

# ICDP MACEDONIA

## EVALUATION REPORT

The ICDP program has been implemented in Macedonia since January 2000. Staff from Centres for social work, children's institutions and family centers received initial training in the program in November 1999. From January 2000 they started to carry out self-training projects under supervision of an international ICDP consultant. The self-training projects of the staff consisted of working with groups of 5-6 caregivers who were introduced to the ICDP- program: these caregivers were refugees, parents of handicapped children, parents of juvenile delinquents, foster parents, single mothers, Roma mothers, adoptive parents etc.

The staff from the family centers ended their self-training projects and were certified as ICDP facilitators in March 2000 (13 persons). The staff from the CSW and the children's institutions was certified in April 2000 (35 persons).

Additional 14 patronage nurses are in the process of being trained as facilitators. 16 of the certified facilitators are in the process of being trained to the level of trainers. They will as certified trainers have the competence to supervise and to train new facilitators.

The evaluation of the program was carried out in two different ways:

- 1) Questionnaires for the ICDP facilitators
- 2) Interviews in focus groups with caregivers who has participated in the program

### **Summary of the findings:**

**The questionnaire for the facilitators** was distributed to all the ICDP facilitators by the end of April 2000, shortly after they had finished the self-training projects and were certified as facilitators. They were asked about how much they used the program, whether it was useful or not, what kind of effects they had observed etc. 39 out of 48 facilitators answered the questionnaire.

87,2% (34) answered that they used the program "*very much*" or "*much*" in their daily work (figure 1). All of them found the program "*useful*" or "*very useful*". None of them answered "*not useful*" (figure 2). Most often they answered that it is useful because it raised the parents' awareness and improved the relationship between the parents and the children. Many of them found that all kinds of caregivers can benefit from the program, and many mentioned specific risk groups (figure 3).

All the facilitators had met positive reactions from the caregivers about the program. 25,6% of the facilitators didn't answer the question "*What do the caregivers say when they are not satisfied?*". 30,8% answer that they didn't meet such reactions. Only two answers (5,1%) were related to the program, and the rest, 38,5%, was related to the caregivers' own situation.

97,4% answered that the program has positive effect on the children (1 facilitator didn't answer the question). 84,6% answered that they had observed effects of the program regarding the caregivers and/or their interaction with their children, while 15,4% answered that they had not observed such effects.

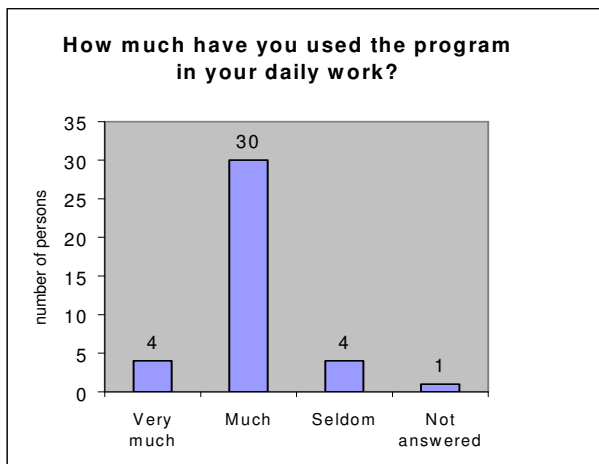


Figure 1

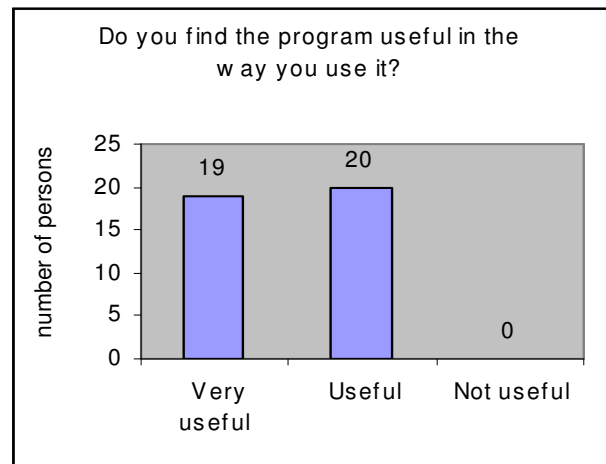


Figure 2

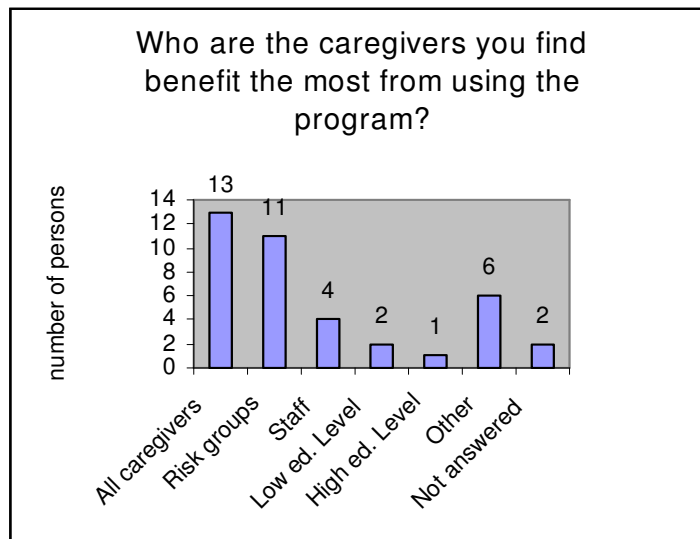


Figure 3

The facilitators were also asked whether they had suggestions for improvement of the program. 23,1% didn't answer this question. 23,1% answered that there is no need for improvement. 41% of the answers were related to expansion of the program: to continue, to adapt it to different vulnerable groups of caregivers and to use it in different contexts. 35,9% of the answers were related to improvement of the implementation of the program in different ways, such as the need for more equipment etc.

The facilitators were also asked to give other comments. Most of them did not, but 2 commented the training, 2 expressed critical comments regarding the implementation of the program in institutions and 2 expressed their satisfaction with the program.

Since this questionnaire was answered at a time when the staff had limited experience with the program, it is difficult to draw clear conclusions. First of all it measured to which degree the facilitators were enthusiastic about the program, and not that much about the effects of the program on caregivers and children. However, it is interesting to see that the enthusiasm of the facilitators seemed to have been transferred further to the caregivers.

The main findings in the group of trained staff were that there was a great enthusiasm about the program, and that the facilitators wanted it to continue and to be expanded.

*The interviews with the caregivers* were carried out in July and in October 2000. 5 different groups were interviewed: 1 group of mothers with different ethnicity at a family center, 1 group of Albanian mothers at a family center, 1 group of Roma mothers at a family center, 1 group of adoptive parents at a Center for Social Work and a group of male scout leaders.

The interviews underlined the findings from the questionnaire answered by the facilitators. All the caregivers expressed enthusiasm about the program, and all of them emphasised that it had effect, both on the children, themselves and the relation between them and the children.

Regarding which concrete effects, the answers were different in the different groups. The group of adoptive parents emphasised that they had a different approach to the children after the training. In practice this meant that they paid more attention to the children, were more flexible, patient and set limits in a different way. They mentioned especially that they have become much more aware of the meaning of the small, daily moments.

The main finding in the group of Roma mothers was that their general attitude and behaviour towards the children had changed from negative to positive. They all described how they have found “stop mechanisms” to avoid negative behaviour like yelling and beating the children. They felt much calmer and secure, and they felt that they have learned to understand the signals from the children. The mothers from the other family centers (several of them were refugees) stated much of the same: they felt less nervous, understood the children better, they didn't punish them like they did before and they paid more attention to them.

The scout leaders also said that they had changed their attitudes and their behaviour. They had realised that they should be in dialogue with the children instead of giving orders like they had done so far. As a consequence of the received training they had decided to change the whole scout program, from a program based on military ideas to a more human program.

Regarding the effects they had noticed on the children, the answers from the different groups of caregivers were very much the same. First of all they pointed out that the children were less nervous, instead they were calmer and relaxed. They were more open, positive, active and curious. At one of the family centers this was described like they now had “unfrozen”, natural childish behaviour instead of “stuck” behaviour.

The caregivers were also asked for comments about how to improve the program. They all expressed satisfaction and found no need for changes.

In the end they were asked what should be done in order to strengthen the effects of the program and the intervention. The answers were unison: The program should be expanded to include more caregivers (both parents, staff in schools and in kindergartens). In addition the caregivers themselves would have liked to continue with more group meetings.

The main findings in the group of caregivers were that they liked the program very much, they found it very useful in their daily life and they observed many effects both in themselves, in the children and in the interaction between them and the children.

It seems like the findings can be summarised with the following statement from one of the groups of caregivers: “The only thing we did not like with this program was that it was too short. We are very happy that UNICEF took this initiative!”

See below for details, both regarding the evaluation from the trained staff and from the caregivers.

## 1. The ICDP facilitators

A questionnaire was distributed to all the ICDP facilitators by the end of April 2000. 39 out of 48 facilitators answered the questionnaire. There were some problems with the mail system, and more people claimed that they had sent their answers. However, the received number of answers were 39: 24 (out of 27) from the CSW, 6 (out of 8) from the children's institutions and 9 (out of 13) from the family centers.

11 psychologists, 9 social workers, 12 pedagogues and 7 with another profession/without formal education (defectologists, students, nurse, doctor) answered the questionnaire.

The facilitators were asked the following questions:

*Do you use the program in your daily work?*

10,3% (4) answered that they used the program very much in their daily work. 76,9% (30) answered that they used the program much and 10,3% answered that they used the program seldom. 1 person didn't answer the question (see figure 1 above).

*How have you used the program?*

As this was an open question, it was complicated to categorise the questions. However, all the facilitators answered that they had used the program with *caregivers in groups*. Some of them mentioned that they had used the program with *specific groups of caregivers*, such as parents of juvenile delinquents, parents of handicapped children etc. One of them said that she could use the program with all the different groups of clients that she met at the CSW.

5 of the facilitators said that they in addition to the work in groups used the program in their *individual work* with families or parents. 4 mentioned that they also used the program in their work *directly with the children*. 5 said that they used the program in their everyday *private life*, in their own family and/or together with friends.

*Do you find the program useful in the way you use it?*

48,7 % (19) answered that they found the program "*very useful*", while 51,3% (20) answered that they found the program "*useful*". None of the facilitators answered that they found the program "*not useful*" (see figure 2 above).

The facilitators were also asked to state the reason for their answer. Most often they answered that it was useful because it raised the awareness of the parents and improved the relationship between the parents and the children. The following are examples of the answers:

"The caregivers become aware of the needs of the child. They become more sensitive for its needs."

"The children started to develop sense of self-confidence, self-respect and respect for the people they contact with."

"Because the mothers found it very acceptable."

"Because it is adjusted to our way of living and our temperament."

"The program is useful because it draws the parents attention to their children. It also helps them in the process of raising the children. I think that a lot of caregivers want to be good parents but they are too occupied with existential problems and therefore not knowingly they forget about their children. After I introduced them to the program and gave them some personal examples, they became more interested in joining the group. Therefore I think that the program is most efficient if it is used in groups."

"Because it reminds the parents of some things that are usually forgotten (discussions, expressing emotions...)"

"It had positive influence on the caregivers."

"The 8 guidelines are simple and universal and they help to raise the awareness of the parents and also to identify with their children, understand their conditions, needs and initiatives. They support the sensitive communication that leads to positive emotional attachment between the caregiver and the child."

*Who are the caregivers you find benefit the most from using the program?*

2 facilitators didn't answer this question. Of the remaining 37 35,1% (13) answered that all parents can benefit from the program. 28,2% (11) mentioned specific risk groups, such as parents of juvenile delinquents, single mothers, parents in the process of divorce, parents of handicapped children etc. 10,8% (4) answered that staff in children's institutions and in kindergartens would benefit the most. 5,4% (2) answered that parents with low educational level and/or unemployed parents benefit most, while 2,7% (1) answers the opposite: parents with high educational level benefit most. The remaining 17,8% had different answers (depends on motivation for participation, on the way the program is presented etc.). See figure 3 above.

*Who are the caregivers that you find benefit the least?*

41% (16) of the facilitators didn't answer this question. Among the remaining 59% (23), 6 answered that there are no caregivers that will not benefit from the program. 3 answered people with low motivation or interest, 3 answered caregivers with older children, 2 answered people with low educational level and 2 answered the opposite: educated and employed people. The latter group explained why:

"During my work I have noticed that educated women pay more attention to their children." "The children of the educated and employed women go to kindergarten and have their own caregivers."

The rest gave very different answers.

*What do the caregivers say when they are satisfied?*

All the facilitators answered this question. 28,2% (11) answered that the program evoked satisfaction and positive emotions:

"The children are the most important for us. The meetings are very useful and we learned a lot about the care for our children from them. The program taught us how to observe ourselves and our children, how to become aware of their needs. This makes us very happy and satisfied."

25,6% (10) answer that the mothers expressed that they had become closer to their children:

"Now they feel closer to the children and in spite all the obligations they have during the day, they can find some time to dedicate to their children."

12,8% (5) expressed their satisfaction by wanting to continue the program:

“All the meetings finished with expressions of pleasure, satisfaction and wish for another meeting, with remarks that this is a great program and there should be more meetings and more programs of this type implemented.”

10,3% (4) said that it helped them to find solutions to problems, new problem solving strategies in everyday life:

“The caregivers were very satisfied with the ICDP program with explanation that now they can understand their children much better, and they can much easily find solutions to different situations with their children.”

10,3% (4) said that the program had helped them to change their attitudes towards the children:

“I am not shamed of my handicapped child any more – I love it and it means everything to me.”

7,8% (3) stressed the fact that this was a good opportunity to meet new people and to establish friendship:

“They said that they’ve met new friends – parents who have the same problems as them. They also said that finally they could speak out about their problems and find common solutions with the other parents.”

The same percentage (7,8%) said that the program evoked positive feelings from their childhood:

“They said that this program made them think about the good moments from their childhood. This helped them to start working on their child’s personality.”

7,8% (3) also said that this was similar to their daily life:

“The satisfaction came out from the fact that they realised that even before they were introduced to the program they had similar approach to their work.”

15,4% (6) had other answers (such as it gives them the opportunity to get out of everyday life, learn something new):

“They said that nobody has ever opened for them a new possibility for communication and interaction with their children.”

*What do the caregivers say when they are not satisfied?*

10 of the facilitators (25,6%) didn’t answer this question. Among the remaining 29 facilitators 41,4 % (12) answered that they didn't notice any negative reactions:

“While working with the program I couldn’t notice any caregivers that weren’t satisfied neither any negative reactions.”

2 facilitators added a sentence with more information:

“There were no such moments, but while carrying out the self-training project I could notice that they are bored about certain things that they are already familiar with.”

Only 2 facilitators commented reactions from the caregivers related to the program or the way it was presented:

“They wanted more meetings so they can exchange more experiences and learn something more about the care and upbringing of their children.” “When they were not satisfied they wanted me to explain the guidelines in a more simple way.”

The remaining answers were not related to the program as such, but more to the caregivers' own situation. 3 felt that they didn't have the conditions to implement the program (staff at institutions):

“They were not satisfied because they didn't have the conditions to apply the ICDP program.”

2 said that they didn't have enough time to dedicate to their children:

“That they don't have enough time to dedicate to their children. Also at the beginning they didn't want to admit that it is mainly their fault that their children are delinquents.”

2 didn't want to remember bad moments from the past:

“They didn't want to remember the bad moments of their life with the former partner, especially the moments of the actual separation.”

2 felt that they were too old:

“They said that they are too old and that the younger people are the ones who should learn from this.”

Further there were some caregivers that commented their own mood / behaviour:

“They said that they are nervous, impatient, aggressive and with very bad headaches.”

Through the discussions in the group some women also realised that they were more engaged in the children than the fathers:

“They said that the mothers are more engaged in the children's play, hygiene and studying than the fathers. This was a bit hard for them.”

One caregiver commented problems with adolescents:

“It is not easy to show love to a 16-17 year old adolescent. It is hard to focus their attention and to set limits. These difficulties appear because they are not little children but they are not adults either.”

*How does the program effect the children according to your view?*

One caregiver didn't answer this question. The remaining 38 all answered that the program had positive effect on the children.

15 (39,5%) answered that the program had a general positive effect, like:

"It provides them conditions for a better childhood".

15,8% (6) deepened this by saying that the children showed better interaction with the caregivers:

"The children are more calm and closer to their mothers. They feel safer because they have their mother's support."

15,8% also answered that the children improve their development:

"The program has a tremendous importance in the children's development, especially in their cognitive development."

10,5% (4) answered that the children had more positive emotions:

"The program helps the children to feel safer and to have more self-confidence, to be more curious and sociable."

The same percentage (10,5%) answered that the program helped the children to communicate more and to improve their behaviour. 7,9% (3) had other answers:

"This program has influenced the children very positively. They gained self-confidence and feeling that they are loved. Their knowledge and experience is bigger and therefore they are more positive, active, open and curious. They are also more responsible, creative and have sense for cultural and hygiene habits." "I had a chance to notice the effects of the program in the group. Those were closeness, self-confidence and freedom in their behaviour."

*Which parts of the program do you find particularly important?*

3 facilitators didn't answer this question. The remaining 36 gave more than one answer each. 30 answers were related to the 8 guidelines for good interaction. The most frequent answer was *all the 8 guidelines for positive interaction* (11). In addition 11 facilitators mentioned *the 4 emotional guidelines*, with special emphasis on the first one, *showing love*. 3 mentioned *the mediational guidelines*, and 3 put special emphasis on *guideline 8: setting limits in a positive way*.

10 facilitators answered that *every part of the program is important*. 7 mentioned *the seven principles of sensitising*, 5 mentioned *empathy as a key for good care* and 3 mentioned *the concept of the child*. 1 put emphasis on the *exercises* and 1 mentioned the *use of personal examples*.

*Have you observed any effects of the program regarding the caregivers and/or their interaction with the children?*

33 facilitators answered *yes*, 6 answered *no*. Most of the 33 facilitators gave more than one answer. The most frequent answer was that *the communication between the caregivers and the children is improved, and that they have become closer to each other* (13):

"One of the first effects that I have noticed is the closeness between the mothers and the children." "After the intervention one of the mothers were very satisfied with her child that didn't want to communicate with her before. The child communicated just with its father. Now the situation has changed." "I had an experience with a mother of a deaf-mute child. She used to have a problem to show love to her child. After our meetings she showed us that she is closer to her child."

7 mentioned that *the caregivers have become more sensitive for the needs and interests of the child* and 9 answers reflected that *the caregivers have changed their attitudes towards their child* (more empathic). 9 answers were *related to the emotional guidelines*:

"I noticed in one of the groups that there was a mother who claimed that her child was stubborn. During our last meetings I noticed improvement in her behaviour - personal dialogue and praising the child."

3 answered that *the caregivers had gained more self-confidence*, 3 that *the caregivers were more happy and satisfied*, 2 mentioned that *the caregivers were more spontaneous*. 2 mentioned that *the caregivers spent more time with their children*, 1 that she had observed *better limit-setting*, 1 said that *the caregivers were more responsible* and 1 that *the caregivers acted differently in general*. A few more examples:

"They are very grateful for this experience, because they have gained self-confidence and courage to share the experiences they have with their children. They experience the child positively and take care of its needs and initiatives." "I had the chance to notice the effects of the program in the group. Those were closeness, self-confidence and freedom in their behaviour." "The concept of the child was redefined, the sensitivity for the children was improved and there was a better parent-child interaction."

In addition some of the facilitators added some comments about *unexpected effects*, especially *related to their group work*:

"I didn't expect that the caregivers would be so co-operative and engaged. This surprised me and motivated me additionally for my work." "I never thought that these mothers would invite me for coffee just to tell me about their relationship with their children. This program helped them to stop the everyday quarrels." "The mothers were willing to co-operate. They wanted to exchange experiences and to spend a lot of time with the other caregivers."

*If you should suggest improvements in the ICDP program, what would you suggest?*

9 facilitators didn't answer this question. Among the remaining 30 facilitators 9 (30%) answered that there is no need for the program to be improved:

"I don't think that there is anything to be changed because the program is very suitable for our surrounding."

16 answers (53,33%) were related to expansions of the program in different ways: 5 wanted the program just to continue:

"So far, it is super, but we shouldn't stop working and neglect the program at this stage. The program should become an integral part of our everyday work." "The program should be implemented everyday and everywhere. I am convinced that it is good for everybody to go back to their past and realise what was good and what was bad."

4 facilitators said that the program should include other kind of institutions in addition, such as health institutions for children, kindergartens, institutions for children without parental care etc.:

"I think that this program should be obligatory used in the kindergartens and in the institutions for children without parents. Here the children are in the age where they build their personalities. The usage of this program will improve this process."

1 facilitator wanted all the staff at the Centres for Social work to be trained in the program, in order to "have better results in solving our children's problems."

2 facilitators stressed the fact that the program should be adapted to all ages of children. 4 wanted it to be adapted to special groups of caregivers: parents of handicapped children and of spoiled children, parents who don't live together with their children, parents with lower educational level and families "who live through different kinds of pathological changes".

7 (23,3%) answers were related to improvement of the presentation (4), of materials (3) and of follow-up(1):

"The program is good. But I think it should be complemented with more practical examples and exercises for relaxation and self-observing. It should also contain more games and educative stories." "I would suggest more meetings and continuous supervision so that the program continues to "live" in practice. I also suggest more technical equipment - videotapes containing an adequate material that would be used while working, more photographs, posters."

3 answers were related to the working conditions and to factors that would be motivating in order to continue working with the program:

"It would be good to have better conditions for work (drinks and refreshment, gifts for the children like toys and books). It would be very stimulating if the facilitators are awarded with certain payment for their effort." "More representative materials are needed: t-shirts, hats and small bags for the children, all with the logo of ICDP."

2 focused on the need for better pre-investigations in children's institutions before implementation of the program:

"I suggest more detailed analysis of the residents of the institutions (children without parents compared to children living in a family)."

2 facilitators had other comments, like the need to integrate their previous knowledge into this program.

*Do you have other comments?*

2 facilitators commented the training: 1 wanted more 1 day seminars, while the other claimed that the one-day follow-ups were too intense and that 2-day seminars would be much more efficient.

2 facilitators from the institutions had critical comments regarding the program:

"The program lacks methodological steps for solving our problems. This means that there is no problem in solving the problem with the children. I think that a big minus is the theoretical approach. It was not applied practically so we can see how to work with the children."

4 facilitators expressed their satisfaction with the program:

"I personally think that this program is good, complete and that all caregivers who's assignment is to take care of the rights, desires and interests of the child should be introduced to it." "I just want to express my gratitude for this program because it had a very good influence on me and on this center."

## **Evaluation of the effects of the ICDP program on caregivers based on focus group interviews:**

The interviews with the caregivers were carried out in July and in October 2000. 5 different groups were interviewed: 1 group of mothers with different ethnicity at a family center (6 informants), 1 group of Albanian mothers at a family center (3 informants), 1 group of Roma mothers at a family center (4 informants), 1 group of adoptive parents at a Center for Social Work (5 informants) and 2 male scout leaders. There were all together 20 informants.

Method:

- Focus groups of caregivers were used as key informants
- Key questions were prepared in order to provide information of effects on caregivers that have been involved in the program
- Questions are broad and open in order to provide an exchange of ideas in a free and open atmosphere

- The method was chosen due to many illiterate informants

The caregivers were asked the following questions:

1. *You have now experienced this program in practice over some time, in your opinion, does this program have any effect at all?*

All the caregivers had the opinion that this program had effect. All of them also expressed their positive experience with the program.

2. *What are the most striking effects of the program?*

**The group of adoptive parents** emphasised that they had a different approach to the children after the training. In practice this meant that they paid more attention to the children, were more flexible, patient and set limits in a different way. They mentioned especially that they have become much more aware of the meaning of the small, daily moments:

“I am so satisfied, this has been very positive. Thanks to this program I started to understand my son’s wishes. I work with high school students, and I have another attitude towards them now. I had a negative conception of my child. I wanted to show him the way to learn..... Now I try to include him in the housework, I spend more time together with him....”

I have learned to understand that children are live beings, and that they need attention. We have learned from one another, it is important to be in a group.”

“I have another approach now. This program can also be applied outside the home, together with other people. We have changed our focus, how we look at the child, not only our child, but children in general. The communication with people is different. I am more patient, and I understand them better. Now I prioritize the child, I follow his initiative. I enter his thoughts.”

“The program has had positive effect on me. I have conveyed all the ideas to my wife, and it has given positive energy..... I have become more human.... I am more flexible, and I dedicate more attention to the child.... The program has a great concept. It has influenced both us and the children, and now we have experiences on a higher level. We all know this, but we have never thought of using it in everyday life.... I am very happy. This is the first time I have spent so much time together with others speaking about our children. Usually we don’t do this. This has made us all happy.”

“It was most useful for me with regard to my youngest child. It has given me positive energy.... The way I communicate with others is changed. I am more patient, I analyze the situation, and I show more empathy. “

“The program has effect. I dedicate more time to the child now, and he is more satisfied. I praise more.”

The main finding in **the group of Roma mothers** was that their general attitude and behaviour towards the children had changed from negative to positive. They all described how they have found “stop mechanisms” to avoid negative behaviour like yelling and beating the children. They felt much calmer and secure, and they felt that they had learned to understand the signals from the children:

“I have changed my attitude. I never use bad methods any more, but I try to have a good approach. In the past I would beat the child if he did something wrong. For example, I have always liked flowers. One day one of the children broke the flowers in my home, and my first thought was to beat him. However, I stopped, starting to think about the program. I force myself to restrain from negative reactions....”

I am listening more to the children now, before I had a punishing manner.”

“Before this program I didn't know how to handle my child. Now I have been able to learn both how to behave towards my son and towards my husband. I behave differently towards my child at home. There is a different setting in my home now. I am not nervous any more as I used to be. My husband says that I have improved a lot.

In the past I would scold the child and beat him if he got bad marks at school. When I came from the parents' meetings and had received negative information, my son was scared. Now this happened after I had participated in the ICDP program. This time I asked my boy calmly about what happened, and he told me that he was sorry and that he would try to improve. He commented the change in my behavior. Two days after he had improved from a 2 to a 4 grade. I gave him the will and the motivation. Now he is calmer, and he is more positive.

I dedicate more time to talk with my child now, and he is positive.”

“I am alarmed through the program. I have learned to understand the signals from the child, and now I am not nervous any more. I have learned to understand the child's needs for attention and affection. My son is linked more with me now.

I used to be very nervous, and I would scold the child and yell at him. Now I notice that I am much calmer with him, and I pay attention to his needs. The child also gets interested in what I am doing. He asks me more about what I am doing, and I give him explanations. I understand now that this is only a child whose needs must be fulfilled. I include the child much more in daily activities now than I used to.”

“My daughter has always been a good child, but sometimes she is stubborn. She has changed now with my new attitudes. I am spending more time together with her, I play with her when she wants to play, we study together, and I hug her and caress her. She can do more things on her own now.

I have changed in my behavior towards her. Before I was yelling at her. Now I explain in a good manner. I feel that I want to play more with children now.”

**The mothers from the other family centers** (several of them were refugees) stated much of the same: they felt less nervous, understood the children better, they didn't punish them like they did before and they paid more attention to them.

“When I arrived here with my family after the crisis I was very nervous. After the ICDP meetings I have realized that it is not children's fault that our conditions are poor and that I am supposed to be more tolerant with them.....

I especially liked when the facilitators showed us the pictures. They reminded me of how my attitude towards the children was before the crisis: showing love, praising them. After the ICDP meetings I have realized my mistakes and therefore I am less nervous.”

“I feel that my attitude towards him has changed - I am more patient. I used to yell at him for everything that he didn't want to or couldn't do. Now, I am much calmer and I have realized that he is just a child.”

“I realized that I have made mistakes. Now, I do not force my child to do something and I do not yell at him. I kindly ask him to do something and I praise him.”

“We are all very nervous, because we are refugees. This program has helped us to understand the children better in order to improve our behavior (like it was before we arrived here). I try to solve the conflicts with discussions: for example when my children start to curse, I explain them that it is not good and nice etc.”

“Thanks to this program I have understood that sometimes I should not be so hard with the children. If I were a mother now, I would've known how to act with children. I would praise the children instead of beating them or yelling at them. I can also notice changes in the family – there are less quarrels.”

“I am very satisfied with this program because it has helped me control myself and be calmer with my child.”

“We live in the village and there we don't have much time to dedicate to children. But here it is different – I learned how to talk to my child, listen to it, and tell him stories and songs..... I realized that I can have a

good relationship with my child and I can make him do something if I ask him nicely, not only with yelling and beating. Now I pay more attention to my children- I answer their questions, I talk and play with them.”

**The scout leaders** said that they had changed their attitudes and their behaviour. They had realised that they should be in dialogue with the children instead of giving orders like they had done so far. As a consequence of the received training they had decided to change the whole scout program, from a program based on military ideas to a more human program:

“Previously we had a hierarchical system, where the leader was like a god. We as leaders should be at the same level as the children. We don’t give the children orders any more. We are at their level, and they learn things through games. We give more attention to the children....

We worked a lot on the feelings, that is the difference. Before it was a military regime. The program has had effect on our attitude towards the children....

From the training we have made a new program, a new approach in our scout unit.”

“Before I was upset when I worked with the children, but now I understand them better....

Now I am more at their level, I have started to understand more, and I ask more about their opinion.... Sometimes we use the whole meeting to discuss topics with them, for example about how to behave in the woods. Before we gave lectures. Now they learn through games and play.”

### 3. *What are the effects you have observed on the children?*

The answers from the different groups of caregivers were very much the same. First of all they pointed out that the children were less nervous, instead they were calmer and relaxed. They were more open, positive, active and curious. At one of the family centers this was described like they now had “unfrozen”, natural childish behaviour instead of “stuck” behaviour.

“The children are not as frightened as they used to be. They used to talk among themselves, and when I shouted: “Silence!” they were frightened. Now they have relaxed step by step, they ask more and they talk more. They listen more, they want to participate more in activities, and they give their own ideas.”

“He feels useful. He is more open now, more curious, and he knows that he will get answers if he asks. He is closer with us.”

“The child is more calm and more patient.”

“When we behave positively, the children behave positively. They are much calmer and more positive.... Now I can see that the children do not shake any longer. They are not scared any more. They feel more safe and are less anxious. They are more relaxed. Everybody recognizes this.”

“My son shows more interest after that I have started to be more together with him. He asks more questions about things in general, he wants to talk more and to be talked to, and he wants explanations. He is more curious, and he is much calmer. When the child gets the acknowledgement he needs, I can notice that he is full of joy, happy (for example when I give him toys, paper to draw on etc.).”

“Now my child is calmer, and she understands what I tell her. She likes the program very much. She asks questions.”

“I have noticed that my child pays more attention to what I am saying.....

When we first entered the center my daughter didn't want to part from me - she was hugging me all the time. Now, she is more relaxed with the other children in the center.”

”My son didn't want to communicate with other children before we arrived in the center. Now, he acts more freely and he communicates more with other children even when he is at home. ”

"Since my 3 year old grandson start to come to this center, he started to talk, he respected his brother more and therefore they fight less then they used to."

"My grandson was very spoiled. Due to his illness with his kidneys, we couldn't influence on his behavior. After we have passed the program, I noticed that he pays more attention to what the older say and he is more understanding to the family situation."

"When we started to visit the center, my child learned how to associate with others.... I noticed that his behavior has improved: he doesn't fight with his friends from the neighborhood or with his younger sister. He learned how to behave with other children and he doesn't stick to me like he did in the beginning."

#### 4. *What in the program do you think produces these effects?*

**The scout leaders** answered that this was the part working with the emotions:

"We worked a lot on the feelings, that is the difference.... We had a lot of discussions, worked with our feelings, worked with pictures to analyze facial expressions in order to enter the child's soul. It was mutual work, with all together in the group. One person expressed feelings, the others listened, and then we discussed afterwards."

**The adoptive parents** said that the whole program was important, but put emphasis on the way the program is constructed, with raising the awareness:

"No lectures were conducted, but we explored our own experiences.... The program has a great concept. It has influenced both the children and us and now we have experiences on a higher level. We all know this, but we have never thought of using it in everyday life."

They also mentioned the importance of working in group, with discussions and exercises:

"The program was conveyed in a very nice way. The group was compact, and we couldn't feel any lectures. We have had fun and shared experiences. I tell about this new and positive experience to everybody. This program can only be useful. We were supposed to stay for 1 ½ hour, but most often we stayed for 2 ½. We all said: "Let's stay a little bit longer!" ."

"In the group we felt free to share personal matters. The ice was broken, and we became close. I will never forget one of the exercises we did, where we put a sheet of paper on our backs, sitting in a circle. We were supposed to write something realistic about the persons on this sheet. The message I got meant a lot to me, and I would like to put it in a frame like a diploma."

In addition, this group mentions the importance of how the group was conducted:

"The team leading the group had a great importance. They didn't conduct lectures, but everything was done in a dialogue with us. They were part of us."

**The Roma mothers** put emphasis on the eight guidelines for good interaction, especially the part with showing love. They also mentioned that the work with solving their nervousness was important.

"To me the encouragement to love the children was the most important part of the program, how to behave, how to show affection."

"The eight guidelines are very important, they present all the good things. In the program I liked best the part where we learned how to solve the nervousness."

**The mothers in the other family centers** found it difficult to point out something special in the program that produced the effects. One of them mentioned the use of pictures as a

useful tool. Despite the use of additional questions, the answers were the same: “Everything is important and useful.”

5. *Is there anything in the program that should be changed or emphasized?  
Is there anything in the program that is missing?*

All the caregivers expressed satisfaction and found no need for changes:

“Nothing should be changed. Everything is good.”

“Nothing is missing in the program.”

“Everything was interesting and useful.”

“I like the program and I don't think that anything is supposed to be changed.”

“I wouldn't change anything in the program. The stress should be on observing the child and find out how to solve the problem that the child might have. We should expand with more discussions about how to solve specific problems. The first step is to observe, the next to help.”

6. *What should we do to strengthen the effects of the program and our intervention?*

The answers were unison: The program should be expanded to include more caregivers (both parents, staff in schools and in kindergartens). In addition the caregivers themselves would have liked to continue with more group meetings.

“You should have more workshops and expand the program to include more people. I would also like that our own group work was expanded with more workshops and meetings.”

“ If it were possible to continue with the program, we would all like that. “

“It should be continued for parents of older children. A bigger circle of people should get to know the program.”

“It should be expanded to include teachers of 1<sup>st</sup> – 4<sup>th</sup> grade students in primary school. It would be a great experience for the teachers and for the children. It should be passed to the schools,- this is very important.”

“There should be a group for parents with older children, teenagers. Many parents need this program.”

“It would be good if more people could get the opportunity to know this program.”

### **Discussion:**

Since the questionnaire for the facilitators was answered at a time when they had limited experience with the program, it is difficult to draw clear conclusions from their answers. First of all it measured to which degree the facilitators were enthusiastic about the program, and not that much about the effects of the program on caregivers and children. However, it seems like the enthusiasm of the facilitators has been transferred further to the caregivers. They all expressed a very positive attitude to the program as a whole, despite the fact that they represented very different groups of caregivers: some were living in towns, some in rural areas. Some of the caregivers had relatively high education and were

employed, while some were with low educational level or illiterate. They represented different ethnic groups (Macedonian, Roma, Albanian and Serbian).

Regarding the questionnaire for the facilitators, there were some questions that were not answered by many of them. These were the *questions* “*Who are the caregivers that you find benefit the least?*” (41,6%), “*What do the caregivers say when they are not satisfied?*” (25,6%) and “*If you should suggest improvements in the ICDP program, what would you suggest?*” (23,1%). Due to the fact that the majority of the answers were stating that all caregivers would benefit, that no negative comments were noticed and that suggestions for improvement mainly were related to continuation and expansion of the program, one can maybe assume that many found these questions irrelevant.

Regarding the interviews with the caregivers in the family centers, some of the answers (especially regarding the effect on children) did not separate between the ICDP program and the family centers. This might be due to the fact that the main organised activity at the family centers is working in ICDP groups. Most of the staff in the family centers are trained in the ICDP program, and one can maybe assume that the attitudes of the ICDP-program are reflected in all the staffs work, both with the mothers and with the children.

Several questions would be interesting to examine further, for example, whether some groups of caregivers would benefit more from the program than others. Another very interesting question is the effect on the children in long term. However, this question goes beyond the scope of this evaluation.

### **Conclusion:**

The ICDP program had evoked positive feelings and enthusiasm both among the staff trained and the caregivers that had participated in the program. All the facilitators and the caregivers found the program useful and with effect on caregivers and children. The reports from the caregivers about the positive effect of the program were very interesting, and so were their observations of the effects on the children.

There were a few critical comments about the use of the program in institutions. Most of the other comments regarding improvement of the program and / or implementation of the program were reflected in the following statement from one of the groups of caregivers:

“The only thing we did not like with this program was that it was too short. We are very happy that UNICEF took this initiative!”