communicating findings, Topic 2: Data sharing and storage

Session 2.3.2.1; 2.3.2.2: Sharing and storing screening/ checklist results responsibly and PRACTICUM			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will demonstrate their understanding of ethics in sharing data* from screening checklist results and storing it			
Time	Content	Activities	Resources
	2.3.2.1 Data Maintenance Confidentiality Storage File closure	Discussion on why we need to maintain records, who should have access to the records, how do we store them and how we retrieve them when required	
	2.3.2.2 PRACTICUM – Reporting results from screening assessment	Trainees will present the results of their screening assessment of an individual with a disability – firstly to their placement trainer – both verbally and in written form. They will also discuss sharing this information with the individual and family and storing it responsibly. Secondly, they will meet with the individual and family and communicate the screening results responsibly, ethically, and sensitively	

* Ethics of data sharing – a PB&RP topic (2.3.1.1), should be addressed here

A&I UNIT TWO: Assessment and Planning; MODULE 4: Communicates and Discusses Results and Findings; Topic 1: Case Review Processes and Facilitating Family Participation

Session 2.4.1.2: Participating in and Recording Case Review with Multidisciplinary Team			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Understands the process of Case review and facilitating the family to participate in the rehab process			
Time	Content	Activities	Resources
	Practicum	Participating in a multi-disciplinary case review and reviewing the process with the placement trainer	

References:

- **EN Topic 14: Case review with the multidisciplinary team** - refer to here

Notes

- See Week 5

PB&RP UNIT ONE: Fulfil Roles, Expectations and Responsibilities; MODULE 2: Works Legally and Ethically; Topic 3: Redressal Mechanisms

Session 1.2.3.2: PRACTICUM Visits			
	Visit to State Commissioner's office and understanding redressal mechanisms in place	The trainee to record <ul style="list-style-type: none"> - Provisions available - Types of cases addressed - Understand procedures for filing grievances - Documentation needs 	Filing details of Policies, documents and provisions in the Portfolio
	Building linkages with District Child Protection Units and linking with District, Block and Village level Child Protection Committees	The trainee to record <ul style="list-style-type: none"> - Provisions available - Types of cases addressed - Understand procedures for filing grievances - Documentation needs 	
	Visit 2-3 Childline Centres	The trainee to record <ul style="list-style-type: none"> - Provisions available - Types of cases addressed - Understand procedures for filing grievances - Documentation needs 	
	Visit to Legal cells related to the Women's Commission	The trainee to record <ul style="list-style-type: none"> - Provisions available - Types of cases addressed - Understand procedures for filing grievances - Documentation needs 	

References:

- Childline: <https://childlineindia.org.in/>
- Free legal aid: <https://districts.ecourts.gov.in/mahendragarh/legal-aid>
- National Trust: <http://thenationaltrust.gov.in/content/innerpage/grievance-redressal.php>
- Legal rights of persons with disabilities in India: <http://vikaspedia.in/education/parents-corner/guidelines-for-parents-of-children-with-disabilities/legal-rights-of-the-disabled-in-india>
- Office of the Commissioner for persons with disabilities: <https://www.india.gov.in/official-website-chief-commissioner-persons-disabilities> ; <http://www.ccdisabilities.nic.in>
- Women's Commission: <http://www.ncw.nic.in/ncw-cells/complaint-investigation-cell>

Notes:

- See Session 1.2.3.1 (Wk 5)

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

Session 2.1.2.2: Stories from empowered advocates and role models			
Phase Two; 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
	Documenting catalytic stories (cont.)	Documenting catalytic stories as part of the Portfolio assignment	Appendix 21

Week 7

Week 7	Phase Two Block 1 Week 3 In-field	
	AM	PM
MONDAY	2.4.2.2 PRACTICUM Observing meal-time interaction of family with a disability and discuss with trainer afterwards	2.2.3.2 Attending a community meeting and discussing its effectiveness in bringing about participation of all stakeholders
TUESDAY	<p>1.3.3.2 (cf. to A&I 2.2.2.2) Communication skills:</p> <ul style="list-style-type: none"> This is an opportunity for your groups to discuss with your trainer communication skills during the A&I 2.2.2.2 disability screening survey... What went well and what didn't? 1.3.3.3 Spend some time at the end of this session preparing how you might communicate health messages in your community – at least two different ways 	3.1.1.2 (Portfolio) Time allocated here for trainees to continue developing their service delivery data collection instrument
WEDNESDAY	<p>1.3.3.3 Communication skills cont. (in-class preparation)</p> <ul style="list-style-type: none"> In your same groups that did the door-to-door disability screening, prepare a brief interactive health information session in the community using two different means of communication (Group hurdle) 	2.5.1.2 Mapping an individual's and family's support network (ecomap) (Portfolio)
THURSDAY	3.1.2.2 Time allocated to collecting IEC materials for Advocacy campaign assignment	2.5.2.2 Mapping resources for rehab needs (resource map) (Portfolio)
FRIDAY	3.1.2.2 cont. Collecting IEC materials	2.5.1.2/ 2.5.2.2 – complete maps

Phase Two Week 7

A&I

- 2.4.2.2 PRACTICUM Observing meal-time interaction with a family
- 2.5.1.2 **Portfolio project:** Mapping an individual's and family's support network (eco-map)
- 2.5.2.2 **Portfolio project:** Mapping resources for rehab needs (resource map)

PB&RP

- 1.3.3.2 Communication skills
- 1.3.3.3 **Group hurdle** – Communication skills: preparing to present community health messages

ICD

- 2.2.3.2 Participatory meetings
- 3.1.1.2 **Portfolio project (cont.):** Service delivery data collection instrument (development)
- 3.1.2.2 **Assignment:** IEC materials and Advocacy campaigns

A&I UNIT TWO: Assessment and Planning; Session Plan: MODULE 4: Communicates and Discusses Results and Findings; Topic 2: Assesses Level of Family Acceptance

Session 2.4.2.2: PRACTICUM Observing meal-time interaction with a family			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be able to assess the level of acceptance of a PWD within the family			
Time	Content	Activities	Resources
	Practicum	Observation of mealtime interaction of family with disability and completion of observational report	Observational report template – based on CBID Report Form template Appendix 19

References:

- *EN Topic 15: Acceptance of the family* - refer to here

A&I UNIT TWO: Assessment and Planning; MODULE 5: Analyses Needs Using Collaborative and Strengths-Based Approaches; Topic 1: Mapping Family Support Networks

Session 2.5.1.2: Mapping an individual and family's support network (ecomap)			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees develop an ecomap that identifies the support network of an individual and family			
Time	Content	Activities	Resources
	Creating an ecomap	In groups of 3-4, create an ecomap for member of the family group	Chart papers, markers **Template or guide for creating an ecomap needed
		File template in your Portfolio	

References:

- https://www.wvi.org/sites/default/files/Mapping_.pdf - this resource is not about eco- and resource mapping for individuals and families – it is a resource to guide NGOs in their planning and activity implementation. ****An appropriate resource for this session is needed**

A&I UNIT TWO: Assessment and Planning; MODULE 5: Analyses Needs Using Collaborative and Strengths-Based Approaches; Topic 2: Mapping Resources for Rehabilitation Needs

Session 2.5.2.2: PRACTICUM Mapping resources for rehab needs (resource map)			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainee maps a family's resources for rehab needs			
Time	Content	Activities	Resources
	Practicum	Discussion with the family using interview and observations	**Template or guide for creating a resource map needed
		Develop a resource map for a family	
		File template in your Portfolio	

References:

- https://www.wvi.org/sites/default/files/Mapping_.pdf - refer to notes of previous session
- **EN Topic 16: Resource mapping** - refer to here
- ****An appropriate resource for this session is needed**

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 3: Works Effectively in a Team; Topic 3: Communication Skills

Session 1.3.3.2: Communication Skills – Active Listening and Speaking on Behalf of Others			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees can <ul style="list-style-type: none"> ● Explain the importance of listening skills and non-verbal communication. ● Discuss the importance of speaking up for someone and understanding when not to 			
Time	Content	Activities	Resources
	Introduction:	Think – Pair – Share What were some of the challenges you faced in communication during your field placements? How did you overcome them?	Hand-out with the questions.
	Active listening: Listening to whole body: Brain- concentrate Eyes- watch body language Ears – both ears paying attention Mouth – quiet/ re-phrase Heart – empathy Back – sit straight or slightly leaning forward Hands & Feet – relaxed - no fidgeting	Use PowerPoint to list the features Activity in twos: Each person can pretend to be a client discussing a problem with the CBID worker. The partner needs to practice active listening. Then change over.	Laptop and Projector Room where the trainees can move around
	Non-verbal communication Actions speak louder than words Gestures Tone of voice Facial expressions	Show short video clip showing how non-verbal communication conveys a loud message and discuss in groups Reflection: Think of a situation where your non-verbal communication either helped or hindered your communication. What are some ways you can make sure you communicate positively non-verbally.	Laptop and projector + speaker;

Time	Content	Activities	Resources
	Things to keep in mind when preparing to communicate publicly <ul style="list-style-type: none"> - Know your audience - Know your purpose - Know your topic - Anticipate objections - Communicate a little at a time - Achieve credibility with your audience - Present the information in several ways. - Follow through with what you say. 	Brainstorm Use graphics in PPT to explain these concepts	Laptop and projector
	<p>Speaking on Behalf of others</p> <p>Knowing when to report an issue to a superior, when to work things out between peers.</p> <p>Knowing what situations to speak up for the clients.</p> <p>Addressing the challenges of speaking out – need courage; need to know the right channel to use; not be emotional, etc</p>	<p>Case Studies:</p> <p>Give some scenarios to discuss in groups about who to speak to in various situations (both client-related and team-related)</p> <p>Discuss</p> <p>What are the challenges you might face when trying to speak on behalf of a client in need?</p>	<p>Case studies to be printed out</p> <p>Refer to Learning Journal Exercise 9 Appendix 26 – is there anything you would like to add to your self-assessment?</p>
	Connection to A&I Disability Screening Survey	Groups to discuss with their placement trainer communication skills during the A&I 2.2.2.2 disability screening survey... What went well and what didn't?	

References:

- **EN Topic 12: Communication skills**

Notes:

- See Week 5

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 3: Works Effectively in a Team; Topic 3: Communication Skills

Session 1.3.3.3: Presenting Health Messages in Alternative Formats to Improve Accessibility

- In groups, explore different means of communicating health messages to the community and collaborate to draft a community health presentation and at least two different ways to communicate a core aspect of that message – a [Hurdle task](#)

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

ICD Session Plan: 2.2.3.2

Phase Two; Session Number:

Participatory meetings

Trainees attend a community meeting and discusses its effectiveness in bringing about participation of all stakeholders

References:

- EN Topic 8: Supporting community action*

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 3.1.1.2: Collection and interpretation of secondary data			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning outcomes to be achieved: Trainees discuss how to collect and interpret secondary data and develop a format for collecting data on government performance			
Time	Content	Activities	Resources
	Secondary data collection	Continuing to develop a Format for data collection File this in the Portfolio	Format

References:

- EN Topic 6: Collaborating with government agencies*

ICD UNIT THREE: Work with Government Agencies; MODULE 1: Advocates to and Collaborates with the Government; Topic 2: Planning and Preparing for Advocacy Campaigns

Session 3.1.2.2: Advocacy and IEC (Information, Education and Communication) Material			
Phase Two; Session Number:			
Session Duration:			
Number of trainees:			
Learning Outcomes to be Achieved: <i>Demonstrate skills in planning and conducting advocacy campaigns</i> <i>Develop IEC material for Advocacy and campaigns</i>			
Time	Content	Activities	Resources
	Collecting IEC materials for advocacy campaign – Assignment	Different IEC materials	

References:

- **EN Topic 8: Supporting community action**
- <https://www.theoryofchange.org/wp-content/uploads/toco-library/pdf/TOCs and Logic Models forAEA.pdf>
- <https://whatworks.org.nz/logic-model/>

Week 8

Week 8	Phase Two Block 1 Week 4 In-field	
	AM	PM
MONDAY	2.6.1.2 Completing an IFSP for the same family and select a goal	3.1.2.2 Time allocated for advocacy campaign (Assignment)
TUESDAY	1.3.4.1/1.3.4.2 Team dynamics (input session) and practicing 1.2.2.2 Checking-in on confidentiality (Hurdle)	3.1.2.2 Time allocated for advocacy campaign (Assignment)
WEDNESDAY	2.2.1.1 (input) Managing negative responses in team and community. Connect to the upcoming reflection session on Friday (PB&RP 1.3.2.2), supporting people to learn from difficult situations and work from a growth mindset rather than a fixed one about their own potential for growth and that of others'	2.6.2.1 Engaging parents in participatory experiences with other stakeholders (Hurdle)
THURSDAY	3.2.2.2 Develop case studies and stories from data illustrating compliance to service delivery requirements of the government (Portfolio)	2.6.2.1 Engaging parents in participatory experiences cont...
FRIDAY	<p>The week concludes with presentations and debrief all together...</p> <ul style="list-style-type: none"> ● A&I 2.4.2.2 Discussion of the role of the family and what has been learnt about recognising their role and impact and needs, and the impact of different models of disability on outcomes for the person (cf.to Phase One ICD 1.1.2.1/ 1.1.2.2) ● PB&RP 1.1.3.2 Discuss changes in your understanding from this first block placement, and the impact of your personal framework on how you now understand your role ● PB&RP 1.3.2.2 Team interactions – discuss what you have learnt from your team members and significant conversations and interactions (both successful and challenging) ● ICD 3.1.2.2 Presenting advocacy plan 	

Phase Two Week 8

A&I

- 2.6.1.2 Completing an IFSP and selecting a goal
- 2.6.2.1 **Hurdle task** – Engaging parents with other stakeholders

PB&RP

- 1.3.4.1/1.3.4.2 Team dynamics and practicing
- 1.2.2.2 **Hurdle task** – Checking-in on confidentiality
- 2.2.1.1 Managing negative responses in team and community

ICD

- 3.1.2.2 Assignment (cont.): IEC materials and Advocacy campaigns
- 3.2.2.2 **Portfolio task**: Case studies and stories from data that illustrate government compliance

A&I UNIT TWO: Assessment and Planning; MODULE 6: Supports Realistic and Aspirational Planning and Goal Setting; Topic 1: IFSP Development that Engages and Empowers

Session 2.6.1.2: Participatory planning for individualized family support plan including all stakeholders’ Developing IFSPs			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be able to develop an IFSP in consultation with all stakeholders with the family assuming complete responsibility of the PWD.			
Time	Content	Activities	Resources
	Practical (Eco map of a family if already made can be used here)	Going to the field with trainer to understand the family; their context, ecology, needs, resources, concerns, aspirations etc. and develop goals for them and for the PWD	

References:

- <https://www.understood.org/en/learning-attention-issues/treatments-approaches/early-intervention/ifsp-what-it-is-and-how-it-works>
- <https://ectacenter.org/eco/assets/pdfs/MDIFSPForms Rev%20Aug2011.pdf>

Notes:

- See Week 5 for first part of IFSP development

A&I UNIT TWO: Assessment and Planning; MODULE 6: Supports Realistic and Aspirational Planning and Goal Setting; Topic 2: Facilitating Goal Achievement by the Family

Session 2.6.2.1: Engaging parents with other stakeholders to achieve IFSP goal			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: The trainees will be able to facilitate the family in achieving the goal			
Time	Content	Activities	Resources
	Practical – Hurdle task	<ul style="list-style-type: none"> • Going to the field with trainer to engage parents in participatory experiences with other stakeholders • Facilitate family in setting up the goals for PWD • Directing the family in achieving the goal 	

References:

- <https://www.uky.edu/~eushe2/Bandura/Bandura2011AP.pdf>
- <http://www.puckett.org/presentations/FamCapacity Build I 2014 Adelaide.pdf>

Notes:

- See Week 5 for first part of engaging parents

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 3: Works Effectively in a Team; Topic 4: Team Dynamics Session Plan: 1.3.4.1

Session 1.3.4.1/ 1.3.4.2: Behaviours that Support Healthy Teams			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees understand behaviours that make-or-break groups and simple techniques to deal with them			
Time	Content	Activities	Resources
	<u>Principles of Team Dynamics</u> Define Team Tuckman model of team lifecycle - (forming, storming, norming, performing)	<u>Group Activity:</u> At the beginning of the session, before the delivery of any content, divide trainees into groups of 5 and ask them to build a paper pyramid. Give the groups 5 minutes to do this. Debrief to be done in the next subtopic on Importance of Team Dynamics <u>PPT -</u> Following the Activity, deliver an Interactive Lecture using PPT presentation on the Principles of Team Dynamics	PPT presentation Trainers manual
	<u>Importance of Team Dynamics</u> Emphasize on Together Everybody Achieves More and discuss why Team Dynamics is important	<u>Large Group Feedback:</u> Ask each trainee to state one thing that went well and one challenge when they worked as a group on the previous group activity. Capture the feedback on the flip chart/whiteboard. From that list bring out why team dynamics is important	Flipchart/ whiteboard to write on
	<u>Conflict management</u> What is conflict, why it happens, 5 ways of handling conflict: Thomas Kilmann Conflict Mode Instrument (Avoidance, Competition, Accommodation, Compromise, Collaboration)	<u>PPT -</u> Deliver an Interactive Lecture using PPT presentation on Conflict Management Conflict Management styles – can be demonstrated by a video.	PPT presentation
	<u>Facilitating active participation of all team members</u>	<u>Short video clip</u> (preferably cartoon) on team participation, then ask the trainees to discuss how every team member is important, why it is important to facilitate everyone's active participation and how to do that	Videoclip
	<u>Summary</u>	<u>Reflection (Self & Large Group)</u> Ask the trainees to write down 2 new things learnt about Team Dynamics	
	1.3.4.2 Prac	<u>Along with Team Interactions</u>	

Resources:

- <https://www.youtube.com/watch?v=ZLK-j0j08iU>
- <https://www.youtube.com/watch?v=qiqbmuXAc0g>
- <https://youtu.be/vtXKQOtNWPg>
- **EN Topic 14: Team dynamics**

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 2: Work Legally and Ethically; Topic 2: Code of Conduct and Confidentiality

Session 1.2.2.2: Checking-in on Confidentiality and Ethics			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees have opportunity to reflect and take on board new strategies for ensuring they maintain confidentiality and a high code of conduct in all dealings as a CBID fieldworker			
Time	Content	Activities	Resources
	Reflect on situations with ethical or confidentiality aspects	Transcribe one or more situations – ensuring de-identification, in preparation to share with your trainer	
	Discussion with trainer – Hurdle task	In light of input from Week 3 on Ethics and confidentiality, discuss these situations with your trainer and the strategies you have learnt that you need to use in the field	

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 2: Manages Contingencies; Topic 1: Managing Negative Responses

Session 2.2.1.1: Managing negative responses in the team/ community			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes: Knows how to overcome apathy and opposition in their working groups and the community			
Time	Content	Activities	Resources
	Introduction- positive and negative responses	Role play in groups- positive response from their field work	
	<i>Reinforce getting positive response – inform, consult, involve, collaborate, shared leadership</i>	PowerPoint	
	<i>Negative responses, Passive responses Active responses</i>		
	Trainees responses <ul style="list-style-type: none"> ● Do not respond – No response is required for degrading, inappropriate or one-off comments ● Respond – Some response may be needed to acknowledge a customer’s general feelings and perceptions, even when not positive ● Correct misinformation – It is important to correct erroneous or false information that may confuse or mislead others. ● Rectify – When a response is the result of a negative experience with the organization, providing a solution can positively impact the opinion of that individual and others who see it as well. 		

References:

- *EN Topic 15: Managing negative responses*

ICD UNIT THREE: Works with Government Agencies; MODULE 1: Advocates to and Collaborates with the Government; Topic 2: Planning and Preparing for Advocacy Campaigns

Session 3.1.2.2: Advocacy campaigns – designing			
Phase Two; Session Number:			
Session Duration:			
Number of trainees:			
Learning Outcomes to be Achieved: <i>Demonstrate skills in planning and conducting advocacy campaigns</i>			
Time	Content	Activities	Resources
	Practicum	Continuing the advocacy campaign Assignment	

References:

- **EN Topic 8: Supporting community action**

Notes:

- See Wk 7

ICD UNIT THREE: Works with Government Agencies: MODULE 2: Supports Inclusion Commitments and Compliance; Topic 2: Collecting Data for Case Studies and Stories Showing Compliance

Session Plan: 3.2.2.2 Developing case studies illustrating government compliance

Case studies and stories from data that illustrate government compliance – file in the [Portfolio](#)

Phase Two Block 2 Timetable

		Week 9	Week 10	Week 11	Week 12
MONDAY	am	3.1.1.2/3.1.2.2 (Setup) Communicating knowledge appropriately, to time, and in accessible formats 3.2.2.2 (Setup) Completing certification	3.1.1.2/3.1.2.2 Develop awareness materials correcting myths about disability with facts and provide these in at least two different formats and noting timeliness of information sharing	3.3.1.3 Rehab resource directory and referral pathway	4.8.1.1 Ongoing and summative evaluations of progress from intervention
	pm	2.2.4.1a (input) Practicing resource appraisal	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment
TUESDAY	am	2.3.1.2 Prepare any PRA reporting forms needed	2.3.1.2 cont. Prepare any PRA forms needed	2.1.2.2 Interview CBID worker on their time management in the field and write up in your journal	2.2.3.1 (input) Disaster preparedness
	pm	2.2.4.1b (input) Using visual tools for representing PRA	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment
WEDNESDAY	am	2.1.3.1 (input) Reviewing and reflecting on work plans	2.1.2.1 (input) Time management	2.1.3.2 Reflect on individual task execution and share with a peer	2.2.3.2 Discuss with two experienced colleagues the effect of social unrest/disasters on work plans and write up your thoughts in your journal

		Week 9	Week 10	Week 11	Week 12
	pm	3.3.1.2/3.3.1.3 (Setup) Resource directory and referral pathways supporting access to rehab 4.2.1.1 (setup) Completing your developmental delay checklist from Wk 4	3.1.1.2/ 3.1.2.2 Disability awareness materials and timeliness cont.	3.3.1.3 Rehab resource directory and referral pathway cont.	4.8.2.1 Re-formulation of goals from evaluation and feedback system
THURSDAY	am	2.2.4.1c Write a work plan of the PRA project	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment
	pm	3.3.1.1 (input) Facilitates access to services through referrals and single window service provision	3.2.2.2 Certification - Completing at least 5 application forms, using different certificates	3.3.1.3 Rehab resource directory and referral pathway cont.	4.2.1.2 Using developmental delay checklist with a typically developing child
FRIDAY	am	2.2.4.1c Work plan of the PRA project cont.	2.2.4.1 PRA Assignment	2.2.4.1 PRA Assignment	The week concludes with opportunity to catch up with assignments, ask questions, and for the trainer to conduct a mid-course review
	pm	4.1.2.1 (input) Interventions at the community level	3.2.2.2 Certification cont.	3.3.1.3 Rehab resource directory and referral pathway cont.	

Phase Two Block 2 Session Plans

Week 9

Week 9	Phase Two Block 2 Week 1 In-field – Input week	
	AM	PM
MONDAY	<p>3.1.1.2/ 3.1.2.2 (Setup) Communicating knowledge appropriate to time and in accessible formats <i>During this next block placement, you will develop some awareness material correcting myths about disability with facts and will provide them in at least two different formats for use in the community with people with different communication requirements – connects to the ICD Advocacy Campaign assignment</i></p> <p>3.2.2.2 (Setup) Completing certification <i>During this next block placement, you will complete at least 5 application forms, using different certificates</i></p>	<p>2.2.4.1a (input) PRA/PLA and its tools and uses; (Setup) this three-week local mapping Assignment ... <i>Over the middle block of Phase Two, you will complete a comprehensive PRA of your local community, where you will</i></p> <ul style="list-style-type: none"> • identify community strengths and needs, and • prioritise the needs to establish the priority goal, which will be the focus of the last two months of the course <p>Activity: Practicing resource appraisal</p>
TUESDAY	2.3.1.2 Prepare any PRA reporting forms needed	2.2.4.1b PRA project (input) Using visual tools for representing PRA/PLA
WEDNESDAY	<p>2.1.3.1 (input) Reflective planning <i>During this middle block placement of Phase Two, you will have an opportunity to share your thoughts and how you are going with planning and managing your tasks and responsibilities with a peer</i></p>	<p>3.3.1.2 Facilitates access to services through referrals</p> <p>3.3.1.3 (Setup) (Portfolio) Resource directory and referral pathways supporting access to rehab <i>During this next block you will develop a resource directory for rehab services for a community and will also implement a referral pathway for a client and document the process</i></p> <p>4.2.1.2 (setup) Using your developmental delay checklist <i>During the next block of placement, you will administer your developmental delay checklist with a typically developing child and reflect on its usefulness</i></p>
THURSDAY	2.2.4.1c Write a work plan of the PRA/PLA project (this also meets the requirement of PB&RP 2.1.1.2 Develop a work plan, execute, and review)	3.3.1.3 (input) Facilitates access to services through referrals and single window service provision
FRIDAY	2.2.4.1c/ PB&RP 2.1.1.2 cont.	4.1.2.1 (input) Interventions at the community level

Phase Two Week 9

A&I

- 3.1.1.2/3.1.2.2 Communicating knowledge correctly (developing awareness material on myths and facts of disability), to time and in accessible formats (relates to ICD Advocacy Campaign assignment)
- 3.2.2.2 **Hurdle task** – Completing certification
- 3.3.1.2 Facilitates access to services through referrals
- 3.3.1.3 **Portfolio project:** Referral pathways – resource directory to support access to rehabilitation
- 3.3.2.1 Single window service provision
- 4.2.1.2 Using the developmental delay checklist
- 4.1.2.1 Interventions at the community level

PB&RP

- 2.3.1.2 Preparing PRA reporting forms
- 2.1.3.1 Reflective planning

ICD

- 2.2.4.1a-b-c **Assignment** – PRA: Introduction; visual tools; writing a work plan

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 1: Appropriate, Timely Information; Topic 1: Accessible Formats for Sharing Information

Session 3.1.1.2/3.1.2.2: Communicating information appropriately and in accessible formats			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Communicates correct information in an accessible format.			
Time	Content	Activities	Resources
	Practicum	** Develop awareness material on myths and facts using different formats for use in the community. Include communicating complex government provision information in simple formats	
		Note when and how to deliver sensitive information and dense information about services and provisions	

References:

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

Notes:

Refer to Phase One, Week 3

****** Developing these awareness materials will support the ICD Advocacy Campaign Assignment – particularly the Collecting IEC Materials component.

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 2: Certification; Topic 2: Pre-requisites and Ensuring Eligibility

Session 3.2.2.2: Completing different Certificates			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: States the prerequisites for any particular certification and develops skills for completing formalities for certification			
Time	Content	Activities	Resources
	Practicum Hurdle task	Trainees complete application form for Disability specific as well as general certificates in the field under supervision	General and disability-specific Certificates or website links to these

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** - refer to here

Notes:

- See Phase One, Week 3, where these various Certificates were covered and filed

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 3: Links People to Appropriate Services; Topic 1: Referrals

Session 3.3.1.2/3.3.1.3: Facilitates access to services through referrals and Resource Directory of Rehabilitation Specialists			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will understand the referral process and single window service provision			
Time	Content	Activities	Resources
	3.3.1.2 Introduction: definition of key terms, rationale for creating referral network	Game: Square game and debrief on the power of networking Presentation	Jigsaw puzzle pieces for the game, LCD, computer
	Essential elements for referral network (mapping of resources, creating a directory, establishing relationships, standardised referral form, feedback loop, documentation)	Presentation Filling up a referral form Filling up the referral register	Laptop, LCD, referral form copies, referral register copy, example of rehab services directory
	Referral pathways	Input – case study of a referral pathway for a client and documentation of process and outcomes	
	3.3.1.3 Practicum	Portfolio project – Resource directory preparation – this will be worked on in Weeks 11-12 and 20	Template for resource directory

References:

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 3: Links People to Appropriate Services; Topic 2: Single Window Service Provision

Session 3.3.2.1 Facilitates access to services through single window service provision			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will understand the process of facilitating access to services through single window service provision			
Time	Content	Activities	Resources
	Single window service provision: introduction	Example (case study) of a single window service provision	
	Practicum	Single window service provision – this will be worked on in Wk 20	

References:

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Module 1: Conducts Interventions Within Scope of Role; Topic 2: Community Based Interventions

Session 4.1.2.1: Interventions at the community level			
Phase Three; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will role-play community interventions			
Time	Content	Activities	Resources
	Need and importance of community participation	Explanation of community participation	
	Orientation on various strategies of community participation	Discussion on various strategies of community participation	
		<p><i>A community participation activity</i></p> <p>Role play: Trainees will recall various community interventions they have observed and participated in that raised issues in their minds and describe and role play these in the training setting to support reflection and learning.</p> <p>For example, in the case of a screening survey taking place in a village, trainees can be divided into two groups and one Individual – one group playing the part of community members and one group the part of family members of a child with disability, while the trainee recalling this situation plays the part of the CBID worker coming to do the survey</p>	Trainees describe the situation they recall in detail and nominate other trainees to play the 'parts' of the story, so it can be visualised for deeper reflection on the issues raised

References:

- <https://www.researchgate.net/publication/228345580> Community participation in community-based rehabilitation programmes
- **EN Topic 24: Interventions at community level**

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Module 1: Conducts Interventions Within Scope of Role; Topic 2: Community Based Interventions

Session 4.2.1.1: Using the developmental checklist designed in Wk 4			
Phase Three; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will complete their developmental delay checklist in preparation for use in Week 12			
Time	Content	Activities	Resources
	Developmental delay checklists	Completion of own checklist and discussion	

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**

Notes:

- See Week 4

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities MODULE 3: Documentation and Reporting; Topic 1: Reporting Formats

Session 2.3.1.2: Preparing various reporting forms			
Practical Session 4: PRA report			
	Orientation on preparing a report on Participatory Rural Appraisal that has been just conducted (Link with ICD Phase Two)	Discussion with the trainees on core components for the report and how it will be used	
Practical Session 5: SHG reporting needs			

References:

- **EN Topic 6: Reporting formats**

Notes:

- Refer to 2.3.1.1 (Phase One)

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 1:

Prepares Work Plans; Topic 3: Reflective Planning

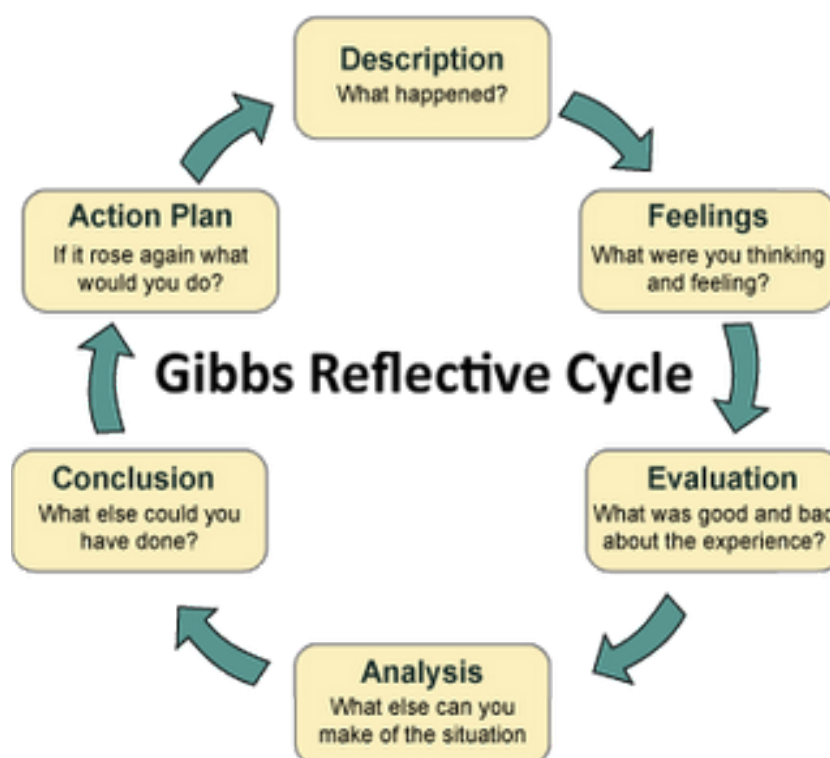
Session 2.1.3.1: Reviewing and reflecting on work plans			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: will help the trainee to review work plans periodically and reflect on their outcomes			
Time	Content	Activities	Resources
	<p>Introduction to reflective planning</p> <p>-Methods and techniques that support the CBID workers to reflect on their experiences and actions and engage in a process of continuous learning</p> <p>Trainer can support trainees to focus on their thoughts to develop ideas, gain confidence to experiment the ideas, preparing an action plan and strategies, writing them down in own language for further reflection and analysis</p>	<p>The trainer introduces the video to be shown.</p> <p>Before this, the trainees to visualize as him/her being the protagonist and how the task will unfold/be completed:</p> <p>Learner to make a record of the below:</p> <ul style="list-style-type: none"> - What is your set goal or target? - What are your thoughts and ideas to achieve the goal? Record your thoughts. - Visualise how it will be completed. Make a record of your idea on the final result. <p>On completion of the task, the trainer to run two videos giving comparison of events with good planning and ineffective planning</p> <p>Peer exercise:</p> <p>The trainee to discuss with their peers on the individual task at the start of the session and share how you had imagined the task to be completed.</p> <ul style="list-style-type: none"> - What was your set goal or target in the video? - What were your thoughts and ideas to achieve the goal? - How did it turn out in the video? - How would you work it out better if given another opportunity? 	<p>Pen</p> <p>Paper</p> <p>LCD projector and screen</p> <p>Video</p>
	<p>Trainer can introduce the Gibbs Reflective Cycle:</p> <p>Refer picture below at the end of the session plan.</p>	<p>Trainer to share about the Gibbs reflection cycle briefly.</p> <p>Group reflection:</p> <p>Trainees divide into groups to reflect on the two videos. Document the following:</p> <ul style="list-style-type: none"> - What went well and why? - What did not go well and why? - What could have been done differently? 	
Time	Content	Activities	Resources

Practicals:			
	Reflective planning – exercise one (Phase Two) May need to be time slotted in theory week Links with 2.1.1	Individual task accomplishment (taken up in the last one-two months) - self-reflection and assessment Discussion with peer: Experience sharing on the above task	
	Reflective planning – exercise one (phase 3) May need to be time slotted in theory week Links with 2.1.1	Group task accomplishment (taken up in the last one to two months) Discussion within the group on the below: - What went well and why? - What did not go well and why? - What could have been done differently?	

References:

- <https://www.mindtools.com/pages/article/reflective-cycle.htm>
- <https://academic.oup.com/jpubhealth/article/35/2/308/1543818>
- **EN Topic 16: Reflective planning**

Gibbs reflective cycle: Helping people learn from experience:



ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plan and Implement

Participatory Approaches; Topic 4: Undertaking PRA/PLA (Major Project)

Session 2.2.4.1a: Assignment – Practicing Resource Appraisal			
Phase Two; 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
	Practical Activity: Revision of material	<p>The trainees are to individually read through the manual and then in pairs share their learnings and also clarify their doubts.</p> <p>The trainees are then divided into three groups and each group is given four tools to practice and also to document within the campus. The trainees are suggested to use materials that are available.</p> <p>After 60 minutes the trainees return and present only the results of one tool and this is followed by interaction and discussion. At the end of the session the trainees bring together all the content to ensure that the overall aim of PRA is understood</p>	Flip charts, Computer, LCD, materials required for conducting PRA.
	PRA in the context of disability	Input – factors to consider in using PRA tools to address disability issues	Participatory Learning and Action Journal

References:

- <https://www.iied.org/participatory-learning-action> - Journal
- <https://pubs.iied.org/sites/default/files/pdfs/migrate/14500IIED.pdf?#page=7> – PLA Journal article – using PRA for disability inclusion – pp5-11
- Disability KAR (Knowledge & Research) – Manual;
- PRA Manual: FAO
- **EN Topic 5: Participatory Rural Appraisal - relevant across the PRA project**

Notes:

- See Phase One, Week 3

ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plan and Implement Participatory Approaches; Topic 4: Undertaking PRA/PLA (Major Project)

Session 2.2.4.1b: Assignment – Using visual tools for representing PRA/PLA			
Phase: 1			
Session Duration: 1x90mins			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will explore and select ways to graphically organise the findings of their community mapping placement			
Time	Content	Activities	Resources
	Intro to PRA visual techniques and describing each briefly	<ul style="list-style-type: none"> A distinctive aspect of PRA has been the shared visual representations and analysis by local people, such as mapping or modelling on the ground or paper; estimating, scoring and ranking with seeds, stones, sticks or shapes; Venn diagrams; free listing and card sorting; linkage diagramming; and presentations for checking and validation: so these are often described as 'PRA methods.' Graphic organisers provide visual representations of experience. They arrange information so it is possible to see the progression of ideas and relationships between them. Graphic organisers such as diagrams and maps encourage trust, participation and the incorporation of local ideas, perceptions and experiences which also provide scope for triangulation The diagram or map provides a useful basis for questions and discussion Where there is illiteracy, the use of symbols, mapping and diagramming mitigates the literacy barrier and facilitates equal participation by all involved 	Handout: Graphic Organizers examples:
	Practice visually representing of a local feature/ asset	<ul style="list-style-type: none"> Trainees develop an inventory of possible resources or features to be mapped/ profiled and select one Trainees join with 1-3 others who have selected the same resource/ feature as themselves Trainees consider different ways to visually represent their resource and choose one Trainees work together to visually represent their resource/ feature 	
	Feedback	Each group demonstrates their depiction	

References:

- <https://participedia.net/method/4907>
- <https://www.sophia.org/tutorials/creating-a-graphic-organizer>
- <https://www.theteachertoolkit.com/index.php/tool/graphic-organizers>
- <https://www.techlearning.com/tl-advisor-blog/9736>
- <https://pdst.ie/sites/default/files/GraphicOrganiserFinal.pdf>
- <https://visme.co/blog/graphic-organizer/>
- <https://steps-centre.org/pathways-methods-vignettes/methods-vignettes-participatory-rural-appraisal/>
- Chambers R (1994). The origins and practice of PRA. *World Development*, 22(7), 953-969.
- Paul R (2006). *PRA Manual*. St Lucia: FAO

ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plan and Implement

Participatory Approaches; Topic 4: Undertaking PRA/PLA (Major Project)

Session 2.2.4.1c: Assignment – Writing the PRA/PLA Work Plan			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will prepare a work plan of their PRA/PLA project			
Time	Content	Activities	Resources
	Prepare a PRA/PLA work plan	This also meets the requirement of PB&RP 2.1.1.2: Develop a work plan, execute, and review	Flip charts, Computer, LCD, materials required for conducting PRA.

Week 10

Week 10	Phase Two Block 2 Week 2 In-field	
	AM	PM
MONDAY	3.1.1.2 Develop awareness materials correcting myths about disability with facts and provide these in at least two different formats	2.2.4.1d PRA Assignment
TUESDAY	2.3.1.2 cont. Prepare any PRA forms needed	2.2.4.1 PRA Assignment
WEDNESDAY	2.1.2.1 (input) Time management	3.1.1.2 Disability awareness materials cont.
THURSDAY	2.2.4.1d PRA Assignment	3.2.2.2 Certification - Completing at least 5 application forms, using different certificates
FRIDAY	2.2.4.1d PRA Assignment	3.2.2.2 Certification cont.

Phase Two Week 10

A&I

- 3.1.1.2/3.1.2.2 Information in different formats and delivered in a timely and appropriate way
- 3.2.2.2 Completing certification

PB&RP

- 2.3.1.2 Preparing PRA reporting forms
- 2.1.2.1 Time management

ICD

- 2.2.4.1d PRA assignment

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 1: Appropriate, Timely Information; Topic 1: Accessible Formats for Sharing Information

Session 3.1.1.2/3.1.2.2: Awareness Material in Accessible Formats and Timely Considerations

Developing awareness materials in different formats and considering aspects of timeliness and appropriateness of sharing – continued from Week 9, p.136

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 2: Certification; Topic 2: Pre-requisites and Ensuring Eligibility

Session 3.2.2.2: Completing Certification

Completing certification – continued from Week 9, p.137

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities MODULE 3: Documentation and Reporting; Topic 1: Reporting Formats

Session 2.3.1.2: Preparing PRA/PLA Report Forms

Preparing PRA reporting forms – continued from Week 9

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 1: Prepares Work Plans; Topic 2: Time Management

Session 2.1.2.1: Strategies for Effective Time Management			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: This session aims to help the trainee manage time effectively			
Time	Content	Activities	Resources
	<u>What is Time Management?</u> (see Resources below) Definitions Understanding Time management	PPT - Interactive Lecture using PPT presentation on what time management is	PPT presentation Trainers manual
	<u>Why Time Management?</u> Discuss the importance of time management	<u>Think Pair Share</u> Ask trainees to think of an incident where they faced problems because they did not do a particular thing on time? e.g. missing a train. And why it happened? Students can discuss their stories in pairs and then a few can share	Flipchart / white-board to write on
	<u>Strategies for effective Time management</u> Concepts of Time management Stephen Covey’s Time Management Matrix (see Resources below)	PPT - Deliver an Interactive Lecture using PPT presentation on strategies for effective time management This can be followed by small group discussion to see how it applies to them as CBID workers	PPT presentation

Resources:

- Understanding time management: <https://www.mindtools.com/pages/article/newHTE 00.htm>
- Stephen Covey’s Time Management Matrix:

	URGENT	NOT URGENT
IMPORTANT	Quadrant I: Urgent & Important	Quadrant II: Not Urgent & Important
NOT IMPORTANT	Quadrant III: Urgent & Not Important	Quadrant IV: Not Urgent & Not Important

- **EN Topic 17: Time management, timely reporting**

ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plan and Implement Participatory Approaches; Topic 4: Undertaking PRA/PLA (Major Project)

Session 2.2.4.1d: Assignment – Conducting a PRA (Week 1 of 3)
Phase Two; Session Number:
Session Duration: 3 weeks
Number of Trainees:
Learning Outcomes to be Achieved: Trainees will profile the assets and capacity of the community and present it using PRA tools
<p>This is a practical session which will be conducted in the village/community over a period of two weeks, with a third week to complete the report.</p> <p>Depending on the number of trainees, each group will consist of four trainees and each group will be supervised by a Field Worker/Coordinator of an already existing CBR/CBID programme.</p> <ol style="list-style-type: none"> Before the Field Work commences the whole team of CBR workers and CBID Trainees will come together for a briefing session (2 × 90 mins; Friday PM of theory week beginning Phase Two). <ol style="list-style-type: none"> It is most essential that the trainees are made aware that the exercise must include all marginalised groups and in the context of CBID persons with disabilities are included and also persons with lived experience of disability (parents, siblings, caregivers). The Trainer will once again revise the Tools of PRA and go through the protocols in the Manual/ Handbook and ensure that all very clear on the methodology. The protocols to be followed in engaging with the community will also be revised. Each group will then go to the community and conduct the exercise using locally available materials. As the PRA exercise is being conducted the same is documented using mobile phones and also any means that the community uses. It is important that as the PRA exercise is being conducted, the trainer continuously guides the trainees in focussing on the overall aim of the exercise – to map the assets of the community and also to identify the problems faced by the community in terms of development and inclusion. At the end of each day the trainer should bring the group together to share and reflect on the day and also to document all the findings and learnings. If the community is brought together for the sharing, then the skills of the trainee are also observed in terms of facilitation skills and allowing the community to share in their own way. At the end of the two weeks each group puts together all the results of the PRA and a day is fixed when the presentation is made in the village. The trainees in each group organise the presentation and ensure that presentation as far as possible is made by the community members. The sharing is also used to identify the problems faced by the community and a Problem Tree is drawn. The trainees are assessed on their facilitation skills and skills of organising community meetings. The results of the PRA are well documented in different ways and the report is made immediately. The results of the PRA will be used to prepare projects/campaigns for U4M5

Week 11

Week 11	Phase Two Block 2 Week 3 In-field	
	AM	PM
MONDAY	3.3.1.3 (Portfolio) Rehab resource directory and referral pathway	2.2.4.1d PRA/PLA Assignment Wk 2
TUESDAY	2.1.2.2 Interview CBID worker on their time management in the field and write up in your journal	2.2.4.1d PRA/PLA Assignment
WEDNESDAY	2.1.3.2 Reflect on individual task execution and share with a peer (no assignment with this – discussion is to focus on the ability to plan reflectively in order to manage tasks and responsibilities)	3.3.1.3 Rehab resource directory and referral pathway cont.
THURSDAY	2.2.4.1d PRA/PLA Assignment	3.3.1.3 Rehab resource directory and referral pathway
FRIDAY	2.2.4.1d PRA/PLA Assignment	3.3.1.3 Rehab resource directory and referral pathway cont.

Phase Two Week 11

A&I

3.3.1.3 **Portfolio project (cont.):** Rehab resource directory and referral pathway

PB&RP

2.1.3.2 Reflect on individual task execution and share

2.1.2.2 Time management – interviewing CBID worker

ICD

2.2.4.1d **PRA assignment** Wk 2

A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 3: Links People to Appropriate Services; Topic 1: Referrals

Session 3.3.1.3: Rehab resource directory and referral pathway

Portfolio assignment – Develop a file of rehab services in your community – work with 3-4 local others

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 1: Prepares Work Plans; Topic 3: Reflective Planning

Session 2.1.3.2: Reflection on Individual Task Execution

Reflect on individual task execution, report in your journal and share findings with trainer

References:

- *EN Topic 16: Reflective planning*

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 1: Prepares Work Plans; Topic 2: Time Management

Session 2.1.3.2: Reflection on Individual Task Execution

Write-up a report of this interview in your journal, noting the strategies used to manage time

References:

- *EN Topic 17: Time management, timely reporting*

ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plan and Implement Participatory Approaches; Topic 4: Undertaking PRA/PLA (Major Project)

Session 2.2.4.1d: PRA/PLA Project

PRA **assignment** continued (Week 2 of 3)

Week 12

Week 12	Phase Two Block 2 Week 4 In-field	
	AM	PM
MONDAY	4.8.1.1 Ongoing and summative evaluations of progress from intervention Portfolio	2.2.4.1d PRA Assignment (wk 3 of 3)
TUESDAY	2.2.3.1 (input) Disaster preparedness	2.2.4.1d PRA Assignment
WEDNESDAY	2.2.3.2 Discuss with two experienced colleagues the effect of social unrest/ disasters on work plans and write up your thoughts in your journal	4.8.2.1 Reformulation of goals from evaluation and feedback systems
THURSDAY	2.2.4.1d PRA Assignment	4.2.1.2 Using developmental delay checklist with a typically developing child
FRIDAY	The week concludes with opportunity to catch up with assignments, ask questions, and for the trainer to conduct a mid-course review	

The Friday session may provide opportunity for trainees to reflect on individual and group accomplishments across the last two months. Suggestions for carrying out such a reflection session were provided in PB&RP 2.1.3.1 – Week 9: Reviewing and Reflecting on Plans:

Reflective planning – exercise one (Phase Two) May need to be time slotted in theory week Links with 2.1.1	Individual task accomplishment (taken up in the last one-two months) - self-reflection and assessment Discussion with peer: Experience sharing on the above task
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Phase Two Week 12

A&I

- 4.8.1.1 **Portfolio** – Ongoing and summative evaluations of progress from intervention
- 4.8.2.1 Reformulation of goals from evaluation and feedback systems
- 4.2.1.2 **Hurdle** and **Journal** – Using developmental delay checklist with a typically developing child

PB&RP

- 2.2.3.1 Disaster preparedness
- 2.2.3.2 Effect of disasters on work plans

ICD

- 2.2.4.1d **PRA assignment** (Wk 3 of 3)

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Module 8: Monitors and Evaluates Interventions; Topic 1: Monitoring and Information Gathering

Session 4.8.1.1: Ongoing and summative evaluations of progress from intervention			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will discuss and prepare to monitor and evaluate the therapeutic interventions they have been implementing			
Time	Content	Activities	Resources
	Introduction: definition of key terms, why evaluation is important	Presentation about the importance of collecting objective data about progress	Laptop, LCD
	Types of evaluation: developmental (ongoing) and summative	Presentation Group discussion on difference between the two and need for both	Laptop, LCD, charts, markers
	Conducting developmental evaluation	Expectation of CBID worker Familiarising with the prescribed format for ongoing evaluation	Laptop, LCD, Format for ongoing evaluation – file in Portfolio
	Conducting summative evaluation	Expectation of CBID worker Familiarising with the prescribed format for summative evaluation	Laptop, LCD Format for summative evaluation – file in Portfolio

References:

- Canadian Occupational Performance Measure (COPM) <https://www.thecopm.ca/learn/> (see explanation, Week 15)
- Performance Quality Rating Scale (PQRS) (see explanation Week 15)
- Goal Attainment Scale–http://elearningcanchild.ca/dcd_pt_workshop/assets/planning-interventions-goals/goal-attainment-scaling.pdf–another method for scoring the extent to which goals are achieved in the course of intervention

Goal Attainment Scaling (GAS)

Goal Attainment Scaling (GAS) Record Sheet continued

Patient stated goal	SMART goal	Imp	Diff	Baseline	Achieved	Variance (Describe achievement if differs from expected and give reasons)
4.		0 1 2 3	0 1 2 3	<input type="checkbox"/> Some function <input type="checkbox"/> None (as bad as can be)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input type="checkbox"/> As expected <input type="checkbox"/> Partially achieved <input type="checkbox"/> Same as baseline <input type="checkbox"/> Worse
5.		0 1 2 3	0 1 2 3	<input type="checkbox"/> Some function <input type="checkbox"/> None (as bad as can be)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input type="checkbox"/> As expected <input type="checkbox"/> Partially achieved <input type="checkbox"/> Same as baseline <input type="checkbox"/> Worse
6.		0 1 2 3	0 1 2 3	<input type="checkbox"/> Some function <input type="checkbox"/> None (as bad as can be)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input type="checkbox"/> As expected <input type="checkbox"/> Partially achieved <input type="checkbox"/> Same as baseline <input type="checkbox"/> Worse

Summary

Baseline GAS T-score:	Achieved GAS T-score	Change in GAS T Score
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A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Module 8: Monitors and Evaluates Interventions; Topic 2: Collaborative Discussion and Goal Reformulation

Session 4.8.2.1: Reformulation of goals from evaluation and feedback systems			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will discuss and prepare to work collaboratively with individuals and families on goal reformulation following M&E			
Time	Content	Activities	Resources
	Obtaining feedback from stakeholders	Different strategies for working collaboratively with families and obtaining feedback	Feedback forms, questionnaires
	Reformulation of goals:	Presentation on the need for reformulation of goals, how the decision is made, the involvement of all stakeholders, and the process of reformulation	Laptop, LCD

References:

- <https://www.pacer.org/ec/early-intervention/ifsp.asp>
- <https://pdfs.semanticscholar.org/7169/c5cbffc313accab47e9c36d30426bc5b8c96.pdf>

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Module 1: Conducts Interventions Within Scope of Role; Topic 2: Community Based Interventions

Session 4.2.1.2: Administering a checklist to assist identification of developmental delay			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Creates Checklist to Identify Developmental Delay			
Time	Content	Activities	Resources
	Explain stages of child development	Administering the Developmental Delay Checklist with a typically developing child Hurdle	Developmental Delay Checklist
	Practicum	Administer checklist in community	
	Reflection	Journal your results and any queries/ critiques of your tool	

Notes:

- Refer to Wk 9 for checklist development

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

MODULE 2: Manage Contingencies; Topic 3: Disaster preparedness

Session 2.2.3.1: Disasters and effect on work plans			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Introduction to disasters and disruptions, social unrest, planning for oneself in such situation			
Time	Content	Activities	Resources
	Introduction to the session	Video of a natural disaster	
	Man-made disaster/ disruption	Role play of minor disruption to a day's work- bus strike/ breakdown Large group discussion- identify a recent local event which has disrupted life- strike/ bandh/ fire/ election	
	Effect on work plans	Individual work	
	What can I do in a disaster, small or big?	Brainstorming	

Resources:

- www.spherehandbook.org
- Civil unrest CBM Document (attached at the end as resource material)
- **EN Topic 18: Disaster preparedness**

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

MODULE 2: Manage Contingencies; Topic 3: Disaster preparedness

Session 2.2.3.2: Vulnerability of people with disability in disaster and need for inclusive disaster risk reduction			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees hear from experienced colleagues about the impact of disasters on people with a disability and strategies to raise community awareness			
Time	Content	Activities	Resources
	Types of disasters	Enumerate recent disasters – Corona virus and other pandemics/ cyclones/ floods/ etc. – national and local. Group work on effects of disasters	
	Vulnerability during disasters	Introduce particular vulnerable groups	
	Effect of disasters on people with disabilities	PowerPoint	Asian disaster preparedness unit PowerPoint (see Resources below)
	Case study of disaster in a CBR area	Analyse effects; consider prevention	
	Disaster risk reduction	Presentation	PPT
	How do we make disaster risk reduction inclusive?	Brainstorm / group discussion	
	Map community consideration of disability in disaster preparedness plans	Walk through community and identify risks for people with disabilities: Identify shelters, warning systems and their accessibility and note in journal	Experienced colleagues accompany this walk

Resources:

- Asian Disaster Preparedness Unit – [https://www.cbm.org/article/downloads/54741/DRR Booklet.pdf](https://www.cbm.org/article/downloads/54741/DRR%20Booklet.pdf)
- **EN Topic 18: Disaster preparedness**

ICD UNIT TWO: Engage and Profile the Community; MODULE 2: Plan and Implement Participatory Approaches; Topic 4: Undertaking PRA/PLA (Major Project)

Session 2.2.4.1d: PRA/PLA Project

PRA assignment continued (Week 3 of 3)

Phase Two Block 3 Timetable

		Week 13	Week 14	Week 15	Week 16
MONDAY	am	4.2.2.1 (input) Orients families on skills to enhance movements and functioning in PWD (Setup)	4.3.1.2 ADIP form for fitting and training assistive and rehab devices – fill this in for a person and submit it to a designated centre	4.2.2.3 Supporting movement learning needs cont.	4.4.2.2 Task analysis for ADL activities cont.
	pm	3.2.1.3 (Setup) Letter writing to local government officials 3.2.3.2 (Setup) Issues and gaps in government compliance 4.1.1.1 (input) Exploring the role of the change agent	3.2.3.2 Complete government compliance gap analysis	4.2.1.1 (input) Networking across sectors using the CBR matrix	4.2.2.1 (input) Responding to challenges of working together and building positive working relationships
TUESDAY	am	2.3.2.1 (input) Timely reporting	2.3.1.2 Preparing draft reports and forms – Training Report, IRP (with A&I)	2.3.3.1 (input) Writing and presenting case studies	2.3.3.2 Developing case studies - obtaining consent
	pm	4.1.1.2 (input) Identifying the undergirding theory of change	3.2.3.2 Government compliance gap analysis cont.	4.2.1.2 (input) Using networks to collect data to support advocacy campaigns and build commitment to change	4.2.2.2 Documenting conversations responding to the challenges of working together (refer to 1.3.2.2 of PB&RP)

		Week 13	Week 14	Week 15	Week 16
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	2.3.2.1 Submitting assignments on time	2.3.1.2 Preparing reports and forms cont.	2.3.3.2 Develops 2 case studies in a small group (using notes from work with families for A&I 2.5.1/ 2.5.2/ 2.6.1)	2.3.2.2 (input) Taking meeting minutes
THURSDAY	am	4.1.2.1 (input) Facilitating grassroots empowerment (Setup) 4.1.2.3 (Setup) Evaluating and reporting empowerment 4.2.2.1 (Setup) Responding to the challenges of working together	3.2.1.3 Writes letter to local government official	4.2.1.2 Develops a guidebook of local agencies to support networking for ICD	4.2.2.2 Documenting challenging conversations cont
	pm	4.4.1.1 (input) Training basic O&M techniques 4.5.1.1/4.5.1.2 Total communication and selecting a mode to develop greater proficiency in	4.2.3.2 Supporting movement learning needs cont.	4.2.2.2 Supporting movement learning needs cont.	4.5.1.2 Demonstrating improvement in communicating with client using their preferred mode
FRIDAY	am	4.1.2.2 (input) Catalytic storytelling	4.1.2.3 Evaluating programs for their empowerment facilitation using the Domains of Community Empowerment tool and reporting results to program manager(s) (connects with PB&RP 2.3.4.2)	4.2.1.2 ICD Agencies Guidebook development cont.	The week concludes with opportunity to meet with trainers and get support and input on assignments
	pm	4.5.2.1 (input) Lists and demonstrates alternative communication systems for different needs 4.4.2.1 (input) ADL areas and task analysis to support skill development		4.4.2.2 Demonstrate teaching of ADL skills	

Phase Two Block 3 Session Plans

Week 13

Week 13	Phase Two Block 3 Week 1 In-field – Input week	
	AM	PM
MONDAY	<p>4.2.2.1 (input) Orients families on skills to enhance movements and functioning in PWD (Setup)</p> <p><i>During this next block you will support and instruct people and families in movement learning support</i></p>	<p>3.2.1.3 (Setup) Letter writing to local government officials (Assignment)</p> <p><i>During this block, trainees will write to a local government official, raising awareness and enlisting support in improving local inclusion</i></p> <p>3.2.3.2 (Setup) Issues and gaps in government compliance (Assignment)</p> <p><i>During this block, trainees will use the gap analysis tool discussed in Phase One to identify gaps and issues in service delivery systems for local people and complete a gap analysis</i></p> <p>4.1.1.1 (input) Exploring the need for a change agent and their role in the local community</p>
TUESDAY	<p>2.3.2.1 (input) Timely reporting</p>	<p>4.1.1.2 (input) Identifying the undergirding theory of change. <i>This will be used during the Community Project assignment in Phase 3</i></p>
WEDNESDAY	<p>2.3.2.1 Submitting assignments on time – <i>this is an allocation of time for completion of unfinished work and negotiating extensions</i></p>	<p>4.4.3.1/4.4.3.2 (input) Selects mobility devices appropriately</p>

Week 13	Phase Two Block 3 Week 1 In-field – Input week	
	AM	PM
THURSDAY	<p>4.1.2.1 (input) Facilitating grassroots empowerment (Setup) (Journal)</p> <p>4.1.2.3 (Setup) Evaluating and reporting empowerment <i>During this block, the trainee will use a tool to evaluate grassroots empowerment in a CBID program – this will be prepared as a report for the program manager(s) (Journal)</i></p> <p>4.2.2.1 (Setup) Responding to the challenges of working together</p> <p><i>During the next block, trainees will document at least three conversations illustrating good practice in responding to challenges in the CBID team working together</i></p>	<p>4.4.1.1 (input) Training basic O&M techniques</p> <p>4.5.1.1 (input) and 4.5.1.2 Communication modes and Selection of one to develop greater proficiency in</p>
FRIDAY	<p>4.1.2.2 (input) Catalytic storytelling. <i>A file of catalytic stories will be developed during the Community Project assignment in Phase 3 (Assignment)</i></p>	<p>4.5.2.1 Lists and demonstrates alternative communication systems for different needs</p> <p>4.4.2.1 (input) Analysing different ADL requirements (Setup)</p> <p><i>During this next block you will complete task analyses for different ADL tasks (Hurdle)</i></p>

Phase Two Week 13

A&I

- 4.2.2.1 Enhancing movement function
- 4.4.3.1/4.4.3.2 Mobility devices
- 4.4.1.1 O&M techniques
- 4.5.1.1/4.5.1.2 Communication modes and developing proficiency
- 4.4.2.1 **Hurdle** – ADL tasks – task analysis

PB&RP

- 2.3.2.1 Timely reporting

ICD

- 3.2.1.3 **Assignment** – Writing to government officials
- 3.2.3.2 **Assignment** – Government compliance gap analysis
- 4.1.1.1 The role of the change agent
- 4.1.1.2 **Assignment** – Theory of change
- 4.1.2.1 **Journal task** – Facilitating empowerment
- 4.1.2.3 **Journal task** – Evaluating and reporting empowerment
- 4.2.2.1 Responding to challenges of working in teams
- 4.1.2.2 **Assignment** – Catalytic storytelling

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 2: Enhances Holistic Development of Individual with Disability; Topic 2: Enhancing Movement and Independent Functioning

Session 4.2.2.1: Engaging Families in Enhancing Movement Function			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Orients Families on skills to enhance movements Functioning in PWD			
Time	Content	Activities	Resources
	Basic skills to manage physical movement	Demonstration from the Field Expert. Practice has to be done under supervision	Required Therapy Materials Videos Laptop
	Basic skills to manage sensory modalities	Demonstration from the Field Expert. Practice Has to be done under supervision	Required Therapy Materials
	Basic skills to manage speech and language	Demonstration from the Field Expert. Practice Has to be done under supervision	Required Therapy Materials
	Orient CBID workers to manage basic Behaviour management Skills	Demonstration from the Field Expert. Practice Has to be done under supervision	Required Therapy Materials
	Orient CBID workers to manage basic Infant stimulation Skills (Early Interventionist)	Demonstration from the Field Expert. Practice Has to be done under supervision	Required Assessment Materials Developmental growth Chart
	Orient CBID workers to manage basic pre-academic skills	Demonstration from the Field Expert. Practice Has to be done under supervision	Required Assessment Materials School Readiness Checklist
	Orient CBID workers to manage basic counselling Skills	Demonstration from the Field Expert. Practice Has to be done under supervision	Family Counselling Performa

References:

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 4: Conducts Training in Basic O&M and ADL Techniques; Topic 3: Mobility Devices

Session 4.4.3.1/4.4.3.2: Mobility Devices for Different Requirements and Selecting Appropriate Mobility Devices			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will be aware of different mobility devices			
Time	Content	Activities	Resources
	4.4.3.1 Devices for VI	Listing devices and explaining for whom it will be useful	<ul style="list-style-type: none"> ● Mobility cane ● Video clippings
	Devices for Ortho and MD	Listing devices and explaining for whom it will be useful	<ul style="list-style-type: none"> ● Devices ● Video/ clippings
	4.4.3.2 Application	Case studies of people with different mobility impairments and group discussion and selection of devices for each	People with disabilities or written case studies

References:

- <https://www.who.int/disabilities/publications/technology/jpp final.pdf>

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 4: Conducts Training in Basic O&M Techniques; Topic 1: O&M T4chniques

Session 4.4.1.1: Instructing in Orientation & Mobility (O&M) Techniques			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Familiarisation with O&M techniques			
Time	Content	Activities	Resources
	Sighted guide techniques	-in classroom demonstrate steps in sighted guide -outside classroom blindfold trainees and make them to follow the steps in sighted guide	<ul style="list-style-type: none"> ● Blindfold ● Manual/functional checklist materials ● Power point ● Short films
	Cane techniques	-in the classroom demonstrate the way to hold the cane and how to walk with the cane. -outside classroom blindfold the trainees and make them walk by following the steps in cane techniques.	<ul style="list-style-type: none"> ● Blindfold ● Manual/functional checklist materials ● Power point ● Short films
	Use of other senses Clue techniques	-blindfold the trainee & let them to recognise what they touch, hear, smell, taste. (Auditory, Tactual, Olfactory, Gustatory)	<ul style="list-style-type: none"> ● power point ● hand out ● materials
	Evaluation	Demonstrate different O&M techniques	

References:

- <https://www.familyconnect.org/info/expanded-core-curriculum/expanded-core-curriculum-subjects-and-skills/orientation-and-mobility-7925/345>
- <https://www.teachingvisuallyimpaired.com/mobility-skills.html>
- **EN Topic 32: Orientation and mobility**

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 5: Communicates Basic Information Using Different Methods; Topic 1: Total Communication

Session 4.5.1.1/4.5.1.2: Communication modes and Developing Proficiency in Different Modes			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will demonstrate knowledge of total communication modes and begin developing proficiency in one			
Time	Content	Activities	Resources
	Introduction to communication	Expressive and receptive communication – role play	<ul style="list-style-type: none"> Hand outs whiteboard
	Total communication Meaning & uses	Discussion and demonstration of different modes of communication	Power point
	4.5.1.2 Developing proficiency in a selected mode	Trainees select a mode of communication used by a client in their current placement to develop proficiency (gesture, lip reading, sign, writing, reading, painting, symbols, pictures, speech)	

References:

- https://www.researchgate.net/publication/281784542_COMMUNICATION_SKILLS_IN_THE_DISABLED
- **EN Topic 33: Total communication**

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 5: Communicates Basic Information Using Different Methods; Topic 2: Alternative Communication Systems

Session 4.5.2.1: Alternative & Augmentative Communication – Special Modes of Communication Aids.

Phase Two; Session Number:

Session Duration:

Number of Trainees:

Learning Outcomes to be Achieved: Trainees will consider alternative communication systems for persons with different communication needs in preparation for creating an alternative communication board in Phase 3 (Wk 23)

Time	Content	Activities	Resources
	Introduction to AAC		Power point Hand out materials
	Types of AAC- Unaided form &unaided form	Discuss: Unaided form of AAC Aided form of AAC	Power point Hand out materials
	Modes of communication aids	Trainees list and demonstrate different types of communication modes (braille, audio, finger spelling, palm reading, large print, etc.)	Models Pictures Handout materials Demonstration

References:

- <http://www.inclusive.co.uk/articles/alternative-and-augmentative-communication-aac-a280>
- **EN Topic 34:** *Alternative and augmentative communication*

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 4: Conducts Training in Basic O&M and ADL Techniques; Topic 2: ADL Task Analysis

Session 4.4.2.1: ADL Areas and Task Analysis to Support ADL Skill Development			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will be able to describe different areas in ADL and prepare task analysis for each area			
Time	Content	Activities	Resources
	Skills in ADL	Discuss different areas/ skills in ADL	<ul style="list-style-type: none"> ● Manual ● Power point ● laptop
	<i>Task analyses and chaining</i>	Demonstrating using task analysis method to train a skill in ADL Developing task analysis for a skill- exercise	<ul style="list-style-type: none"> ● Manual ● Power point ● Chart ● person
	Evaluation	Group will demonstrate teaching of ADL skills	Hurdle

References:

- <https://www.aptiv.org/services-we-offer/adults/learn/daily-living-skills-training>
- **EN Topic 28: Skills for holistic development**

UNIT TWO: Organise and Manage Tasks and Responsibilities

MODULE 3: Documentation and Reporting; Topic 2: Timely Reporting

Session 2.3.2.1: Timely Submission of Reports and Assignments			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will appreciate the importance of submitting reports on time			
Time	Content	Activities	Resources
	<u>How does poor time management affect clients?</u> Importance of timely reporting and speaking up on behalf of clients	<u>Group Discussion</u> If a CBID worker is not able to manage their time well, who are all the people who are impacted by this? What negative outcomes can occur for our clients as a result of our delays?	
	<u>Avoiding Procrastination and seeking help</u> (see Resources below)	<u>PPT</u> - Deliver an Interactive Lecture using PPT presentation on strategies for effective time management	PPT presentation
	<u>Summary</u>	<u>Reflection (Self & Large Group)</u> Trainees to note two new things learnt	

References:

- Avoiding procrastination and seeking help: <https://www.mindtools.com/pages/article/newHTE96.htm>
- **EN Topic 17: Time management, timely reporting**

Notes:

See presentation on time management – Weeks 10 and 11

ICD UNIT THREE: Works with Government Agencies; MODULE 2: Supports Inclusion Commitments and Compliance; Topic 1: Meeting and Enlisting Government Officials

Session 3.2.1.3: Enlisting Govt. Officials and Developmental Officials Through Letter Writing			
Phase Two; Session Number:			
Session Duration:			
Number of trainees:			
Learning Outcomes to be Achieved: Trainees will write to a local government official, raising awareness and enlisting support in improving local inclusion			
Time	Content	Activities	Resources
	Identifying local officials	Researching the officials of relevance to the situation requiring a letter	
	Developing format for writing to local officials		Paper Pencil
	Writing the letter – part of Community Project Assignment		

References:

- <https://frontline.thehindu.com/cover-story/sensitising-the-state/article8068400.ece>
- **EN Topic 6: Collaborating with government agencies**

Notes:

See Week 5

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

Session 3.2.3.2: Gap Analysis of Government Service Provision and Compliance			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will identify gaps and issues in service delivery			
Time	Content	Activities	Resources
	Practicum – Assignment	Gap Analysis – using the gap analysis tool discussed in Phase One, trainees will identify gaps and issues in service delivery systems for local people and complete a gap analysis	

References:

- [https://www.bio.org/sites/default/files/Negotiation%20Strategies Lesley%20Stolz.pdf](https://www.bio.org/sites/default/files/Negotiation%20Strategies%20Lesley%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**

Notes:

Gap analysis tool was discussed in Phase One, Week 4

ICD UNIT FOUR: Support Community Action; MODULE 1: Functions as a Change Agent; Topic 1: Roles and Tools of Change Agency

Session 4.1.1.1: Characteristics and Role Responsibilities of Change Agents			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Enlist the do's and don'ts for a change agent and develop a profile of a change agent			
Time	Content	Activities	Resources
	Social Change agents	Ice breaking activities of joining pieces of collage of famous people who brought out a social change	Pictures
	Responsibilities of a community change agent	The trainees will go through the case study and elicit the responsibility that the founder has shown to establish the Sahakari Samiti Ltd.	Case study of Naman Shahkari Samiti Ltd./ any other
	Qualities of a community change agent <ul style="list-style-type: none"> ● Vision ● Persistence ● Knowledge ● Leading by example ● Listener 	The trainer will guide the trainees to profile the qualities of a community change agent by linking the work that the founder of Naman Sahakari Samiti Ltd. Has undertaken	Case study of Naman Shahkari Samiti Ltd./ any other
	Recapitulation	Listing out the qualities of a community change agent describing the role responsibilities of a change agent	
	Practicum	Watch the case study of the Wellwater wheel and list down the qualities of the agent of community change	Wellwater wheel case study

References:

- <http://www.indiasanitationcoalition.org/resources/Case%20Study%20-%20Wello.pdf>
- <http://www.ngonaman.org/>
- <http://www.ngonaman.org/pdf/cooperatives.pdf>
- *EN Topic 8: Supporting community action*

ICD UNIT FOUR: Support Community Action; MODULE 1: Functions as a Change Agent; Topic 1: Roles and Tools of Change Agency

Session 4.1.1.2: Understanding Need for Change and Theory of Change in the Context of CBID			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Identify the problem, decide an action & plan a solution to bring about the change			
Time	Content	Activities	Resources
	Envisaged problem Introduction	Ice breaking activity: Each of the group members talks about a problem situation that they feel is a barrier for PWD's. Members raise a red or a green flag to indicate their responses	Red & Green flags or long & short sticks
	Identifying a problem in community for PwDs	The trainer lists down the problem under red or green columns and the group decides which problem is the most significant one	White board
	Stages of problem solving	The trainer undertakes a focus group discussion to arrive at a probable solution & notes down the member who take a lead to arrive at a solution	Diary
	Plan an action to bring about a change	Using a mind map the members draw a plan of action & the trainees note who takes a lead	White board
	Practicum	The trainer will take a consensus opinion & also share his/her views as to who was taking a lead in accordingly decide 1. What was the change i.e., solution decided by the group to address the problem and Who took the lead in bring in the change	Slide of theory of change

References:

- <https://diytoolkit.org/tools/theory-of-change/>
- <https://www.sopact.com/theory-of-change>
- **EN Topic 8: Supporting community action**

ICD UNIT FOUR: Support Community Action; MODULE 1: Functions as a Change Agent; Topic 2: Facilitating Roles of an External Catalyst

Session 4.1.2.1: Facilitating Grassroots Empowerment			
Phase Two; Session Number:			
Session Duration:			
Number of trainees:			
Learning Outcomes to be Achieved:			
<u>Session 4 Topic 1:</u> Differentiate the Right Based Approach from other approaches			
<u>Session 4 Topic 2:</u> Illustrate the process of formation of advocacy groups			
<u>Session 4 Topic 3:</u> Enlist strategies for capacity building for advocacy			
Time	Content	Activities	Resources
	Characteristics of a Self-Advocate for PwDs	Trainees will undertake self-assessment & realise that they are already an advocate. Trainer will jot down & pool the characteristics of advocates	Rating scale of advocacy activities Flip Chart
	Concept of a right based approach of advocacy Types of advocacy 1. Self 2. Representative Principles of advocacy: Empowerment, Autonomy, and citizenship	The trainer will use examples of the rating skill to establish the types of advocacy and principles of a right based approach for advocacy using of PPT	Powerpoint presentation
	Formation of advocacy groups Steps of advocacy groups for PWD's Establish rapport with PWDs and their families Having realistic expectations collecting data and information including GRs	Through a role or a mock play, the trainer will demonstrate and elicit the process of formation of advocacy groups	Role/ Mock play Flip Charts
	Capacity building of groups for advocacy Information sharing, Communicating, resource mobilization taking initiatives, self-motivation, management of people, crises management	The trainer could use a case study to depict how a self-help group was formed of PWDs and which skills they demonstrated advocated for their rights	Case Study of a self-help group Flip Chart
	Practicum	Recapitulation using the flip charts the trainer will consolidate the learnings about advocacy and trainees will develop posters	Chart Papers Markers

References:

- <http://www.pgssgkp.org/>
- www.leprosymission.in
- **EN Topic 9: Local leadership and groups**

ICD UNIT FOUR: Support Community Action; MODULE 1: Functions as a Change Agent; Topic 2: Facilitating Roles of an External Catalyst

Session: 4.1.2.3 Evaluating Community Empowerment in a CBID Program

Evaluating and reporting empowerment: Trainees will use a tool to evaluate a known CBID program such as Lavarack's community empowerment domains – this will be prepared as a report for the program manager(s)

References:

- Lavarack 2005: Using a domains approach to community empowerment

Lavarack's community empowerment domains express foundational requirements of organisations, programs and projects. If they want to be empowering – they must be actively seeking to:

Trainees could consider their placement organisation and interview their placement trainer as to how these elements are being considered. They could note this in their [Learning Journal](#) Exercise 11 [Appendix 28](#)

ICD UNIT FOUR: Support Community Action; MODULE 2: Establishes, Networks and Works with Groups for Advocacy and Action; Topic 2: Responding to Group Functioning Challenges

Session: 4.2.2.1 Responding to Challenges of Working in Teams:

Trainees will document at least three conversations illustrating good practice in responding to challenges in the CBID team working together (see PB&RP 1.3.2.2 also)

ICD UNIT FOUR: Support Community Action; MODULE 1: Functions as a Change Agent; Topic 2: Facilitating Roles of an External Catalyst

Session 4.1.2.2: Catalytic Storytelling

Trainees will continue developing stories of successful outcomes of empowered group activity (see Week 6 – Documenting catalytic stories)

Week 14

Week 14	Phase Two Block 3 Week 2 In-field	
	AM	PM
MONDAY	4.3.1.2 ADIP form for fitting and training assistive and rehab devices – fill this in for a person and submit it to a designated centre (Portfolio)	3.2.3.2 Complete government compliance gap analysis Assignment
TUESDAY	2.3.1.2 Preparing draft reports and forms – Training Report, IRP (with A&I) (Hurdle)	3.2.3.2 Government compliance gap analysis cont. Assignment
WEDNESDAY	2.3.1.2 Preparing reports and forms cont.	4.2.2.2 Supporting movement learning needs
THURSDAY	3.2.1.3 Writes letter to local government official Assignment	4.2.2.2 Supporting movement learning needs cont.
FRIDAY	4.1.2.3 Evaluating programs for their empowerment facilitation using the Domains of Community Empowerment tool and reporting results to program manager(s) Journal	

Phase Two Week 14

A&I

- 4.3.1.2 **Portfolio** – ADIP form for fitting and training assistive and rehab devices
- 4.2.2.2 Supporting movement learning needs

PB&RP

- 2.3.1.2 **Hurdle** – Preparing forms for various record keeping purpose

ICD

- 3.2.1.3 **Assignment cont.** – Writing to government officials
- 3.2.3.2 **Assignment cont.** – Government compliance gap analysis
- 4.1.2.3 **Journal cont.** – Evaluating and reporting empowerment

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

Session 4.3.1.2: ADIP Scheme Form Filling			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Sufficient knowledge on ADIP scheme - Assistance to Disabled Persons for purchasing / fitting of aids / appliances			
Time	Content	Activities	Resources
	Filling up form and submission to a designated centre – filing the ADIP form in the Portfolio	Trainees will identify the designated centre and submit a filled form to access assistive devices.	Blank ADIP form

References:

- Website of Ministry of Social Justice, Disability Division for ADIP scheme and all the details.
- **EN Topic 29: ADIP** - refer to here

Notes

This is the practicum – input on the ADIP Scheme is provided in Week 4

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 2: Enhances Holistic Development of Individual with Disability; Topic 2: Enhancing Movement and Independent Functioning

Session 4.2.2.2: Supporting Movement Learning Needs			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Orients Families on skills to enhance movement functioning			
Time	Content	Activities	Resources
	Practicum	Under supervision, demonstrate skills with individuals	

Notes

This is the practicum – input on supporting motor impairment is provided in Week 13

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 3: Documents and Reports; Topic 1: Reporting Formats

Session 2.3.1.2: Preparing Reporting Forms (relevant to individuals, DPOs and support groups)		
Practical Session 1: Developing a Training Report		
Orientation on preparing a Training report (Phase Two)	The trainer to orient the trainees on the importance of keeping record of the training conducted for staff or community or persons with disabilities The trainee to prepare a training report on a training given in the field Hurdle	
Practical Session 2: Developing a Management Information System or Database of clients		
Orientation on preparing a database management system or simple files (as hard copy or in Microsoft Excel) (phase2)	The trainer to orient the trainees on the importance of keeping record of the training conducted for clients using services/available in the community/record of the types of services persons with disabilities are availing Discussion on the types of data to be collected and recorded (name, father/mother name/aadhar card number/date of birth/etc) The trainee to fill up an MIS form accurately	
Practical Session 3: Developing an Individual Rehabilitation Plan		
Orientation on preparing a comprehensive development plan for an individual client (Phase Two - links with I&A)	Discussion with the trainees on core components, how it will be maintained, duration of plan and when it will be reviewed Examples: developing an individual rehabilitation plan (IRP) Developing an Individual Education Plan (IEP) Developing and Individual Livelihood Plan (ILP)	
Practical Session 5: SHG reporting needs		
Orientation on reports to be maintained by Self-Help Gps (SHGs) Link with ICD (phase 3) <u>Examples:</u> Rules/bylaws Passbook Meeting minutes Receipt book Cash/ savings book Loan ledger Training book Attendance book Visitors book, etc.	Discussion with the trainees on the reporting needs by SHGs and how they will be supported to maintain the reports	
Practical Session 6: DPO reporting needs		
Orientation on reports to be maintained by DPO Link with ICD (phase 3) <u>Examples:</u> as above	Discussion with the trainees on the reporting needs by DPOs and how they will be supported to maintain the reports	

References:

- **EN Topic 6: Reporting formats**
- **EN Topic 19: Meeting reports**

Notes:

- This continues Weeks 9 and 10 discussion of reporting formats

ICD UNIT THREE: Collaborations with Government Agencies; MODULE 2: Supports Inclusion Commitments and Compliance; Topic 1: Meeting and Enlisting Government Officials

Session: 3.2.1.3: Writing to government officials

Continuing this task (see Week 13) [Assignment](#)

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

Session: 3.2.3.2: Government compliance gap analysis

Continuing gap analysis from Week 13 [Assignment](#)

ICD UNIT 4: Support Community Leadership and Action; MODULE 1: Functions as a Change Agent; Topic 2: Facilitating Roles of an External Catalyst

Session 4.1.2.3 (cont.): Evaluating and Reporting Empowerment

Continuing from Week 13: Trainees will use a tool to evaluate grassroots a known CBID program against Lavarack's community empowerment domains – this will be prepared as a report for the program manager(s). [Journal](#)

Week 15

Week 15	Phase Two Block 3 Week 3 In-field	
	AM	PM
MONDAY	4.2.2.3 Supporting movement learning needs	4.2.1.1 (input) Networking across sectors using the CBR matrix. <i>Following this input, trainees will develop a guidebook of agencies working in the local community for possible networking for inclusion (4.2.1.2)</i>
TUESDAY	2.3.3.1 (input) Writing and presenting case studies	4.2.1.2 (input) Using networks to collect data to support advocacy campaigns and build commitment to change. <i>In Phase 3, during the Community Project assignment, trainees will gather data from different sectors to support advocacy messaging Assignment</i>
WEDNESDAY	2.3.3.2 Develops 2 case studies in a small group (using notes from work with families for A&I 2.5.1/ 2.5.2/ 2.6.1)	4.8.1.2 Conducting ongoing and summative evaluations of progress (Portfolio)
THURSDAY	4.2.1.2 Develops a guidebook of local agencies to support networking for ICD (Assignment)	4.8.2.2 Reformulating goals from evaluations collaboratively with the family
FRIDAY	4.2.1.2 cont. (Assignment)	4.4.2.2 Demonstrate teaching of ADL skills (Hurdle)

Phase Two Week 15

A&I

- 4.2.2.3 Supporting movement learning needs
- 4.8.1.2 **Portfolio** – Conducting and filing ongoing and summative evaluations of progress
- 4.8.2.2 Reformulating goals from evaluations collaboratively with the family
- 4.4.2.2 **Hurdle** – Demonstrate teaching of ADL skills

PB&RP

- 2.3.3.1 Writing and presenting case studies

ICD

- 4.2.1.1 Networking across sectors
- 4.2.1.2 **Assignment** – Developing a guidebook of local agencies

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 2: Enhances Holistic Development of Individual with Disability; Topic 2: Enhancing Movement and Independent Functioning

Session 4.2.2.3: Supporting movement learning needs

Continuing the practicum – input on supporting motor impairment is provided in Weeks 13-14.

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Module 8: Monitors and Evaluates Interventions; Topic 1: Monitoring and Information Gathering

Session 4.8.1.2: Conducting ongoing and summative evaluations of progress			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will monitor the therapeutic interventions being implemented in the family.			
Time	Content	Activities	Resources
	Completing ongoing and summative evaluations of progress - Portfolio	Trainees will complete an ongoing and summative assessment on the progress of two different individuals and their families with whom the trainee has been working across Phase Two	Ongoing and summative assessment forms

References:

- <https://www.thecopm.ca/learn/> - The Canadian Occupational Performance Measure (COPM) provides a simple means for identifying goals of importance to a client and their family and providing a means for them to score their performance. It can be used both formatively during intervention and summatively at the end of intervention as an outcome measure. It captures the individual’s own sense of their change over time
- The Performance Quality Rating Scale is a simple 10-point scale that establishes baseline performance and change in performance over time according to behavioural observations of the assessor. A score of 1 indicates “can’t achieve the goal at all” and 10 indicating “achieves the goal very well.” Scoring should be based on objective, operationalized criteria developed for the goal and a subset of the numbers (1, 2, 4, 6, 8, 10) should include observable statements of increasing ability. A basic PQRS form is as follows:

Performance Quality Rating Scale											
Name of person being assessed:											
Name of assessor:											
Date – Pre:										Date – Post:	
Goal:										Comment:	
1:	1	2	3	4	5	6	7	8	9	10	
2:	1	2	3	4	5	6	7	8	9	10	
3:	1	2	3	4	5	6	7	8	9	10	

Miller L, Polatajko HJ, Missiuna C, et al. (2001). A pilot of a cognitive treatment for children with developmental coordination disorder. *Human Movement Science Vol 20:183–210.*

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Module 8: Monitors and Evaluates Interventions; Topic 2: Collaborative Discussion and Goal Reformulation

Session 4.8.2.2: Reformulating goals from evaluations collaboratively with the family			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will reformulate goals collaboratively with the family in light of results of ongoing progress evaluations			
Time	Content	Activities	Resources
	Reformulation of goals	In light of results from ongoing and summative evaluations (of the two individuals/ families from 4.8.1.2) and collaborative discussion with the individuals and their families, trainees will reformulate their goals	Laptop, LCD

References:

- <https://www.thecopm.ca/learn/>

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 4: Conducts Training in Basic O&M and ADL Techniques; Topic 2: ADL Task Analysis

Session 4.4.2.2: ADL – Demonstrate Teaching of ADL Skills			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will be able to describe different areas in ADL and prepare task analysis for each area			
Time	Content	Activities	Resources
	Evaluation	Group will demonstrate teaching of ADL skills	

Notes:

- This is an ongoing practicum of input given in Week 13

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 3: Documents and Reports; Topic: 3: Developing Case Studies

Session 2.3.3.1: Writing and Presenting Case Studies			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees compile, write and present a case study			
Time	Content	Activities	Resources
	Introduction to case studies	<p>Pre-task: the trainees to collect 3-5 examples of case studies for the session</p> <p>The trainer to share examples of case studies (with good and bad/poor writing skills).</p> <p>Divide the trainees into groups and give the following tasks:</p> <p>Learner to make a record of the below:</p> <ul style="list-style-type: none"> - What did you like about the case study? - What you did not like about the case study? - Identify words which were empowering or highlighted the case study - What are your thoughts and ideas to develop a good case study? 	<p>Pen</p> <p>Paper</p> <p>LCD projector and screen</p> <p>Case studies</p>
	<p>Discussion on establishing storytelling and human-interest narrative</p> <p>Importance of consent from child/adult/parent of a child with disability for the case study preparation</p>	<p>This session will involve context analysis, the importance of storytelling, basic formats and explain how to do inclusive storytelling.</p> <p>Importance of consent</p> <ul style="list-style-type: none"> - For photography - For developing the case study 	
	Group work / practicum	<p>The group exercise will be allowing participants to work on five stories each that they have brought.</p> <p>Discussion on how it could have been improved</p>	

References:

- **EN Topic 20: Developing case studies**

ICD UNIT FOUR: Support Community Action; Session Plan: MODULE 2: Establishes, Networks and Works with Groups for Advocacy and Action; Topic 1: Networking Across CBID Sectors

Session 4.2.1.1: Networking and Collaboration			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees			
Learning outcomes to be Achieved: Consider how to strengthen collective work and networking			
Time	Content	Activities	Resources
	Strengthening collective work & networking	The trainer will play the song & the trainees will sing the & establish that one individual or organisation can't achieve the goal and hence need to network	Local song or a song from a film like sathi hath badhana
	<ul style="list-style-type: none"> ● Concept of network ● Strengthen of networking ● Types a network, (local, national & international) 	Trainer will pick up a call and provide information about various agencies locally, nationally and internationally which could be networked	Charts
	Strategies of Networking <ul style="list-style-type: none"> ● Communication skills ● Show casing strength ● Information gathering ● Organising events ● Setting norms 	Using mind maps and graphic organiser various strategies could be explained	Powerpoint presentation
	Capacity building for networking <ul style="list-style-type: none"> ● Information gathering and sharing ● People management and training 	Using mind maps and graphic organiser various strategies could be explained	Power point presentation

References:

- [https://www.academia.edu/36037782/ADVOCACY COLLABORATION and NETWORKING](https://www.academia.edu/36037782/ADVOCACY_COLLABORATION_and_NETWORKING)
- <http://www.dinf.ne.jp/doc/english/world/dl/RelevanceofCBRandInclusiveDevelopment.pdf>

ICD UNIT FOUR: Support Community Action; Session Plan: MODULE 2: Establishes, Networks and Works with Groups for Advocacy and Action; Topic 1: Networking Across CBID Sectors

Session 4.2.1.2: Networking and Collaboration – Developing a Guidebook			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees			
Learning outcomes to be Achieved: Developing a guidebook (graphic organiser) of organisations for networking			
Time	Content	Activities	Resources
	Practicum	Trainees will undertake a focus group discussion and develop a guidebook for networking giving contact details	

Notes:

- This guidebook is part of the [Assignment](#)

Week 16

Week 16	Phase Two Block 3 Week 4 In-field	
	AM	PM
MONDAY	4.4.2.2 Task analysis for ADL activities cont. (Hurdle)	4.2.2.1 (input) Responding to challenges of working together and building positive working relationships (cf. to PB&RP 1.3.2.1) Journal
TUESDAY	2.3.3.2 Developing case studies – obtaining consent (Portfolio)	4.2.2.2 Documenting conversations responding to the challenges of working together (refer to 1.3.2.2 of PB&RP) Journal
WEDNESDAY	2.3.2.2 (input) Taking meeting minutes. <i>The requirement for this has been met by ICD 4.1.2.3</i>	4.4.2.2 Task analysis for ADL activities cont.
THURSDAY	4.2.2.2 Documenting challenging conversations cont. **4.2.3 begins next week and may need some preparation here (Assignment)	4.5.1.2 Demonstration of increased proficiency in alternative communication mode selected in Wk 13
FRIDAY	The week concludes with opportunity to meet with trainers and get support and input on assignments	

****Trainers responsible for ICD input and support, note: Next week begins Phase Three and the ICD 4.2.3 Community Project. The trainees have only eight weeks to achieve a set of sequential activities supporting a community action. They are required to work in a participatory way for all activities, so it is important that interested community members are known. To support a timely start next week, their identification may need to be an additional activity this week, and any other preparation you deem necessary.**

Phase Two Week 16

A&I

4.4.2.2 **Hurdle cont.** – Teaching ADL skills

4.5.1.2 Demonstrating proficiency in alternative communication mode

PB&RP

2.3.3.2 **Portfolio** – Developing case studies – obtaining consent

2.3.2.2 Taking meeting minutes

ICD

4.2.2.1 **Journal** – Responding to challenges of working together

4.2.2.2 **Journal** – Documenting conversations responding to challenges

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 4: Conducts Training in Basic O&M and ADL Techniques; Topic 2: ADL Task Analysis

A&I Session 4.4.2.2: Demonstrate Teaching ADL Skills

Continuing from Week 15 [Hurdle](#)

A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 5: Communicates Basic Information Using Different Methods; Topic 1: Total Communication Modes

Session 4.5.1.2: Demonstrating Proficiency Development in an Alternative Communication Mode

Following on from Week 13 – Trainee demonstrates an increased ability to communicate with the client via their preferred communication mode

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 3: Documents and Reports; Topic 3: Developing Case Studies

Session 2.3.3.2: Developing case studies – Obtaining consent			
Practical Session 1 – Obtaining Consent			
	Orientation on the need to obtain consent forms Portfolio – filing forms	The trainer to orient the trainees on the importance of obtaining consent and how to use the consent forms	
Example 1: Consent form (see appendix – CBM SARO)			
Example 2: Consent form (see appendix – CBM SARO)			
Practical Session 2 – Photography			
	Session on using images for storytelling including consent for photos (also covered in 1.2.2 Photography session This session will be a mix of theory and practical examples	The trainer to collect and share examples of how people use images to narrate stories (use examples from internet) Brainstorming: what did the trainees like from the examples shared Conduct small session for the trainees on good photography / taking good pictures for preparing case study (local photographer can be called) - The trainees to try photography skills from pictures they can take from/around the campus - The trainer to collect the pictures taken by the trainees Group Voting: - choose good photography and appreciate the trainee skills Case study preparation: - The trainees prepare their own case study with the picture taken	
Phase Three: Practical Session			
	Developing case study from a home visit (as group exercise in Phase Two -2) and 2 individual studies in phase 3. Each case study may take half day to prepare and may link with I&A /ICD	See attached case study collection format. The trainee to prepare case study in the template finalised.	

References:

- Consent form: Appendix 5: <https://cbmindia.org.in/e-update-files/CBM-Child-Safeguarding-Policy.pdf> Also check new safeguarding policy of 2018
- CBM SARO will supply a PDF of the consent forms needed
- **EN Topic 20: Developing case studies**

PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 3: Documents and Reports; Topic 2: Timely Reporting

Session 2.3.2.2: Taking Meeting Minutes			
Phase Two; Session Number:			
Session Duration:			
Number of Trainees:			
Learning Outcomes to be Achieved: Trainees will accurately minute the proceedings of a meeting			
Time	Content	Activities	Resources
	Introduction to writing meeting reports Reflect on: <ul style="list-style-type: none"> Why should you record a meeting? Options for recording a meeting When should you record a meeting? Who should record the meeting? How do you record a meeting? Following up: What to do with what you have recorded 	Brainstorming: Discussion with the trainees	Pen Paper LCD projector and screen Case studies
	Key reporting needs	PPT on the basic components to make a meeting report Discussion on what to record and what not to record	Pen Paper LCD projector and screen Case studies
Practical Session 1 & 2: Developing a Meeting Report			
	Orientation on preparing a Meeting report on training programmes, events, community meetings etc Links with ICD activities in Phase Two & 3	The trainer to recap on the training given on the importance of keeping record of the meeting The trainees to be given 3-4 scenarios of meetings being conducted The trainees to prepare meeting report	Pen Paper LCD projector and screen Case studies

References:

- **EN Topic 19: Meeting reports**

ICD UNIT FOUR: Support Community Action; MODULE 2: Establishes, Networks and Works with Groups for Advocacy and Action; Topic 2: Responding to Group Functioning Challenges

Session 4.2.2.1 & 4.2.2.2: Responding to challenges of working in teams

Trainees will continue documenting conversations illustrating good practice in responding to challenges in the CBID team working together **Journal**

Continuing from Week 13

This also meets requirements of PB&RP 1.3.2.2:

PB&RP UNIT ONE: Fulfil Roles and Expectations and Responsibilities; MODULE 3: Works Effectively in a Team; Topic 2: Team Interactions

Session 1.3.2.2: Significant interactions

Practical Placement:

In a group with trainer once each in Phase Two and in Phase Three:

- Reflect on 1 difficult team interaction and what could have gone better.
- Reflect on 1 team interaction which went well and discover the elements that contributed to the success.

References:

- *EN Topic 21: Managing negative outcomes*

Progress review:

Observation by the trainer: (Tool needs to be devised for this - can be done at monthly review of the trainees or minimum 3 times during the training with the feedback discussed with the trainee on the observed growth or lack thereof)

- Growing ability to interact well with superiors, and peers
- Growing ability to give appreciation and praise to team members as well as give constructive criticism.
- Growing ability to accept negative feedback

References:

- *EN Topic 22: Emotional health and managing negative emotions*

Phase Two Appendices

Appendix 24

Family Acceptance of Disability

(taken from the Kandel & Merrick, 2007 reference included in the Session Plan for this session)

The family is a unit that adapts by a process of structuring. The birth of a child with disability catapults a family into a difficult existential experience. There are many varied manners of coping. The features of a family's response to and acceptance of disability might include the following:

Features	What did you see?
<p><u>Early reactions and features of non-acceptance:</u></p> <ol style="list-style-type: none"> 1. Crisis of change – the focus of concern is the sudden change in life circumstances – fear, concern, loss of hope in the previously expected future 2. Crisis of personal values – ambivalent feelings towards the child such as guilt, blame, and embarrassment, because they do not measure up or may be perceived as punishment by the family and society 3. Crisis of reality – feelings of injustice, helplessness and overdependence because of the harsh objective conditions formed by the need to raise the child, including financial difficulties and limitation of the parents' free time and their opportunities 	
<p><u>Features of the stage of acceptance:</u></p> <ol style="list-style-type: none"> 1. Suitable parental perception of the disabled child's skills and capabilities with appreciation of the child's limitations. 2. A realistic view of the child, appreciation of complications for the family; the parent is not overwhelmed by self-pity and guilt 3. A logical search for services without seeking "magical solutions" 4. Love for the disabled child, with no feelings of rejection or over-protection and maintaining attention to other family members 	

Features	What did you see?
<p>5. Ability to re-evaluate the situation and reformulate initial negative thoughts, facilitating better coping, acceptance of the disabled child as they are, determination to succeed, and finding a goal or meaning for the situation</p> <p>6. Ability to find proper balance with roles and responsibilities towards other children, spouses, work, and personal needs, while also devoting time and resources to physical and emotional health and nurturing spousal relations – providing a response both to the child’s needs and other family members</p> <p>7. Efficient seeking and use of resources: gathering information, cooperation with professionals, linking with other parents, and integration in support groups. Good support networks support family coping – the larger the network, the better</p> <p>8. An internal focus of control (manifested by belief in their ability to cope with difficulties) rather than an external focus (manifested in feelings of helplessness and passivity)</p> <p>9. A tendency to flexibility when necessary</p> <p>10. Ability to empower others in a process of developing/ coping</p> <p>11. Positive personality traits, including flexibility, patience, perseverance or determination, positive and hopeful approach, sense of humour, and willingness to accept help</p>	<p>.</p>

Wednesday afternoon Week 5: A&I 2.4.2.2

Learning Journal: Exercise 8

Situation (Date, Subject, Session Number and Name):

A&I 2.5.2.1: Resource Mapping for Rehabilitation Needs

Task:

Determine in groups of 3-4 what resources you will map for the individual/ family you have met in this session.

Thoughts and Reflections:

Resources to map:

How will you go about mapping these?

Thursday afternoon, Week 5: A&I 2.5.2.1

Appendix 26

Learning Journal: Exercise 9

Situation (Date, Subject, Session Number and Name):

PB&RP 1.3.3.1: Communication Skills

Task:

Note your responses to the input on Communication Skills in this session.

Thoughts and Reflections:

1. What is one new thing that you have learnt about communication which you think will be useful in your CBID work?
2. What are two principles of good communication that you want to improve in?
3. On a scale of 1 to 10 (1 = Terrible; 2-3 = Bad; 4-5 = OK; 6-7 = Good; 8-9 = Great; 10 = Excellent), how good are your communication skills? Explain.

Wednesday morning, Week 5: PB&RP 1.3.3.1

Learning Journal: Exercise 10

Situation (Date, Subject, Session Number and Name):

PB&RP 1.3.2.1: Interacting Well in Teams

Task:

Reflect on your interactions within the CBID team and note ideas and strategies for improvement.

Thoughts and Reflections:

Wednesday morning, Week 5: PB&RP 1.3.2.1



भारतीय पुनर्वास परिषद्

REHABILITATION COUNCIL OF INDIA

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