Training Package for the Tubarerere Mu Muryango programme
(‘Let’s raise children in families’)

TRAINING MODULE FOUR FOR THE NATIONAL TRAINING TEAM

Trainer’s Manual
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(‘Let’s raise children in families’)

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Trainer’s Manual
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# Abbreviations

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<th>Description</th>
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<tr>
<td>CHW</td>
<td>Community Health Worker</td>
</tr>
<tr>
<td>DMO</td>
<td>District Mainstreaming Officer</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>ICF</td>
<td>International Classification of Functioning Disability and Health</td>
</tr>
<tr>
<td>IZU</td>
<td>Inshuti z’Umuryango (Friends of the Family)</td>
</tr>
<tr>
<td>MIGEPROF</td>
<td>Ministry of Gender and Family Promotion</td>
</tr>
<tr>
<td>NCD</td>
<td>National Child Development Agency</td>
</tr>
<tr>
<td>NCPD</td>
<td>National Council of Persons with Disabilities</td>
</tr>
<tr>
<td>NST</td>
<td>National Strategy for Transformation</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>TMM</td>
<td>Tubarerere Mu Muryango programme (“Let’s raise children in families”)</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
Acknowledgements

Sincere thanks are due to the officers of the National Child Development Agency in Rwanda (NCD), the National Council of Persons with Disabilities in Rwanda and UNICEF Rwanda for their guidance and contributions during the development of this training of trainers’ package. In addition to the information referenced in the text, the authors would also like to acknowledge the inputs of all organisations who have contributed to children’s health and well-being through their global work on case management for reintegration, and for child protection during the unprecedented global Covid-19 pandemic. This international community of practice generously shares their experience and evidence-based methods for learning and application in dynamic and evolving development contexts. This training of trainers’ package has been informed by the work of many different organisations in many different countries and we offer our sincere thanks to all of them. In particular we acknowledge:

- The Minimum Standards for Alternative Care and Considerations for Strengthening the Tubarerere Mu Muryango (TMM) Programme for the Inclusion of Children and Adults with Disability Prepared for Government of the Republic of Rwanda Ministry of Local Government by International Centre for Disability and Rehabilitation (ICDR) University of Toronto, Canada

- The Coordinating Comprehensive Care for Children Programme (4Children), initiated in 2015 this five year USAID funded consortium of organizations led by Catholic Relief Services (CRS) with partners IntraHealth, Maestral, Pact, Plan International and Westat, helped countries identify practical and appropriate policies, programs and services that promote child wellbeing

- The Partnership for EveryChild Regional Alliance incorporating Partnership for Every Child in Ukraine, Russia and Moldova along with Partnership for Children in Georgia and For Our Children Foundation in Bulgaria, who focus on preventing loss of parental care for vulnerable children and ensuring safe, secure family care for children without parental care


- USAID’s Displaced Children and Orphans Fund, June 2018, Family Care for Children with Disabilities: Practical Guidance for Frontline Workers in Low- and Middle-Income Countries

- Faith to Action Initiative and their work on transitioning to family care for children

- Lumos who work to make sure children live safely in family-care or family-based alternative care; and who have collated useful research on the risks of harm to children growing up in residential institutions.

- The Future Learn Platform and partners delivering free on-line courses on a range of child protection topics including protecting children during the Covid-19 pandemic developed by the Alliance for Child Protection in Humanitarian Action

This Training Module has been developed through a partnership between the National Child Development Agency and the National Commission for Persons with Disabilities, Rwanda, and UNICEF Rwanda.

The authors are: Elayn M. Sammon elaynsammon@gmail.com and Joseph Munyandamutsa josephmunyandamutsa@gmail.com

## Glossary

<table>
<thead>
<tr>
<th>Word or term</th>
<th>Definition as applied in this text</th>
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<tr>
<td>Alternative care</td>
<td>Formal or informal provision for the protection and well-being of children who are deprived of parental care or care in their immediate family of origin. This can include extended family care, adoption and foster care.</td>
</tr>
<tr>
<td>Case management</td>
<td>The process of helping individual children and families through direct social-work type support, and information management;¹ A process practiced by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need.²</td>
</tr>
<tr>
<td>Case worker</td>
<td>A person employed by the NCD as a Child Protection and Welfare Officer, usually a graduate social worker or psychologist.</td>
</tr>
<tr>
<td>Child</td>
<td>A person under 18 years of age.</td>
</tr>
<tr>
<td>Child Protection and Welfare Officer</td>
<td>A graduate social worker or a graduate psychologist working for the NCD who uses his/her knowledge and skills to provide social services to ensure the healthy development, protection and well-being of children and their families.</td>
</tr>
<tr>
<td>Child protection system</td>
<td>Formal and informal structures, functions, capacities, and other elements organized to achieve safety for children.</td>
</tr>
<tr>
<td>Community-based Inclusive Develop-</td>
<td>Enhances and strengthens earlier work described as Community-based Rehabilitation (CBR).</td>
</tr>
<tr>
<td>ment</td>
<td>A community development strategy that aims at enhancing the lives of persons with disabilities within their community. It is a multi-sectoral approach working to improve the equalization of opportunities and social inclusion of persons with disabilities through provision of rehabilitation services, while combating the perpetual cycle of poverty and disability. It emphasizes utilization of locally available resources including beneficiaries, the families of persons with a disability and the community.</td>
</tr>
<tr>
<td>Disability</td>
<td>“Persons with a disability include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” (UNCRPD).</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Discrimination happens when individuals or institutions unjustly deprive others of their rights and life opportunities due to stigma.</td>
</tr>
<tr>
<td>Family</td>
<td>In this Operational Guidance, ‘family’ describes the immediate relatives of the child. This can include parents and siblings or another long-term caregiver who has adopted a parental role. Extended family includes grandparents, uncles and aunts, cousins etc. The definition of family acknowledges that primary caregiver/s for the child may be extended family members.</td>
</tr>
<tr>
<td>Family care</td>
<td>Care of the child by their family which can include parents. Siblings or immediate relatives</td>
</tr>
<tr>
<td>Family-based care</td>
<td>Family-based is where the child is placed into a family that already exists and the caregivers are the parents or main caregivers of the children in that household – this describes foster care. Adoption is technically not family-based care as it is simply family care. Adoptive parents are the same as birth parents in terms of their functions, legal position and care arrangements.</td>
</tr>
<tr>
<td>Family-type care</td>
<td>Family-type is residential care (where the caregivers come into the facility to provide the care in shifts) that is organised in smaller groups (like a family), in homes that are in the community and are like ordinary family homes (apartments, houses etc.) and where there may be children of different ages, with different abilities and disabilities, and mixed gender (like a family). Family-type describes care in small-group homes for children</td>
</tr>
<tr>
<td>Habilitation</td>
<td>A process aimed at helping persons with disabilities attain, keep or improve skills and functioning for daily living; its services include physical, occupational, and speech-language therapy, various treatments related to pain management, and audiology and other services that are offered in both clinical and community settings.³</td>
</tr>
</tbody>
</table>

³ Adapted from RI Global: http://www.riglobal.org/projects/habilitation-rehabilitation/
Inclusion

Inclusion involves a full reform which means that children with disabilities can participate fully in the life of the family and community; this means making changes to the environment, to the way we all communicate, to our attitudes and belief systems, and to the way we provide services.

Independent living

Independent living/living independently means that individuals with disabilities are provided with all necessary means enabling them to exercise choice and control over their lives and make all decisions concerning their lives. (UNCRPD General comment on article 19: Living independently and being included in the community). For children with disabilities this involves ensuring that in line with their evolving capacities they have the same freedoms as typically developing children to make choices in life, and that they receive support for the choices they make.

Inshuti z’Umuryango (Friends of the Family)

Cadre of community volunteers composed of one man and one woman with responsibility for promoting child rights, and supporting reintegration.

Malayika Murinzi (Guardian Angels)

A cadre of honest parents (in most case the mothers) known for their good reputation in various Rwandan community, for their goodwill effort to care, protect, and educate vulnerable children particularly orphans.

Occupational therapy

Focuses on helping people with a physical, sensory, or cognitive disability to be as independent as possible in all areas of their lives. It can help children and adults with a disability to improve their cognitive, physical, sensory, and motor skills and enhance their self-esteem and sense of accomplishment.

Physiotherapy

A science-based profession that helps to restore movement and function when someone is affected by injury, illness or a disability. It can also prevent deterioration and further loss of function through a maintenance programme of rehabilitation based on individual treatment plans.

Placement

The physical act of placing the child in family-based alternative care; it is one step in the reintegration process.

Rehabilitation

Refers to regaining skills, abilities, or knowledge that may have been lost or compromised as a result of acquiring a disability or due to a change in one’s disability or circumstances.4

Reintegration

Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to their family of origin and community or to live in family-based alternative care, where they can have their rights fulfilled and receive the support and love needed to reach their future potential.

Reunification

Reunification is the physical act of returning the child to their family; it is one step in the reintegration process.

Residential institution

A residential institution is defined as any group living arrangement for children without parents or without surrogate parents, in which care is provided by smaller number of paid adult carers.5

Speech and language therapy

Supports children and young people who have a speech disorder (a problem with the actual production of sounds) or a language disorder (a problem understanding or putting words together to communicate ideas). They work on augmentative and alternative communication which are the methods used to supplement or replace speech or writing for those with impairments in the production or comprehension of spoken or written language.

Stigma

Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different.

UNCRC

The United Nations Convention on the Rights of the Child is a legally binding international agreement and human rights instrument setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities.

UNCRPD

The United Nations Convention on the Rights of Persons with Disabilities is a legally binding international agreement and human rights instrument which reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

4 Adapted from RI Global http://www.riglobal.org/projects/habilitation-rehabilitation/
A note on terminology

“Persons with disabilities” or “children with disabilities” are the terms most often used in global development reporting and are preferred by the Rwandan National Council for Persons with a Disability (NCPD). This is because they use ‘people-first’ language. That is, they put the person’s humanity first, so that they are not defined by their impairment. The term “persons with disabilities” is used in the UNCRPD. However, many disability rights campaigners believe that this connects disability solely to the medical model. The use of the word ‘persons’ is also considered by some to be legalistic and formal, whilst ‘people’ is considered more acceptable for general usage. Under the social model of disability many disabled people see themselves as those who experience barriers within society. Thus, many prefer the term “disabled people” or “disabled children.” In general, it is important to listen to how people talk about their disability themselves and take your cue from them. Therefore, the terms persons with disabilities and children with disabilities are used in this document to take account of the position taken by the National Policy on Persons with Disabilities 2019.

The NCPD has developed a recommended terminology to replace culturally based usage that is considered as contributing factor to negative attitudes towards persons with disability in Rwanda. The table indicates discriminative terminologies (left column) and appropriate terminologies (right column).

### Terminology associated with disability in Rwanda

<table>
<thead>
<tr>
<th>No</th>
<th>Ntibavuga (inyito zipfoby)</th>
<th>Bavuga (inyito iboneye)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ikimuga, uwamugaye, ubana n’ubumuga, ugendana n’ubumuga</td>
<td>Umuntu ufite ubumuga</td>
</tr>
<tr>
<td>2.</td>
<td>Ikirema, Ikimuga, Karemna, Kajorite, Igicumba, Gicumba, Utira isekuru, Kaguru, Jekaguru, Ikirema, Karemna, Muguruwakenya, Terigeri, Kagurumoya, Kaboko, Mukonomoya, Rukuruzi</td>
<td>Umuntu ufite ubumuga bw’ingingo</td>
</tr>
<tr>
<td>3.</td>
<td>Impumyi, Ruhuma, Maso, Gashaza, Mireyzi, ...</td>
<td>Umuntu ufite ubumuga bwo kutabona</td>
</tr>
<tr>
<td>5.</td>
<td>Igicucu, igihoni, ikibwwe, ikirimarima, ikiburaburyo, ikiburabwenge, indindaqire, ikigoryi, igihwone, ikimara, zezenge, icyontazi, inka, inkaputu.</td>
<td>Umuntu ufite ubumuga bwo mu mutwe</td>
</tr>
<tr>
<td>6.</td>
<td>Kanyonjo, gatosho, gatuza</td>
<td>Umuntu ufite ubumuga bw’Inyonjo</td>
</tr>
<tr>
<td>7.</td>
<td>Nyamweru, umwera, ibishwamweru, nyamwema, umuzungu wapfubye</td>
<td>Umuntu ufite ubumuga bw’uruhu rwera</td>
</tr>
<tr>
<td>8.</td>
<td>igikuri, gikuri, gasongo, nzovu, zakayo, gasyukuri, kilograma</td>
<td>Umuntu ufite ubugufi budasanwze</td>
</tr>
</tbody>
</table>

Source: NCPD

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Introduction

Overview

The Trainers Package is primarily for Government of Rwanda Child Protection and Welfare Officers, representatives of the NCPD and others who work directly with children and families on reintegration of children, including children with disabilities, from residential institutions to family care. It can also provide useful information to people working in other local government roles, for example District Disability Mainstreaming Officers and Gender & Family Promotion Officers, as well as people working in non-governmental organizations (NGOs) or community-based systems (for example, Inshuti z’Umuryango - Friends of the Family) who support children and families, and particularly those who have contact with children during the reintegration process.

In March 2012, the Government of Rwanda endorsed the Strategy for National Child Care Reform. The implementation mechanism for this strategy is the Tubarerere Mu Muryango (TMM) programme ('Let’s raise children in families) led by the National Child Development Agency (NCD). The TMM programme aims to ensure that children living in institutional care in Rwanda are reunited with their families or placed in suitable forms of family-based alternative care and that children in families are prevented from separating. The programme uses the childcare reform as a springboard for wider strengthening of the child protection system. The TMM first phase did not have a specific focus on residential institutions for children with disabilities but did include reintegration of a small number of children with disabilities who were residing in the target institutions. The 2018 evaluation of the TMM first phase reported that placement of children with disabilities into families utilizing the existing model was challenging. Therefore a second phase of TMM was initiated by NCD in partnership with the NCPD during 2019. This included the adjustment of the Training Package for the TMM programme to make it more inclusive through the addition of a third module on inclusive case management for reintegration. Inclusive design is considered more appropriate than development of a stand-alone and parallel system which can contribute to further stigmatization and discrimination. The Operational Guidance on Inclusive Children’s Reintegration served as the guiding framework for the development of Module Three of the Training Package. Given that all children, including children with disabilities may require different services across multiple sectors at different times in their lives, the Operational Guidance is underpinned by the functioning case management system and existing mechanisms for coordination and collaboration. Module Three helps the social service workforce to better understand the reintegration process for all children, including children with disabilities who may require more support than children without disabilities.

This present document relates to Module Four, which is designed to equip a National Trainers Team to deliver training, and ongoing coaching and mentoring support to the workforce.

The complete TMM Training Package is therefore organised in four parts:

- **Module One.** Pre-Service Training Module for the Social Service Professionals, 2017
- **Module Two.** In-service Training Module for the Social Service Professionals, 2017
- **Module Three.** Inclusive Case Management for Reintegration, Training Module for the Social Service Professionals, 2019
- **Module Four.** Training and Mentoring the Social Workforce on Case Management for Reintegrating Children with disabilities, 2021

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7 Cabinet Brief: Strategy for National Child Care Reform (n.d.).
8 The NCD established by Presidential Order No. 083/01 of 28/08/2020 absorbs the functions of the National Commission for Children, formerly responsible for TMM, and the National Early Childhood Development Programme (NECDP) with a mission “to foster the development of a child, the promotion and the protection of his or her rights.”
9 Through the implementation of the TMM Programme, 3,216 children and young adults have been placed in family-based environment or supported in independent living by December 2018.
10 Primson Management Services, 15 January 2018, Summative Evaluation of the Tubarerere Mu Muryango/Let’s Raise Children in Families (TMM) Phase I Programme in Rwanda. NCD and UNICEF: Kigali
Purpose

Module Four, the Trainers Manual will equip the National Training Team with fundamental training skills and know-how for effective course delivery. This is especially important for new facilitators to obtain basic skills for preparing and facilitating sessions of the course as well as new training mangers for managing training courses.

It provides the National Training Team with the opportunity to:

- Refresh and reflect on key components of the 2019 Module Three Inclusive Case Management for Reintegration, Training Module for the Social Service Professionals
- Learn techniques for effective facilitation of training sessions to promote learning for the social welfare workforce
- Develop skills and competencies for effective post-training on-the-job coaching and mentoring

In the context of COVID-19, many organisations are adapting their ways of working and this will be reflected in the training content.

Sample agenda

The Agenda for Module Four was informed by a rapid training needs assessment to identify the preferred focus areas for refresher training, for facilitation skills and for coaching and mentoring support during the process of reintegration for children with disabilities (Table 1).

It is intended to be flexible and adaptable such that NCD & NCPD can adjust based on specific needs of new staff and for the continuing professional development of existing staff.

Future refresher training provided by the National Training Team for the social service workforce will be based on a specific agenda prepared by the Trainer (with oversight and advice of NCD and NCPD senior managers) depending on the needs of local participants. Materials can be adapted from the wider TMM Training Programme as necessary.

Module Four consists of:

- 22 individual sessions delivered over four days
- Three group trainings delivered by participants
- One facilitated planning session for roll-out.

Table 1. Sample Agenda for the Module Four Training

<table>
<thead>
<tr>
<th>Time</th>
<th>Day One Refresher on Module Three</th>
<th>Day Two Effective Facilitation</th>
<th>Day Three Coaching and Mentoring</th>
<th>Day Four Putting it into Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00-09.30</td>
<td>Session 1 Welcome, introductions and ground rules</td>
<td>Session 8 Reflections on Day One &amp; Introduction to Day Two</td>
<td>Session 14 Reflections on Day Two</td>
<td>Session 20 Reflections on Day Three</td>
</tr>
<tr>
<td>09.30-10.00</td>
<td>Session 2 Feedback from the Training Needs Assessment</td>
<td>Session 9 Introduction to Adult Learning Theories</td>
<td>Session 15 What Is Coaching and Mentoring? Part I</td>
<td>Session 21 Setting up the Group Work</td>
</tr>
<tr>
<td>10.00-10.30</td>
<td>☕</td>
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<td>☕</td>
<td>☕</td>
</tr>
</tbody>
</table>
General guidance for trainers & safeguarding

Two trainers/ facilitators, at least one of whom should be female, are required for each group to be trained. The number of participants should not exceed 25. At least one of the trainers/ facilitators should have experience in delivering training and in practice-based child protection, including reintegration of children from residential institutions.

Although each training programme will have a specific focus, for example on case management for reintegration, issues of child protection are likely to arise, and it is therefore possible that some of the training participants may find the content challenging. It is also possible that some of the training participants may have first-hand experience of violence and abuse and the subject matter may prompt unpleasant memories and emotions.

Thus, in order to create an environment conducive to learning within this context, the facilitators must take careful steps to:

- Create a calm and safe atmosphere.
- Allow the group to take breaks when the need arises.
- Allow individual members to leave the room should they wish to.
- Make contact details of relevant counselling services available to the participants.
Note for facilitators – sensitivity to discussions on violence, abuse, neglect and exploitation

Due to the sensitive issues being discussed, firm ground rules should be established at the start of the sessions and distancint techniques used. Participants should not be encouraged to make personal disclosures and should instead be given information on where they can talk about personal matters in a safe, one to one setting. However, we know that in spite of these rules being set, participants may share information during the session which raises safeguarding or disclosure issues. If a disclosure is made you should follow the NCD and NCPD policies on safeguarding, child protection and information sharing.

If a person starts to tell you about something that might indicate potential abuse, listen but do not ask for detail. You need to let them know as soon as possible that if they tell you something that might cause concern, you will have to tell someone else, and you will need to follow the NCD and NCPD policies on safeguarding, child protection and information sharing. Under no circumstances agree to keep it a secret. Remember abuse thrives on secrecy. Do not ask probing questions. It may undermine any subsequent investigation.

Each session should begin with introductions, followed by any housekeeping issues including the duration of the session and the timing of the breaks, and issues of confidentiality so that participants feel they can speak up and express ideas and opinions freely.

For an on-line interactive session this can include instructions on how and when to ask a question, using the appropriate functions of the conferencing application, to mute microphones when not speaking so as to eliminate background noise, and to switch off notifications to reduce distractions during the learning workshop.

For a face-to-face session this can include instructions on how and when to ask a question, by raising a hand at any time, or if the facilitator prefers, asking participants to write down questions to be answered at the end of each session; to respect individual’s ideas and not talk over or through them; to switch off mobile phones, to close laptops and only take handwritten notes with provided pen and paper; access to break rooms and toilet facilities etc.

You can use ice-breakers, games and energizers during the introductions and at any appropriate time during the training sessions. More examples can be found at the library of facilitation techniques.

In preparation facilitators should read through and familiarize themselves with the materials for each session. Facilitators can then deliver the content at their own pace and in their own words, using the manual as a prompt. If this entails adjusting the timing to suit their pace, style, expertise and knowledge we encourage this adjustment and personalization.

Facilitators should also think about the logistics for the training and can develop a preparation checklist for materials (Table 2).

Note for facilitators – required participant reference documents

It is recommended that in preparation for completion of Module Four, the National Training Team are provided with a full package of documents for reference purposes:

- Modules One and Two of the TMM Training Programme
- Module Three of the TMM Training Programme, including the
  - Facilitators Manual and PowerPoint Presentation
  - Participants Handbook
- Module Four of the TMM Training Programme (this present manual)
- Operational Guidance on Case Management for Children’s Inclusive Reintegration
- Current Compendium of Resources (a listing of reference documents on case management, working with children with disabilities and their families)
Table 2. Sample checklist – preparation of materials for the training

<table>
<thead>
<tr>
<th>The facilitators require:</th>
<th>The participants should be provided with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flip chart papers</td>
<td>Note pads</td>
</tr>
<tr>
<td>Flip chart board if possible or a blackboard</td>
<td>Folders</td>
</tr>
<tr>
<td>10-12 marker pens</td>
<td>Pens</td>
</tr>
<tr>
<td>Sellotape</td>
<td>A copy of the programme</td>
</tr>
<tr>
<td>Scissors</td>
<td>A list of participants</td>
</tr>
<tr>
<td>Large clips to hold the flip chart papers on the board</td>
<td>A copy of the participants handbook or other materials as appropriate (see Note for Facilitators above)</td>
</tr>
<tr>
<td>PowerPoint (otherwise provide materials as handouts)</td>
<td></td>
</tr>
</tbody>
</table>

Similarly, to create an appropriate training environment consider wherever possible:

- Seating participants in a semi-circle.
- Seating the facilitators at the head of the semi-circle.
- The room should have enough light and air, and space for participants to move around as well as to work in groups.
- Keep the minimum of furniture in the room. One table is required at the head of the room to keep materials.
- There should be wall space to stick flip charts.
- Drinking water should be made available in the training room.
- Food and tea/coffee should be served in another room.

The symbols used in the facilitators’/trainer’s text include:

- Discussion
- Group activity
- PowerPoint slide
- Any questions?
- Written exercise
- Refer to Participants Manual
- Facilitators say...
- Timing
- Note for facilitators/trainers
- Video content
1. Refresher Case Management for Reintegration

1.1. Session 1: Welcome, introductions and ground rules

**Timing 30 minutes**

**PowerPoint slide 2**

**OBJECTIVE:** The participants feel welcomed, comfortable and interested in the training, and are able to observe certain parameters so that the training is successful.

**TO PREPARE:** Select an ice-breaker exercise to suit the group you will be working with. This will depend on whether or not participants already know each other. Prepare the necessary materials.

**Let’s discuss...**

The facilitators introduce themselves; your names, the organisation(s) you represent and the experience you bring to the training. You should welcome all the participants. Ask each participant to introduce herself or himself including name, role, how long they have worked at the NCD or NCPD, what they did before and when they completed Modules One and Two of the TMM Case Management training. Write down the first name of each participant on a flipchart paper and the number of years of experience they have. At the end of the introductions, add up the number of years mentioned and add the number of years’ experience of the trainers. Tell them that in the group there is X number of years of experience of working with children and this is important because it means there is a lot which we can learn from each other.

**Group activity**

Ice-breaker exercise as selected - ‘getting to know you’ or ‘creating interaction in the group’.

**Written exercise**

The facilitator moves onto setting ground rules. These rules are important if the training is to be successful. It sets the boundaries for everyone – trainers and participants. Participants take two minutes to write their preferred ground rules on sticky notes. The facilitators ask the participants to read out and group their sticky notes on a flip chart paper. These can then be listed into a ‘charter’ for the duration of the training. They should be written down and posted somewhere in the room where they are clearly visible and can be referred to if necessary. Each participant, and the facilitators, should sign the charter to show that they agree to be accountable for keeping the rules. The ground rules/charter can include the following:

<table>
<thead>
<tr>
<th>Being on time</th>
<th>Respecting each other</th>
<th>One person to speak at a time, no simultaneous conversations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joining in</td>
<td>Keeping the conversation confidential</td>
<td>Switching phones and laptops off during the Sessions</td>
</tr>
</tbody>
</table>

It is recommended that in preparation for completion of Module Four, the National Training Team are provided with a package of documents for reference purposes. The Facilitator checks with participants that they have the required documents.

- Modules One and Two of the TMM Training Programme
- Module Three of the TMM Training Programme, including the Facilitators Manual and PowerPoint Presentation
- Participants Handbook
- Module Four of the TMM Training Programme (this present manual)
- Operational Guidance on Case Management for Children’s Inclusive Reintegration
- Current Compendium of Resources (a listing of reference documents on case management, working with children with disabilities and their families)

Any questions? Give the participants time to ask questions and seek clarifications, before moving on.

1.2. Session 2: Feedback on the Training Needs Assessment

OBJECTIVE: Participants will receive feedback on the Training Needs Assessment (TNA) and understand how the sessions were developed

TO PREPARE: Be familiar with the TNA report in preparation for responding to questions; have enough copies of the Agenda for the training and of the revised Compendium of Resources which are to be distributed at the end of the session.

Facilitators say...

In preparation for the next phase of TMM, to “build the capacity of the government social welfare workforce to successfully reintegrate children with disabilities from two institutions to family-based care”, NCD and NCPD have committed to providing refresher training for the social welfare workforce in applying the 12 case management steps for adequate placement/referral of children with disabilities during the re-integration process.

NCD and NCPD have collaborated to designate a team of 15 professionals as a National Trainers’ Team. The national trainers’ team will participate in a Training of Trainers event and will organize in turn, the training for the remainder of the social workforce in all districts, with guidance and coaching from the consultants.

During November 2020 the National Trainers’ Team completed a short on-line survey to identify preferred focus areas for the Training of Trainers Package. This has informed the Agenda for the training over the next four days.

Two-thirds of the selected team returned the survey (10 of 15). The response rate of just under 67 per cent is considered sufficient to enable generalizing the results.
PowerPoint slide 5

Of those responding to the survey 70 per cent have a bachelor’s degree and the remaining 30 per cent have a master’s degree.

PowerPoint slide 6

The majority (80 per cent) have completed both the Pre-service and In-service Training Modules for the Social Service Professionals, and just over half (60 per cent) have completed the NCD and NCPD Inclusive Case Management for Reintegration Training Module for the Social Service Professional, held in 2019.

PowerPoint slide 7

The top three priorities for refresher training identified by the National Trainers Team:

i) Importance of permanency planning
ii) Engaging with children, families and communities and
iii) Inclusive case management for reintegration.

PowerPoint slide 8

As a National Training Team, Facilitation Skills will be extremely important, the priorities for additional training in identified by respondents was evenly balanced across the range of options.

Other priorities included coaching and mentoring, supervision and community-based inclusive development (CBID and formerly CBR).

In response to the final question, which provided the option to give information about anything else respondents think it is important to include in the training sessions, three issues were identified:

• Signs language for communication with children with disabilities.
• Sexual and reproductive health and rights for adolescents with a disability.
• Introductory music therapy training course that includes music therapy as tool, as therapeutic principles to assess clients, and as good attitude/approach to work with children with disabilities.

These suggestions are significant and important areas for training, and we have proposed that they are taken into consideration by NCD and NCPD in their planning for continuing professional development. In the interim the consultants propose to source literature related to these subjects until such time as specific training programmes on Communication with Children with Disabilities, and Sexual and Reproductive Health Education for Young People with Disabilities can be developed and disseminated. These are included in a revised Compendium of Resources which is being distributed now.

Facilitator should identify and alert participants to the additional content in the Compendium of Resources related to the subjects above.

Any questions? Give the participants time to ask questions and seek clarifications, before moving on.
1.3. Session 3 Refresher – Inclusive Case Management

Timing 60 minutes

OBJECTIVE: Participants will be familiar with and know how to use the Operational Guidelines on Inclusive Case Management for Children’s Reintegration

TO PREPARE: Be familiar with the materials; make sure each participant has a copy of the Facilitators Manual and Participants Handbook for Module Three, and a copy of the Operational Guidance on Inclusive Children’s Reintegration

Facilitators say...

Each of you has a copy of the revised Operational Guidance on Inclusive Case Management for Children’s Reintegration. Today we are going to review your experience of using the Operational Guidelines and answer as many questions as possible regarding the different steps in the process.

The information under discussion should be anonymised as far as possible to preserve the family’s identity and confidentiality. Although you will be familiar with these families, please do not share information unnecessarily. All of the discussion today remains private and not to be shared outside the confines of the training room.

PowerPoint slide 10 & 11

For 10 minutes, the Facilitator briefly guides participants through the contents of the Operational Guidance. Part One provides context and Part Two details the TMM 12-steps; Part Three includes Job Aids on a range of subjects which participants can refer to as necessary; and Part Four includes the Case Management Forms; the Facilitator can take the opportunity here to reiterate the importance of maintain appropriate records.

PowerPoint slide 12

Group activity

Divide the group into groups of four; each group discusses their experience of using the Operational Guidelines and lists on a flip chart (i) three key positives they have found using the Operational Guidelines and (ii) three key questions based on their experience, for discussion in plenary. For example, these can be related to understanding of the Operational Guidelines and the steps in the process, or to do with challenges they have encountered during the implementation.

During this time the facilitators move around the pairs to listen and observe and offer advice. Each group should discuss for 20 minutes. On completion and in plenary, the group can discuss for 30 minutes...the discussion is led by the Facilitators, but the participants provide both questions and answers depending on their direct experience.

Let’s discuss...

What are the key positives you have found using the Operational Guidelines?
What are the key questions?
What advice can you offer to colleagues to make the process more effective/improve the outcomes for the child and family?
Facilitators say...
The Operational Guidelines are the cornerstone of successful reintegration; each person responsible for case managing the process of reintegration for individual children should be fully familiar with each step of the process. This is the most important reference document that case workers will need to have.

Any questions? Give the participants time to ask questions and seek clarifications before moving on. Make a note of key challenges which can be addressed during specific coaching and mentoring sessions in follow-up.

1.4. Session 4 Refresher – Engaging with children, families and communities

Timing 30 minutes
PowerPoint slide 13

OBJECTIVE: Participants will have increased confidence in managing the child, family and community preparation process for reintegration

TO PREPARE: Be familiar with the materials – load Family Reintegration mp.4 video and print enough transcripts for sharing with participants (Annex 1); refer to Section 3.6 of the Operational Guidance; refer to Section 4.2.2 of the Guidelines on Children’s Reintegration

Facilitators say...

Working with children, their families and the community is important to make sure that the reintegration process is successful.

Please play Family Reintegration Part 1 mp4. video and distribute transcript (available in French and English)12

Facilitators say...

Children who have lived in an institution for a long time will need help and reassurance during the reintegration process.

PowerPoint slide 14

Preparation programmes need to correspond with the level of the understanding of the child with disabilities and her/his preferred communication method must be used.

A considerable amount of practical and experiential learning over a period of time may be necessary for a child with disabilities to understand new experiences and what will happen to her/him.

Institutionalized children with intellectual disabilities can be particularly vulnerable and may require individualized strategies to introduce them to their new home including play, musical instruments, therapy, additional time and gradual exposure to the new home and the members of the family, and the community if not already known to the child.

Some children with disabilities who have lived in an institution for a long time may need basic recuperation work prior to preparing for the move.

12 This content is provided courtesy of the Getting Care Right for All Children on-line course by the University of Strathclyde and Centre of Excellence for Children’s Care and Protection (CELCIS) https://www.futurelearn.com/courses/alternative-care
Preparation programmes need to correspond with the level of the understanding of the child with disabilities and her/his preferred communication method must be used.

A considerable amount of practical and experiential learning over a period of time may be necessary for a child with disabilities to understand new experiences and what will happen to her/him.

Facilitators say...

The family and other carers need to have the knowledge and where appropriate, specialised skills necessary to address the child or adult’s unique needs including, but not limited to: medical and therapeutic needs, risk issues, behavioural issues, disability specific information, behaviour plans, dietary requirements, emotional wellbeing, and details about their routine.

PowerPoint slide 15

Identify other families in the village or community that also have a child or adult with disabilities and facilitate the development of a parents’ group (or connect family with an existing group) for mutual support. These groups can reduce the sense of isolation, provide opportunities to share experiences, manage stressors associated with caring for a child with disabilities and engage in advocacy to promote the rights of their children and access services. Groups of parents have mobilized services for children with disabilities in many countries.

Funding for assistive devices, adaptations, and income support should be organized as required. This acknowledges that looking after a child or adult with disabilities may prohibit or limit opportunities to earn money and that there may be additional costs.

It is important that the carers and other family members have the opportunity to meet and spend time with the child, that carers and family members are aware of the child’s needs and case plan, and that they have received the necessary specialized training to meet those needs.

Facilitators say...

Please avoid treating children who have been reintegrated as a separate or special group of children. Even if they belong to the non-biological families. They should be considered in a wide spectrum of all children with disability in the community. This is why it is very important to make connection among families and parents groups.

PowerPoint slide 16

An important part of preparation includes strengthening community receptiveness through mobilization and sensitization activities. As noted in the NCPD Disability Mainstreaming Guideline (2014) a barrier for people with disabilities integrating within communities are often communication barriers and negative attitudes and/or prejudices.

Mobilization and sensitization would involve local authorities across sectors, local leaders, Inshuti z’Umuryango, community health workers and others. Community based programs such as Umuganda (Community work), Umugoroba w’ababyeyi, Inteko rusange y’abaturage (community meetings), or community markets, all provide an important space for non-discriminatory messages. Local service providers and protection workers, for example, Inshuti z’Umuryango can be introduced to the child or adult and their family to facilitate links to supports and clarify roles.

It can be useful to prepare guides that could be used for these awareness and sensitization activities to ensure that the messages conveyed do not reinforce stigma, exclusion or the charity model of disability and rather, are empowering and rights based.

Parents self-help groups play a key role in raising awareness and advocate for the change they would wish to see in their community.

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13 MGEPROF and NCC endorsed the Inshuti z’Umuryango ‘Friends of the Family’, in 2014 to establish a community-based para social work volunteer. There are two volunteers in each village (1 man, 1 woman) to monitor wellbeing of children in their community including issues related to parenting, gender equality, family conflicts, detection and prevention of gender-based violence.
Identify and mobilize available supports, address stigma, increase awareness and understanding, reduce isolation, and increase the inclusion of the child or adult with disabilities and their families within the daily life of the community.

Any questions? Give the participants time to ask questions and seek clarifications before moving on. Make a note of key challenges which can be addressed during specific coaching and mentoring sessions in follow-up.

Facilitators say...

Within the scope of this process, NCD and NCPD have developed a parent guide which provides key information for parents, to understand how disability affects their children and to know what their roles as parents is supporting children’s development. This also includes understanding key services and resources that might be useful in their community to help their children maximize their full development potential.

### 1.5. Session 5 Refresher – The importance of permanency planning

**Timing** 30 minutes  
**PowerPoint slide 17**

**OBJECTIVE:** Participants will understand what permanency planning is and why it is important.

**TO PREPARE:** Be familiar with the materials; refer to Operational Guidance Sections 1.3 and 3.4; have a copy of the UN Alternative Care Guidelines available and Moving Forward: Implementing the Guidelines

Facilitators say...

Permanency planning is the process of assessing and preparing a child for long term care. A care plan must centre on what is in the child’s best interests, and therefore requires an ongoing assessment of the child and her needs.

PowerPoint slide 18

The UN Guidelines for the Alternative Care of Children are clear that:

> **Frequent changes in care setting are detrimental to the child’s development and ability to form attachments, and should be avoided... Permanency for the child should be secured without undue delay through reintegration in his/her nuclear or extended family or, if this is not possible, in an alternative stable family setting.” (Article VI. 60.)**

Wherever possible the child should be reintegrated to their family of origin to be cared for by their mother and/or father. Where this is not possible, they should be placed in with a relative in the extended family (with siblings aged 18 and over, or with grandparents, or with aunts, and uncles, etc.). In case the family of origin cannot be located, or refuse to accept the child, or live in conditions which do not support the child’s best interests, a family-based alternative care placement should be identified, which can be adoption or foster care. Throughout this document we refer to family-based alternative care and foster care, whilst acknowledging that permanency planning is preferable and that foster care can be a first step to adoption.

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Facilitators say...

PowerPoint slide 19

“The term ‘permanency’, though frequently used in the field of alternative care, is not always perceived in the same way. In some quarters, for example, it is seen as meaning either living in (or returning to) the parental home or being formally adopted by another family. Without denying the child’s need to retain or put down roots, the Guidelines take a flexible view, emphasising the ‘stable’ (and of course appropriate) nature of the placement rather than the setting itself. This very much reflects the line taken by children and young people with experience of alternative care: their primary concern is not so much ‘permanency’ in its ‘forever’ meaning but a sense of belonging and being cared for in a safe, stable and supportive environment. In alternative care situations, this would imply that the same feeling of security and support must be ensured even when changes in setting are proposed. Thus, both desirably and realistically, the Guidelines indicate that a wide range of informal and formal care options, in addition to returning to the parental home wherever possible, can constitute potential solutions for ‘permanency’ if they meet those conditions.”

Any questions? Give the participants time to ask questions and seek clarifications before moving on. Make a note of key challenges which can be addressed during specific coaching and mentoring sessions in follow-up.

1.6. Session 6 Adapting Case Management in the context of COVID-19

OBJECTIVE: Participants will understand what adjustments may need to be made to adapt to the specific context of COVID-19

TO PREPARE: Be familiar with the materials; refer to Guidance for Alternative Care COVID-19 and Guidelines on Case Management During Infectious Disease Outbreaks (Covid-19); load An Introduction to Adapting Case Management During the COVID-19 Pandemic mp.4 video and print enough transcripts for sharing with participants (Annex 2); print enough copies of Save the Children’s “Tip Sheet for Disability Inclusion during COVID-19: Child Protection”.

Facilitators say...

It is important to remember that international standards, such as the Guidelines for the Alternative Care of Children, and other human rights conventions are still applicable during the pandemic. However, COVID-19 poses specific challenges and risks to children with regards to appropriate care both at the policy or system level and in work with individual children. This may lead to more children being at risk of separation from the care of parents, or other primary caregivers, and in need of alternative care. It may also be that kinship, foster carers and staff in residential care, may need additional support to stay safe, prevent the spread of disease and protect the children in their care.

Whilst you are specifically engaged in considering the reintegration of children with disabilities, in your roles within NCD and within civil society child protection organisations you have primary responsibility for case management to ensure the overall protection of all children.

In this section we will look at some examples of how other actors have adapted their case management systems including for alternative care. You will then have an opportunity to discuss and share your experience and concrete examples for adaptation.

COVID-19 can disrupt the environments in which children grow and develop. Disruptions to families, friendships, daily routines and the wider community can have negative consequences for children’s well-being, development and protection. Measures used to prevent and control the spread of COVID-19, including quarantine measures such as school closures and restrictions on movements disrupt children’s routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options or forgo work.

COVID-19 has significant impact on every aspect of people life from sociocultural norms to individual children. By making yourself aware of the potential challenges you can begin to think about potential solutions for overcoming these challenges.

Discussion

In plenary discuss – Why do you think this might be happening? Have you experienced any of these challenges? What did you do to overcome them? What advice can you provide to your colleagues based on your experience?

Please play An Introduction to Adapting Case Management During the COVID-19 Pandemic mp4. video and distribute transcript (available in French and English)

Discussion

In plenary discuss – What are the key issues to be aware of? How can you adapt protocols for COVID-19 safety and case management to make sure that processes remain intact and children are protected? What practical measures can you take?

For example:

- Families should be encouraged and helped to plan for who will care for children if a parent or caregiver becomes ill and must leave the household or, is too ill to care for their children
- When making decisions on where to place a child, prioritisation should be given to family-based alternative care (e.g. care in the extended family and foster care)
- Any care providers should be required to immediately notify authorities if a child is brought to their facility who has not been placed there through an assessment and decision making process carried out by an authorised caseworker
- Children in alternative care should be enabled to stay in contact with their families - remotely if necessary, especially those for whom the reintegration process has started
- Residential care facilities should not be closed rapidly and Standard Operating Procedures (SOP) should be developed that guarantees the careful and safe reintegation and return of children from all forms of alternative care. Reintegration should be prioritised for children who can be cared for by their families or other customary caregivers. This must include documentation containing all the details about where a child is returned to, and ongoing follow-up of the child upon return until the assigned caseworker assesses this as no longer necessary
- Each residential facility should be classified as a single unit of residence for the purpose of government regulations/directives for self-isolation and clear guidance should be distributed to all service providers on requirements for social distancing, isolation and quarantine measures within residential care settings and adequate personal protective equipment (PPE) should also be provided
- Governments, in partnership with service providers, should help secure/guarantee the supply of
essential goods (food, hygiene products and essential/basic medicine) and critical services - including those specifically needed for children with disabilities - to alternative care service providers

- There should be a review and identification of key personnel/staff and plans for temporary replacement staff of those who need to self-quarantine
- Governments and civil society organizations should ensure that drop-in centres and similar facilities for street connected children are designated as essential services, and are equipped with information on how to prevent the spread of COVID-19, as well as essential services such as health, hygiene, protection, education, and nutrition
- Police should ensure that street connected children are not arrested for not self-isolating, and should be supported with access to shelters or other alternative care - and connected to other support services
- Care leavers that have moved to semi-independent or independent living should be provided all the ongoing support they need.

**Facilitators say...**

During the COVID-19 pandemic, children with disabilities are a group that may experience specific heightened barriers to accessing information, care and support and be at higher risk of protection concerns.

**PowerPoint slide 22**

The table in the PowerPoint is adapted from Save the Children’s “Tip Sheet for Disability Inclusion during COVID-19: Child Protection”. The table outlines specific protection risks for children with disabilities during the COVID-19 pandemic as well as examples of reasons for the increased risk.

**Discussion**

In plenary discuss – Which/if any of the risks described in the ppt. have you noticed in your community? How have you/ how could you adapt your practice to help minimise these risks for children with disabilities with whom you are working?

**Facilitators say...**

A well-supported, appropriately equipped, empowered, and protected social service workforce is essential to mitigating the damaging effects of the COVID-19 pandemic. Social service workers can build on their existing strong ties to children, families, and communities to rapidly respond in ways that are effective. However, to do so, they must stay safe and healthy.

Eight priority actions have been identified to protect and keep the social service workforce safe during the pandemic.

**PowerPoint slide 23 & 24**

**Discussion**

In plenary discuss – What protective actions have been put in place for frontline workers in your context? How can team leads support the well-being of their teams? Is there something additional that you might consider implementing in terms of worker well-being moving forward?

Any questions? Give the participants time to ask questions and seek clarifications before moving on.
1.7. Session 7 Community-based Inclusive Development (CBID)

Timing 90 minutes

PowerPoint slide 25

OBJECTIVE: Participants will understand what CBID is and how it is being applied in Rwanda

TO PREPARE: Be familiar with the materials; refer to CBM’s approach (which supports this content); load Community-based Inclusive Development mp4. video and prepare enough transcripts (English only) for dissemination (Annex 3)

Facilitators say...

PowerPoint slide 26

CBID (sometimes referred to as Community Based Rehabilitation – CBR) is a way of working that ensures people with disabilities are respected and included in their communities on an equal basis in all areas of life. It is people centred, community driven and human rights based. CBID is a key approach to realise the Convention on the Rights of Persons with Disabilities (CRPD) and leave no one behind in achieving the Sustainable Development Goals (SDGs).

CBID addresses challenges for people with disabilities, their families, and their organisations, especially working in situations of poverty. CBID particularly promotes the participation and voice of people with disabilities in decision-making processes at the local level, and it aims to ensure services, such as health, education, livelihood, and social, are accessible to all people with disabilities, whether women, men, boys, or girls.

Please play Community-based Inclusive Development mp4. Video and distribute transcripts (English only)

After watching the video, watch also the second video of an example of How a CBID programme looks like in action. The video was produced in a CBID program in Nepal. https://www.youtube.com/watch?v=MeiperdmHE8&feature=emb_logo

Discussion

In plenary discuss – What examples of CBID can you share form your own experience? Who is responsible for CBID in your community? What needs to happen at community level to make sure CBID supports the reintegration of children with disabilities?

Facilitators say...

PowerPoint slide 27

In Rwanda, there is no comprehensive CBID program. However, since 2016, the GoR through the NCPD and its partners have been working closely to develop CBID/CBR guidelines. The guidelines were disseminated in 2018 to all the districts for their implementation. Furthermore, CBID-like initiatives using the guidelines are being piloted in seven districts in Rwanda.

The NCPD and its partners is currently developing a national CBID programme to implement the CBR guidelines in a comprehensive and systematic way. The pilot programme is projected to cover the following districts where some CBID initiatives exists already: Kicukiro, Kayonza, Musanze, Rutsiro, Nyanza, Kamonyi and Bugesera.

As a staff responsible for re-integration, it is important that you work closely with CBID structures that are available in your local district. The DMO is a focal point for CBID at district level.

Any questions? Give the participants time to ask questions and seek clarifications before moving on.

End of Day One.
Day Two

2. Day Two Effective Facilitation

2.1. Session 8 Let’s reflect

Timing 30 minutes
PowerPoint slide 28

OBJECTIVE: Participants will have space to provide comment and discuss questions related to the content of Day One and will be prepared for Day Two

TO PREPARE: Have pen and paper to hand to make notes of group and individual questions

Facilitators say...

Overnight, you will have had an opportunity to reflect and think about the content of Day One. This session is an opportunity for you to comment on what you have learned and to raise any questions you might have. We will make notes of your comments and questions and will be able to reflect further on these with individual District Child Protection and Welfare Officers during individual coaching and mentoring sessions.

Discussion
In plenary discuss – What did you find most interesting about the content on Day One? What did you find most challenging? What, if anything requires further clarification?

Facilitators say...

PowerPoint slide 29

This content of Day Two is intended to equip trainers so that they can understand basic training theory and methodologies, create a training climate that encourages questions and participation for delivering high-quality, active learning workshops on Inclusive Case Management for Child Protection, and other social care and support education.

It will help you plan, deliver and evaluate your own learning programmes.

You can use the learning to support existing training programmes or activities which you currently deliver, or plan specific programmes depending on local or individual needs.

2.2. Session 9 Adult learning theories

Timing 90 minutes
PowerPoint slide 30

OBJECTIVE: Participants will be able to describe the key elements of adult learning theory

TO PREPARE: Facilitators should familiarise themselves with the materials in this Facilitators Manual and think about professional training that they have delivered or experienced and consider why it went well or badly. Sticky notes and flipchart paper.
**Written exercise**

Using sticky notes ask participants to write down what makes adult learning different from learning during childhood. They should quickly read out and place on a flipchart at the front of the room, skipping any that have been read out by previous participants.

**PowerPoint slide 31**

*Facilitator Says…*

We are all different and we all learn differently and learn different things. The learning process is fundamental to training. It is therefore vital that the Trainer have a basic understanding of the process in order to assess the most effective approach to training for a given situation.

**What is learned but not taught** – there are many sources of our learning, you will learn from each other, through reflection and also from other sources for example from colleagues, from books, articles, experiential learning and virtual learning environments.

**What is taught and not learned** is a wasted effort – it’s important to ensure what is taught through presentations is relevant to your audience.

**What is both taught and learned** - this is the value, the goal, the combination of teaching and learning which helps Social Workers provide quality services to clients and thus have a positive impact on the wellbeing of children and families.

**PowerPoint slide 32**

*Discussion*

We all see things differently...when you look at the photo in the Slide some of you will see no activity...some will see the formation of the clouds...some will see the different colours of the sea...some will see the fineness of the sand...some will feel the heat of the day...talk to participants about differences in the way we perceive things...

**PowerPoint slide 33**

We are all organised differently...some like to leave their desk clear and empty at the end of the day...some thrive on the chaos of knowing where everything is...this is an opportunity to discuss with participants different approaches and styles...which can all lead to the same outcomes...

**PowerPoint slide 34**

We do things differently but with the intention of ending up in the same place...We have a common end point which is why learning outcomes may be the same, but as learners we can achieve this in different ways dependent on our individual experience, our learning styles, different teaching styles and modes of delivery.

**PowerPoint slide 35**

This is because our brains are wired-up in a way which is unique to us and our experiences. Some of you will be left dominant – logical and analytical

Some of you will be right dominant – imaginative and artistic. This is why we each have and use different teaching and learning styles and as a learners and trainers we are all unique.

There are several theories of learning that all explain—from different perspectives—how adults learn.

These include andragogy, experiential learning, and transformational learning. All these theories have one goal: they help you create effective learning experiences for the adult learner, and we will now discuss these theories.
Facilitator Says…
In the 1980’s an educator called Malcolm Knowles articulated a set of principles of adult education (andragogy), which proposed that adults learn best when they are involved in diagnosing, planning, implementing, and evaluating their own learning. The role of the trainer is to create and maintain a supportive climate that promotes conditions necessary for learning to take place.

PowerPoint slide 36
Knowles first identified a set of characteristics of adult learners

Self-Concept
As a person matures their self-concept moves from one of being a dependent personality toward one of being a self-directed human being.

Adult Learner Experience
As a person matures, they accumulate a growing reservoir of experience that becomes an increasing resource for learning.

Readiness to Learn
As a person matures their readiness to learn becomes oriented increasingly to the developmental tasks of his/her social roles.

Orientation to Learning
As a person matures his/her time perspective changes from one of postponed application of knowledge to immediacy of application. As a result, their orientation toward learning shifts from one of subject-centeredness to one of problem centeredness.

Motivation to Learn
As a person matures the motivation to learn is internal.

PowerPoint slide 37
Knowles developed this into four principles of adult learning:

- Adults need to be involved in the planning and evaluation of their instruction.
- Experience (including mistakes) provides the basis for the learning activities.
- Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life.
- Adult learning is problem-centered rather than content-oriented.

Group activity
Divide participants into groups of four-five persons. Each group should discuss Knowles principles and rearticulate them in their own words, thinking about how these relate to their personal learning and training styles, for example:

- Adult education focuses more on the process of learning and less on the content being taught
- Strategies such as case studies, role playing and self-evaluation are often associated with adult learning
- Educators adopt role of facilitator or resource rather than lecturer.

Feedback in plenary and discussion.

Facilitator Says…
We have all experienced “aha!” moments. Flashes of inspiration that have led us to see reality in new ways. Nuggets of wisdom that have radically changed our mindsets. Deep insights that have busted through long-held beliefs and conventions.
These are transformative experiences that shift our consciousness. As a trainer, you should strive to create such learning experiences. Such experiences rouse the mind, stir powerful emotions, and leave lasting impressions. Many such events trigger radical changes in thoughts, perspectives, attitudes, and behavioural patterns—the “transformations.”

Transformational learning theory explains how adults learn through such “aha!” moments. The theory is rooted in the belief that learning takes place when the new meaning is imparted to an earlier experience (Jack Mezirow) or an old meaning is reinterpreted and seen in new light.

**PowerPoint slide 38**

In the Transformational learning theory, there are three stages of learning:

**Identification of a Dilemma or a Crisis:** The realization that we had all along been holding on to wrong beliefs or that we don’t know what we should know is often a trigger to dig in and unearth information or review our mindsets and thought patterns. Not knowing or realizing that we have the wrong information is a crisis that is deeply upsetting to all of us. You have to point out to your learners what they don’t know to make them curious about your course.

**Establishment of Personal Relevance:** This is the context or the answer to the eternal “what’s-in-it-for-me” question that inspires people and drives learning. The context can be personal, professional, or social, and you should establish it right at the beginning of the course to spike interest and reiterate it often to keep learners hooked. Adult learners are motivated to learn when they can envision the results of their efforts.

**Critical Thinking:** Your learners are sensible, rational people with minds of their own. So you should create opportunities for critical reflection (premise reflection) to encourage them to re-examine their beliefs and attitudes. When you let them sort through their feelings and thoughts and realize on their own what they need to shed or tweak, they will be more willing to accept and imbibe the learning.

**Group activity**

Divide participants into groups of four-five persons. Each group should discuss the principles of transformational learning and rearticulate them in their own words, thinking about how these relate to their personal learning and training styles. Feedback and discussion in plenary.

**Facilitator Says**

The Chinese philosopher Confucius said, “Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand.”

As human beings, we are shaped by our experiences. For adults, no amount of textbook learning can take the place of knowledge, clarity, and wisdom that come from experience. The Experiential Learning Theory states that the essence of adult learning is making sense of experiences. Adults learn best when they learn by doing. They learn best when they are directly involved with “experiencing” the learning instead of memorizing numbers and definitions from books.

**PowerPoint slide 39**

David A. Kolb reveals the cyclical nature of experiential learning by explaining how it takes place in four stages:

**Concrete Experience:** Adults learn best when the learning experience goes beyond the chalk-and-talk routine. Kinaesthetic learning or learning by encouraging physical actions (simulations) and learning that evokes strong emotional responses (realistic scenarios that reveal cause-effect relationships) create powerful experiences that are not forgotten easily.

**Reflective Observation:** Adults need to engage with and reflect on their experiences to glean insights and acquire knowledge. So, it is critical to not only create opportunities for experience-based learning but also provide time and space to encourage reflection. Create opportunities for “watching” the action unfold before the eyes (demonstrations) and “analyzing” processes and procedures (scenario-driven activities, case studies).
Abstract Conceptualization: The success of experiential learning lies in the learner being able to decode abstract concepts from their reflections, generalize these ideas, and realize the relevance to their reality. Designs assessments to encourage learners to exercise their “critical thinking” abilities, so they can formulate concepts and procedures.

Active Experimentation: Role-playing activities, internships, and other hands-on tasks let learners apply the learning and thus truly “learn by doing.” Active experimentation leads to concrete experiences, and the cycle of experiential learning resumes.

Group activity
Divide participants into groups of four-five persons. Each group should discuss the questions below; write down three key points for each question and present in Plenary:

- How do these theories relate to you as a learner and to the learning environment?
- How do you create a positive learning environment?
- What other theories do you like or use?
- How are these theories useful and how can we apply them?

Facilitator Says...
Learning is a relatively permanent change in behaviour that occurs as a result of practice or experience. Training should therefore be a process for providing directed practice and experience for the purposes of encouraging learning. Two points to consider:

First, it is from the learner’s behaviour that we get signs of the reaction that participants are having, and therefore, the learning that might be occurring.

The second point is that, because learning occurs through practice and experience, the Trainer has a significant role in enabling learning to occur. An ineffective training activity can even produce in the participants feelings of doubt and inadequacy regarding the subject, so the Trainer must plan the training carefully to minimise these unintended outcomes.

Any questions?

2.3. Session 10 Facilitation Skills

Timing 60 minutes

PowerPoint slide 40

OBJECTIVE: Participants will know how to create an environment conducive to learning in the context of adult training

TO PREPARE: Facilitators should familiarise themselves with the materials in this Facilitators Manual and Participants Handbook. Sticky notes and flipchart paper.

Facilitator Says...
An important role of the Trainer is to ensure that they create the best possible learning climate. For this to happen, seven important characteristics have to exist.
**PowerPoint slide 41**

- Participants must want to learn.
- The content and process must be relevant and in context for the learner.
- Practice of the material or ideas must be an integral part of the training.
- Participants must translate ideas into their own words, allowing ownership of the learning.
- There must be a sense of creative tension formed in which people find a variety of ways to develop their learning.
- Participants must have an expectation that the learning will make their work more effective.
- Participants must have an expectation that the learning experience will be fun and positive.

**Group discussion**

Whilst going through the points above, the Facilitator encourages discussion in the group - what is the relevance of each point and how can participants, as future Trainers adapt each point to the particular learning style of the participants?

**Facilitator says...**

The Trainer is responsible for creating a physical and psychological environment in which the participants can work and learn. For there to be a good climate, several factors must be present, and the Trainer must also consider the characteristics of the group being trained.

**Group activity**

In pairs discuss and write down on sticky notes what combination of factors might vary from group to group. In plenary each pair reads out their notes and places them on a flipchart at the front of the room.

**Facilitator Says...**

Some of the factors the Facilitator can match the participants response to include can include:

- The group’s previous experience of training
- Their own organisation’s attitude to training
- The purpose of the training
- The preferred learning style of the participants
- The group’s understanding of the process of learning
- How the group expects the Trainer to act and the type of training they are expecting
- Particular needs of the group, e.g., special starting and finishing times
- Accessibility for people with disabilities
- Material that doesn’t create difficulties for those with visual or hearing difficulties
- Likely attitudes, knowledge, and skill levels that the group will bring with them.

All of the above will influence the participants ability to learn; Trainers must be aware of them when designing the training, during the training, and when evaluating it.

**PowerPoint slide 42**

**Discussion**

There are wide range of cultural influences on learning, which should also be understood and considered by Trainers; Facilitators reference the Diagram in Slide 39 and encourage group discussion on the key points highlighted.
Facilitator says...

Trainers must also be aware of the personal factors related to their own presentation style. These can relate to posture, movement and voice.

Group activity

Divide participants into groups of four-five. Ask them to discuss and write down as many personal factors as possible which are important for Trainers to be aware of, these can include things to do as well as things not to do. Encourage participants to reflect on Trainers they have liked in their experience and Trainers they think could have done better - what is it about their personal characteristics which made them good or bad Trainers? Feedback in plenary and refer to characteristics listed below in your discussion.

PowerPoint slide 43

Personal Manner

- Be warm, friendly, and enthusiastic. If you enjoy yourself, the participants probably will as well.
- It is your job to create an atmosphere where people are willing and able to learn. Never set yourself up as the "person who knows everything" as you will only tempt participants to "catch you out".
- Your participants are adult learners and deserve the respect of their age and experience.
- Learn the names of as many participants as you can (or have them make name badges). Use individuals’ names; not just to ask questions, but if you refer to a point made by a participant, acknowledge it by naming the person.
- Be genuinely interested in what your participants have to say; if you need clarification or more explanation ask for it – gently and with a smile. Remember you are not an examiner.
- Listen to what participants say - really listen! Don’t stop listening part way through to formulate your response. Nobody minds if you think for a few moments before answering. In fact, it is a compliment to the participant.
- Listen also when participants talk to each other; many people feel too shy to speak from their heart to a facilitator/trainer, but they will to their colleagues.

Eye Contact and Voice

- Make frequent eye contact – not staring (which intimidates participants) but look at all the participants.
- Use your peripheral vision (looking out of the corner of your eye) so you notice the person to your side especially if they want to speak.
- When you move around the room, stand beside people you wish to speak to – not in front of them as this may be seen as very aggressive (especially if you lean over the desk/table).
- Speak clearly and not too fast, but with expression (a monotone will put your participants to sleep).
- Use the level of language your participants need – this is not the time to prove how clever you are. Simple language does not mean simple concepts: it is, in fact, more difficult to do.
- Make sure your voice is loud enough for all participants to hear you. Humility is not judged by a soft voice.

Posture

- Stand straight; slumping makes you look tired, as if you would rather not be there.
- Move for a reason; to make a point, to talk to a particular group, to check if people need your help. There are several types of trainers that you do not want to be like:
» The walker is the trainer who walks ceaselessly up and down – participants become mesmerised by the pacing to and fro and fail to listen to what is being said;

» The swayer is similar, but they move only on the spot, backwards and forwards or from side to side, like a metronome – tick, tock, tick, tock;

» The wanderer also walks, but all over the room, talking to the backs of people as s/he walks around the room, talking all the time;

» The statue is perfectly still – no movement at all;

» The waver waves their hands around continually, not to illustrate a point; just waving – this also distracts the participants.

CONCLUSION/WRAP-UP: In preparing for and delivering good training Trainers should consider how to create an appropriate Learning Climate/Environment in which, “What is taught is learned”.

PowerPoint slide 44
In practical terms Trainers should:

• Ensure that a good learning environment is created in advance;
• Focus the subject matter on the current needs and problems of the participants;
• Use a variety of participatory training techniques that are rooted in the participants’ own knowledge and experience;
• Have participants work in small groups when they are reflecting on the activities in which they have participated;
• Ensure flexibility, allowing for adaptations to training activities as they progress.

Any questions?

2.4. Session 11 Preparing to deliver a training event

Timing 60 minutes

PowerPoint slide 45

OBJECTIVE: By the end of this session, participants will be able to develop deliver a training design based upon criteria for an effective structured learning experience

TO PREPARE: Facilitators should familiarise themselves with the materials in this Facilitators Manual. Sticky notes and flipchart paper. Facilitators should make sure that Participants have their Facilitators Manual for the Child Protection Training Course; or that there are spare copies of the Manual available.

Facilitator Says...

A training event may take a few hours, a full day, a few days, a week or longer, or may even take place during a number of days spread across a few weeks. Whatever the length, and whatever the content, there are a number of critical steps that need to be taken to ensure that the participants are part of a well-planned and well-facilitated event.

Whatever the duration of the training event, there will be a pattern to the structure that Trainers use. The following are some points as to what should normally appear at the beginning, the middle, and the end of a training event.
PowerPoint slide 46

The Beginning

- To arouse interest, learners need a bridge into the topic. They may attend because they want to learn, but the structure still needs to guide them into the material. Do this by using several approaches, e.g., a discussion, interesting input, or a good icebreaker. (N.B. When the learners are not motivated to take part in the process, discuss the reasons, explore the difficulties, and encourage them to consider the positive aspects of being involved.)

- Agree the ground rules. Set out and agree with the learners the way Trainers and learners relate to each other, how the training event will operate, and what is acceptable behaviour during the event.

- Clarify the programme. Again, this is a two-way process. Trainers come with a programme designed to achieve the learning objectives, but the learners also arrive with their own expectations and preconceptions of what should be involved. It is necessary for both parties to agree on how these two predetermined views will come together as an event. Two strategies can help to create a shared vision of the workshop.

- Before the event, good communication with participants will both identify the critical issues as seen from the local perspective and introduce participants to the training/project methodology.

- At the beginning of the programme, encourage the participants to identify their expectations and align these with the planned programme. The outcome of this process depends a great deal on the nature of the gaps, the Trainer, and the learners. This contracting process is very important and should represent a genuine exchange of information.

PowerPoint slide 47

The Middle

This is the main part of the programme, where, guided by the Trainer, the participants will be actively involved in the process of achieving the stated learning objectives. Clearly, trainers must use their expertise in the topic to structure the material in the best possible manner.

Each component of the training programme should move the participants towards achieving their learning objectives. The progression should follow the logical structure that the Trainer and a planning group established during the design period. The amount of time spent on each aspect of the topic is a matter of judgement by the Trainer, but they should ensure and continuously check that it is clear, relevant, and interesting for the participants. Plan in feedback throughout the training!

The Trainer must ensure that the process encourages learners to use as many of their senses as possible to maximise their potential for learning.

PowerPoint slide 48

The End

The final stage of any event is the closing of the programme. This is extremely important, requiring as much planning as either the beginning or middle. There are a number of issues to remember.

- Consolidation is important! Always go back over the key ideas and areas of learning covered. When the learning is spread over several days/sessions, it is important to consolidate new learning with that already learned and to lead onto the next stage of the process.

- Set up exercises to show that the learning objectives have been achieved.
• Feedback should occur throughout the learning, but the closing session is where the most systematic exchange of feedback between the Trainer and learners should take place. This exchange is vital, as it provides both the Trainer and the learners with a clear understanding of how the contents of the event were perceived.

• It is essential to emphasise the importance of providing adequate time in the programme for evaluation. Too often, it is tacked to the end of a session when everybody is thinking about finishing, so they do not take it seriously.

**Group activity**

In groups of 4-5 participants select a session from the Facilitators Manual for Training Module Three Inclusive Case Management for Reintegration; review the session and plan a Training Session model for delivering this session using what has been suggested in this session. Write down how you would plan to deliver the Session.

**PowerPoint slide 49**

Show the PowerPoint slide 45 during this activity, direct participants to the summary key points they may like to consider when developing their Training Session Model. Each group feeds back in plenary.

**Facilitator says...**

Even when a trainer is very familiar and experienced with the training content, designing a session or a full programme requires:

• A clear understanding of the participants and their backgrounds and an awareness of their individual and collective training needs. For example, who will be attending the training session, staff of the Social Service Centre, other government officials, NGO partners, community representatives, other staff? How many people? What will be the likely educational level and typical posts of the participants? What are the likely attitudes, knowledge, and skill levels that they will bring to the subject area?

• A good understanding of the region/country in which the training is to take place. They should be aware of critical issues that affect the region and the locality and how they affect the targeted participant group.
PowerPoint slide 50

The flowchart in the PowerPoint Slide 46 outlines the specific tasks that the trainer should carry out in designing the training event.

Discussion

The Facilitator encourages group discussion on the key points in the flowchart to make sure participants understand their role as trainers.

CONCLUSION/WRAP-UP: There are many possible ways of developing a training session, and as trainers you will know your audience and have preferred methods. However, inclusion of the concepts outlined in this session will make sure that both the trainer and the participants have an increased chance of enjoying and learning what is taught. Each time the trainer delivers a session it should be adapted according to the principles discussed at Beginning, Middle and End.

Any questions?
2.5. Session 12 Coping with things that can go wrong

Timing 90 minutes

PowerPoint slide 51

OBJECTIVE: Participants will know how to handle difficult situations when an event is not going according to plan.

TO PREPARE: Facilitators familiarize themselves with the content of the Session in the Facilitators Manual and in the Participants Handbook.

Facilitator says...

Any number of things might go wrong in the course of a training event. One of the most demanding tasks for a Trainer is to know how best to handle the situation when the event is not going according to plan.

Discussion

Based on your experience as Trainers or as participants in training sessions what kinds of things might go wrong? How did the trainer handle it at the time? Did this make things better? Did this make things worse? What could the trainer have done differently? During the discussion the Facilitator writes key points on a flipchart.

Facilitator Says...

The very thought that things might go wrong will make some Trainers very anxious and when Trainers are anxious this affects how they react to participants and vice versa - this can happen to all of us!

There are two useful ways of dealing with “workshop anxiety”.

PowerPoint slide 52

Analyse your anxieties and think about how to deal with them: make a note of the worst things that you think might happen during the workshop. Then, for each item on the list, note down two ways in which you could deal with that situation. This should make you feel more confident.

Accept that you won’t be able to cope with everything perfectly. You don’t have to be perfect. If you feel stressed by the thought of potential crises, or by real training problems, the concept of a “good enough” trainer may be helpful. You are developing your training skills and knowledge every time you facilitate a training session. If the participants seem to be learning something, you are probably doing fine! After the training event (as soon as possible), make a note of the things that you did not do so well, and consider how you might handle them differently if they arise again. This exercise will contribute to your own learning process.

Written exercise

Make a note of the worst things that you think might happen during when you are delivering training. This can be based on your personal real-life experience or something you have witnessed happening to someone else, or it can be something you imagine might happen. (The Facilitator can give an example of something that happened to them because they were anxious and how they dealt with it, for example, “I get nervous that when I start speaking I will cough and cough and not be able to stop, I always make sure that I have water nearby, knowing it is there if I need it helps me to be less anxious”). Then, for each item on the list, participants should note down two ways in which they could deal with that situation.
This is a private session and participants will not be asked to share, unless they would like to.

Facilitator says...

No matter how well prepared, circumstances can dictate that things can go wrong - there may be a difficult person in the group, the classroom conditions may not be as good as you expected, participants may have long distances to travel and be restless to leave early for home etc. This can affect how they behave in the group. You should be prepared for these types of contingencies which means that if what you are now doing is not working, try doing the opposite. For example:

PowerPoint slide 53

- If a plenary session is not working, break into smaller groups
- If a practical exercise is not working, change it to a demonstration
- If a thinking session is not working, move on to a practical activity
- If a Trainer’s example is not appropriate, seek out a participant’s example

Another way of planning for a contingency is to develop a series of simple exercises or activities that can be relied upon to assist in resolving the most common problems encountered in any group. These can be used as necessary when the problem arises.

PowerPoint slide 54

Discussion

Discuss the below points with participants, ask them how they would manage similar situations, encourage learning from participants own experiences.

- If participants are becoming disengaged from the content, divide them into smaller groups and ask them to apply the material to situations from their own experience;
- If you are unsure what to do next, announce a short break (for refreshments, if there are any) to give yourself more time to think;
- If there seems to be resistance, call for a round where participants express how they are feeling;
- If the present session is not working, move to the next part of the programme early;
- If you are running out of material, end the session early rather than create fillers;
- If the group is becoming fragmented, bring participants back together and ask them to work on clarifying the purpose of their work together.

Many of these common contingencies rely upon the use of opposites. They also generate the space for the Trainer to reassert a measure of control or for the participants to express their own difficulties in a legitimate way within a group.

CONCLUSION/WRAP-UP: No matter how experienced, trainers will always come across situations where events do not proceed as smoothly as expected. The key to making sure that the training continues, and that participants learn is to make sure that you have planned and prepared in advance including familiarizing yourself with the appropriate materials, including accompanying PowerPoints, Participants Handbooks etc. and making a list of techniques you can try for different situations, including your own anxiety.

Any questions?
2.6. Session 13 Evaluating training events

Timing 45 minutes

PowerPoint slide 55

OBJECTIVE: Participants will know how to explain the purposes of evaluation in training, describe methods for evaluating participant learning, the session design, and delivery of the learning event.

TO PREPARE: Facilitators familiarize themselves with the content of the Session in the Facilitators Manual and in the Participants Handbook.

Facilitator says...

Evaluation of training is something that Trainers often talk about but rarely carry out effectively.

Discussion

Facilitator asks the group to describe what kinds of training evaluation they are familiar with. What is good about these methods and why? What could be improved and how?

Facilitator says...

Good feedback is essential for Trainers to improve their own effectiveness and the quality of the programme. Throughout the workshop, feedback must be continually sought from participants to ensure that the Trainer is aware of the effectiveness of the programme and can tailor the programme to the distinct preferences of every group of participants. Structured feedback is equally important for participants to feel a sense of ownership over the training process and to allow participants to vent frustrations.

PowerPoint slide 56

There are several different types of learning evaluation which trainers can consider using.

REACTION EVALUATION

This measures the reaction of the participants to the whole, or a section, of the training.

Good feedback is essential for Trainers to improve their own effectiveness and the quality of the programme. Throughout the workshop, feedback must be continually sought from participants to ensure that the Trainer is aware of the effectiveness of the programme and can tailor the programme to the distinct preferences of every group of participants. Structured feedback is equally important for participants to feel a sense of ownership over the training process and to allow participants to vent frustrations.

An important element of this process is the use of a reaction questionnaire at the end of the event – often dismissed as “happy sheets” – that tries to ascertain how people feel as a result of the training.

The main difficulty in reaction evaluation is to devise a way of accessing useful information without frustrating the participants because of its length.

LEARNING EVALUATION

This measures changes in the participants’ skills, knowledge, attitudes, and practice, by comparing pre-training standards with post-training results. Post- training does not always mean at the end of the whole workshop or programme, it can be after the completion of specific parts of the event.

Learning evaluation starts during the training. Ways of monitoring whether or not the participants can do the things set out in the training objectives must be built into the programme.
This can be done in a variety of ways:

- Practical tests
- Written tests
- Case study exercises
- Problem-solving exercises
- Any other method that shows that the participants can do the things contained in the objectives.

It is important that the participants know the results of this monitoring because they need to be clear how they stand in relation to completing the training objectives.

**PERFORMANCE EVALUATION**

This measures the change in the participants job performance over a period of time, which can be attributed to the training by comparing the participant’s performance before and after their attendance at a training event.

This part of the evaluation process checks that the identified training needs (which were the basis of the training) have been satisfied. Participants may be able to satisfy the training objectives on the course, or workshop, but the real test is if they can put the learning into practice on the job.

Performance evaluations can only be conducted several weeks or even longer after the training – and then repeated several months later to check for further changes over time – using methods similar to those used in carrying out a Training Needs Analysis.

**IMPACT EVALUATION**

This is long-term evaluation and usually outside the remit of the Trainer. It will normally be carried out by training officers or departments when the organisation needs to know how effective its overall approach to training is.

A comparison of the productivity, effectiveness, or performance of all or part of the organisation or particular parts of its work. These are then compared after a programme (not just one workshop or course) of training and development. The effect or the impact is then assessed to find out if the training has made a difference.

**Discussion**

Facilitator says...

**PowerPoint slide 57**

Consider five tips for evaluating a training session.

1. Plan the evaluation when you are planning the training session.
2. Be clear what you want to evaluate before you start.
3. Ensure that any feedback to participants is clear and understandable.
4. Provide time for feedback from the participants.
5. Select the best approach to get the best information from the particular group

**Discussion**

Which type of evaluation would you use for this training? How can you plan for a pre-post-test evaluation? Who should you talk to in your organisation about what type of training evaluation is necessary?

? Any questions?
Discussion

In plenary session ask participants:

If they need clarification on any topic or session?

To each say one thing that they felt most useful during the training;

To each tell one thing that they did not like or were uncomfortable with during the training.

Their responses should be written up on a flip chart for them to see and for the trainer to have as a record.

Remember as Facilitators you don’t have to have all the answers; but you do need to reassure participants that they do not have to deal with these issues on their own. There is a support network and specific issues can be followed up during individual coaching and mentoring sessions.

Thank all participants for their active participation in the training and let them know that they are key people in protecting the children in their communities. Wish them all success in their work and let them know that their feedback will be passed on to the relevant people in confidence.

End of Day Two
Day Three

3. Coaching and Mentoring

3.1. Session 14 Let’s reflect

Timing 30 minutes
PowerPoint slide 58

OBJECTIVE: Participants will have space to provide comment and discuss questions related to the content of Day Two and will be prepared for Day Three

TO PREPARE: Have pen and paper to hand to make notes of group and individual questions

Facilitators say...

Overnight, you will have had an opportunity to reflect and think about the content of Day Two. This session is an opportunity for you to comment on what you have learned and to raise any questions you might have. We will make notes of your comments and questions and will be able to reflect further on these with individual District Child Protection and Welfare Officers during individual coaching and mentoring sessions.

Discussion

In plenary discuss – What did you find most interesting about the content on Day Two? What did you find most challenging? What, if anything requires further clarification?

Facilitators say...

PowerPoint slide 59

This content of Day Three is intended to support development of the District Child Protection Welfare Officers capacity so that NCD can call on a core group of professionals to deliver ongoing technical support to stakeholders involved in implementing the reintegration of children with disabilities.

3.2. Session 15 What is coaching and mentoring? Part I

Timing 30 minutes
PowerPoint slide 60

OBJECTIVE: Participants will have a basic understanding of the terms coaching and mentoring

TO PREPARE: Be familiar with the Methodology for Coaching and Mentoring Manual

Discussion

In plenary the Facilitator asks participants to offer their views on what constitutes coaching and mentoring; an appointed scribe makes a note of responses on flipchart paper.
Facilitators say...

Mentoring is a process that gives learners a chance, after training, to go back to their jobs and practice using the concepts they just learned, backed-up with opportunities for discussion, reflection and skills development. It also provides managers and planners with opportunities to make adjustments to processes and procedures of the operational documentation, based on the front-line implementation realities and lessons learned, ensuring they are fit-for-purpose.

This contributes to a learning process which is more than just a training event.

This system of semi-structured guidance involves sharing knowledge, skills and experience to assist others to progress in their professional practice; it is a chain for passing on good practices so that the benefits can be widely spread.

Mentoring is essentially about providing support to the workforce, helping people to develop more effectively. It is a relationship designed to build confidence and support the District Child Protection and Welfare Officers, (including the national training team) so they are able to take control of their own development and work.

It is different from supervision\textsuperscript{16} because it does not involve oversight and because it is for a limited period.

Facilitator links the above explanation to the discussion held in plenary and the responses of the participants.

Facilitators say...

The link between training, coaching and mentoring can be considered on both a continuum and as an overlap of techniques applies in the professional development process.

The role of a trainer is to directly impart knowledge or information to the learner, drawing on their specific expertise, through instruction and explanation. For training to occur, it requires the trainer to have more specific knowledge than the learner. That is, the trainer must be an expert who knows ‘the correct answer.’ This results in the direction of learning only flowing in one-way, passing from trainer to learner.

In contrast to a trainer (who must be an expert in their field), a coach does not necessarily need to have specialist knowledge. Coaching presumes that people hold the key to their own success, and so don’t need others to tell or show them what to do.

Therefore, a coach is someone who specialises in helping to unlock the potential of others. This is achieved through observing and measuring the performance levels of the learner, whilst also setting them new goals, and providing motivational and developmental feedback. A coach utilises much more of a questioning mode of operation, as opposed to the telling style adopted by trainers.

There is a difference between training someone and helping them to learn. Essentially, a coach is facilitating a learner to improve their own current level of performance.

Mentoring is all about guiding, advising, and helping the learner to master a particular field that the mentor has already mastered. Therefore, it’s a prerequisite of mentors to have specific experience and expertise themselves.

Unlike coaching, which is about solving immediate problems and issues, mentoring focuses on long-term success, and looking at the bigger picture. Put another way, if coaching is about improving performance, mentoring is concerned with building capability. Whereas a coach usually sets the goals for the learner, a mentor guides the learner to set their own goals. A mentor lights the path so that the learner can discover their own wisdom and self-reliance.

\textsuperscript{16} Supervision is defined in the CP-CMRM as “The process of providing oversight and support to the individuals engaged in service delivery to ensure quality care, by someone who has technical expertise to guide the person being supervised”
3.3. Session 16 What is coaching and mentoring? Part II

**Timing 60 minutes**

**PowerPoint slide 63**

**OBJECTIVE:** Participants will be familiar with the links between mentoring and monitoring, and mentoring and supervision

**TO PREPARE:** Be familiar with the Methodology for Coaching and Mentoring Manual

**PowerPoint slide 64**

**Facilitators say...**

A mentor is not a direct line manager, they will not have direct responsibility for the work performance, but they will be responsible for encouraging the team to work towards their objectives and be a motivating guide as the team develops.

At the same time, because this particular mentoring process is associated with a new way of working, there is the opportunity to take lessons learned from practice and make any necessary adjustments to procedures and processes for the local context. For example, District Child Protection and Welfare Officers may find that there are contradictions in the regulatory framework which get in the way of their practice; if these are raised during a mentoring session the issues can be elevated to the quarterly monitoring meeting of the NCC and NCPD so that they can be addressed.

**PowerPoint slide 65**

This diagram shows the relationship between the temporary support for workforce development capacity building and the permanent management hierarchies.

It shows how lessons from practice can be shared so that processes developed outside specific contexts can be adjusted and made more fit for purpose.

**PowerPoint slide 66**

In this way process monitoring can be conducted; this is separate from individual performance monitoring.

**Facilitators say...**

Coaching, mentoring and supervision are development approaches based on the use of one-to-one and/or group conversations to enhance an individual's skills, knowledge or work performance. There is no universally accepted definition of coaching, mentoring and supervision, although it is possible to draw distinctions between them.

In practice the terms coaching, and mentoring are often used interchangeably to describe a short-term training and support process, whilst supervision is an on-going management tool which is central to effective social work.

Coaching and mentoring aim to produce optimal performance and improvement at work, by focusing on specific skills and goals, although it may also have an impact on an individual’s personal attributes such as social interaction or confidence. The process typically lasts for a defined period of time, following which a transition to supervision is expected.

However, social work supervision incorporates the elements of education, support provided through coaching and mentoring and adds a component of accountability. Supervision involves oversight and performance monitoring, to maintain quality in service provision. It is a continuous planned process integrated into management systems.
The coaching and mentoring methodology is therefore designed in such a way that the transition to supervision can take place seamlessly, and therefore an element of sustainability is introduced.

Facilitators say...

As noted previously, mentoring is part of continuous professional development for workers, and links to the monitoring system for system development.

Mentoring can be conducted on a one-to-one basis or can be arranged in groups. Both are valid and which method you choose will depend on the specific circumstances and context you are working in.

Group activity

PowerPoint slide 68

In groups of 3-4 take a few minutes to complete the matrix in PowerPoint slide 66 to describe what you consider to be the advantages and disadvantages of individual and group mentoring.

PowerPoint slide 69

Feedback in plenary and discuss.

Some of the advantages which may arise are discussed below. This is not an exhaustive list and the participants may have other suggestions to add.

The advantages of group mentoring over individual mentoring include:

- **Efficient start-up.** It is much easier to implement a group mentoring program than a one-to-one programme; if we consider the numbers, this requires recruitment, training, screening of additional Mentors which can be costly and time-consuming. A new group effort can be implemented more quickly and immediately serve a larger number of workers.

- **Improves participation.** Group mentoring programmes have been shown to be more attractive to inexperienced workers who might otherwise be uncomfortable with the level of intimacy and commitment needed for one-to-one mentoring matches.

- **Uses the power of peer relationships.** Mentors facilitating group sessions can use peer-to-peer relationships to empower individuals and influence them in positive ways. Group mentoring also helps inexperienced teams build camaraderie and social skills.

- **Minimises disruption.** If a mentor is not available due to unusual circumstances, other mentors can step in and run the group. This helps to maintain momentum and reduce anxiety.

- **Supports team cohesion.** Group mentoring contributes to the development of relationships, offers protection, security, and opportunities for the sharing of knowledge and skills. These relationships developed in the context in which work skills are practiced and elaborated, contributes to long-term effective team working.
Suitable for small groups. Since the DCPU workers are currently few in number, up to eight individuals, group mentoring is ideal for this group size. In a two-hour session there is usually time for each person to speak and contribute.

The advantages of individual mentoring include:

- Ease of acclimation. It helps to acclimate a new worker to the job and organization. By having a “go to” person to ask questions, discuss scenarios and generally learn the nuances of the company, the mentee can become a productive member much more quickly and never feel that he has nowhere to turn for help. If the mentor serves in a supervisory capacity or needs to depend on the performance of the mentee to reach certain objectives, he can be sure the mentee is trained properly.

- Sense of achievement. The mentee can gain the sense of achievement that comes from the mentor’s feedback and assessment of his progress. The mentee’s quest to gain the mentor’s approval can serve as a motivating force to continue to improve his performance. The mentor can gain satisfaction from knowing that she is helping an individual and can take a measure of pride in her accomplishments. For a mentor that has already achieved a great deal of success, she can look at the process as a way of “giving back.”

- Benefits the organisation. It can be a cost-effective means of skills transfer. Mentoring isn’t only about the individual people in the mentor-mentee relationship. Mentoring is a way of transferring valuable skills and knowledge to the “next generation” of employees as your more experienced people retire or leave for other jobs. This provides excellent insurance against a so-called brain drain, when the loss of key employees leaves a firm floundering to fill gaps in performance. Productivity increases as a result of mentoring and overall staff retention benefits as employees feel they have opportunities in-house to expand their professional credentials.

- Builds personal relationships. Establishing individual mentor/mentee connections can contribute to the building of effective relationships which create opportunities for both individual and organisational growth.

The disadvantages of group mentoring can include:

- Less personal. The mentoring relationship becomes less personal and more insecure team members may be less willing to share openly

- Compromised confidentiality. The level of confidentiality might be limited relative to both clients and personnel

- Competition for attention. Competition for the mentor’s attention can occur within the group and become a barrier to collaboration and learning

- Can create difficulties for the mentor. Each member has different needs that must be taken into consideration and this can create difficulties for the mentor to meet individual needs and at the same time maintain the overall attention of the group

- Timing. Scheduling of meetings can become difficult if individuals have other pressing obligations. It is important to plan in advance and emphasise the importance of setting aside time, especially with line managers and others.

The disadvantages of individual mentoring can include:

- Mismatched pair. A possible disadvantage is that if the mentor-mentee relationship is forced, such as when a supervisor assigns an experienced employee to tutor a new hire, it is possible that the two may not hit it off, or that the mentor may feel he doesn’t have the time to fulfil the role while still carrying out his normal job duties. The strained relationship can be counterproductive and even make the mentee feel he is not a welcome addition to the company. In that case, finding another mentor may help everyone involved.

- Dependence. A mentee may rely too heavily on the mentor’s approval. Rather than moving toward independence, the mentee might check in with the mentor before making decisions out of fear of making a mistake or receiving criticism.

- Frustration. The mentor may feel that the mentee is not progressing quickly enough or doesn’t seem able or willing to follow direction, leading to frustration. The mentee may also become frustrated if they feel that they are not getting the guidance they need.
### 3.4. Session 17 How to prepare for a mentoring session

**Timing 60 minutes**

**PowerPoint slide 70**

**OBJECTIVE:** Participants will know how to plan, prepare and conduct mentoring sessions

**TO PREPARE:** Be familiar with the materials. Have enough copies of the templates available to disseminate to participants. These are included as Annex in the Mentoring Methodology

**Group activity**

This is an example of an ice breaker/sharing activity that mentors can use at the beginning of group mentoring sessions. The participants in the training can practice the technique in plenary. It is good to use this exercise to encourage shyer participants to speak up.

As we’ve all seen each day on T.V. and in newspapers, there is both good news and bad (or not so good) news. Every group meeting I’d like us to talk about what’s happened to each of us since the last time we saw one other. During the week, think about what you will share with the group. You can begin with either your good news or your bad news. I’ll start off by sharing mine. My good news is that on Saturday I got to see a movie that I really wanted to see, and I really liked it. The name of it was _______, and it was about ______. My bad news is that I got a flat tyre last week, and it made me late for an appointment. Now, who wants to be first to share their good and bad news?”

**Facilitators say...**

As a Mentor, it is important not to delve too deeply into your own bad news, such as talking about problematic relationships…or you will have the DCPU workers trying to solve your problems. This type of sharing exercise is suitable for smaller group settings where workers can discuss their week with a handful of people. As you get to know each other the Good News/ Bad News can be specifically work focused and lead into a conversation about the case management for reintegration process which individual workers are engaged in.

**Group activity**

In groups of four identify one Mentor, and the others as mentees. Using the Good News/ Bad News technique above the Mentor share and asks mentees to share and discuss real life examples from their work during the previous week.

**Discussion**

In plenary discuss – How did this make you feel? Was it helpful and if so how? In the future as a Mentor how can you use this method to help Mentees to discuss real life cases?

**Facilitators say...**

**PowerPoint slide 71**

Scheduling and organisation of the mentoring sessions are the critical first step, to make sure people know where they have to be and when. It is also important to advise line managers (and where necessary others) so they can make sure to prioritise this time for mentees and make sure not to schedule other work meetings unless absolutely necessary.

**Timing.** It is recommended that each of the nine monthly mentoring and monitoring sessions are organised on a fixed day and at a fixed time. For example, the last Thursday of every month for two hours from 2-4pm. Whilst
flexibility is encouraged, because group mentoring involves a number of people it is important to encourage workers to plan their workload and make sure of their availability. The timing proposed here can be adjusted to suit the location and any fixed commitments. However, it is essential to put into practice the principle of advance planning and timing, and to agree the scheduling. A template for scheduling is provided at Appendix A of the Coaching and Mentoring Methodology.

**Named mentors.** The coaching and mentoring team will comprise the National and International Consultants, and at least one person nominated by NCC. Each will be assigned a role in the schedule according to specific area of expertise and planned focus of mentoring session. The lead Mentor for each session will co-opt another team member to join the session or act as stand-in/back-up and may request involvement of a UNICEF technical specialist where appropriate and available. Depending on the issues under discussion the Team Leader can also seek advice from or co-opt to the session, other experts as necessary.

Gender considerations can affect the group dynamic and Mentors should reflect on the potential for this dimension to impact negatively on information sharing, learning and development. Research suggests that mentoring for women is most effective when it is provided by women; however, this is not always possible, particularly in a mixed group. When the lead Mentor is male, and the staff are predominantly female, care should be taken to make sure that unconscious bias does not interfere with interactions. In these cases, it is preferable to have a female co-Mentor. In situations where it is known in advance that the issues for discussion relate to sensitive issues such as sexual abuse and gender-based violence, the Mentors will discuss and agree the most appropriate person/s to lead the discussion.

**Agenda.** Each mentoring session will have a formal standing agenda with recurring items and monthly themes (Appendix B). A written record of the meeting will be maintained and shared amongst the group by the Mentor within one week (Appendix C).

At the first session the Mentor will:

- Establish the goal and objectives of the mentoring programme, and of future sessions;
- Share the nine-month schedule;
- Agree on dates and times and other ground rules;
- Set boundaries for confidentiality (see Section 2.5.3);
- Consult on the topics for thematic knowledge sharing at future sessions; and
- Inform the staff of the Child Protection Units of the administrative requirements (e.g. completion of forms/templates for preparation and sharing of information etc.).

Thereafter, each mentoring session will include:

- Feedback on actions agreed
- Queries/ issues arising from case management practice for reintegration, (cases are handling, difficulties/challenges they are facing, recommendations from them as the front-line practitioners
- Thematic knowledge sharing on specific topics

The mentoring session is an opportunity for discussion on specific cases and to refresh on specific topics of learning which may arise in the previous session; these sessions will be determined on a case-by-case basis in advance of the meeting in discussion with NCD.

It is proposed that the thematic content for the first session incorporate advice and guidance for social service workers involved in Case Management for COVID-19 response, to prevent and respond to the potential worsening of child protection risks, including the effect of isolation on psycho-social wellbeing of children and their families (Appendix A).
Process.

Mentor prepares. The Mentoring Schedule and all accompanying tools should be made available to the Mentoring Group via Dropbox or other document sharing technology.

Queries/issues arising during the implementation should be shared with the Mentor three days in advance of the scheduled mentoring session, using the appropriate template (Appendix D). The Mentor is responsible for following-up by email/phone call if the information is not received as anticipated.

The Mentor reviews the issues arising and prepares for the forthcoming session. This can involve:

- Identifying additional resources/guidance which can be shared;
- Conducting internal consultation;
- Seeking external advice;
- Co-opting external advisor for forthcoming session.

The Mentor then reviews the agenda and using their professional judgement can adjust the timing to make sure the schedule allows attention to be paid to priority issues.

This preparatory stage is also the appropriate opportunity to consider group dynamics and how to make sure that everyone has the opportunity to contribute and learn (Section 2.3). This can include helping to involve shy or reluctant team members in the process and discussions (Box 1).

In preparation, Mentors will also take into consideration local context, social norms and practices and language requirements.

Mentor conducts.

Opening. The Mentor opens the session, welcomes participants and introduces the agenda.

Icebreaker (10 minutes). Whilst the participants will be known to each other, because they work together, it is often a good idea to open with an icebreaker to help participants to relax and set a positive tone for the session. This can be a standard sharing exercise which helps in the development of relationships and provides a place for the individual team members to give vent to challenging experiences or situations (Box 2).

Feedback on actions agreed (20 minutes) – the person identified as responsible for an agreed action during the previous meeting, will provide feedback on progress towards key actions; the action can either be closed or carried forward

Queries/ issues arising from practice (40 minutes) – the Mentor will facilitate a group discussion on the specific practice areas which the District Child Protection and Welfare Officers have identified as important and requiring support of clarification, these will be shared in advance, (Appendix D), where appropriate this may involve a review of sections of the manual and can involve all sub-processes from case registration to case closure;

Thematic knowledge sharing (approximately 40 minutes) – additional sharing of information on a child protection related theme, as identified by the Team during the initial session, or on an as necessary basis, for example if a new Regulation has been approved, or guidance issued; this should be planned as far as possible in advance but may also respond to the evolving context.

Wrap-up and closure (10 minutes) – The Mentor will quickly re-cap on the issues covered during the session, makes sure that group members understand responsibility for actions agreed, and understand which issues will be elevated to the NCC and NCPD technical for adjustment and resolution.
Discussion

In plenary as the group to discuss how they would encourage shy or reluctant mentees to participate.

Facilitators say...

The DCPU workers may be sensitive about talking in front of others because they are inexperienced, or because of other power dynamics within the group.

Mentors should never force a person to share or participate.

One way of handling someone who is not speaking up when it is their turn is to offer a light, positive comment, “Okay, why don’t you think about it, and we’ll come back to you if you want to share later”, and then move on to the next person.

Very often, when the pressure is off, a shy person will open up spontaneously. Be careful not to say, “I can see that you are shy, and that’s okay …” Describing someone as “shy” puts a label on them, making it even more difficult for them to share in the future.

3.5. Session 18 Confidentiality, record keeping and elevating issues

Timing 90 minutes

Objective:

Participants will understand the nature of confidentiality, know how to maintain proper mentoring records and when and how issues should be elevated to a higher authority.

To prepare:

Be familiar with the materials. Print enough copies of the quiz on confidentiality (below) for each participant. View and load the video Lost Folder for viewing later https://wp.me/PbTjAK-4J

Facilitators say...

The partnership between Mentor and the Mentee (the District Child Protection and Welfare Officers or other) is based on confidentiality. An agreed range of confidentiality is required to ensure that the supportive relationship between the Mentor and Mentee is fully understood.

Discussion

In plenary the group discuss what confidentiality means to them.

PowerPoint slide 75

Confidentiality means that anything discussed during the mentoring session is private and that the members of the group will not repeat any conversations to other people. This will be discussed during the initial session to ensure that confidentiality is maintained. There are certain exceptions to this, and it is important that these are recognised and agreed at the start of the relationship:

- If the group agrees that the Mentor can speak to someone else about an issue or problem. In this case, queries and issues will be elevated to the NCD or/ and NCPD
- If the Mentor believes that there is a risk of harm to any person, based on something that has been said, or that a crime has been or is going to be committed. In any of these cases the Mentor will be obliged to report the issue to the NCD.
Confidentiality relates to information about clients which may be shared in the group, related to specific cases and may involve information about the children and their families, the institution and its staff, other workers or community members. It also relates to members of the group, and how information is shared about what is discussed and how people respond.

Written exercise

Each participant should receive a copy of the quiz and be asked to complete individually. The responses will be discussed in plenary. Individuals will not be asked to share their answer sheets. This information is confidential.

1. Giving away confidential information to receive a reward is unacceptable
   A. True
   B. False

2. Which of the following is true?
   A. Wanting to share confidential information is a human response
   B. Some people are better at keeping information confidential than others
   C. Keeping confidential information to yourself takes a great deal of determination
   D. All of the above
   E. None of the above

3. Which of these employees has access to the largest amount of confidential information
   A. A carpenter who is assigned to specific projects
   B. A mechanic who repairs cars
   C. The receptionist at NCD offices in Kigali
   D. The Mentor for a group of District Child Protection Officers managing several child protection cases

4. You should always ask permission to pass on information if you are not sure if it is confidential
   A. True
   B. False

5. All of these are examples of confidential information except
   A. Patient records
   B. E-mail messages
   C. Banking information
   D. Favourite colour
   E. Controversial views expressed during a group mentoring session

6. Which part of your personal information is confidential?
   A. Name
   B. Telephone number
   C. Social security number

PowerPoint slide 76

After a few moments of individual working to complete the quiz discuss the answers in the group – did anyone disagree?

Video content

Please load and show the video “Lost Folder” https://wp.me/PbTjAK-4J
Discussion

In plenary discuss...

What went well in this scenario? What went wrong in this scenario?

The Mentor noted the importance of good record keeping.

We don’t know if either worker kept any records because they were not available - they didn’t know where they are stored - lost confidential records are a problem because the chain of decision making is lost and the individual whose records are missing may be exposed to having their private information widely known

The confidential records should be securely stored in a locked cabinet

The Mentor did not follow the procedures for which she was rebuking her mentee

Records were left openly on the Mentors desk and were open to others to look at or for others to easily destroy

Facilitators say...

PowerPoint slide 77

Mentors must keep sufficient records to support and justify decisions, and to provide information to senior managers which can help refine policies and procedures. Keeping accurate records and ensuring that due assessment processes have been followed when mentoring is crucial because both Mentors and Mentees are accountable for their actions.

Accurate records also allow you to contrast, compare and analyse factors that influence the way a worker may develop.

Records provide the evidence-base for how certain decisions were taken.

They capture learning points which can contribute to improvements in service delivery in both the short and long-term.

They allow important issues to be elevated.

Discussion

In plenary discuss which types of issues may need to be elevated to support the workforce and to contribute to system development.

PowerPoint slide 78

Examples of some issues which should be elevated include:

- if salaries are not paid on time affecting performance,
- if transport is not available to conduct assessments,
- if there are conflicts identified in the policy and legislative framework,
- if a social services provider is reluctant/unable to provide necessary services,
- other issues which cannot be dealt with at the local level
- if there are concerns of immediate and serious harm to an individual or it is suspected a criminal offence has been committed (for example violence and abuse, or theft of property)

There is a clear link between mentoring to support the workforce and monitoring to contribute to system development. During the mentoring session learning from practice may require issues to be raised with the management hierarchy of the NCD. Bringing these issues to the attention of managers and planners is considered a good practice component of monitoring to contribute to system development. For example, if salaries are not paid on time affecting performance, if transport is not available to conduct assessments, if there are conflicts identified in the policy and legislative framework, if a social services provider is reluctant/unable to provide necessary services, or other issues which cannot be dealt with at the local level.
In these cases, following the mentoring session, the Mentor will make a record of the issue, together with proposed solutions, for sharing at the quarterly monitoring meeting NCC and NCPD, using the appropriate template (Appendix F).

These issues will be discussed during the quarterly monitoring meeting and the action need to resolve will be agreed. It is the responsibility of the NCD and NCPD technical working group to identify the delegated authority or person who will take this forward; with an expectation that this delegated authority/person will formally report on progress at the next meeting, or sooner at a designated time and place, if the matter is considered urgent.

During the mentoring and monitoring period, responsibility for action and resolution lies with the government authorities.

A set of planning and recording tools is included at Section 5 of the Mentoring Manual.

- Appendix A Sample Schedule for the Mentoring Sessions
- Appendix B Sample Mentoring Session Agenda
- Appendix C Written Record of the Mentoring Session
- Appendix D Record of Queries/Issues Arising at DCPU
- Appendix E COVID-19 Response Resources
- Appendix F Issues Arising for Elevation to CPC

All documents should be securely stored by the Mentor and by NCD.

**Facilitators say…**

Making sure each participant has a copy of the planning and recording tools (above) briefly go through with the group discussing what content is required at each phase of the process.

**Group activity**

Divide the participants into three groups and ask them to appoint a Mentor. Provide the Mentor with one of the following scenarios and ask them to lead the group through the record keeping process as if this issue was under discussion.

**Scenario 1.**

Dominic is a 16-year-old client of mine and a wheelchair user. While I was visiting him at the institution to discuss his reintegration plan, I noticed that he has several fresh bruises on both his arms. When I asked him, what had happened he became very distressed and told me that the staff don’t want him to leave and threatened him if he spoke to me about going home. Because of his disability he is unable to stop the staff. He has asked me not to tell anyone, so the staff don’t hurt him again.

**Scenario 2.**

Rita is a 14-year-old client who is due to go home soon to her family. While I was helping her write a letter to her mother she told me to let her know that she doesn’t want to come home. Rita is very anxious and said that she is preparing to run away so that she will not be sent home. She begged me not to tell anyone.

**Scenario 3.**

Bernard is a seven-year-old boy who I’m working with to reintegrate. He is deaf and it’s very difficult to communicate with him. I’m not sure the staff in the institution who interpret for us think he should be going home. Many have said he’s better off where he is with them. When I visit him, he cries a lot and seems very distressed. I feel like it’s too complicated and don’t know how to proceed in his best interests. Maybe he shouldn’t go home?

**Discussion**

Feedback in plenary – based on each scenario how was the record keeping useful?

**Any questions?**
3.6. Session 19 Moving towards a model of supervision

Timing 45 minutes
PowerPoint slide 79

OBJECTIVE: Participants will understand the difference between mentoring and supervision

Facilitators say...

PowerPoint slide 80

As we have learned, mentorship is a relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person. The mentor may be older or younger than the person being mentored, but he or she must have a certain area of expertise. It is a learning and development partnership between someone with vast experience and someone who wants to learn.

“Mentoring” is a process that always involves communication, is relationship-based and is a process for the transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development. Mentoring entails communication, usually face-to-face and during a sustained period of time. Mentoring is primarily educational and is largely not about performance monitoring. It is short-term.

In social welfare, supervision, sometimes called supportive or support supervision has an element of performance monitoring and is long-term, as long as the person remains in their role. It is particularly important for those working directly with clients in difficult circumstances.

PowerPoint slide 81
What is supervision?

Facilitators say...

This messaging is provided by the Global Social Service Workforce Alliance in its 2020 Guidance Manual on Supervision for the Social Welfare Workforce.

It has been developed with the participation of practitioners across continents and across a range of operating contexts.

Discussion

In plenary discuss each of the key points in the PowerPoint slide 79; are these applicable in the Rwandan context?

PowerPoint slide 82
Why supervision?

This messaging is provided by the Global Social Service Workforce Alliance in its 2020 Guidance Manual on Supervision for the Social Welfare Workforce.

Discussion

In plenary discuss each of the key points in the PowerPoint slide 80; are these applicable in the Rwandan context?

Facilitators say...

Today we have covered the fundamentals of mentoring and understood the difference between mentoring and supervision. As trainers who will deliver refresher training to support the reintegration of children with disabilities during the inclusive case management process and beyond, you will be responsible for providing mentoring support to the trainees as they put their learning into practice. The materials in today’s training will support you to do this.

Any questions?
Day Four

4. Putting it into Practice

4.1. Session 20 Let’s reflect

**Timing** 30 minutes

**PowerPoint slide 83**

**OBJECTIVE:** Participants will have space to provide comment and discuss questions related to the content of Day Three and will be prepared for Day Four

**TO PREPARE:** Have pen and paper to hand to make notes of group and individual questions

**Facilitators say…**

Overnight, you will have had an opportunity to reflect and think about the content of Day Three. This session is an opportunity for you to comment on what you have learned and to raise any questions you might have. We will make notes of your comments and questions and will be able to reflect further on these with individual District Child Protection and Welfare Officers during individual coaching and mentoring sessions.

**Discussion**

In plenary discuss – What did you find most interesting about the content on Day Three? What did you find most challenging? What, if anything requires further clarification?

**Facilitators say…**

**PowerPoint slide 84**

This content of Day Four is intended to allow you to practice the learning of the first three days by putting it into practice.

You will have the opportunity to develop and deliver a training session to your fellow participants, as you will when as a fully trained member of the National Training Team you will deliver training to NCD, NCPD, other relevant government and civil society workers.

During the second part of the day you will have the opportunity to plan and prepare with your managers for roll-out of the refresher training for district Child Protection and Welfare Officers so that the reintegration process for children with disabilities proceeds.
4.2. Session 21 Self-directed Group Planning and Session Development

Timing 60 minutes

PowerPoint slide 85

**OBJECTIVE:** Participants will understand the process for developing and delivering a training session to the group.

**TO PREPARE:** Participants should have access to all the course materials, to at least one laptop per group with internet connectivity and PowerPoint facilities.

**Facilitators say...**

Today you will be divided into three groups and asked to spend some time developing an innovative 30-minute training session for delivery to your fellow participants.

Group One Communicating with Parents and Caregivers
Group Two Responsibility of Supervisors for District Child Protection and Welfare Officers
Group Three Participation and Self-Advocacy

The training session should be informative and hold the attention of the participants.

You will need to decide on course content, methods and style of delivery and individual responsibilities within the group.

Remember you will be training for real in the future and this is an opportunity to collaborate to deliver quality content to your fellow trainers.

**Any questions?**

**Timing for the remainder of the day reflects the Module Four Agenda**

For the final session Planning for Refresher Training roll-out it is important that this is led by the senior managers from NCD and includes:

- Who will be trained – NCD only, other government, other non-government?
- Where will they be trained – at district level, in what location?
- Who will they be trained by – which trainers for each group (at least two per group)?
- When will they be trained – what is the schedule over the coming 12-24 months?

**Facilitators say...**

This is the final Q&A of this four-day training programme. We have covered:

- Refreshers on module three
- Facilitation skills
- Mentoring methods

And have put it all into practice in today’s training sessions.

It only remains for us to ask that you complete the final confidential on-line evaluation before leaving today’s training; this can be accessed on your mobile or your laptop.