# Certificate in Community Based Inclusive Development (CBID)

# Facilitator Guide PHASE THREE

## 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). In line with the requirements of a competency-based course, the practice: theory ratio is 60:40.

The course covers three Key Performance Areas (KPAs):

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

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

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

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[1]A notional session length of 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 Three covers the final eight weeks of training, when trainees are moving towards Minimum Competence to Practice – a level they must achieve to graduate. During this Phase, comprising two weeks of applied input of different kinds and six 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 Three is as follows:

| KPA | Advanced Beginner Standard |
|---|---|
| **Inclusive Community Development** | At this level, trainees report on compliance at the village level and independently educate and persuade village functionaries, outside service providers, and Block level leaders about their responsibilities. They obtain necessary directives from authorities for running camps and campaigns independently and can successfully bring external resources into the village. They facilitate community change through astute application of relevant legislation. They identify and compare various community perspectives on disability, including unwritten ground rules and assumptions operating in different community groups and can use these to negotiate for inclusion in more relevant, responsive, and empowering ways. Trainees are able to conduct and guide the community through PRA. They support and build capacity in disability groups and DPOs, empowering them to greater self-determination and self-directed advocacy. |

| KPA | Advanced Beginner Standard |
|---|---|
| Assessment and Intervention | At this level, trainees apply their understanding of the 21 disabilities of the RPwD Act to identification of disability, including mental illness, and complete functional assessments independently, factoring in circumstances impacting accuracy. In reporting, they adapt forms for new requirements. They facilitate collaborative goal setting and planning decisions in the family, overcoming resistance to plans for greater independence and skill-development. Trainees effectively incorporate individual and family strengths into intervention plans and facilitate family resourcefulness in using their existing resources to meet their goals. They provide appropriate emotional support and adjust their own behaviour in response to a considered understanding of external factors impacting on the individual and a holistic appraisal of individual and family needs. Their engagement with individuals/ families is experienced as empowering. Trainees undertake effective cross-sectoral intervention independently and train others in the community. |
| Professional Behaviour and Reflective Practice | At this level, trainees plan in consideration of longer-term goals and manage changing requirements independently. They engage in positive wellbeing practices and actively support others' wellbeing and encourage wellbeing practices in the CBID workplace. They are effective advocates of team goals and cause. They demonstrate impartiality when dealing with opposing viewpoints. They incorporate new practice directives and changes into SOPs and their practice to ensure maintenance of high professional standards and safeguarding of vulnerable people. They source and undertake ongoing learning in consideration of their particular needs and requirements of the role. |

# Learning and Teaching in Phases Two and Three

## Workplace-based Learning

Trainees entering Phase Three of CBID training must move from Advanced Beginner to 'Competent' stage in two 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*.

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

## Workplace-based Teaching

CBID personnel delivering Phase Two/Three CBID training must have 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 Three

## 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 Three (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 Three level. As trainees are in their final stage of learning, the expectations of quality work should be aspirational:

### 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) 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 Three) – 8-weeks.

*Assessment at the end of Phase Three (summative assessment)*

At the end of Phase Three – the conclusion of the Course, a summative assessment is conducted to establish the extent to which the trainee has achieved Minimum Competence to Practice. If this standard has not been reached, a decision will need to be made between the trainee and the Training Provider regarding provision of extra time and support to consolidate skills and details of reassessment.

The summative evaluation is a multiple-choice **Observational Assessment** that the trainer completes from their knowledge of the trainee on placement. It obtains a score that enables placement of the trainee at the Level of their current competence. The rubrics make clear what is required of the trainee at Phase Three level and must be provided to the trainees at the start of the course and regularly referred to. This will support their engagement in the course and capacity to pursue ongoing learning after graduation.

# Phase Three List of Explanatory Notes (EN)

### Assessment and Intervention:

**Topic 22:** Referrals - Single Window Service Provision

**Topic 24:** Interventions at Community Level

**Topic 25:** Intervention Medical Therapeutic and Alternative

**Topic 30:** Indigenous Devices

**Topic 31:** Repair and Maintenance

**Topic 35:** Mental health Issues

**Topic 36:** Mental Health

**Topic 37:** Adjustment Cycle and Coping Mechanism

### Professional Behaviour and Reflective Practice

**Topic 9:** Workplace Safety

**Topic 10:** Women's Safety and Wellbeing

**Topic 15:** Managing Negative Responses

**Topic 17:** Time Management and Timely Reporting

**Topic 18:** Disaster Preparedness

**Topic 19:** Meeting Reports

**Topic 21:** Managing Negative Outcomes

**Topic 22:** Emotional Health and Managing Negative Emotions

**Topic 23:** Safe Travel

**Topic 24:** Self-assessment and Continuous Learning

### Inclusive Community Development

**Topic 8:** Supporting Community Action

**Topic 9:** Local Leadership and Groups

# Phase Three List of Assignments/ Tasks

## Phase Three Block 1

### ICD

1. Week 17: 4.2.3 Assignment – Community project
2. Week 17: 3.1.2.3 Assignment – Advocacy presentation
3. Week 17: 3.1.2.4 Assignment – Determining the Theory of Change
4. Week 18: 4.2.3 Assignment – Community project
5. Week 19: 4.2.3 Assignment – Community project
6. Week 20: 3.1.2.3 Assignment – Advocacy presentation
7. Week 20: 4.2.3 Assignment – Community Project
8. Week 21: 4.2.3 Assignment – Community Project
9. Week 22: 4.2.3 Assignment – Community Project

### A&I

1. Week 17: 4.6.1.1 Portfolio – Resources to support people with mental illness in the community
2. Week 17: 4.3.2.1 Portfolio – Making indigenous assistive devices
3. Week 18: 4.7.1.2 Journal – Reflecting on interventions with families
4. Week 18: 4.7.2.2 Journal – Document a family's coping mechanisms
5. Week 22: 4.4.2.3 Portfolio – Developing an ADL training plan
6. Week 23: 4.5.2.3 Portfolio – Developing an alternative communication board:

### PB&RP

1. Week 17: 3.1.2.2 Portfolio – Women's safety and wellbeing
2. Week 17: 2.1.1.3 Portfolio and Journal – Develop a work plan for a week
3. Week 19: 3.2.1/3.2.2 Portfolio – Self-assessment and continuous learning

# 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

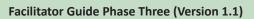# Rubrics and Scoring Guide

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.

भारतीय पुनर्वास परिषद्

# Inclusive Community Development – Rubrics and Scoring Guide

**Level of minimum competency to practice**

## Proficiency Levels

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

## 1 FRAMEWORKS OF UNDERSTANDING

| Sub-competency | Insufficient Evidence | Novice | Advanced Beginner | Competent | Above Standard |
|---|---|---|---|---|---|
| 1.1 Understands community development and CBID | Insufficient Evidence | Defines barriers to and principles of inclusion in the community | | | Compares different community perspectives on disability and inclusion |
| 1.2 Understands statutory provisions | Insufficient Evidence | Explains some relevant statutory laws, provisions, and procedures and their connections | | Applies the correct statutory provision and procedure to the situation | Develops arguments to counter negative community attitudes and outlook |
| 1.3 Understands background differences and their impact | Insufficient Evidence | Explains factors that contribute to and hinder inclusion of persons with disabilities by communities | | Identifies the interplay of [socio-economic/gender/caste/religious] factors impacting situations | Explains the impact of backgrounds on the experience of disability and disability inclusion |

Above-standard cross-cutting descriptor: *Justifies proposed adjustments/changes to community infrastructure/practice using the legislation* — *Negotiates for the benefit of all, utilizing unwritten ground rules of different groups*

## 2 ENGAGES & PROFILES THE COMMUNITY

| Sub-competency | Insufficient Evidence | Novice | Advanced Beginner | Competent | Above Standard |
|---|---|---|---|---|---|
| 2.3 Understands community resources | Insufficient Evidence | Defines and describes PRA/PLA | Participates in PRA with support | | Guides community through PRA (mapping) |
| 2.1 Establishes necessary community connections | Insufficient Evidence | Lists main stakeholders in the village | | Plans and maps strategically (e.g., considers less obvious stakeholders such as schools) | Communicates with stakeholders to make/strengthen community connections / Obtains necessary directives from authorities (e.g., the Taluk) |
| 2.9 Motivates individuals and families to join groups | Insufficient Evidence | Identifies and prioritises the factors impacting on individuals and families joining groups | | Persuades/makes a case for a family/individual to join in community life | Addresses multiple factors inhibiting community participation |
| 2.4 Enables utilization of community resources | Insufficient Evidence | Encourages families to use their existing (own) resources | | Facilitates government resources to be available to individuals/families | Convinces the community to actively contribute from its own resources |

## 3 WORKS WITH GOVERNMENT AGENCIES

| Sub-competency | Insufficient Evidence | Novice | Advanced Beginner | Competent | Above Standard |
|---|---|---|---|---|---|
| 2.10 Organises inclusive programs and special days | Insufficient Evidence | Participates in the organization of inclusive programs and special days | | Arranges and conducts inclusive programs and special days alongside DPOs and community | Supports the community/DPO to conduct inclusive programs and special days/events |
| 2.8 Argues for inclusion with community leaders | Insufficient Evidence | Observes and describes persuasive interactions with leaders | | With support, makes a case for greater inclusion to local leaders | Interacts on one's own to persuade Block level leaders to engage in inclusive development |
| 2.7 Shares relevant information and documents compliance | Insufficient Evidence | Explains relevant support provision schemes, programs, and documents | | Collects data on access to provisions by people with disabilities | |

## 4 SUPPORTS COMMUNITY LEADERSHIP & ACTION

| Sub-competency | Insufficient Evidence | Novice | Advanced Beginner | Competent | Above Standard |
|---|---|---|---|---|---|
| 2.6 Supports formation of groups and DPOs | Insufficient Evidence | Describes observed group formation processes | Supports establishment and organization of group/DPO meetings / Trains groups to function independently | Educates groups about their entitlements and obligations | Facilitates groups to connect with other relevant key stakeholders |
| 2.5 Identifies potential leaders | Insufficient Evidence | | Encourages and informs potential leaders about how to develop their capacity | | Models leadership skills to potential leaders |
| 2.2 Sensitizes and trains others | Insufficient Evidence | Instructs families in ways to support their member with a disability | Trains close community members to better connect/interact with people with a disability they know | | Instructs village functionaries about general disability needs and their responsibilities |

Above-standard cross-cutting descriptors: *Brings external resources into the village* — *Supports and models to other CBID trainees how to interact persuasively with leaders* — *Reports on compliance at the village level* — *Brings out and develops latent leadership skills in others* — *Trains outside service providers about general disability needs and their responsibilities*

# Assessment and Intervention – Rubrics and Scoring Guide

**Level of minimum competency to practice**

**Competency level descriptions:**

- **NOVICE (1-13):** Supports basic aspects of CBID work; provides instruction and advice to individuals and families; corrects wrong understandings of disability
- **ADVANCED BEGINNER (14-26):** Works collaboratively with families and individuals to build capacity; develops judgement in how best to intervene; applies a strengths-based approach to the disability support task
- **COMPETENT (27-39):** Engages in overcoming attitudinal and physical barriers to inclusion for the individual; builds community capacity to support rehabilitation goals; reflects critically on own performance and extends self to improve
- **ABOVE STANDARD (40-44):** Extends the possibilities of community-based rehabilitation, responds creatively from thorough knowledge

## 1 UNDERSTANDS DISABILITY

| Sub-competency | Insufficient Evidence | Novice (1-13) | Advanced Beginner (14-26) | Competent (27-39) | Above Standard (40-44) |
|---|---|---|---|---|---|
| 1.1 Understands disability conditions | Insufficient Evidence | Knows what factors cause disability and what don't | | | |
| 1.2 Differentiates between disabilities | Insufficient Evidence | Differentiates obvious disabilities | Differentiates developmental disabilities | Identifies mental illness | Names and describes the 21 disabilities under the RPD Act 2016 |

## 2 UNDERTAKES ASSESSMENT AND PLANNING

| Sub-competency | Insufficient Evidence | Novice (1-13) | Advanced Beginner (14-26) | Competent (27-39) | Above Standard (40-44) |
|---|---|---|---|---|---|
| 2.1 Performs functional assessment | Insufficient Evidence | Completes basic checklist as instructed | Selects and administers appropriate checklist | | Factors in all circumstances that might be impacting assessment accuracy |
| 2.2 Communicates assessment findings | Insufficient Evidence | Provides accurate low-stakes information | Communicates sensitive information considerately | | Communicates convincingly to resistant stakeholders |
| 2.3 Supports family to set goals and plan | Insufficient Evidence | Acts in a directive, task-oriented manner in dealings with individuals and families with disability | Facilitates collaborative discussions with the family | Facilitates collaborative decision-making in the family | Analyses one's own behaviour and adjusts it to further empower individuals and families |
| 2.4 Identifies assets, capabilities and strengths | Insufficient Evidence | Knows of the strength-based approach | Incorporates questions about assets and strengths in the functional assessment | | Interprets and incorporates findings about individual and family strengths into the plan |

## 3 FACILITATE LINKAGE/REFERRAL

| Sub-competency | Insufficient Evidence | Novice (1-13) | Advanced Beginner (14-26) | Competent (27-39) | Above Standard (40-44) |
|---|---|---|---|---|---|
| 3.1 Links people to specialist services | Insufficient Evidence | Ensures Disability Certification/ UDD | Identifies correct referral pathways and refers appropriately | Identifies and refers people at risk and hard to reach | Facilitates camps and campaigns to bring professional services to village level |
| 3.2 Writes reports | Insufficient Evidence | Documents basic information using prescribed format | | Completes complex reports / Adapts reports to meet new requirements | Provides interpretation of 'data/results in reports |

## 4 PROVIDE MULTISECTORAL INTERVENTION

| Sub-competency | Insufficient Evidence | Novice (1-13) | Advanced Beginner (14-26) | Competent (27-39) | Above Standard (40-44) |
|---|---|---|---|---|---|
| 4.1 Enhances movement & physical capabilities | Insufficient Evidence | Follows through on physical therapist's suggested activities | Ensures correct use of assistive devices to support physical mobility and physical capacity | Suggests home modifications to improve physical access / Facilitates greater physical access in the community | Advocates for community-wide adoption of universal design physical access principles and practices |
| 4.2 Enhances social, emotional & cognitive development | Insufficient Evidence | Encourages social participation by the family in the community | Informs family about available early learning resources | Facilitates family resourcefulness in using what is locally available to foster development and learning | |
| 4.3 Trains in using assistive devices | Insufficient Evidence | Trains family members in simple techniques | Trains in use of assistive technology | | Trains other stakeholders in the community |
| 4.4 Enhances personal independence | Insufficient Evidence | Assists in facilitating independence in activities of daily living | Independently facilitates independence in activities of daily living | Builds capacity in family members to facilitate greater personal independence | Problem-solves to overcome family resistance to improving independence |
| 4.5 Uses different communication methods | Insufficient Evidence | Describes and gives examples of different forms of communication | Communicates one-step information in other formats as required | | Seeks to expand beyond basic proficiency in different communication means |

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# Professional Behaviour & Reflective Practice – Rubrics and Scoring Guide

**Level of minimum competency to practice**

## Proficiency levels

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

## 1 FULFILS ROLE EXPECTATIONS AND REQUIREMENTS

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

## 2 MANAGES TASKS, WELLBEING & CONTINUING ED.

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

# Phase Three Timetable – Month 1

| PHASE THREE-1 | | | Week 17 | Week 18 | Week 19 | Week 20 |
|---|---|---|---|---|---|---|
| **MONDAY** | | am | 4.6.1.1 (input) Hearing from and supporting people with mental illness | 4.6.1.2 Developing resources for mental health awareness presentation cont. | 2.6.2.3 (input) Facilitating families to set and achieve support goals | 3.2.2.3 Supporting family to achieve certification cont. |
| | | pm | 4.2.3 Community Project/ Campaign (Setup) 3.1.2.3; 3.1.2.4 Advocacy presentation (Setup) and constructing a Theory of Change | 4.2.3 Community Project | 4.2.3 Community Project | 3.1.2.3 Advocacy presentation (incorporate into 4.2.3 Community Project) |
| **TUESDAY** | | am | 3.1.2.2 (input) Needs of women with disability 3.1.1.3 Planning safe travel to and in the field | 2.2.3.3 (input) Disaster preparedness (Setup) - Identifying risks in local community | 3.2.1.2 Note in your journal how you feel you are going – reflect on your progress and learning goals you would like to discuss with your supervisor | 2.2.1.2 Managing negative outcomes 3.1.3.2 Fostering healthy relationships 2.1.2.3 Time management |
| | | pm | 4.2.3 prep – Construct a theory of change diagram with the community | 4.2.3 Community Project | 4.2.3 Community Project | 3.1.2.3 Advocacy presentation (incorporate into 4.2.3 Community Project) |
| **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 | 2.1.1.3 (Setup) Develop a work plan 2.1.2.3 (Setup) Time management | 2.1.2.3 Time management - monitoring your own | 3.1.2.3 Women's safety and wellbeing – Participate in a guided field visit on this topic and complete a checklist/ questionnaire on the issues | 3.2.2.2 Opportunities for ongoing learning |
| **THURSDAY** | | am | 4.2.3 prep – Developing a file of catalytic stories of role-models | 4.2.3 Community Project | 4.2.3 Community Project | 4.2.3 Community Project |
| | | pm | 4.6.1.2 Developing resources for mental health awareness presentation | 4.7.1.2 Journalling about stages of adjustment to disability, responding with sensitivity, providing useful information | 2.6.2.3 Goal setting and planning cont. | 3.3.1.4 Single window provision of rehab services in the community – group project |
| **FRIDAY** | | am | 4.2.3 prep – Listing agencies/ entities to approach for support | 4.2.3 Community Project | 4.2.3 Community Project | 4.2.3 Community Project |
| | | pm | 4.3.2.1 (Setup) Making assistive devices 4.1.2.2 (Setup) Determining community perceptions of disability | 4.7.2.2 Documenting a family's coping mechanisms | 3.2.2.3 Work with a family to facilitate certification, using the material gathered for 3.2.2.2 (Phase 2 Block 2) | 4.1.2.3 Demonstration of a community participation activity |

# Phase Three Timetable – Month 2

| PHASE THREE-2 | | Week 21 | Week 22 | Week 23 | Week 24 |
|---|---|---|---|---|---|
| **MONDAY** | am | 4.2.2.4 (input) Educating families on supporting movement and motor learning needs (continuing on from 4.2.2.1 in Phase Two) | 4.3.3.1 (input) and 4.3.3.2 (Practicum) Fitment, training, and repair of assistive devices | 4.5.2.3 Developing an alternative communication board | Student seminars |
| | pm | 4.2.3 Community Project | 4.2.3 Community Project | 4.3.1.1 (input) Roles and responsibilities of local leaders and participatory processes of selection | |
| **TUESDAY** | am | 3.2.2.2 Learning a new skill | 1.3.2.3 Reflective discussion with peers/ supervisor on difficult and positive team interactions 3.1.3.3 Debrief any critical incident | Prepare for student seminars and resource fair | 4.6.2.1 (input) Referrals for people with mental health issues |
| | pm | 4.2.3 Community Project | 4.2.3 Community Project | 4.3.1.2 Working with the community to identify and select local leaders | 4.6.2.2 Document referral pathways for a person with a mental illness and ways for families to engage and support |
| **WEDNESDAY** | am | 3.2.2.2 Learning a new skill cont. | Prepare for student seminars | Prepare for student seminars and resource fair | 4.3.2.1 (input) Fading the role of the CBID worker/ external agent |
| | pm | 4.2.2.4 Educating families how to support movement and motor learning needs | 4.4.1.2 Training family in O&M techniques | 4.5.2.3 Developing an alternative communication board cont. | 4.3.2.2 (input) Indigenous fading out strategies for each trainee's context |
| **THURSDAY** | am | 4.2.3 Community Project | 4.2.3 Community Project | 4.3.1.2 Working with the community to identify and select local leaders cont. | **Day 1 – Resource fair (open to the community) – possibly booths and poster presentations – people move around the room and discuss the materials at each booth with the students running it** |
| | pm | 4.3.1.3 Facilitating a family to access the ADIP | 4.4.2.3 Developing an ADL training plan | 4.5.2.3 Developing an alternative communication board cont | |
| **FRIDAY** | am | 4.3.2.2 (prac) Developing an indigenous assistive device and home-based adaptive device | 4.2.3 Community Project | 4.3.1.3 Developing, and resourcing local leaders | **Day 2 - Graduation and celebration** |
| | pm | | 4.4.2.3 Developing an ADL training plan cont. | 4.5.2.3 Developing an alternative communication board cont. | |

# Phase Three Session Plans

## Week 17

| Week 17 | Phase Three Block 4 Week 1 In-field – Input week | |
|---|---|---|
| | **AM** | **PM** |
| **MONDAY** | 4.6.1.1 (input) Identifying mental health problems and hearing from people and families living with mental illness (**Portfolio**) | **\*\*4.2.3 Community Project (Setup) (Assignment)**<br><br>*Across this final placement, you will undertake a community project to meet a need identified in the PRA. This will involve you supporting the community to identify a priority goal and identify their resource needs, recruit needed resources, support them to run the campaign, and make a participatory evaluation.*<br><br>3.1.2.3 Advocacy presentation (Setup)<br><br>*In the first block of Phase 2, you developed IEC materials and a plan for an advocacy campaign. During this final block placement, you will make an advocacy presentation as part of your Community Project. Your project write-up will include a summary of this presentation (**Assignment**)* |
| **TUESDAY** | 3.1.2.2 (input) Women's safety and wellbeing – file a Checklist – **Portfolio**<br><br>3.1.1.3 Planning safe travel to the field | 4.2.3 prep – 3.1.2.4 Construct a theory of change diagram with the community (**Assignment**) |
| **WEDNESDAY** | 2.1.1.3 (Setup) Develop a work plan<br><br>*Your planning of each week of the ICD Community Project meets this requirement. You will file a one-week plan in your **Portfolio** assignment and journal your reflections on how well you kept to the plan*<br><br>2.1.2.3 Time management evaluation<br><br>*You will evaluate your ability to manage your time in relation to your planned goals for the Community Project and report to your supervisor mid-way through this final block placement* | 4.6.1.1 (input) Identifying mental health problems (**Portfolio**)<br><br>4.7.1.1 (input) Stages of adjustment to disability of the family, responding with sensitivity<br><br>4.7.2.1 Coping mechanisms families use |

| | | |
|---|---|---|
| **THURSDAY** | 4.2.3 prep – Developing a file of catalytic stories of role-models (**Assignment**) | 4.6.1.2 Developing resources for mental health awareness presentation (Setup)<br><br>*During the next block, you will conduct a community awareness presentation on mental health issues via skit or posters* |
| **FRIDAY** | 4.2.3 prep – Listing agencies/ entities to approach for support (**Assignment**) | 4.3.2.1 (Setup) Making assistive devices<br><br>*In this final block you will learn about various indigenous assistive devices and make some common ones. You will write instructions (including pictures and materials and tools) and submit these in your* **Portfolio** *assignment.*<br><br>4.1.2.2 (Setup) Community level intervention<br><br>*In Phase 2 Block 1 we discussed community-level interventions. In this block you will build your understanding of community perceptions of disability and demonstrate a community participation activity. During the remainder of this session, you will select your intervention and how you will conduct it* |

**\*\*** *Trainers must develop instructions and learning supports for this Project – see thoughts on following page.*

# Phase Three Week 17

## A&I

| | |
|---|---|
| 4.6.1.1 | Portfolio – Resources to support people with mental illness in the community |
| 4.6.1.2 | Developing resources for mental health awareness presentation |
| 4.7.1.1 | Family adjustment to disability |
| 4.7.2.1 | Coping mechanisms families use |
| 4.3.2.1 | Portfolio – Making indigenous assistive devices |
| 4.1.2.2 | Determining community perceptions of disability |

## PB&RP

| | |
|---|---|
| 3.1.2.2 | Portfolio – Women's safety and wellbeing |
| 3.1.1.3 | Planning safe travel to and in the field |
| 2.1.1.3 | Portfolio and Journal – Develop a work plan for a week |
| 2.1.2.3 | Time management evaluation |

## ICD

| | |
|---|---|
| 4.2.3 | Assignment – Community project |
| 3.1.2.3 | Assignment (part of 4.2.3) – Advocacy presentation |
| 1.1.1.1.1.1.1.1 | Assignment (part of 4.2.3) – Determining the Theory of Change |

**\*\***The Community Project will involve delivering a sequential set of two or more of the following elements, reasonably expected to be achievable in eight weeks. This set will be selected in consultation with the community and placement supervisor:

1) _Identifying_ community needs using participatory & democratic practices
2) _Prioritizing_ community needs in the context of CBID
3) _Aligning_ Priorities with available resources
4) _Using_ resources appropriately
5) _Mapping_ and _enlisting_ existing appropriate networks
6) _Building_ capacity for networking and collaboration
7) _Forming_ DPOs, Parents' and Children's groups
8) _Supporting_ groups to undertake advocacy
9) _Developing_ a project proposal & Theory of Change using participatory approaches
10) _Approaching_ funding agencies
11) _Implementing/monitoring/evaluating_ using participatory approaches

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 6: Works with and Supports People with Mental Health Issues; Topic 1: Raising community mental health awareness

| Session 4.6.1.1: Supporting people with mental illness in the community | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: Trainees will be aware of some signs and characteristics of mental illness, the impact of mental illness on individuals and families, government services available and practical ways to encourage more inclusive communities | | | |
| **Time** | **Content** | **Activities** | **Resources** |
| | Mental health issues | Characteristics of mental illness<br><br>Early signs of mental health disorders | |
| | Role of family and community in understanding and accepting the person with mental health issues | Hearing from people and families living with mental illness to appreciate the challenges faced and strategies that have been found<br><br>Discuss community stigma and positive examples of community inclusion | Videos<br><br>Movies<br><br>Laptop<br><br>Cases |
| | Mental healthcare services in India<br><br>(e.g., National Mental Health Programme, District Mental Health Programme) | Discussion and documentation of healthcare services Portfolio | |

### References:

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479084/
- https://www.heretohelp.bc.ca/visions/self-management-vol1/how-families-can-help-in-self-management-of-a-mental-disorder
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4181176/
- https://www.who.int>mental health
- *EN Topic 35: Mental health issues*

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## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 6: Works with and Supports People with Mental Health Issues; Topic 1: Raising community mental health awareness

| Session 4.6.1.2: Developing a Mental Health Awareness Program |
|---|
| Phase Three; Session Number: |
| Session Duration: |
| Number of Trainees: |
| Learning Outcomes to be Achieved: The trainees will be able to create awareness in the community about the challenges faced by people with mental health issues. |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | Difference between mental illness and intellectual disability by showing video clippings of people with mental illness and a clipping of people with intellectual disability | Reflections and Discussion | Videos<br>Laptop<br>whiteboard<br>chart |
| | Mental well- being and mental disorders<br>Myths related to Mental illness<br>Characteristics of persons with mental health issues<br>Early signs of mental health disorders.<br>Common mental disorders<br>Factors affecting mental well being<br>Mental health literacy (for e.g., Recognizing psychological distress) | Ppt presentation<br>Brainstorming<br>Show a movie depicting people with mental illness<br>Develop a Mind map for factors affecting mental health through discussions with trainees | Laptop<br>videos<br>Charts |
| | Prevention of mental health problems<br>Creating awareness about mental health issues | Brainstorming<br>Discussions | Videos<br>Movies<br>Laptop<br>Cases |
| | Evaluation/ Conclusion<br>Recapitulation of all that has been discussed | Learner will be able to develop an awareness programme on mental health issues using a format of a skit or posters (in class presentation) | |
| | Practicum | Learner will be able to conduct the awareness programme on mental health issues using a format of a skit or posters in the community under supervision of the CBID supervisor | |

### References:

- https://www.medicalnewstoday.com/articles/154543.php
- https://www.weforum.org/agenda/2018/04/5-charts-that-reveal-how-india-sees-mental-health/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479084/
- https://www.who.int>mental health
- *EN Topic 36: Mental health and CBID*

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 7: Supports Families and Close Affiliates; Topic 1: Stages of Adjustment and Sensitive Responding

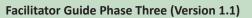| | | | |
|---|---|---|---|
| **Session 4.7.1.1/4.7.2.1:** Family Adjustment to Disability and Coping Mechanisms | | | |
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: The trainees will be aware of stages of adjustment of a family and respond to them with sensitivity. The trainees will be able to analyse the coping mechanisms the family uses | | | |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | **4.7.1.1** How do people react if they come to know of a sudden death in a family | Reflections and Discussion | A situation of a sudden death in a family |
| | Adjustment Cycle; meaning, process<br><br><br>Factors affecting adjustment process | Ppt presentation<br><br>Brainstorming<br><br>Role play<br><br>Show a movie depicting family with PWD<br><br>Mind map | Laptop<br><br>Cases<br><br>Charts |
| | **4.7.2.1** Coping mechanisms of the family with PWD;<br><br>Parent support groups<br><br>Religion etc. | Brainstorming Discussions<br><br>Show movies and identify coping mechanisms used by the family<br><br><br>Discuss helpful and harmful coping mechanisms | Videos<br><br>Cases |

### References

● http://www.ldonline.org/article/5937

● https://digitalcommons.pcom.edu/cgi/viewcontent.cgi?article=1434&context=psychology dissertations

● *EN Topic 37: Adjustment cycle and coping mechanism*

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 3: Supports Fitting of and Training in Assistive and Rehabilitation Devices; Topic 2: Constructing Indigenous Devices

| **Session 4.3.2.1:** Indigenous Devices and Their Relevance and Construction | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: Learner will know about Indigenous devices and their relevance and be familiar with how some basic adaptive devices are made | | | |
| **Time** | **Content** | **Activities** | **Resources** |
| | Indigenous assistive devices | Input on different types of indigenous devices | |
| | Homemade adaptive devices | Input on different types of home-made adaptive devices | Sample model adaptive devices (e.g for eating, holding, writing etc) |
| | | Writing or sourcing and filing instructions for making assistive devices Portfolio | |

**References**

- Disabled Village Children by David Werner is a wonderful classic resource for this session
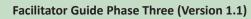
- *EN Topic 30: Indigenous devices*

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 1: Conducts Interventions Within Scope of Role; Topic 2: Community-based Interventions

| **Session 4.1.2.2:** Determining Community Perceptions of Disability | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: Learner will determine the understandings and perceptions of disability within their community | | | |
| **Time** | **Content** | **Activities** | **Resources** |
| | Practicum: The group will interact with community members, understand their perceptions of disability, and also their knowledge of people with disabilities in the community** | | |

- https://www.researchgate.net/publication/228345580 Community participation in community-based rehabilitation programmes

- **EN Topic 25:** *Intervention Medical, Therapeutic, and Alternative*

- **EN Topic 24:** *Interventions at community level* - refer to here

**Notes:**

- **This might be too much a beginning topic for this stage of the course... In Phase One trainees gained an appreciation of different community perceptions on disability

## PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 1: Monitors and Maintains Personal Wellbeing; Topic 2: Women's Safety and Wellbeing

| **Session 3.1.2.2** Needs of women with disability | | | |
|---|---|---|---|
| Phase Three; Session: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: Male and female workers identify the risks and needs of women with a disability and ways for dealing with these | | | |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | Difficulties of girls and women with disabilities with regards to menstrual health and reproductive rights | Guided field visit | Check list and series of questions to be answered |
| | *See models of accessible toilets* | | CBM model of accessible toilets. |
| | <u>*Observe inclusive teaching on menstrual health*</u> | | |
| | *Interact with a woman with disability or the parent of a girl with disability* | Identify community perceptions around marriage of people with disability, and perceptions and challenges of people with disability | |
| | Discussion in the classroom about the challenges for women with disability. | What was good?<br><br>What needs to be improved?<br><br>Own attitudes that need to be changed. | |
| | Understanding the challenges of women with disability. | Group Discussion:<br><br>What are the specific needs of girls and women for sanitation?<br>How can rural toilets be made accessible?<br>What are issues for specific disabilities regarding menstruation?<br>What are the tools available to address these needs?<br><br>Fille a safety and Wellbeing Checklist in the **Portfolio** | |

| | Reproductive rights of women with disability, right to have children and sexual rights.<br><br>Many parents think the best way to protect their daughters who have disability is by sterilizing them. Is this true? What are the alternatives? | Discuss using case studies. Can use debate if well facilitated. | |
|---|---|---|---|

**Reference**

- https://www.un.org/development/desa/disabilities/resources/women-with-disabilities-fact-sheet.html

- http://www.vikalpdesign.com/sadhvi thukral.html

- https://www.unicef.org/wash/files/UNICEF-Guide-menstrual-hygiene-materials-2019.pdf

- *Topic 10:* *Women's safety and wellbeing*

## PB&RP UNIT THREE: Maintain Personal Wellbeing and Continuing Education; MODULE 1: Monitors and Maintains Personal Wellbeing; Topic 1: Workplace Safety

| Session 3.1.1.3: Planning Safe Travel to and in the Field | | | |
|---|---|---|---|
| Phase Three; Session: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: Trainees understand and takes responsibility for personal safety at workplace (centre/ community) | | | |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | Introduction to safety and personal responsibility | PowerPoint | Resource material<br><br>1. CBM General Safety and security for travellers<br><br>2. CBM safety and security for persons with disabilities (attached at the bottom of the document)<br><br>3. Safety in civil unrest |
| | Understanding Risks | Brainstorming- Risks in the centre | |
| | Safety on the road | Discussion- scenarios | Case studies in document 2 |
| | Discussion of needs and provision for safety | Women learners discuss travel safety and sanitation can be best looked after in the field. What are their responsibilities towards their own safety and health? | |
| | | Men learners discuss what role they play as male team members to ensure safety of the women on their team. | |
| | Personal safety during civil unrest | Discuss scenarios e.g. bandh, mob violence | |
| | Practicum | Make a plan for safe travel to the field area | |

## References

- **EN Topic 23:** *Safe Travel (CBM)*

- **EN Topic 9:** *Workplace safety*

## PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 1: Prepares Work Plans; Topic 1: Work Targets

**Session 2.1.1.3:**   Develop a Weekly Work Plan

Your planning of each week of the ICD Community Project meets this requirement. You will file a one-week plan in your **Portfolio** assignment and journal your reflections on how well you kept to the plan

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

**Session 2.1.2.3:** Evaluation of Time Management

You will evaluate your ability to manage your time in relation to your planned goals for the Community Project and report to your supervisor mid-way through this final block placement

## ICD UNIT FOUR: Support Community Action; MODULE 2: Establishes, Networks, and Works with Groups for Advocacy and Action; Topic 3: Undertaking a Community Project

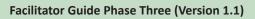| Session 4.2.3: The Community Project - Identifying Community Need by Community Meetings | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: Describe and justify the need and importance of community meetings; Illustrate the process for need identification | | | |
| **Time** | **Content** | **Activities** | **Resources** |
| | Explaining the Community Project | Community Project. Across this final placement, you will undertake a community project to meet a need identified in the PRA. This will involve you supporting the community to identify a priority goal and identify their resource needs, recruit needed resources, support them to run the campaign, and make a participatory evaluation… (further elaborate!) | |
| | Documenting community needs of marginalised groups, esp. PwD | Trainer will encourage the trainees to discuss in small group and document what are the specific community needs with reference to the marginalised groups focussing on PwDs | Charts and markers |
| | Analysis of community needs | The groups present their charts specifying needs<br><br>Each group will go through the charts of the other groups<br><br>Within their smaller groups, trainees will analyse and find what is that is missing | Charts and markers |
| | Organising community meetings for prioritising needs | Developing a guideline for organising community meetings for meeting the needs as per the priorities of the community | Board and marker |

| | Needs and link to resource | The trainer will assist the trainees to recapitulate the available community resources and match them to the needs | Charts |
|---|---|---|---|
| | Practicum | Linking needs with re-sources | |

**References:**

- https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw final 9252013.pdf

- https://oregoncf.org/Templates/media/files/early childhood/p3 alignment/p3 cnra toolkit web.pdf

- **Community Project instructions** – perhaps it will be helpful to have a list of possible projects to discuss? During the expert consultation that helped build this CBID course, some important community inclusion needs in India were highlighted and a range of possible projects suggested in response. A list of some of these is provided here to prompt thinking:

    1. Formation of School-based Children's clubs,

    2. Home-based coaching with local educated volunteers,

    3. Assist the teacher to access special training on IE,

    4. Facilitate classroom-based removal of barriers to education through teachers.

    5. Address denial of admission or school dropout issues with /by parents.

    6. Form School-based Children's Parliament where school children including CWD takes leadership roles in management of the school.

    7. Facilitate School Betterment Committee meetings and ensure parents of CWDs are part of this meeting and the SBC is addressing needs of CWDs

    8. Address repair and maintenance of Accessible Toilets for girls and boys with disabilities in the school premises.

    9. Mobilize Resources locally for creating barrier free environment in the school and at home.

    10. Organize Job Fairs,

    11. Motivate PWDs and care givers to access VT and skill development training locally especially for girls with disability.

    12. Facilitate Employers and immediate supervisors to address needs of workplace adaptations and needs of especially hearing and visually impaired girls and boys (for e.g., teaching simple signs and gestures),

    13. Motivate and facilitate family members to encourage home-based business for persons with high support needs (severely disabled).

14. Facilitate SHGs to start group IGPs,

15. Facilitate and advocate with Govt., mainstream MFIs, NBFCs to extend credit without collateral to disabled people's start-ups. (Micro Finance Institutions, Non-Banking Financial Company),

16. Train and motivate local artisans to employ disabled trainees as apprentice with stipend.

17. Encourage and access Government Schemes to promote marriages of disabled people.

18. Teach simple sex education and mensuration practices to girls and boys.

19. Facilitate and use Family Planning Workers to train family planning to all married disabled couples.

20. Facilitate inclusion to mainstream SHGs of elderly

21. Train DPOs about Fund Raising for DPOs and disability programmes.

22. Facilitate Regular Public functions through DPOs on International Day of PWDs, Human Rights Day, Women's Day etc.,

23. Train DPO members how to ensure access in all polling booths

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

**Session 3.1.2.3:** Make and Advocacy Presentation (part of 4.2.3 Assignment)

In the first block of Phase 2, you developed IEC materials and a plan for an advocacy campaign. During this final block placement, you will make an advocacy presentation as part of your Community Project. Your project write-up will include a summary of this presentation

- **Community Project instructions** - needed!

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

**Session 3.1.2.4:** Construct a Theory of Change (part of 4.2.3 Assignment)

Constructing a theory of change diagram with the community

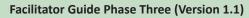- **Community Project instructions** - needed!

# Week 18

| Week 18 | Phase Three Block 4 Week 2 In-field | |
|---|---|---|
| | **AM** | **PM** |
| **MONDAY** | 4.6.1.2 Developing resources for mental health awareness presentation cont. | 4.2.3 Community Project (**Assignment**) |
| **TUESDAY** | 2.2.3.3 Disaster preparedness (input) (Setup)<br><br>*As part of the Community Project, you will identify risks for people with disabilities in preparation for disasters, which will meet the requirement of this topic* | 4.2.3 Community Project (make sure you include in your planning possible risks to people with disability of your various activities and how you will manage these. Include what you will do if an emergency or disaster occurs (this meets the requirement of PB&RP 2.2.3.3) (**Assignment**) |
| **WEDNESDAY** | 2.1.2.3 Time management Next week you are going to focus on your time management skills and what supports you to be responsible with time and commitments, so you are effective, reliable, trustworthy. Spend time in this session arranging when and how you will journal the result | 4.6.1.2 Community awareness presentation on mental health issues via skit or posters |
| **THURSDAY** | 4.2.3 Community Project (**Assignment**) | 4.7.1.2 **Journal** reflections about interactions with families – supporting adjustment, responding without judgement, providing useful information |
| **FRIDAY** | 4.2.3 Community Project (**Assignment**) | 4.7.2.2 Document family coping mechanisms **Journal** |

# Phase Three Week 18

## A&I
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|---|---|
| 4.6.1.2 | Developing resources for mental health awareness presentation |
| 4.7.1.2 | Journal – Reflecting on interventions with families |
| 4.7.2.2 | Journal – Document a family's coping mechanisms |

## PB&RP
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|---|---|
| 2.2.3.3 | Disaster preparedness |
| 2.1.2.3 | Time management |

## ICD
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|---|---|
| 4.2.3 | Assignment – Community project |

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 6: Works with and Supports People with Mental Health Issues; Topic 1: Raising community mental health awareness

| 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 Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: The trainees will be able to create awareness in the community about the challenges faced by people with mental health issues. | | | |
| Time | Content | Activities | Resources |
| | Practicum | Learner will be able to conduct the awareness programme on mental health issues using a format of a skit or posters in the community under supervision of the CBID supervisor | |

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 7: Supports Families and Close Affiliates; Topic 1: Stages of Adjustment and Sensitive Responding

| Session 4.7.1.2: Supporting family adjustment cycle and coping mechanisms | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: Trainees will reflect on their ability to recognise the stage of adjustment of a family and respond with sensitivity and will consider the nature of support CBID workers can provide | | | |
| Time | Content | Activities | Resources |
| | Practical | Reflect, discuss and journal experiences of being with families as they adjust to living with disability - ability to recognise stage of adjustment and coping strategies, to provide useful information at the right time, to respond non-judgmentally, and provide support appropriate to the CBID role | Whiteboard |

### References:

- **EN Topic 37:** *Adjustment cycle and coping mechanism* - refer to here

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 7: Supports Families and Close Affiliates; Topic 2: Coping Mechanisms

| Session 4.7.2.2: Documenting a family's coping mechanisms | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: Trainees will reflect on their ability to recognise the stage of adjustment of a family and respond with sensitivity and will consider the nature of support CBID workers can provide | | | |
| **Time** | **Content** | **Activities** | **Resources** |
| | Practicum | Visit a family with PWD and reflect on coping mechanisms the family is using. Respond to the family without being judgemental (Discuss their observations first with supervisor and later back in their class)<br><br>Discussions amongst peers about their observations and compare different coping skills | |

**References:**

- This is the practicum of the Week 17 input on Coping Strategies

## PB&RP UNIT TWO: Organise and Manage Tasks and Responsibilities; MODULE 2: Manages Contingencies; Topic 3: Disaster Preparedness

| Session 2.2.3.3: Identifying Risks in Local Community | | | |
|---|---|---|---|
| | Disaster preparedness – activity conducted as part of the ICD Community Project: | Walk through the community and identify risks for people with disabilities. Identify shelters, warning systems and their accessibility | |
| (Practical Session 2 Phase 2) Identifying What Can Be Changed | | | |
| | Discuss findings of the walk through and what is good and what needs to be improved. | Identify the things that can be changed with the help of the community | |

**References:**

- *Topic 18: Disaster preparedness*

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

**Session 2.1.2.3:** Monitoring Your Own Time Management

Time management cont. Consider and journal your time management skills and what supports you to be responsible with time and commitments, so you are effective, reliable, trustworthy.

**References:**

- *Topic 17: Time management and timely reporting*

## ICD UNIT FOUR: Support Community Action; MODULE 2: Establishes, Networks, and Works with Groups for Advocacy and Action; Topic 3: Undertaking a Community Project
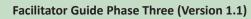
**ICD Session Plan: 4.2.3**

Community project cont. Make sure you include in your planning possible risks to people with disabilities of your various activities and how you will manage these. Include what you will do if an emergency or disaster occurs (this meets the requirement of PB&RP 2.2.3.3)

- *EN Topic 8: Supporting community action*

- *Community Project instructions - needed!*

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# Week 19

| Week 19 | Phase Three Block 4 Week 3 In-field | |
|---|---|---|
| | **AM** | **PM** |
| **MONDAY** | 2.6.2.2 (input) Facilitating families to set and achieve support goals. *In Phase 2 you developed an IFSP with a family and engaged them in participatory experiences with other stakeholders. In this final block placement, you will facilitate goal setting and planning for achievement in relation to their support needs* | 4.2.3 Community Project (**Assignment**) |
| **TUESDAY** | 3.1.3.1 Maintaining emotional health<br><br>3.2.1 & 3.2.2 Self-assessment and continuous learning **Portfolio**<br><br>3.2.1.2 Note in your journal how you feel you are going – reflect on your progress and learning goals you would like to discuss with your supervisor | 4.2.3 Community Project (**Assignment**) |
| **WEDNESDAY** | 3.1.2.3 Women's safety and wellbeing – Participate in a guided field visit on this topic and complete a checklist/ questionnaire on the issues | 2.6.2.2 Goal setting and plans for achievement with families |
| **THURSDAY** | 4.2.3 Community Project (**Assignment**) | 2.6.2.2 Goal setting and planning cont. |
| **FRIDAY** | 4.2.3 Community Project (**Assignment**) | 3.2.2.3 Work with a family to facilitate certification, using the material gathered for 3.2.2.2 (Phase 2 Block 2) |

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# Phase Three Week 19

## A&I
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|---|---|
| 2.6.2.2 | Facilitating families to set and achieve support goals |
| 3.2.2.3 | Work with a family to facilitate certification |

## PB&RP
| | |
|---|---|
| 3.1.3.1 | Monitoring and maintaining emotional health |
| 3.2.1/2.1 | Portfolio – Self-assessment and continuous learning |
| 3.2.1.2 | Progress reflections |
| 3.1.2.3 | Women's safety and wellbeing |

## ICD
| | |
|---|---|
| 4.2.3 | Assignment – Community project |

## 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 2.6.2.2:** Facilitating families to set and achieve support goals

In Phase 2 you developed an IFSP with a family and engaged them in participatory experiences with other stakeholders. In this final block placement, you will facilitate goal setting and planning for achievement in relation to their support needs (for 2.6.2.1 see Week 8, p.126)

## A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 2: Certification; Topic 2: Certification Prerequisites and Ensuring Eligibility

**Session 3.2.2.3:** Achieving Certification for a Family

Work with a family to facilitate certification, using the material gathered for 3.2.2.2

## PB&RP UNIT THREE: Maintain Personal Wellbeing and Continuing Education

## MODULE 1: Monitor and Maintain Personal Wellbeing; Topic 3: Emotional Health and Wellness

| Session 3.1.3.1: Maintaining one's emotional health |
|---|
| Phase Two; Session Number: |
| Session Duration: |
| Number of Learners: |
| Learning Outcomes to be Achieved: Trainees develop individual strategies to cope with setbacks and maintain emotional stability |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | *Introduction*<br><br>Being in a caring role can drain us so we need to be intentional about remaining healthy emotionally.<br><br>But there are ways to look after our emotional health. | Story:<br><br>CBID worker in the field who struggled with loneliness, many sad situations of clients, the <u>apathy of the society and</u><br><br>reached a point of wanting to give up. (if there is a real story, that would be good, if not can make up a realistic scenario)<br><br><u>Discuss in Groups</u> What are the factors that have led to him/her wanting to quit? Are there any things they could have done to prevent coming to this state? | |
| | <u>What is emotional health?</u><br>It is a state of positive emotional, and<br><br>mental functioning. We say someone is emotionally healthy when their thoughts, feelings and behaviour are optimal. It contributes to our overall wellbeing in what we think, feel and do through all the good and bad times of life. Being healthy emotionally means that we can recover from setbacks and continue to function well in spite of problems. | Brainstorm | |

| | | | |
|---|---|---|---|
| | What are the situations in the work of a CBID worker that can cause emotional setbacks?<br><br>Disappointments<br><br>Failure<br><br>Lack of social support<br><br>Working too hard and too long<br><br>Working in the face of injustice | Brainstorm then the trainer supplements other factors | |
| | Failure and setbacks are a part of life, so what can the CBID worker do to prevent becoming burnt out?<br><br>THINGS TO DO:<br><br>Pay attention to physical health<br><br>- getting enough exercise<br><br>- Getting enough sleep<br><br>- Healthy diet<br><br>Have seniors who can be mentors and encouragers<br><br>Take breaks when required<br><br>Develop or make time for hobbies that you enjoy.<br><br>Spend time with friends.<br><br>Maintain spiritual disciplines if this is something that gives you strength.<br><br>Plan work realistically.<br><br>AVOID:<br><br>Overwork<br><br>Too much social media<br><br>Substance abuse<br><br>Blaming yourself | Ppt | Laptop and projector |
| | Handling negative outcomes, disappointments and failure as well as opposition and apathy.<br><br>Debriefing with superiors and peers.<br><br>Looking at negative outcomes objectively and learning from them.<br><br>Avoiding blame- of oneself and others.<br><br>Recognising that not everything will go<br><br>according to our plans.<br><br>Recognising the stages of grief and<br><br>allowing oneself time to grieve well. | Reflect - did you experience any negative outcomes of the clients that you have dealt with? What were the difficulties? How did you handle this?<br><br>OR Give some scenarios if they have not encountered | |

| | Summary and reflection | What have you learnt today? Write down one way that you can im-prove your emotional health. | |
|---|---|---|---|

**References:**

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

## PB&RP UNIT THREE: Maintain Personal Wellbeing and Continuing Education

## MODULE 2: Personal Growth and Learning; Topic 1: Self-Assessment; Topic 2: Continuous learning

| Session 3.2.1/3.2.2: Self-Assessment and Continuous Learning | | | |
|---|---|---|---|
| Phase Two; Session Number: | | | |
| Session Duration: | | | |
| Number of Learners: | | | |
| Learning Outcomes to be Achieved: Trainee can truthfully assess him/herself and address gaps in knowledge and competence by seeking the relevant help required | | | |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | Introduction:<br><br>This is a six-month course, so we can't possibly teach you everything. One of the ways to find fulfillment in life and work is to constantly be looking for ways to learn. | Facilitator explains interactively | |
| | Johari Window – see Resources below | PowerPoint | laptop, projec-tor |
| | What is Self-Assessment? | Give a simple self-assessment tool – file in the Portfolio | See Resources below… Can adapt from sug-gestions on this or other tools |
| | Importance of continuous learning | Give some examples | |
| | Explain the tasks on self-assessment and student seminars to be done | | |

**References:**

- Johari Window: Can use info from this link, but material may be copyright:
- https://www.selfawareness.org.uk/news/understanding-the-johari-window-model

**Self-Assessment:**
https://www.bookwidgets.com/blog/2017/06/stimulate-your-students-with-these-10-creative-self-assessment-ideas

**Thoughts for practical application:**

Student Seminars: Each learner can research a topic and present a seminar to give them the opportunity of learning for themselves. (Suitable topics need to be selected - maybe they can work in small groups and each research a part of the topic. This can be ongoing through Phase 2 to give them the experience). After the presentation, each can assess how they did with a simple assessment tool. They can also be assessed on the presentation by their peers and supervisor. Each will then reflect on what could have been better and identify resources that can help them improve in that area.

Reflective Journal: Each learner can have a reflective journal and look back at the end of each week or after each major event and learn from what went well and what didn't. This needs to include recognition of strengths and identifying gaps in:

1.  Knowledge of subject matter

2.  Skills of caring for persons with disability,

3.  Interpersonal interactions - with the team, with clients,

4.  Preparing and executing a work plan

5.  Ability to access required hel

6.  Handling setbacks and crise

7.  learning about team and handling emotions.

At the end of every month, they can discuss with their supervisor and the supervisor can grade their progress in their ability to learn and grow.

## PB&RP UNIT THREE: Maintain Personal Wellbeing and Continuing Education

## MODULE 2: Personal Growth and Learning; Topic 1: Self-Assessment
**Session 3.2.1.2:** Progress Reflections

Note in your journal how you feel you are going – reflect on your progress and learning goals you would like to discuss with your supervisor

**References:**

* *EN Topic 24: Self-assessment and continuous learning*

## PB&RP UNIT THREE: Maintain Personal Wellbeing and Continuing Education; MODULE 1: Monitors and Maintains Personal Wellbeing; Topic 2: Women's Safety and Wellbeing
**Session 3.1.2.3:** Completing checklist of women's safety and wellbeing in the field

Participate in a guided field visit on this topic and complete a checklist/ questionnaire on the issues

**References:**

* *EN Topic 10: Women's safety and wellbeing*

## ICD UNIT FOUR: Support Community Action; MODULE 2: Establishes, Networks, and Works with Groups for Advocacy and Action; Topic 3: Undertaking a Community Project
**ICD Session Plan: 4.2.3**

Community project cont.

* *EN Topic 8: Supporting community action*

* *Community Project instructions - needed!*

# Week 20

| Week 20 | Phase Three Block 4 Week 4 In-field | |
|---|---|---|
| | **AM** | **PM** |
| **MONDAY** | 3.2.2.3 Supporting family to achieve certification cont. | 3.1.2.3 Advocacy presentation (incorporate into 4.2.3 Community Project) (**Assignment**) |
| **TUESDAY** | 2.2.1.2 Managing negative outcomes<br><br>3.1.3.2 Fostering healthy relationships<br><br>2.1.2.3 Time management. Meet with your supervisor and reflect on your time-management over the last week in relation to the tasks of the Community Project | 3.1.2.3 Advocacy presentation (incorporate into 4.2.3 Community Project) (**Assignment**) |
| **WEDNESDAY** | 3.2.2.2 Opportunities for ongoing learning – this is an opportunity to become aware of the various ways you can ensure ongoing learning and development. Note a skill you would like to learn to focus on next session and your selected knowledge source | 3.3.1.3 Facilitation of access to services in the community – group project |
| **THURSDAY** | 4.2.3 Community Project (**Assignment**) | 3.3.2.2 Single window provision of rehab services in the community – group project cont. |
| **FRIDAY** | 4.2.3 Community Project (**Assignment**) | 4.1.2.3 Demonstration of a community participation activity (Setup). *In Phase 2 Block 1 we discussed community-level interventions. In this final block placement, you will demonstrate a community participation activity. During the remainder of this session, you will select your intervention and how you will conduct it* |

# Phase Three Week 20

## A&I

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| 3.2.2.3 | Work with a family to facilitate certification |
| 3.3.1.3 | Facilitation of access to services |
| 3.3.2.2 | Single window provision of rehab services |
| 4.1.2.3 | Demonstrating a community participation activity |

## PB&RP

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|---|---|
| 2.2.1.2 | Managing negative outcomes |
| 3.1.3.2 | Fostering healthy relationships |
| 2.1.2.3 | Time management |
| 3.2.2.2 | Opportunities for ongoing learning |

## ICD

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|---|---|
| 3.1.2.3 | Assignment – Advocacy presentation |
| 4.2.3 | Assignment – Community Project |

## A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 2: Certification; Topic 2: Certification Prerequisites and Ensuring Eligibility

**Session 3.2.2.3:** Work with a family to facilitate certification

Continued from Week 19

## A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 3: Appropriate, Timely Information; Topic 1: Referrals

| Session 3.3.1.3: Facilitation of Access to Services | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: The trainee facilitates access to services through referrals | | | |
| **Time** | **Content** | **Activities** | **Resources** |
| | Practicum – Making a successful referral | Presentation: In groups of 3-4, develop case studies of clients during your placement who required referrals and present the referral process and documentation for each, using the Resource Directory you developed across Wks 11-12 | |

**References:**

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6480147/

**Notes**

• This is the practicum of input on referrals – Wks 9, 11 and 12

## A&I UNIT THREE: Facilitate Knowledge, Linkages and Referrals; MODULE 3: Appropriate, Timely Information; Topic 1: Referrals

| Session 3.3.2.2: Single window service provision | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: The trainee facilitates access to services through organizing single window service provision | | | |
| **Time** | **Content** | **Activities** | **Resources** |
| | Practicum | Implement the referral pathway for a client and document process. <br><br> Plan and implement a single window service provision in the community | |

**References:**

- This is the practicum of input on single window service provision – Week 9
- *EN Topic 22: Referrals – Single Window Service Provision*

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 1: Conducts Interventions in Scope of Role; Topic 2: Community-Based Interventions

**Session 4.1.2.3:** Demonstrating a community participation activity

Trainees demonstrate the community participation activity they have been working on

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

| Session 3.1.3.2: Fostering healthy relationships | | | |
|---|---|---|---|
| Phase Two; Session Number: | | | |
| Session Duration: | | | |
| Number of Learners: | | | |
| Learning Outcomes to be Achieved: Trainees develop individual strategies to cope with setbacks and maintain emotional stability | | | |
| **Time** | **Content** | **Activities** | **Resources** |
| | Introduction<br><br>To alert the students to the dangers of getting emotionally involved and the importance of maintaining healthy relationships to prevent problems. | Group Discussion: Present a fictional case study of someone who experienced emotional entanglement with a client. What went wrong? How could the CBID worker have avoided this? | Story |
| | Healthy Relationships<br><br>In any given situation we have the ability to choose our response.  Many situations we face every day while relating to people in real life, we can call "**Relationship Stimuli (RS)**."   A stimulus is something that evokes a response.  So in relating to people, we have to respond.  And we either respond well, building the relationship, or poorly, creating a barrier.  Showing no response is also a way of responding. | Scenarios<br><br>Give the learners some real-life situations or use a situation that has come up in the field to discuss that we can choose our response rather than just reacting to the situation. | |
| | Between the Relationship Stimulus and the **Relationship Response** there is an **Opportunity Space**.  We are often not aware of this space.  One of the methods someone has suggested to handle anger is to count to ten.  That in effect is using the opportunity space to control our emotions and respond well.  If we believe that, 'this is just the way I am', there is no scope for growth and change.  If you think you are an angry person, then you will not do anything to change.  When we recognise that we can choose to respond angrily or kindly, then we are able to accept the responsibility for our responses, thereby healing relationships and preventing problems. | | |

| | | | |
|---|---|---|---|
| 56 | Similarly, if someone is angry with you, you can choose how to respond to that, rather than getting angry, or upset or feeling inferior. | | |
| | Healthy Boundaries in Relationships with clients:<br><br>Chaperone<br><br>Empathizing without getting too involved<br><br>Accountability - Have a senior that you can be in touch with to discuss any relationship struggles | Some of this may come out of the discussion of the above cases. Facilitator should expand and explain interactively | |
| | Healthy Boundaries in Relationships with superiors:<br><br>Dealing with harassment<br><br>Develop assertiveness<br><br>Know and keep boundaries with peers<br><br>Respect those in authority<br><br>Develop a healthy sense of self worth | Present as scenario and ask what they would do. | |
| | Healthy Boundaries in Relationships with peers and juniors:<br><br>Mutual respect<br><br>Willingness to apologize<br><br>Reach out to help them<br><br>Forgiveness<br><br>Remember you were once in their place. | Present as scenario and ask what they would do. | |
| | Summary | Reflect on what you have learnt and one thing you want to work on changing in your relationships. | |

**Practical:**
This can be a part of weekly self-assessment log and monthly discussion with supervisor.

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

**Session 2.1.2.3:** Reflection on time-management of Community Project over last week

Meet with your supervisor and reflect on your time-management over the last week in relation to the tasks of the Community Project

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

| Session 2.2.1.2: Managing Negative Outcomes |||||
| --- | --- | --- | --- | --- |
| Phase Two; Session Number: |||||
| Session Duration: |||||
| Number of Learners: |||||
| Learning Outcomes to be Achieved: Trainees discuss their reactions and positive strategies for managing negative outcomes in their work |||||

| Time | Content | Activities | Resources |
| --- | --- | --- | --- |
| | <u>Handling negative outcomes, disappointments and failure as well as opposition and apathy.</u><br><br>Debriefing with superiors and peers.<br><br>Looking at negative outcomes objectively and learning from them.<br><br>Avoiding blame- of oneself and others.<br><br>Recognising that not everything will go according to our plans.<br><br>Recognising the stages of grief and allowing oneself time to grieve well. | Reflect - did you experience any negative outcomes of the clients that you have dealt with? What were the difficulties? How did you handle this?<br><br>OR Give some scenarios if they have not encountered | |

**References:**

- ***EN Topic 21:*** *Managing negative outcomes*

## PB&RP UNIT THREE: Maintain Personal Wellbeing and Continuing Education; MODULE 2: Plans and Monitors Continuous Improvement; Topic 2: Continuous Learning

**Session 3.2.2.2:**   Opportunities for ongoing learning

This is an opportunity to become aware of the various ways you can ensure ongoing learning and development. Note a skill you would like to learn to focus on next session and your selected knowledge source

**References:**

- *EN Topic 24: Self-assessment and continuous learning*

## ICD UNIT THREE: Work with Local, State, and Central Government Agencies; MODULE 1: Advocates to and Collaborates with Government; Topic 2: Plans and Prepares an Advocacy Campaign

**Session 3.1.2.3:** Make an Advocacy Presentation

Part of the 4.2.3 Community Project

**References:**

- *EN Topic 8: Supporting community action*
- *Community Project instructions - needed!*

## ICD UNIT FOUR: Support Community Action; MODULE 2: Establishes, Networks, and Works with Groups for Advocacy and Action; Topic 3: Undertaking a Community Project

**ICD Session Plan: 4.2.3**

Community Project cont.

**References:**

- *EN Topic 8: Supporting community action*
- *Community Project instructions - needed!*

# Week 21

| Week 21 | Phase Three Block 4 Week 5 In-field | |
|---|---|---|
| | **AM** | **PM** |
| **MONDAY** | 4.2.2.4 (input) Educating families on supporting movement and motor learning needs (continuing on from 4.2.2.1 in Phase Two) | 4.2.3 Community Project (**Assignment**) (**Assignment**) |
| **TUESDAY** | 3.2.2.2 Learning a new skill | 4.2.3 Community Project |
| **WEDNESDAY** | 3.2.2.2 cont. | 4.2.2.4 Demonstrating to families how to support movement and motor learning needs |
| **THURSDAY** | 4.2.3 Community Project (**Assignment**) | 4.3.1.3 Facilitating a family to access the ADIP |
| **FRIDAY** | 4.3.2.2 (prac) (Setup) Developing an indigenous assistive device and home-based adaptive device. *In Week 17, the construction of indigenous assistive devices was discussed. During this block you will participate in a day workshop constructing your own devices. The supervisor will supply instructions and resources for making 5-10 common devices – select 2-4 to undertake. File all the instructions for all in your* **Portfolio**; *take a photo of your finished items and make notes* | |

# Phase Three Week 21

**A&I**

| 4.2.2.4 | Educating families on supporting movement and mobility |
|---|---|
| 4.3.1.3 | Facilitating a family to access the ADIP |
| 4.3.2.2 | Developing a home-based adaptive device |

**PB&RP**

| 3.2.2.2 | Opportunities for ongoing learning |
|---|---|

**ICD**

| 4.2.3 | Assignment – Community Project |
|---|---|

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 2: Enhancese Holistic Development of Individual with Disability; Topic 2: Teaching Skills to Enhance Movement and Independent Functioning

**Session 4.2.2.4:** Educating families on supporting movement and mobility

Trainee will engage with [n=X] families, supporting them to facilitate movement, balance, positioning, fitness and endurance as needed

## 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 4.3.1.3:** Facilitating a family to access the ADIP

Trainee will engage with [n=X] families, supporting them to facilitate movement, balance, positioning, fitness and endurance as needed

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 3: Supports Fitting and Training in Assistive and Rehabilitation Devices; Topic 2: Indigenous Devices: Construction and Use

| **Session 4.3.2.2:** Developing a Home-based Adaptive Device | | |
|---|---|---|
| Phase Three; Session Number: | | |
| Session Duration: | | |
| Number of Trainees: | | |
| Learning Outcomes to be Achieved:  Learner will know about Indigenous devices and its relevance and is able to make a few of them | | |
| **Time** | **Content** | **Activities** |
| | Practical: In Week 17 (p.205), the construction of indigenous assistive devices was discussed.  During this block you will participate in a day workshop constructing your own devices. The supervisor will supply instructions and resources for making 5-10 common devices – select 2-4 to undertake. File all the instructions for all in your **Portfolio** take a photo of your finished items and make notes | |

**References:**

- *EN Topic 30: Indigenous devices* - refer to here

## PB&RP UNIT THREE: Maintain Personal Wellbeing and Continuing Education; MODULE 2: Plans and Monitors Continuous Improvement; Topic 2: Continuous Learning

**PB&RP Session Plan: 3.2.2.2**

Opportunities for ongoing learning cont.

**References:**

- *EN Topic 24: Self-assessment and continuous learning*

## ICD UNIT FOUR: Support Community Action; MODULE 2: Establishes, Networks, and Works with Groups for Advocacy and Action; Topic 3: Undertaking a Community Project

**ICD Session Plan: 4.2.3**

Community Project cont.

**References:**

- *EN Topic 8: Supporting community action*
- *Community Project instructions - needed!*

# Week 22

| Week 22 | Phase Three Block 4 Week 6 In-field | |
|---|---|---|
| | **AM** | **PM** |
| **MONDAY** | 4.3.3.1 (input) and 4.3.3.2 (PRACTICUM) Fitment, training, and repair of assistive devices | 4.2.3 Community Project (**Assignment**) |
| **TUESDAY** | Reflective discussions with peers and supervisor:<br><br>● 1.1.2.2 Presenting on management of a boundary issue<br><br>● 1.3.2.3 One difficult and one positive team interaction.<br><br>● 3.1.3.3 Debrief any critical incident/ sad client outcomes or personal failure | 4.2.3 Community Project (**Assignment**) |
| **WEDNESDAY** | Prepare for student seminars. *These will run at the training centre on the Monday of the last week. Possible topics to present will be provided or trainees can suggest something – such as demonstrating a skill, discussing a useful resource, presenting on an important topic, interviewing a successful role-model or self-advocate or inclusive organisation, etc. Each presentation is to go for 20 mins with 10 mins for questions* | 4.4.1.2 Training family in O&M techniques *In Phase Two Block 3, O&M techniques were discussed (4.4.1.1). Here, you will support a family to equip their family member in one of these techniques* |
| **THURSDAY** | 4.2.3 Community Project (**Assignment**) | 4.4.2.3 Developing an ADL training plan *In Phase Two, you completed task analyses for common ADL skills. Here, you will develop an ADL training plan for a person with a disability on one of these skills. You will submit this plan in your* **Portfolio** *assignment* |
| **FRIDAY** | 4.2.3 Community Project (**Assignment**) | 4.4.2.3 Developing an ADL training plan cont. |

# Phase Three Week 22

## A&I

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|---|---|
| 4.3.3.1/4.3.3.2 | Fitment, training, and repair of assistive devices and PRACTICUM demonstration |
| 4.4.1.2 | Training family in O&M techniques |
| 4.4.2.3 | Portfolio – Developing an ADL training plan |

## PB&RP

| | |
|---|---|
| 1.1.2.2 | Presenting on management of a boundary issue |
| 1.3.2.3 | Reflecting on difficult team interactions |
| 3.1.3.3 | Debriefing difficult incidents |

## ICD

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|---|---|
| 4.2.3 | Assignment – Community Project |

**A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 3: Supports Fitting and Training of Assistive Devices; Topic 3: Fitment, Training and Repair**

| | | | |
|---|---|---|---|
| **Session 4.3.3.1/4.3.3.2:** Basic fitment, training and repair of assistive devices and PRACTICUM ||||
| Phase Three; Session Number: ||||
| Session Duration: ||||
| Number of Trainees: ||||
| Learning Outcomes to be Achieved:  The trainee undertakes basic fitment, training and repair of assistive devices ||||
| **Time** | **Content** | **Activities** | **Resources** |
| | **4.3.3.1** Assistive devices -Fitment | Learner will learn and practice how to fit different assistive devices | Various assistive devices as demonstration model (e.g Wheelchair, callipers, prosthesis, hearing aid, crutch, glasses, CP chair, etc) |
| | *Assistive devices-Training to families* | Learner will learn how to train the family with various assistive devices | |
| | Assistive devices- repairing | The trainees will learn how to do basic repairing of assistive devices | |
| | **4.3.3.2** PRACTICUM: The trainee will practice and demonstrate the fitment, training and repairing of various assistive devices. This may have already been demonstrated during the placement. The supervisor needs to sign that this task is complete ||||

**References:**

- https://guides.library.illinois.edu/c.php?g=533633&p=3651132

- *EN Topic 30: Repair and maintenance*

**A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 4: O&M, Mobility and ADL Training; Topic 1: O&M Techniques**

**Session 4.4.1.2:** Training family in O&M techniques.

Trainees support a family to equip their family member in one of these techniques

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; MODULE 4: O&M, Mobility and ADL Training; Topic 2: ADL Task Analysis

**Session 4.4.2.3:** Developing an ADL training plan

Trainees develop an ADL training plan for a person with a disability, using one of the skills for which they completed a task analysis. This plan will be submitted as part of the **Portfolio** assignment

## PB&RP UNIT ONE: Fulfilling Role Expectations and Responsibilities; MODULE 1: Takes on Practical and Logistical Requirements of the Role; Topic 2: Limits of Responsibilities

**Session 1.1.2.2:** Presenting on Management of a Boundary Issue

Trainee will discuss a situation requiring them to determine the boundaries of their role and negotiate a correct response.

**Resources required:**

Form for CBID manager to determine adequacy of response to role boundary challenge and facilitate discussion to canvas options in future

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

**Session 1.3.2.3:** Reflecting on Difficult Team Interactions

Trainees will participate in a reflective discussion with their supervisor and peers, considering one difficult and one positive team interaction

**References:**

- *EN Topic 15: Managing negative responses*

## PB&RP UNIT THREE: Maintain Personal Wellbeing and Continuing Education; MODULE 1: Monitors and Maintains Personal Wellbeing; Topic 3: Emotional Health and Resilience

**Session 3.1.3.3:** Debriefing Difficult Incidences

Trainees will debrief any critical incident/ sad client outcomes or personal failure

**References:**

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

## ICD UNIT FOUR: Support Community Action; MODULE 2: Establishes, Networks, and Works with Groups for Advocacy and Action; Topic 3: Undertaking a Community Project

**ICD Session Plan: 4.2.3**

Community Project cont.

**References:**

- *EN Topic 8: Supporting community action*
- *Community Project instructions - needed!*

# Week 23

| Week 23 | Phase Three Block 4 Week 7 In-field | |
|---|---|---|
| | **AM** | **PM** |
| **MONDAY** | 4.5.2.3 Developing an alternative communication board. *In Phase Two Block 3, you documented alternative communication systems and instructions about how to make common ones. In this session you will develop a communication board for a family you've met during training and will demonstrate and train in its use.* (**Portfolio**) | 4.3.1.1 (input) Roles and responsibilities of local leaders and participatory processes of selection |
| **TUESDAY** | Prepare for student seminars and resource fair | 4.3.1.2 Working with the community to identify and select local leaders |
| **WEDNESDAY** | Prepare for student seminars and resource fair | 4.5.2.3 Developing an alternative communication board cont. (**Portfolio**) |
| **THURSDAY** | 4.3.1.2 Working with the community to identify and select local leaders cont. | 4.5.2.3 Developing an alternative communication board cont. (**Portfolio**) |
| **FRIDAY** | 4.3.1.3 Training, developing, and resourcing local leaders | 4.5.2.3 Developing an alternative communication board cont. (**Portfolio**) |

# Phase Three Week 23

**A&I**

| 4.5.2.3 | Portfolio – Developing an alternative communication board |
|---|---|

**ICD**

| 4.3.1.1 | Roles, responsibilities, and selection of local leaders |
|---|---|
| 4.3.1.2 | Working with the community to identify and select local leaders |
| 4.3.1.3 | Training, developing, and resourcing local leaders |

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

**Session 4.5.2.3:** Developing an Alternative Communication Board

In Week 13 you documented alternative communication systems and instructions about how to make common ones. Across this week you will develop a communication board for a family you've met during training and will demonstrate and train in its use.

## ICD UNIT FIVE: Local Leadership and Groups; MODULE 3: Supports Local Leadership; Topic 1: Local Leadership Facilitation

| | |
|---|---|
| **Session 4.3.1.1:** Roles & responsibilities of community leaders through the participatory process | |

| |
|---|
| Phase Three; Session Number: |
| Session Duration: |
| Number of Trainees: |
| *Learning Outcomes to be Achieved: Demonstrate qualities of a good leader, facilitate group in decision making across the spectrum of participation, develop formats for role responsibilities including record keeping and documentation, and classify different types of leaders and align their skills* |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | Qualities of a community leader | The trainer will elicit from the trainees as to who are their role models or an ideal community leader. Next the trainer will ask each one to write down on the meta cards the qualities that they appreciate in the community leaders The meta cards will then be put up on the chart and discussed to arrive at the qualities of community leader | Meta Card Chart Paper Glue stick |
| | Types of leaders and their skills | From the meta cards the trainer will segregate the qualities or skills of leaders and will give titles of various types of leaders. | Meta cards Chart Paper Glue stick |
| | Spectrum of participation of community leaders: High participation to low participation | Taking examples from the qualities of a community leader, the trainer will draw a line on the chart and make segments. At one end of the line will write High participation (delegating work to others), Good participation (decision made together) Average (leader gives ideas) Low participation (leader takes the decision) | Meta cards Chart Paper Glue stick |

**References:**

- https://ec.europa.eu/echo/files/evaluation/watsan2005/annex files/WEDC/es/ES12CD.pdf

- http://www.apcdfoundation.org/?q=system/files/cbid.pdf

- https://www.collectiveimpactforum.org/sites/default/files/Community%20Engagement%20Toolkit.pdf

- *EN Topic 9: Local leadership and groups*

## ICD UNIT FIVE: Local Leadership and Groups; MODULE 3: Supports Local Leadership; Topic 1: Local Leadership Facilitation

| Session 4.3.1.2: Working with the community to identify and select local leaders | | | | |
|---|---|---|---|---|
| Phase Three; Session Number: | | | | |
| Session Duration: | | | | |
| Number of Trainees: | | | | |
| Learning Outcomes to be Achieved: *Demonstrate qualities of a good leader, facilitate group in decision making across the spectrum of participation, develop formats for role responsibilities including record keeping and documentation, and classify different types of leaders and align their skills* | | | | |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | Documentation of identified Community leader | Practical in the field for choosing a community leader<br><br>Demonstration of making and using formats for documentation of minutes of meeting<br><br>Listing the role responsibilities of a community leader | Flip Chart<br><br>Clips |
| | Practicum | Models of leadership | Documentary |

**References:**

- ***EN Topic 9:*** *Local leadership and groups*

## ICD UNIT FIVE: Local Leadership and Groups; MODULE 3: Supports Local Leadership; Topic 1: Local Leadership Facilitation

| | | | |
|---|---|---|---|
| **Session 4.3.1.3:** Training, developing, and resourcing local leaders, the formation of support groups and utilization of resources | | | |

| | |
|---|---|
| Phase Three; Session Number: | |
| Session Duration: | |
| Number of Trainees: | |

Learning Outcomes to be Achieved: Classify the essentials and desirables as supports and resources; Devise an indigenous process for support and formations of groups; Demonstrate addressing community needs to appropriate authorities

| Time | Content | Activities | Resources |
|---|---|---|---|
| | Supports and resources required for a leader | Ice breaking activity of 'Follow the leader' game. Trainer will discuss the importance of the game and emphasise the trainees that a leader needs support of others in the community. | |
| | Types of supports needed | Enlisting all the community supports and then discussing the essentials and desirables | Charts |
| | Formation of Support Group such as Self-Help Groups, DPOs | Demonstration in the Community | |
| | Process of formation of support groups | Presentation The process of formation different Support Groups: Health Education Livelihood | |
| | Process of addressing community needs to appropriate authorities | Role playing on communicating community needs for redressal to appropriate authorities | |

**References:**

- http://www.apcdfoundation.org/?q=system/files/cbid.pdf

- *EN Topic 9: Local leadership and groups*

# Week 24

| Week 24 | Phase Three Block 4 Week 8 Training Centre | |
|---|---|---|
| | **AM** | **PM** |
| **MONDAY** | Student seminars | Student seminars |
| **TUESDAY** | 4.6.2.1 (input) Referrals for people with mental health issues. | 4.6.2.2 Document referral pathways for a person with a mental illness and ways for families to engage with their family member, respect their rights and facilitate participation and dignity |
| **WEDNESDAY** | 4.3.2 (input) Fading the role of the CBID worker/ external agent | 4.3.2 (input) Fading the role of the CBID worker/ external agent |
| **THURSDAY** | • Day 1 – Resource fair (open to the community) – possibly booths and poster presentations – people move around the room and discuss the materials at each booth with the students running it | |
| **FRIDAY** | • Day 2 Graduation and celebration | |

# Phase Three Week 24

## A&I
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|---|---|
| 4.6.2.1 | Referrals for people with mental health issues |
| 4.6.2.2 | Referral pathways for people with mental illness |

## ICD
| | |
|---|---|
| 4.3.2 | Fading the role of the CBID worker/ external catalyst |

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Session Plan: MODULE 6: Works with and Supports People with Mental Illness; Topic 2: Mental Health Referrals

| Session 4.6.2.1: Facilitating referrals for people with mental health issues | | | |
|---|---|---|---|
| Phase Three; Session Number: | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning Outcomes to be Achieved: The trainees will be able to identify signs of mental ill health and suggest appropriate referrals | | | |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | Characteristics of persons with mental health issues<br><br>Early signs of mental health disorders<br><br>Referral pathways and supporting referrals | | Whiteboard<br><br>chart |

## A&I UNIT FOUR: Support and Provide Multi Sectoral Intervention; Session Plan: MODULE 6: Works with and Supports People with Mental Illness; Topic 2: Mental

**Session 4.6.2.2:** Referral Pathways for People with Mental Illness

Document referral pathways for a person with a mental illness and ways for families to engage with their family member, respect their rights and facilitate participation and dignity

भारतीय पुनर्वास परिषद्

## ICD UNIT FOUR: Supports Community Leadership and Action; MODULE 3: Supports Local Leadership; Topic 2: Fading the External Change Agent

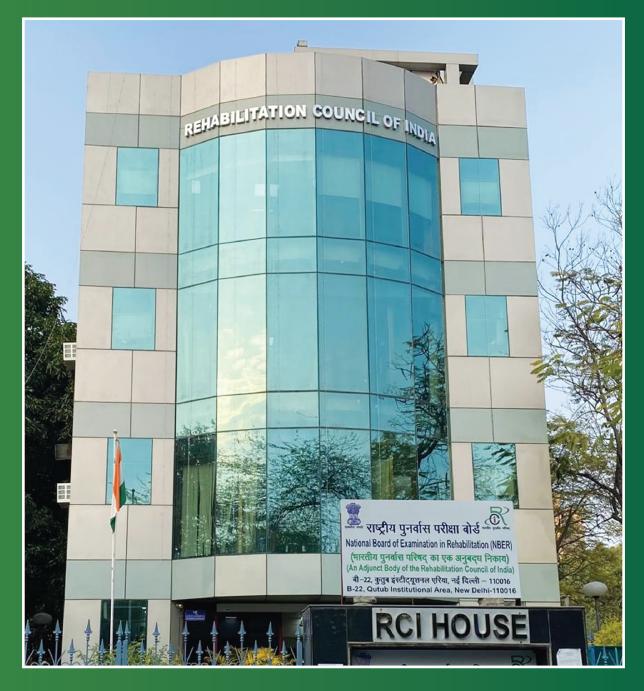| Session 4.3.2.1/ 4.3.2.2 Fading the role of the CBID worker/ external catalyst | | | |
|---|---|---|---|
| Phase Three; Session Number | | | |
| Session Duration: | | | |
| Number of Trainees: | | | |
| Learning outcomes: Articulate the need to the groups for developing self-efficacy and self-determination; devise indigenous scaffolds for community groups and leaders in the form of do's and don'ts; Demonstrate via role playing the strategies of fading out | | | |

| Time | Content | Activities | Resources |
|---|---|---|---|
| | **4.3.2.1** Ice breaking activity using popular film clippings such as 'Lagan' and encouraging the trainees to narrate the team/ group self-determination | Give Activities | Film clippings |
| | Increasing self-determination leading to self-efficacy by way of:<br><br>● Self-awareness,<br><br>● Knowledge about rights,<br><br>● Communicating<br><br>● Leadership skills | Role playing activities as a group for realising goals, support needs and accommodation. Next the trainer will encourage the trainees as a group to exhibit their knowledge of rights, redress violations and advocate for a change.<br><br>Further the trainer will encourage the group to use communication techniques such as articulation, persuasion for communication along with leadership skills | |
| | Scaffolding techniques for beginner community leaders | Trainer may through small group meetings demonstrate scaffolding skills such as model/ demonstrate conducting meetings, articulating concerns, progressing from simple to complex tasks, providing prompts, motivations, Mnemonics and giving outlines of report writing how to scaffold the beginner community leaders | |
| | Fading out stages | The trainer will demonstrate to the trainees the techniques of fading given to the beginner community leaders<br><br>Contingency: Providing support only when needed<br><br>Temporary: Support gradually reduced<br><br>Transfer responsibility:<br><br>Responsibility gradually transferred from the support provider to the trainee | |

| | **4.3.2.2** Devising indigenous scaffolds | Trainees consider their context and determine specific fading out strategies they will employ | |
|---|---|---|---|

**References:**

- https://www.crporegon.org/cms/lib/OR01928264/Centricity/Domain/45/Documents/NSTTAC-Teaching-Self-Determination-Skills-to-Students-with-Disabilities.pdf

- https://iris.peabody.vanderbilt.edu/module/sca/cresource/q1/p01/

- *EN Topic 9: Local leadership and groups*

भारतीय पुनर्वास परिषद्

# REHABILITATION COUNCIL OF INDIA

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

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## Community Based Inclusive Development (CBID)