Original Research Article

The impact of a competency-based community-based inclusive development (CBID) training program in India

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ABSTRACT

Aim: In India, enhancing traditional didactic teaching and manualized instruction with interactive and practical approaches can better equip workers for the complexities of community-based inclusive development (CBID) delivery. The purpose of this research is to evaluate the implementation of competency-based training methods employed during a pilot CBID certificate course in India.

Method: A qualitative case study methodology, using Brinkerhoff's Success Case Method (SCM), was employed to assess the outcomes of the training program. From the results of an initial survey of 40 participants, the study identified both successful and less successful applications of the acquired competencies in real-world settings. These cases were further explored through interviews which were structured around the identified competency domains.

Results: The findings indicate significant improvements in workplace competencies among trained fieldworkers, resulting in community workers feeling that they were able to positively impact on the lives of individuals with disabilities and their families in their communities. Additionally, the study offers recommendations to adapt and improve the CBID training program.

Conclusion and Implications: Competency-based training is important for grassroots workers. It has the potential to drive inclusive development and its effectiveness makes the case for increased investment by policymakers and training providers. Limitations: The CBID training course is run across numerous sites in India. This study reflects one batch of students at one training site; consequently, generalisability is limited by sample size.

Keywords: Competency-Based Training, Success Case Method, Disability Inclusion, Training Evaluation

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INTRODUCTION

Practical or competency-based training is considered best practice in workplace education (Kohrt et al., 2024; Wesselink et al., 2017). Likewise, competency-based training is required to train community-based inclusive development (CBID) workers to provide basic rehabilitation and inclusion for local people with disability (Gale et al., 2022). CBID (a development from community-based rehabilitation – CBR) is a strategy used by over

100 Low- and Middle-income countries (LMICs) to facilitate rural disability services. It is used in training local people to meet basic rehabilitation and inclusion needs and appropriate onward referrals for those needing more specialised support. The expansion of CBR into inclusive community development necessitated proficiency in new competencies and required upgraded competency-based training (CBT) (Cornielje & Tsengu, 2016).

Competence is the ability to integrate a variety of skills and knowledge to solve real workplace problems to the standard required (Misko, 1999; Škrinjarić, et al., 2022). Competency-based training focuses on what a person can do because of their training – the training or performance outcome, not on the training inputs or processes (Guthrie, 2009). Many high-income countries, like Australia, moved to a competency-based model of training for trades and industry in the 1980s. The purpose of this reform in Australia was to formalise and improve occupational training and make Australian workers competitive. This involved working with industries to define workplace performance standards and developing units of competency. These are set out in a comprehensive set of training packages for all Australian industries (Australian Skills Quality Authority, 2024).

In India, methods of traditional didactic teaching and manualized instruction may be inadequate to equip workers for complex CBID delivery. Previously, the lack of effective training has been impacting workforce quality (Gale et al., 2022). While there is no specific research comparing the effectiveness of traditional methods to methods such as competency-based training in CBID or CBR, rehabilitation workers identified the need for strengthening rehabilitation competencies in CBR training in CBR training programs in India (Ghosh et al., 2020). Additionally, Bhavsar et al. (2022) found that methods of teaching which were student-centred and required the learner's participation were more effective for medical students than traditional didactic models, particularly in enhancing skills such as problem-solving and critical thinking which would help them in clinical environments. Findings from this study indicates the importance of exploring methods such as competency-based training in the Indian context.

In response to the research on workplace training and the need for CBID fieldworkers who were better equipped for the challenges that they faced, a model for competency-based training was developed. This model, which was designed, piloted, and tested in partnership with the government of India, experts from six leading Non-Government Organisations (NGOs), CBID providers, and the University of Melbourne's (UoM) Nossal Institute for Global Health and Melbourne Graduate School of Education, identified 36 competencies which underpinned quality CBID delivery and a set of overall training standards were developed (Gale, Gillis and Grills, 2022). An observational reporting form tracked progress and four levels of proficiency were measured (Appendix A – CBID Acquisition of Competency Model, training standards: Appendix B – CBID Competency Standards).

Table 1: Example competency and performance descriptors

Competency	Descriptors of advancing performance
Understands statutory provisions.	A. Names the main disability-related 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.

The 6-month competency-based training course addressed three main subject areas of: Inclusive Community Development (ICD) (focus on the community), Assessment and

Intervention (A&I) (focus on the person), and Professional Behaviour and Reflective Practice (PB&RP) (focus on the worker).

Learning outcomes for each area described what trainees will do, say, make, or write to facilitate or demonstrate their learning, and learning activities are designed to support students to achieve those outcomes (an example of this development for Competency 4 cited above is provided in Table 2).

Table 2: Curriculum planning for Competency 4: Understands statutory provisions.

Competency:	**Novice**	**Advanced Beginner**	**Competent**
Understands statutory provisions	A. Names the main disability-related 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
Learning Outcome:	Builds a portfolio of relevant policies, acts, and schemes	Completes under supervision an application form for a disability-specific and general certificate for a person/ family	Conducts a gap analysis, prepares a presentation, approaches the appropriate office, and negotiates for change of infrastructure or practise to support a local person/ family
Teaching Input:	Week: 2 Time: 90mins Topic: Disability, Legislation, Acts, Policies	Week: 13 Time: 90 mins Topic: Sources for general and disability-specific certificates	Week: 8 Time: Full day Topic: Visit to District, Block, and Panchayat to collect information on Local Governance System and how public representatives are categorised.
	Week: 2 Time: Half-day Topic: Acts and Policies - tabling of details (portfolio)	Week: 14 Time: Half-day Topic: Presentation and practice on filling up a referral form and referral register	Week: 18 Time: Half-day Topic: Case study and analysis of formation of advocacy group, development of campaign, and advocacy skills demonstrated in achieving goals.

OBJECTIVE

Employing a Success Case Method, this paper evaluates the outcomes of competency-based training in CBID at a CBM India Trust training course. This research aims to

better understand the relationship between the type of training and effective worker development, and in doing so contribute to continuing course improvements. The following research questions were addressed:

RQ1. To what extent did the training develop workplace competence?

RQ2. What client outcomes were achieved by CBID trainee intervention?

RQ3. How can the training be improved?

METHOD

CBM as the case study partner

CBM is a leading disability and development organisation in India working on programs, advocacy, capacity-building, and knowledge generation to improve the quality of life, inclusion, and empowerment of people with disabilities. With this expertise, CBM has been involved in the development of the competency-based CBID training from its inception as one of the six NGOs working with the RCI and UoM. Since the approval of the curriculum in early 2021, CBM India has successfully trained two cohorts of students from the state of Karnataka through the course, drawing on a range of subject-matter experts delivering course content and coordinating practice sites in and around Bangalore.

In 2023, an informal process of information-gathering about differences in CBID ways of working pre- and post-training was carried out and reported on (CBM India Trust, 2023). This indicated that post-training, CBID workers had a greater scope of community involvement, due to many new technical skills in areas such as participatory rural appraisal, disability screening, writing formal applications, and educating families. Consequently, they were better able to support people with disabilities in their local communities and to access a full range of government schemes, resources, and services. Supervisors of graduates of the training also spoke of improvements in disability identification and the number of families who were able to be linked to social protection schemes, as well as better communication and report-writing and personal improvements in confidence, proactivity, responsibility, and patience.

Following these positive informal reports and interest to understand more specifically the impact of training on worker outcomes, CBM was chosen as the organisation for this Success Case Method study.

Success Case Method for Training Evaluation

Given the focus on understanding the impact of training on competency-growth, the Success Case Method (SCM) was selected to answer the research questions (Brinkerhoff, 2005).

The SCM is a case-study research method for evaluating training. It is suited to competency-based training evaluations as it evaluates performance against a model of competency, rather than relying on self-identified perceptions of the value of training alone (Lee et al., 2017). In this study, SCM was applied to assess the impact of training on competence and areas for improvement. The study used purposive sampling to identify concrete evidence of training effect in verifiable incidents where learning was applied. Instances of non-success were also documented.

Only a small number of highest and lowest success cases are needed for an SCM study. This is because, firstly, it has been shown that a small number is adequate to inform about the effects of training, and secondly, analysing the broad middle tends to underrepresent the best effects of a program and overrepresent the worst, also known as the tyranny of the mean (Brinkerhoff, 2005).

There are two main steps to an SCM study - firstly, locating by survey the success and non-success cases and secondly, interviewing them to document and gather stories

about the nature of success and corroborating evidence for their claims. To achieve these steps, the following preparatory tasks were first completed:

1. Developing an impact model or theory of the way training leads to desired field-based outcomes,
2. Preparing a survey questionnaire to enable identification of high- and low-success cases against the expectations of the impact model,
3. Preparing interview questions for high- and low-success cases,
4. Gaining ethics approval

Developing an impact model

An impact model is a description of a successful outcome of training. For the purposes of an SCM evaluation, what is needed is a table listing the competencies expected by the end of the training (Key Skills and Knowledge), what the trainee will do in the workplace with those competencies (Critical Applications), what the direct result will be in those being served (Key Results), and what will be the broader sector and societal impact of that behaviour continuing (Business Impact).

In the case of the CBID training, the Key Skills and Knowledge are the 36 competencies within the six competency domains that form the focus of training; Critical Applications are the performance of the competencies in the workplace; Key Results are the outcomes of competent performance; and the features of a community where those competencies are exercised is the Business Impact. Thus, the impact model specifies the actions and results to be identified in the surveys and questionnaires for implementing the SCM. Table 3 sets out a summary of these details, with Critical Applications (2) specifying the real-world provision and Key Results (3) the real-world outcome (provided in full at Appendix C).

Table 3: Impact model defining successful application of training.

Critical application	Key results
Provision of a trustworthy knowledge source in disability, human rights, inclusive community development, and government legislation and provisions…	…achieves knowledgeable and competent individuals and communities in disability, inclusion, and achievement of rights and entitlements.
Provision of respectful, supportive and culturally sensitive communication and interactions…	…achieves positive, long-term relationships between CBID workers and recipients.
Provision of disability identification, planning, and service linking for all 21 disabilities of the RPD Act, 2016…	…achieves individualized service provision and appropriate, timely linkages and referrals.
Provision of basic rehabilitation for specific needs…	…achieves maximised function, capability, and independence.
Provision of competent inclusive development facilitation and community capacity-building…	…achieves inclusion through effective grassroots action.
Provision of professional, knowledgeable, and ethical CBID workers…	…achieves a widely respected CBID profession.

Survey questionnaire

Survey questions used a rating scale to produce quantitative data which would show the proportion of trainees who report using, or not using, the training in the workplace, and the scope of success achieved (Brinkerhoff, 2005). In the case of the CBID training, the survey questionnaire was grouped into three sections:

Questions on the specific application of the six competency domains covered in the training, enabling the impact of the CBID training on trainee work performance and satisfaction to be understood against the stipulations of the impact model.

Questions of general interest about the trainee, their experience, goals for training, views about training effectiveness, and how well they felt that they had been able to apply their training in their communities.

Identifying high and low success cases

In addition to the survey questionnaire results, an observational reporting form, used to assess performance of understanding, skills and knowledge in practice (CBID Acquisition of Competency Model'- Appendix A) was also used to identify the high- and low-success cases. The three people with the lowest scores, when taking into account both the survey and the results of the observational reporting tool, and the three people who scored the highest, were selected as samples for the success case method study and were then interviewed.

Interviews

Interviews took place online via Zoom, with interviewer, transcriber, respondents, and translator all located separately. Interview questions were designed around the following competency domains: understanding; relating; screening, planning and referring; providing rehabilitation and training others; fostering inclusive communities; and taking on the role. Both high-success and low-success cases were invited to share the ways in which they had applied their training in these areas, what aspects of the course had helped them to perform their role and build relationships in the community, and evidence that their training had led to successful workplace outcomes. For low-success respondents, there was additional focus on the barriers that had prevented them from doing the training and suggestions for improving the training course.

Gaining ethics approval

Ethics approval to conduct this research was granted by the Ethical Committee of the Sigma Institutional Review Board in October 2023 (IRB No. 10043/IRB/23-24). The study's purpose and measures to safeguard privacy and confidentiality were explained in a plain language statement and written informed consent was obtained (see Appendix E).

Participants

The survey questionnaire was administered to, and completed by, the entire batch of trainees from the second CBID training course to be run through CBM. From these 40 participants, three high-success respondents and three low-success respondents were identified using the results of the observational reporting form and the questionnaire responses. The three high-success respondents and the three low-success respondents consented to participate subsequently in an interview. Demographics for respondents are provided in Table 4.

Table 4: Demographics of SCM study respondents

#	Gender	Age	Education	Work Experience	Prior training	Other
1	F	55	10th	Special educator for last 19 years, and worked in CBR programme for 13 years	No	Person without disability
2	F	35	10th	Urban Rehabilitation Worker (URW) for a year. Was not working earlier.	No	Physical disability

3	M	39	10th	Working as URW for the last 2 years prior to that worked in a hotel and for daily wages.	No	Physical disability
4	M	45	10th	Basically, an agriculturist and has been working as Village Rehabilitation Worker (VRW) for 13 years.	No	Physical disability
5	F	48	10th	13 years as VRW, 4 years as teacher for children affected with leprosy and as a volunteer in HIV project for 4 years	No	Physical disability
6	F	20	12th	No work Experience	No	Hearing Impaired

Qualitative data analysis method

The method used to analyse the qualitative data emerging from our study was thematic analysis. Thematic analysis is a process which allows qualitative (and quantitative) data to be analysed in such a way as to identify patterns in responses (Braun & Clarke, 2006). Progressing through six steps, data is sequentially categorised into themes connecting to the research concern. According to these steps, the authors engaged in the following processes.

Two researchers independently read and re-read the responses to the interview questions for domain (step 1) and agreed with the interview questions being used initially to code the data (step 2). Following this, the second researcher proposed and named a set of five broad themes encapsulating the coded data (step 3). The first researcher then re-read the data through the lens of this thematic proposal, synthesising duplicate ideas (step 4) and produced and defined a final set of three unique themes (step 5). A full description of how themes were generated can be found in Appendix F.

RESULTS AND DISCUSSION

Interview and questionnaire participants identified that the competency-based training approach had improved their confidence and observed that it had led to better client outcomes. It had improved their knowledge, understanding and skills related to disability identification, legal frameworks, referral and support services, communication, and relationship building. Additionally, the course had fostered in them a greater commitment to their own education, professional development, and career advancement. The benefit of the SCM is that the focus on the three low-success cases provided an opportunity to examine aspects of the course which needed improvement.

Three themes were generated from the process of uncovering the story told by the data. These themes were the use of training to meet real life situations and to improve client outcomes, the elements of the course which detracted from learning, and the application of the ways in which aspects of evidence-based training was applied within the course.

Theme 1: Useful learning for real results and improved client outcomes

This theme outlines how learning inputs must extend beyond general knowledge to training that sufficiently meets the requirements to address real life situations. This is the hallmark of competency-based training – emphasizing what a person can do from their training rather than the training inputs (Guthrie, 2009). The comments in this section demonstrate how the respondents' competency-based training had a direct impact on community and client outcomes.

All respondents commented about the real-world usefulness of their training, giving examples of improving the situations for their clients:

> ***Respondent 4:*** *"There is a close relationship between poverty and disability. Many people with disability don't read and don't know about disability and small things like how to get a maintenance allowance, disability card, rehabilitation, and assistive devices. My role is to give information to those who have difficulty accessing this… People with disability are being marginalised and given wrong information about sports and recreational activities and I can now give the right information."*
>
> ***Respondent 5:*** *"My earlier knowledge was limited to helping people get the maintenance allowance and ID card. This program has helped me gain a lot of knowledge about different services and schemes and how to link people…"*

The capacity to screen for one of the 21 disabilities of the RPD Act 2016 and available entitlements for those identified was valued. Other respondents noted the importance of developing competency in communication:

> ***Respondent 1:*** *"I learned communication skills that have made parent counselling easier and helped me build relationships and form community groups… People have given me feedback about my communication – colleagues, teachers and the community have told me that I have improved in communication skills immensely."*
>
> ***Respondent 3:*** *"The training has helped me build rapport with people with disability and their families… There is lots of hesitation to reveal disability in the family, especially in people from a rich background as they think they will be looked down upon by the society… From the training I can convince people to come forward to receive information to help them and mobilise parents of children with severe disability to bring their children into the community."*

This comment from Respondent 3 highlights the importance of the combined competencies of understanding and relationship-building to bring about attitude change, particularly within the clients' families.

These comments highlight the complexities of the CBID role and the challenge of working towards competency as it involves dimensions beyond performance of individual tasks. These have been described as consisting of task management skills, contingency management skills, and job/role environment management skills (Gillis and Griffin, 2005).

Quigley et al (2020) also suggests that when it comes to workplace-based learning there should be a gradual increase in responsibility and independence and a structuring of workplace tasks to progressively increase challenge. For the complexities of the CBID role, this means that training placements need to be structured in such a way that they can work from high levels of support to independence while applying their knowledge in increasingly complex situations. Pitching learning at the 'just-right' level of challenge will help trainees to advance swiftly.

Theme 2: Training elements detracting from learning

While there were demonstrated benefits to client outcomes, areas where the course could be improved were also identified. Some respondents noted gaps in their knowledge in some settings and it is necessary to reflect on these gaps to improve future training courses and to ensure client outcomes are met:

> ***Respondent 2:*** *"I am an Urban Rehabilitation Worker (URW) and my role is difficult to implement because I come from the municipality – people don't understand the purpose of my visit. We need a booklet with answers to difficult questions and situations."*
>
> ***Respondent 3:*** *"The training should have more in-depth information, e.g., we were told that the RPD Act 2016 requires 4% employment reservation for people with disability, but how do we ensure this right, how do we lobby, how do we make it happen? We need more information on how to make employers comply with the Act – this is what must be included in the*

training. The course must extend the knowledge to make it useful… The duration of the course should be one year to cover everything in sufficient depth."

The experience of overload and pressure is a factor requiring consideration by the training provider. A question to ask is whether the curriculum includes excess "knowledge bulk" not fundamental to the grasp or competent delivery of CBID – what is known as the "stuffed" curriculum (Cousin, 2006). This can be difficult to determine, but one approach would be to remove the least mentioned/ least affirmed domains of competency. For this study, the fourth competency domain – Intervention and Training for Specific Needs, received comments for just one aspect: supporting use of basic assistive technology and devices. In the other areas of this domain – enhancing social, emotional, and cognitive development and early learning, enhancing personal independence, communicating using different communication methods, and providing basic rehabilitation training to others, no mention of application of training was made. These areas require significant competency and training opportunity and close working with allied health professionals, so it is possible that the content supplied was inadequate to enable workplace application. A response may be to move this part of the Certificate training to an elective or a different curriculum, such as a Diploma course that also develops rehabilitation, supervision, and project management capacities.

As Brinkerhoff (2005) has noted, achieving performance results from training is a whole organisation challenge that training cannot accomplish alone. Factors and actions that determine the success of training transfer must also be considered. In work areas that carry possibility of societal stigma, personal characteristics and work influences are also a consideration. Personal characteristics include motivations, aspirations, experiences and supports that are socially formed and negotiated within homes, communities, and places of work. Work influences are all aspects of the work ecosystem in which the trainee evolves (Avon, 2021).

In addition to the competency-based training course, other factors have an impact on trainees' competencies. Respondents in this study highlighted the value of the presence of trainees with disabilities on the course. Other factors impacting a trainee's ability to transfer their skills to real-world situations and to maintain their training include existing support for graduates in their new workplaces, the governance and policy environments they work in, the work they are asked to do, and the extent to which recipients of their service value their contribution (Naicker et al. 2019). As this case-study involved a non-government training provider able to provide considerable support to trainees during their training and employ several graduates, consideration should be given to the minimum level of competency that will be required for successful employment under more challenging conditions.

Theme 3: Features of evidence-informed training

Many features of quality competency-based training were noted. In addition to those mentioned in Themes 1 and 2, a range of characteristics were identified as being effective for developing workplace competence. These had a positive impact on the students' ability to apply their learning and to develop their learner identity.

Participants appreciated work-relevant learning and opportunities for practice in the areas of screening for disability, understanding challenges people face, types of disability and their entitlements, how to avail entitlements, map community assets, write reports, engage, counsel parents, build rapport, and convince people and the wider community. Keeping theory and practice together helped them to understand the connections between what they were learning and how it could be applied:

Respondent 1: *"Doing assignments and day to day tasks simultaneously meant I was able to apply the things I learned in the training on field."*

The competency-based training aspect of the course also meant that each student's progression was prioritised and the need to meet each of the stages meant that learning was personalised, and individuals were supported:

Respondent 5: *"The coordinator gave time to time updates and helped me catch up on the sessions I had missed due to other health issues."*

A focus on how to learn and how to apply learning helped students to develop life-long learning mindsets and to feel more empowered:

Respondent 4: *"We now see problems as opportunities (to/and) transform ourselves and the world around us."*

Respondent 6: *"As empowered learners we will build inclusive communities."*

In relation to lifelong learning, the motivation of adults to learn is so they can improve their knowledge to improve their professional and private lives (Chappell et al. 2003). Because knowledge is changing rapidly, lifelong learning is essential for them to remain up to date (Solomon, 2007). Therefore, courses teaching adults need to be situated in the real world, work in partnership with them to determine learning objectives and design instructional content, draw on and develop collaborative, communication, problem-solving and self-initiating skills, draw on their own experience to solve case-study scenarios, and make them responsible for their learning (Edwards et al. 2004).

For the CBID training course, where workers find themselves in communities with significant, changing and diverse needs, it is essential that they are taught to problem solve and be empowered to learn independently. The respondents recommended that the blended approach to learning, where practical, hands-on sessions are integrated with theoretical instructions, is enhanced and expanded. Additionally, they recommended the provision of a handbook which they could take into the field and which provided possible solutions to a range of problems that they might experience in the field. These case study scenarios would help them to draw on existing knowledge to empower their independent learning, developing new understandings relevant to their community and workplace context.

SUMMARY

The following benefits summarise the results of the CBM training according to the study respondents: first, workforce competencies were enhanced, resulting in an overall improvement in skills, performance metrics, and employee development; secondly, due to higher quality service provisions, there were improved client outcomes and more positive client satisfaction; thirdly, the competency based-training had a positive organisational impact as it meant that trainees developed more efficient work processes and enhanced their professionalism; finally, benchmarking standards allowed for standardized and optimized competency development across workforces, organisations and communities.

RECOMMENDATIONS

As well as a stronger focus and commitment to the blended learning approach and resources that trainees could take to aid their work in their communities, respondents suggested a number of recommendations to improve the effectiveness of the CBID training course. These included: expanded technological and device education, to increase the trainees knowledge about assistive devices and emerging technologies; greater detailed insights about relevant legislation, policies and their practical implementations; more guidance in professional conduct and resources to guide trainees on responsible conduct in their field worker roles; and a stronger emphasis on developing sign language proficiency. Additionally, the respondents recommended that the 6-month training course was extended to one year so that trainees could develop more comprehensive knowledge,

have a thorough understanding of the key concepts, and alleviate time- related stress. Consistent with the literature and key principles related to competency-based training, it was also clear from the data that pitching training at the 'just-right' level, removing elements that were unnecessary to avoid a 'stuffed curriculum,' and supporting trainees in their journey towards becoming life-long learners would increase the effectiveness of the course.

LIMITATIONS

The study provided an in-depth analysis of CBID training within Karnataka and among the CBM India Trust trained individuals, offering valuable insights for this setting. At the same time, its nature as a case study involving one context means it is not possible to draw broad implications or generalise from this research – for that, a larger-scale comparative study is needed.

However, with a small sample size has come the possibility of a more detailed examination of experiences at either end of the success and satisfaction continuum. As a result of using the Success Case Methodology, the benefits and issues of the training program have been able to be more clearly seen, supporting both the recommendations for broader uptake of the course as well as suggestions for its ongoing improvement.

CONCLUSION

This impact study aimed to investigate the extent to which CBID training enhances workplace competencies (RQ1), determine the client outcome resulting from CBID training interventions (RQ2), and identify ways to improve the training (RQ3).

In response to the first two research questions, the course received strong endorsement from the respondents (RQ1), who were able to illustrate the benefits of their learning on recipients of their work and on themselves in terms of skills and confidence. Many positive reports from others about their development and transformation into the role were sources of pride and motivation (RQ2).

Additionally, the recommendations and suggestions that emerged in the data collection process provide training providers with concrete steps to increase the effectiveness of the training course and improve community and workplace outcomes (RQ3).

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APPENDICES

Appendix A - CBID Acquisition of Competency Model.

Work aspect	Competency	Performance level
1. Frameworks of Understanding	1.1 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. Compares different community perspectives on disability and inclusion D. Develops arguments to counter negative community attitudes and outlook
	1.2 Understands disability conditions (definitions, causes)	A. Lists the main factors that do and don't cause disability (Fact vs superstition) B. Describes the 21 disabilities under the RPD Act, 2016 C. Explains the causes of disability to counter incorrect or superstitious understandings
	1.3 Differentiates between disabilities	A. Differentiates between obvious disabilities (e.g., vision/ hearing / evident physical disability) B. Identifies developmental disabilities, other neurological diseases C. Differentiates psychosocial disabilities and mental illness
	1.4 Understands statutory provisions	A. Names the main disability-related 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
	1.5 Understands background differences 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 observed situations C. Negotiates for the benefit of all, utilizing unwritten ground rules of different groups
2. Relationship Building and Maintenance	2.1 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
	2.2 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 needs
	2.3 Demonstrates effective listening	A. Responds to questions with appropriate basic information and advice B. Uses learned listening strategies to support understanding of the situation and need C. Discerns unspoken concerns and responds appropriately
	2.4 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. Makes space and elicits the contribution and insights of people with lived disability experience

		C. Motivates the community to relate to and engage with disability from a strengths-based perspective
3. Assessment, Referral and Report Writing, Goal-Setting and Planning	3.1 Screens for disability	A. Completes basic checklist as instructed B. Selects and administers appropriate checklist C. Factors in all circumstances that might be impacting assessment accuracy
	3.2 Communicates findings of screening test	A. Reports low-stakes information (positive/ neutral in impact) about the screen B. Refers questions beyond scope of practice to relevant professionals and follows up to ensure they have been understood C. Communicates more difficult-to-hear information in consideration of the received
	3.3. 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
	3.4 Writes reports	A. Documents basic information using prescribed format B. Provides simple interpretation of data/ results in reports C. Creates simple reports
	3.5 Supports individuals and families to set goals and plan	A. Identifies appropriate functional goals for a range of basic conditions (ICF) B. Participates in collaborative discussions with the family/ relationship C. Completes a family planning and goal-setting meeting according to guidelines D. Facilitates collaborative planning discussions and decision-making in the family E.
	3.6 Assists individuals and families to identify assets and strengths	A. Describes the strength-based approach B. Includes questions about assets and strengths in the planning process C. Interprets and incorporates findings about individual/ family strengths into the plan
4. Intervention and Training for Specific Needs	4.1 Enhances movement and physical functioning	A. Describes best-practice methods for improving functioning for common motor conditions B. Follows through on prescribed activities/ exercises C. Informs about correct use of basic assistive devices D. Notes changes to physical functioning because of therapy programs
	4.2 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
	4.3 Supports the use of basic assistive technology and devices	A. Identifies appropriate assistive devices for different conditions B. Informs family members about simple assistive techniques (e.g., human guide) C. Reminds individuals and families about the correct use of therapist-prescribed assistive technology (e.g., mobility devices, communication devices) D. Reports areas of functioning where assistive technology might be useful

	4.4 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
	4.5 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. Problem-solves to improve communication for an individual (receptive and/or expressive)
	4.6 Sensitizes and encourages others for disability support	A. Informs families about ways to support their member with a disability B. Coaches close community members to better connect/ interact with people with a disability they know C. Advocates to village functionaries about general disability needs and their responsibilities
5. Community mapping, advocacy and education and inclusive community development	5.1 Establishes necessary community connections	A. Lists main stakeholders in the village B. Plans and maps strategically, considering purpose for mapping and 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)
	5.2 Enables utilization of community resources	A. Encourages families to use their existing (own) resources B. Motivates the community to actively contribute from its own resources C. Facilitates government resources to be available to individuals and families D. Brings external resources into the village
	5.3 Shares relevant information and documents compliance	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
	5.4 Advocates 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
	5.5 Motivates individuals and families to join community groups	A. Identifies the factors preventing individuals and families from joining community groups B. Develops arguments supporting greater community participation by individuals/ family members C. Persuades/ makes a case for a family/ individual to join in community life
	5.6 Identifies potential leaders	A. Lists the characteristics of good leadership in simulations B. Identifies leadership skills in action in the community/ CBID workplace C. Identifies obvious leaders (from among individuals with disabilities, family members, community) D. Encourages and informs potential leaders about developing their leadership capacity
	5.7 Supports formation of groups and DPOs	A. Describes observed group formation processes B. Assists in the running of support group/ OPD meetings

	5.8 Organises inclusive programs and special days	C. Encourages individuals and families to meet to discuss and problem-solve A. Assists OPDs/community to run inclusive programs and special days B. Observes and participates in the organization of inclusive programs and special days C. Supports the community / DPO to conduct inclusive programs and special days/ events
6. Responsible Conduct in the Role	6.1 Takes on the requirements of the role	A. Identifies challenges to the role in one's own background and formulates arguments against these B. Demonstrates reliable, responsible, impartial behaviour with people of different backgrounds C. Adapts approaches to the needs of individuals / families/ communities
	6.2 Contributes as an active team member	A. Recognizes the value of different skill sets in a team B. Fulfils responsibilities within CBID and multidisciplinary teams C. Facilitates and fosters positive team functioning
	6.3 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
	6.4 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
	6.5 Preserves personal social-emotional wellbeing	A. Lists ways to support personal social-emotional wellbeing B. Identifies when the role they play is having an emotional impact C. Monitors their own wellbeing and seeks support
	6.6 Plans ongoing learning to improve CBID performance	A. Identifies gap in knowledge and skills B. Takes advantage of organized learning opportunities
	6.7 Prepares work plans	A. Prepares work plans according to prescribed formats B. Adapts work plans for unexpected events/ situations C. Plans work, taking into consideration longer-term goals

Appendix B. CBID competency standards (in ascending order)

Level 4: Above Standard	Advocates for community-wide adoption of universal design access principles and practices. Interprets data and results in professional reports. Justifies proposed changes to community practices using relevant legislation. Interacts persuasively with community leaders and identifies and equips potential leaders. Advocates to others for personal responsibility for ethical occupational practice. Is committed to developing their capacity in the field through advanced training.
Level 3: Competent	Completes functional assessments independently and makes a holistic appraisal of needs. Facilitates collaborative planning in the family, considering unique dynamics and individual and family strengths. Provides emotional support. Undertakes cross-sectoral intervention and trains others in the community. Reports on compliance at the village level and educates village functionaries. Facilitates community change through application of relevant legislation and understanding of the various community perspectives. Guides the community through PRA and builds capacity to achieve self-determined goals through self- directed advocacy. Plans in consideration of longer- term goals and strives for high professional standards and safeguarding of vulnerable people. Undertakes ongoing learning in consideration of needs and requirements of the role. Actively supports others' wellbeing and effectively advocates for the goals and commitments of their team.
Level 2: Advanced Beginner	Identifies less obvious disabilities and communicates sensitive information considerately. Completes basic assessments that include family strengths, trains family members in simple rehabilitation and makes appropriate referrals. Communicates useful information in a timely way and supports collaborative planning and goal setting. Identifies factors causing community exclusion and applies the correct statutory provision to link people to appropriate government entitlements. Elicits the insights, leadership, and independent goal setting of people with disability. With support, works alongside OPDs to bring inclusive programs and professional services to village level. Manages workload in routine tasks and adapts work plansEngages constructively with other team members and demonstrates responsible behaviour, respecting confidentiality and cultural norms. Takes responsibility for own wellbeing and makes use of available supports.
Level 1: Novice	Differentiates between obvious disabilities and follows societal norms in relating. Describes a contemporary model of disability and explains disability law and policy. Observes assessments, documenting results using prescribed formats, and assists in basic rehabilitation. Practices training family members in simulated settings. Explores inclusive development practices and explains the impact of barriers on disability. Participates in group meetings and observes successful advocacy and inclusive community events. Explains PRA and community mapping and profiling procedures and engages in mapping village stakeholders. Engages in group work. Reflects on responses to disability, identifies potential emotional impacts and challenges arising from attitudes, values, and background. Attends to feedback about gaps in their skillset.

Appendix C. **CBID Training Impact Model.**

1 Key Skills & Knowledge	2 Critical Applications	3 Key Results	4 Business Impact
1. Frameworks of Understanding			
Understand community development and CBID	Inform about disability, rights, and entitlements.	Entitlements are procured appropriately for all 21 disabilities of the RPWD Act.	Superstitious understanding of disability causation is eliminated.
Identify disability conditions	Identify relevant statutory provisions.	Community barriers, needs, and resources are identified and addressed.	Disabling barriers in the community are eliminated.
Differentiate between disabilities			
Understand and apply statutory provisions	Adjust support and interaction to different backgrounds.	Services based on the CBID matrix are implemented.	

Understand and work with background differences and their impact		Grievances are redressed with a process suited to context. People with disability are aware of their rights and entitlements.	Implementation of relevant acts, policies, and schemes achieves just and inclusive outcomes for individuals and families of all backgrounds.
2. Relationship Building and Maintenance			
Read family/ relationship structures and dynamics Provide social and emotional support Demonstrate effective listening Respect disability as a source of knowledge	Build and maintain good working relationships. Support mental health and emotional wellbeing. Attend and pay attention to insights derived from lived experience.	People with a disability feel heard and respected when they communicate their needs and insights. Positive, long-term relationships exist between CBID workers and recipients	CBID worker valued byfamilies and community for their relational and interaction capabilities. People with disability and their families are respected in their local community.
3. Assessment, Referral and Report Writing, Goal-Setting, and Planning			
Screen for disability Communicate findings of screening test Link people to professional services Write reports Support people/families to set goals & plan Assist individuals and families to identify assets and strengths	Conduct a disability screen for the local community. Communicate findings of the screening appropriately. Incorporate and draw on strengths and assets when setting goals and planning.	Timely community-based identification of persons with disability. Proper documentation, reporting and referralprocesses followed. People are linked to correct professional services in a timely way. Goals and plans are negotiated and achieved.	Persons with disability are correctly identified. Persons with disability are appropriately assessed and followed up. Persons with disability and families draw on their assets and strengths. Repository of service providers with contact details is established.
4. Intervention and Training for Specific Needs			
Enhance social, emotional, and cognitive development and early learning Support the use of basic assistive technology and devices Enhance personal independence Communicate using different communication methods	Consistent with workplace level, provide basic intervention and capacity-buildingfor individuals and families.	Timely community-based intervention for a range of disability-conditions is supplied.	Capacity and wellbeing of individuals and families living with disability is maximised.

Sensitize & instruct others to give support			
5. Community mapping, advocacy and education, and inclusive community development			
Establish necessary community connections Enable utilisation of community resources Share information & document compliance Advocate for inclusion with local leaders Motivate individuals and families to join community groups Organise inclusive programs & special days	Initiate inclusive community development activities in the local community. Coordinate, foster, and empower local inclusive community development activities. Give rationale for involvement in community action for inclusion. Follow correct procedures for organising inclusive programs and special days.	Local community functioning is rights-based. Contacts with NGO's and Government organisations have been established. People and families with disability know of support and advocacy groups of relevance. People and families with disability are part of support and advocacy groups relevant to them. People/ families with disability are part of the leadership of local inclusion activities.	All community services are linked through networking. All local resources are being utilised effectively. Physical and social environments are compliant in accessibility. There is wide community commitment to and involvement in inclusive development. Inclusive community development is long-term because it is locally led.
6. Responsible Conduct in the Role			
Take on the requirements of the role Contribute as an active team member Conduct oneself in a trustworthy manner Operate within relevant legal and regulatory framework Preserve personal wellbeing Plan ongoing learning to improve skills Prepare work plans	Relate professionally and in a trustworthy manner. Remain within the limits of their role. Complete work requirements on time Manage their wellbeing, and ongoing learning needs.	Individuals, families, and communities receive a professional, timely and competent service.	CBID workers are trusted in the workplace and family homes and considered for leadership roles and responsibilities. Individuals and communities are strengthened through reliable and effective disability inclusion and inclusive development.

Appendix D. Survey questionnaire and demographics.

Section 1: Applications of specific aspects of the training

1. I have used the training to understand people, culture, disability, government provisions, and community development.

Tried this and had clear	Tried this but had no clear results yet	Tried this somewhat, but do not	Tried this and it did not work	Have not tried this at all	Tried this, but not

and positive results		expect any results			because of the training

2. I have used the training to build and maintain working relationships.

Tried this and had clear and positive results	Tried this but had no clear results yet	Tried this somewhat, but do not expect any results	Tried this and it did not work	Have not tried this at all	Tried this, but not because of the training

3. I have used the training to screen for disability, support planning and goal-setting, refer, petition and link, and write reports.

Tried this and had clear and positive results	Tried this but had no clear results yet	Tried this somewhat, but do not expect any results	Tried this and it did not work	Have not tried this at all	Tried this, but not because of the training

4. I have used the training to provide basic rehabilitation and train others to support and meet specific rehabilitation needs.

Tried this and had clear and positive results	Tried this but had no clear results yet	Tried this somewhat, but do not expect any results	Tried this and it did not work	Have not tried this at all	Tried this, but not because of the training

5. I have used the training to facilitate inclusive community development.

Tried this and had clear and positive results	Tried this but had no clear results yet	Tried this somewhat, but do not expect any results	Tried this and it did not work	Have not tried this at all	Tried this, but not because of the training

6. I have used the training to conduct myself responsibly in the CBID fieldworker role.

Tried this and had clear and positive results	Tried this but had no clear results yet	Tried this somewhat, but do not expect any results	Tried this and it did not work	Have not tried this at all	Tried this, but not because of the training

<u>Section 2: Questions of general interest</u>

1. Prior to this training, had you received any disability-related training? Y / N
   If Yes, number of years _____
2. Prior to this training, had you worked in a disability-related field? Y / N
   If Yes, number of years _____
3. Due to the training, do you experience greater fulfilment in the work that you do?
   Y / N / NA
4. What were your hopes/ goals for the training?

(a)	(b)	(c)	(d)

become a full-time community health or rehabilitation worker	use the training as part of my position where necessary	use the training to achieve a job promotion	not use it at all

5. Which statement best describes your experience since participating in the training?

(a)	(b)	(c)	(d)	(e)
I learned something new, I used it, and it has led to some very worthwhile results	I learned and tried some new things, but can't point to any worthwhile results	While I may have learned something new, I have not been able to use it yet	I already knew about, and was doing, the things this training taught	I don't think I can really use what I learned in the training

6. What is your overall impression of the training?

(a)	(b)	(c)	(d)
The training has definitely vastly improved my community health work	The training offered valuable insights into community health work	The training was not really a good health and rehabilitation course	The training was disappointing and not useful at all

7. If you have not tried to apply the training at all, please provide reasons.

<u>Section 3: Demographics</u>

1. CBID Batch& Year:
2. Name:
3. Age with Date of Birth:
4. Gender:
5. Area of Domicile: Rural/Urban
6. Educational qualification:
7. If working, designation:

If you are person with disability, specify the type of disability.

Appendix E. Ethics approval

Sigma-IRB (Institutional Review Board)
(A Division of Sigma Research and Consulting Pvt Ltd)
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CIN No: U74140DL2008PTC182567
IRB REG No : IORG0008260

APPROVAL DOCUMENT

Date: 09.10.2023

Name of Applicant : Dr Sara Varughese
Name of PI : Dr Sara Varughese
Name of Co PI : Lindsey Gale, Francis Annuncia, Yashashree Deore, Nathan Grills, Fairlene Soji

Name of Organisation : CBM India Trust

Study Title : Impact Evaluation of Competency based Community Based Inclusive Development (CBID) Training Program

IRB Number: 10043/IRB/23-24

Date of Virtual Meeting of IRB : 02.09.2023

Final set of Documents Reviewed for Approval : 09.10.2023

Document	Version No	Date	Remarks if any
Sigma IRB Review Application	2	28.09.2023	
Study protocol	2	28.09.2023	
Study tools	2	28.09.2023	
Consent forms	2	28.09.2023	
IRB meeting minutes	2	28.09.2023	

This is in continuation to the submission of documents followed by virtual meeting of the IRB and submission of revised set of documents.

I am pleased to inform you that the above mentioned study has been approved by the Sigma IRB .

All research activities must be conducted in accordance with the approved submission. It is your responsibility to fulfill the **following requirements of approval**:

1. Changes, amendments, and addenda to the protocol, informed consent, or other study materials must be submitted to the Sigma-IRB for re-review and approval **prior** to implementation.

2. Any unanticipated problems, adverse events, protocol violations, social harm, or any new information becoming available which could change the risk/benefit ratio must be reported to the Sigma-IRB.

The Sigma-IRB concluded that the Applicant has taken sufficient safeguards to carry out the study. The Sigma-IRB approves the proposal for conducting the aforesaid study. This approval is based on your revised submission of application, study protocol, tools and consent forms and any deviation from this protocol would require further approval of IRB. This is valid for one year from the date of approval, mentioned geographical location and presented sample. After the completion of the study, please submit the study report to Sigma-IRB

Signature:
Dr U V Somayajulu (Member Secretary of Sigma-IRB) Date: **09.10.2023**

Signature:
Dr Sara Varughese Date: **09.10.2023**

Appendix F.Data coding, review and thematic identification

Step 2: Initial codes	Step 3: Initial themes	Step 5: Final themes	Example comment
Training elements used	Application of training in the workplace	Useful learning for real results – Learning is useful when it can be applied in the workplace for real-world benefit that includes impact for the recipient and worker knowhow and transformation into the role	"I helped a person with physical disability who sat idle at home. Because of my intervention, he got a pair of crutches and has now started walking around. I also helped him get a small amount from the municipality and he now has a small shop and feels independent" (5) "I have learnt how to conduct myself responsibly" (3) "I have made successful application for a child with disability to attend school" (1) My line manager says I have a better way of working with people and better representation in the community" (5)
Application in workplace	Workplace application and results		
Good outcomes	Personal achievements post-training		
Trainee supports	Motivating factors for completing training	Training elements detracting from learning – learning is hampered by course overload and inadequate practice support.	"The learning and assignments were linked to the workplace and were very practical" (1) The assignments and day to day tasks were expected to be done simultaneously which was overburdening, but I was able to apply the things I learned in the training on field" (5) "When I do door-to-door screening, people don't understand my role and it is very difficult to make people understand. I need to know how to tackle questions" (2)
Barriers to benefitting from training	–		
Suggestions to improve training	Suggestions to advance training	Features of training best-practice – best-practice CBID training keeps theory and practice together, maximises usability of learning, on-the-job support, and ongoing learning.	"After few sessions of theory we should have few practicals rather than having all practical after all theory" (1) "The training needs more in-depth information – it is not just knowing the 4% reservation but how to access and use the Act, how to lobby and make it happen, how to ensure this right. The course must be extended so the knowledge it provides is useful" (3) "We need to keep learning about use of assisted devices and info about new technologies regarding the assisted devices" (2)