ICDP approach to awareness-raising about children's rights and preventing violence, child abuse, and neglect

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ABSTRACT

In April 2011, the Committee on the Rights of the Child issued the General Comment No. 13 on the right of the child to freedom from all forms of violence. Its Article 19 declares that "protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child." One available social program that focuses on providing support for parents, caregivers and children is the International Child Development Program (ICDP), which is presented in this article. The ICDP is designed to influence and improve the quality of contact and relation between the caregivers, usually parents, and children, through the practical application of the eight themes or guidelines for positive interaction.

The Convention on the Rights of the Child is a value-based legal document ratified by most countries in the world. This is a significant achievement and it gives a new basis and legitimization for a more humane treatment of children all over the world. Nevertheless, it is important to understand that there is a big gap between a legal document describing ideal conditions for children at a macro-governmental level and its implementation at the microlevel of families and communities. The ICDP is another expression of the same humanitarian spirit as it is encoded in the convention of children' rights. ICDP can be put in practice in any community to create positive conditions for the fulfillment of fundamental children's rights: the right to be protected from violence and to receive the loving care and guidance from the immediate environment which is required to ensure healthy human development.

Introducing children's rights is likely to have a major impact on families (and all levels of authorities) if efforts are also made to activate awareness and deeper bonding to children as persons. Without a deep activation of a more humanized and caring relationship to children, provided by social programs such as ICDP, the advocacy for children's rights may become an empty shell without its basis in human realities.

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In April 2011, the Committee on the Rights of the Child issued the General Comment No. 13 on the right of the child to freedom from all forms of violence. The rational for the GC13 states that "measures to end violence must be massively strengthened and expanded in order to effectively put an end to these practices which jeopardize children's development and societies' potential non-violent solutions for conflict resolution." The Article 19 of this general comment declares that "*protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child.*" One available social program that focuses on providing support for parents, caregivers and children is the International Child Development Program (ICDP). It is a community oriented program with the objective of supporting and promoting psychosocial care competence and it is intended to

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supplement existing professionalized services by training local resource persons who work with children and families. ICDP is both the name of the program and the organization founded by the authors and their colleagues in 1992, in Oslo, Norway: http://www.icdp.info/. The ICDP organization was led for 19 years by Professor Karsten Hundeide, from Oslo University.

The ICDP is based on the knowledge established from research on early communication, attachment, mediation and regulation. The program was positively evaluated and subsequently adopted by the World Health Organization (WHO) and its manual was published by WHO in 1997. Since then the implementation of the ICDP has taken place in over 30 countries worldwide. In 2005 the authors prepared a set of manuals which were published by UNICEF Colombia. UNICEF has sponsored and promoted the work of ICDP in Macedonia, Argentina, Colombia, El Salvador, Guatemala, Angola, and Mozambique.

The ICDP reflects universally accepted humanitarian values about the significance of activating human empathy and compassion as a basis of care for vulnerable children. The program is another expression of the same humanitarian spirit as it is encoded in the convention of children' rights. The Convention on the Rights of the Child is a value-based legal document ratified by most countries in the world. This is a significant achievement and it gives a new basis and legitimization for a more humane treatment of children all over the world. Nevertheless, it is important to understand that there is a big gap between a legal document describing ideal conditions for children at a macro-governmental level and its implementation at the microlevel of families and communities.

If we start implementing children's rights in an instructive way and through naïve imposition, the chances are that it will have an alienating effect with no sustainability beyond pleasing the teacher and the organization involved. As an example, one of ICDP staff members overheard an African community leader make the following comment: "We don't like these children's rights; they destroy children's respect for their parents. But because some of these foreign organizations do a lot of good in this region, we accept them anyway. . ." This is façade adaptation to alien external knowledge that is rooted neither in their understanding nor in their practice and it is to be avoided (although it is common practice in many rights based organizations). ICDP proposes a different awareness-raising pedagogy, one based on extending that which people already do, feel and understand. Any development has to start from the individual's existing practices and conceptions of rights and duties, honor and shame. Therefore, the ICDP approach is to begin from where people are and through a sensitization program expand their awareness in the direction of children's universal rights.

The promotion of children's rights presupposes a parallel move or advocacy for a more humanized conception and sensitive relationship to children as the core and the content for all action, whereas the legal aspect relating to human rights provides a protective framework for the real caring work with children and their families. Without a deep activation of a more humanized and caring relationship to children, provided by social programs such as ICDP, the advocacy for children's rights may become an empty shell without its basis in human realities.

The quality of interaction as a basis for early intervention

Research shows that the key to the child's future development does not depend upon a specific set of activities but rather on the general quality of interaction between the child and the primary caregiver. Research on early intersubjectivity revealed that infants have an early disposition toward establishing an expressive exchange in relation to the caregiver. The infants search contact with their caregiver to tune in, match and reflect feelings and gestures in a reciprocal expressive dialogue. This disposition toward expressive communication or co-operation appears shortly after birth and expands and develops into more advanced forms of sharing at a higher age-level. The research by Trevarthen (1987), Stern (1985), Braathen (1998) and others, indicates that this primordial code of emotional-expressive intersubjectivity is mastered so early in infancy that it is assumed to be biologically preprogrammed. The early dialogue forms a basis for further development with regard to affect and social development (Aarts, 1990; Braathen, 1987; Stern, 1985; Trevarthen, 1989), as well as to language and cognition (Bruner, 1986; Schaffer, 1984; Vygotsky, 1978). This research into early interaction confirmed more socially oriented theories of development, such as Vygotsky's, which maintain that our mental operations have their origin in early social interactions and that the quality of interaction between caregiver and child is decisive for the child's higher mental development. But still, knowing that early interaction is important is not enough for promoting children's development. In order to develop a program of early intervention it is important to establish more specifically which aspects of the caregiver–child interaction are crucial for human development. Therefore, ICDP sought to establish a set of criteria for good interaction which define those aspects of the caregiver–child relationship which have a strong effect on child's development (Hundeide, 1991). With its emphasis both on emotional responsiveness to the child's initiatives, and on guided interaction around everyday issues, the ICDP captures the most essential aspects of what Winnicot called a facilitative human environment.

Differences from other programs

Support to parents and parent education have become important issues in the developed and developing countries. "Head Start", the well-known preschool program with high parental involvement, documented long-term positive effect on children's development (Bronfenbrenner, 1975). Other programs where the intervention takes place in parent groups or home visits, also showed positive effects on development (Bereiter, 1972; Gaber, 1988; Rye, 1993; Zigler & Berman, 1983). Although the content of these programs vary, they are generally based on the idea that children should be involved in activities tailored to their level of development (Hunt, 1982; Lomabard, 1981). They emphasize training of specific abilities and behavior in the parent (and indirectly in the child). However, the main objection is that mothers have to rely on experts
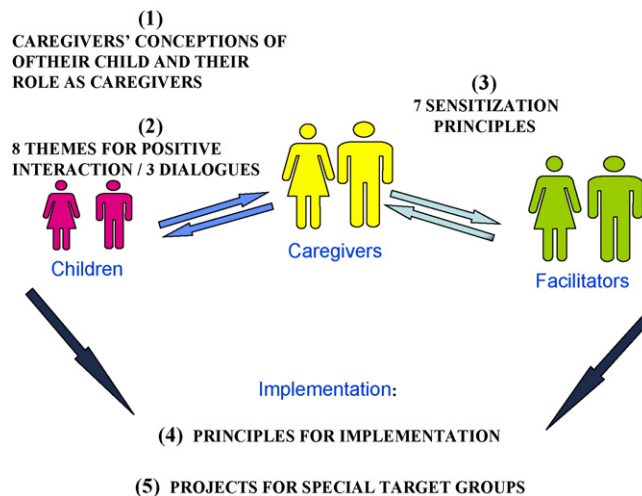
Fig. 1. Main components of the ICDP program.

and manuals to be able to use these programs and this can reduce the mothers' belief in their own ability to care for their children. Another problem with this approach is that the activities may appear alien ("too westernized") in relation to the local parenting culture and the toys required by these programs may be too expensive to acquire.

Instead of instructing caregivers how to act, the point of departure in the ICDP approach is to identify and reward the positive aspects of caregivers' existing interaction. Such an approach does not rely on any imposition on caregiver's own experience and practice, instead it builds on it. The caregivers are sensitized as to their own good practice and are encouraged through a facilitative process to develop it further. As a result a sense of confidence in own caring capacity emerges. So instead of being a program of "intervention", ICDP is a sensitizing and awareness raising program. The program deals with some of the most basic and universal principles that are present in any human culture which makes ICDP more flexible than many other programs. By participating in a program like ICDP, caregivers learn general principles of child rearing that are applicable at any age and in any situation. ICDP was developed with the intention of being cheap and easy to implement. It is practiced in typical everyday situations with their child such as feeding, bathing, playing, going for a walk, and so forth, because any object can become the focus for good interaction and any event can be used to apply good quality dialogue.

The content of the ICDP

The objective of ICDP is to develop a positive interaction between the caregiver and the child in order to create and consolidate a secure attachment and develop reflective ability. The program is built around the 8 criteria for good interaction, also called interaction themes or guidelines. In 12 ICDP meetings parents (or other caregiver groups) discuss and share their personal experiences and ways of applying these 8 interaction themes in everyday interaction with their children. The idea is that the parents' self-reflection, increased sensitivity about the child and better ability to perceive and respond to the child's intentions, will enhance their care giving guidance and discourse.

The most important components of the ICDP are:

1. The caregiver's conception of the child (the child as a person)
2. The three dialogues and eight themes on positive interaction
3. The principles for sensitization
4. The principles for implementation
5. Applications for different target groups

These components are illustrated below in Fig. 1.

(1) The caregivers' conceptions of their child and as caregivers

Conceptions of children differ from more superficial ways of talking about children and childrearing, to deeper cultural attitudes or attitudes related to conceptions with regards to own parents in early childhood (LeVine, Miller, & West, 1988; Stern, 1995). Cultural conceptions of children vary historically and between different societies (LeVine & White, 1986; Rogoff, 2003). In the traditional society where agriculture is the dominant activity, where the family and the clan are central, there seems to be a tendency to stress qualities such as obedience, respect, hardworking and loyalty toward the family and relatives. These are important qualities in a society where children have an economic function in terms of constituting

Table 1
The 3 dialogues and the 8 guidelines of good interaction.

3 Dialogue-type 8	Guidelines of interaction
Emotional-expressive dialogue (Emotives)	1. Show positive feelings 2. Follow the child's initiative 3. Establish intimate dialogue, including non-verbal expressions 4. Confirm and praise
The meaning oriented dialogue (Descriptives)	5. Focus the child, establish shared attention 6. Provide meaning with enthusiasm 7. Expand the child's experiences with enriching explanations

The regulative dialogue (Prescriptives)	8. Regulate the child's behavior by:
	  a. Planning together step-by-step
	  b. Offering graded support (scaffolding)
	  c. Setting limits in a positive way
	  d. Providing challenging tasks for the child

important labor on the farm or in the family business and providing security for the parents in their old age (see Kagitcibasi, 1996; LeVine et al., 1988; Rogoff, 2003). Much research has been done on parents' conception of their children, which shows large variation both between parents and between different social and cultural groups when it comes to conceptions of the ideal child, childhood goals and how child rearing should be conducted (Goodnow & Collins, 1990; Harkness, 1992). Furthermore, research shows a connection between how the child is perceived by its caregivers and the type of care the child is given. This is a central point in the ICDP.

In order to develop a positive interaction, it is necessary that ***caregivers have a positive conception of the child***; he or she has to perceive the child as a person with potential for development, a person whom she cares about and whom he/she can "identify with emphatically." In order to promote a child's positive development, the caregivers' perception of the child will be essential (Hundeide, 2006, in press). If this is negative or stigmatizing, it needs to be changed and therefore efforts to influence caregivers' conceptions of their children, through exercises of redefinition constitute a major effort in the ICDP.

(2) The eight guidelines for good interaction or three dialogues

The ICDP is designed to influence and improve the quality of contact and relation between the caregivers, usually parents, and children, through the practical application of the eight themes or guidelines for positive interaction. The 8 guidelines of the ICDP are: (1) to show affectionate feelings, (2) to follow the child's initiative, (3) to establish close emotional non-verbal and verbal communication, (4) to praise and appreciate the child's endeavors, (5) to help the child direct her attention toward common experiences, (6) to provide meaning to the child's experiences, (7) to enrich and develop the child's experiences through explanations and comparisons, and (8) to lead the child step by step and to introduce norms, values and set limits in a positive way by offering alternatives.

The ICDP "8 guidelines" are also expressed as "three dialogues between caregiver and children":

1. *The emotional dialogue* between a caregiver and child leads to a secure attachment or relationship between them. Through a series of sensitizing exercises, participants in ICDP training are guided toward a more intimate and loving care for their children based on sensitivity to the child's expressions and utterances.
2. *The meaning dialogue:* Promoting the child's understanding of the world through enriching reciprocal dialogue and expansion of the child's experience of his environment. In order for a child to be socialized into a human culture and society, he or she needs a guide who can build on the child's natural curiosity and inform as well as transfer knowledge and skills of that culture to the child. This is essential for the child's cognitive, moral and educational development.
3. *The regulative dialogue*: Helping the child to regulate his action and setting limits in a positive way. This is another capacity that a child needs in order to cope and adapt to the challenges of human relationships and society—ability to plan step by step, to preview the consequence and to develop self-control; these are qualities that are needed for successful coping in any society (Table 1).

(3) The seven sensitization principles

How the ICDP facilitator behaves when assisting the caregivers to improve their interaction and relationship with the child is important. The seven principles for sensitization emphasize the facilitator's task in supporting caregiver's own activities and self-awareness. The ICDP facilitator needs to apply the following seven sensitization principles in relation to the caregivers (Hundeide & Armstrong, 2005):

1. Establish a contract of trust with caregivers.
2. Define the child positively (see the child as a person):

Table 2
Implementation Checklist.

Principles of implementation	Evaluation 1–5
1. Support from relevant authorities	
2. "Space" for the project:	
a. Time	
b. Organizationally	
c. Economically	
3. Willingness and commitment of the receiver (caregiver)	
4. Plan of action and plan of implementation	
5. Quality and intensity of the implementation (including number of intervention-meetings)	
6. Using everyday-routines to facilitate implementation	
7. Plan for follow-up, self-evaluation and internal reward-system	

    a. Point out to caregivers some positive features and qualities of their children.
    b. Re-define positively what appear to be negative features of their children.
    c. Reactivate past good memories of a caregiver's positive relationship with the child.
    d. Use exercises for caregivers to discover positive qualities and competencies of the child.
3. Activate caregivers in relation to the theme/guideline that was discussed by:
    a. Ask caregivers to make self-assessments of personal interactions with their child based on the 8 guidelines of good interaction
    b. Exemplification: ask caregivers to produce examples of their interactions with the children
    c. Give caregivers observational tasks in relation to their children
    d. Ask caregivers to try and test out new ways of communicating and interacting with their children in order to find out what works the best
4. Confirm caregivers' competence by pointing out at that which is already positive in their existing interaction with their child.
5. Use an inquiring approach to guide caregivers' discussions about what is good interaction.
6. Encourage sharing and attentive listening among caregivers in group meetings, so as to learn from each others' experiences.
7. Use two styles of communication in relation to caregivers:
    a. A personalized style of explanation, using our own personal examples.
    b. An empathic interpretative style, that is, describing how the child experiences the situation; comparing the experience of the child with similar adult situations

(4) Principles for implementation

It is of little help to sensitize caregivers for example in an institution if the key persons are against changes. In other words, certain external conditions have to be in place in order for the program to be carried out in practice in an efficient and sustainable way. For this reason, ICDP formulated **the principles for implementation**, which are used in practice as a checklist before implementing the program in practice—see Table 2.

These principles of implementation are important also in connection with evaluation, because they specify the conditions under which the program should ideally be implemented. If the program is implemented under unfortunate conditions, it then becomes difficult to separate whether the mediocre effect of the program is due to the program itself or to the conditions under which it has been implemented.

(5) Projects for different target groups

Finally, as ICDP is working with **different target groups**, different agendas are adjusted according to these groups, but still using the same ICDP principles. This concerns children in kindergartens and institutions, in schools, children with war-traumas in camps, street children, children with special needs, child welfare, and so forth.

Awareness-raising

The ICDP uses active participatory and empowering strategies such as self-observation, self-evaluation, home tasks, sharing and constructing ideas with others, in order to enable adults to construct and develop positive notions, understanding and awareness of the child as a person. As a result caregivers become confident in their role as carers and aware of the importance of that role for their children's development.

The ICDP sensitizes caregivers and families with guidelines of human care which are close to common sense and are easily acceptable to families and authorities with very different cultural backgrounds. By linking these simple guidelines to
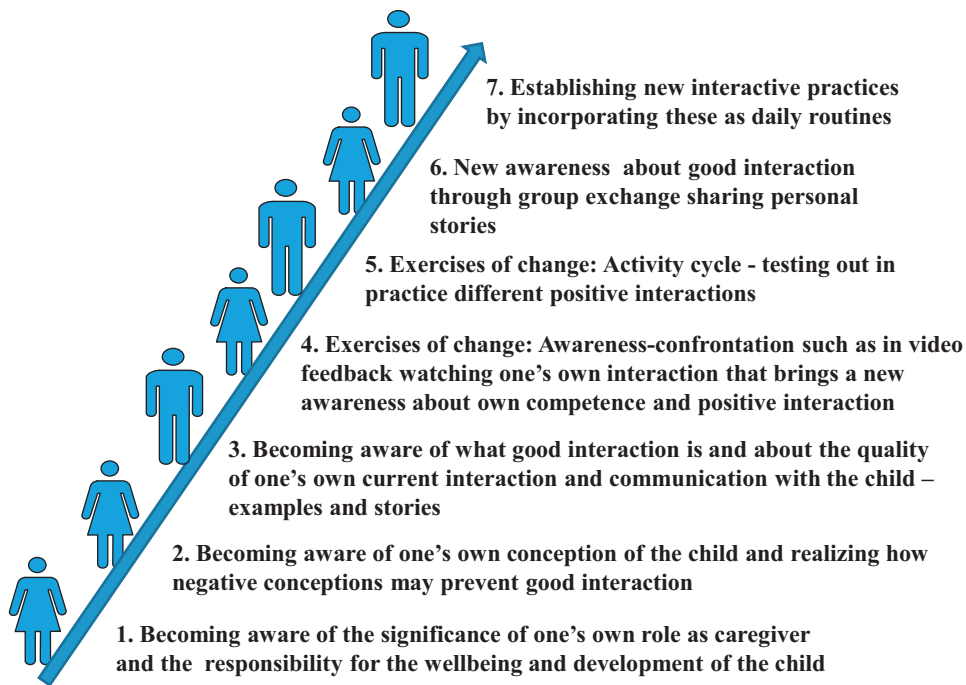
7. Establishing new interactive practices by incorporating these as daily routines

6. New awareness about good interaction through group exchange sharing personal stories

5. Exercises of change: Activity cycle - testing out in practice different positive interactions

4. Exercises of change: Awareness-confrontation such as in video feedback watching one's own interaction that brings a new awareness about own competence and positive interaction

3. Becoming aware of what good interaction is and about the quality of one's own current interaction and communication with the child – examples and stories

2. Becoming aware of one's own conception of the child and realizing how negative conceptions may prevent good interaction

1. Becoming aware of the significance of one's own role as caregiver and the responsibility for the wellbeing and development of the child

Fig. 2. The stages of awareness-raising in ICDP (1 to 7 below).

local cultural ways of child rearing, awareness is being raised for children as sensitive persons, and it is this compassionate spirit which constitutes the basis for both appropriate care and for children's rights (Fig. 2).

ICDP can mobilize the community and networks of care

As the Table 3 indicates, the ICDP principles can be used in an individual clinical way by interacting directly with a withdrawn and traumatized child.

At level 2 the focus is on the interaction in the family or with the child's network of caregivers. This is very much in line both with clinical work in the object relations tradition (Fonagy, 2001) and with research within early mother-child communication (Klein, 1992; Rogoff, 2003; Stern, 2000; Trevarthen, 1992; Tronick, Winn, & Morelli, 1985). A simple and idealized description of these forms of interaction is provided through the three dialogues or eight guidelines for positive interaction. This is what most people associate with the ICDP. But ICDP also provides guidelines for how the program can be implemented through a community based strategy (Levels 3 and 4), which means that local resource persons from the community are trained to transfer this competence to caregivers and networks of care inside that community, so that the impact becomes much wider and greater than through individual clinical intervention. In a development context this is the only realistic way of working, as expertise for individual consultation in low income, high risk/violence levels will not be available. At level 4 the ICDP is used more as a means of advocacy. These levels are usually combined within ICDPs for maximum outcomes at child, family and community levels—over periods of at a minimum 6 months, and ideally, long-term (optimally permanently integrated into community institutions).

Table 3
Intervention to improve psycho-social care can take place at 4 different levels.

1.	Intervention can be directed toward the *individual,* with respect to the quality of care and interaction directly with the suffering child—in a traditional clinical way.
2.	Intervention can be directed toward sensitization of the caregivers' and *families*' interaction with their child(ren).
3.	Intervention can be directed toward the *community*—involving mobilization and awareness-raising as ways of preventing risk behavior, or more directly; finding practical solutions and new caring arrangements, from extended family, foster care, to institutions/orphanages or support to child headed families.
4.	Intervention can be directed at *policy level*, by improving economic and social conditions of families and children, pressing for human and children's legal rights, advocacy, etc.

Table 4
ICDP modes of intervention.

ICDP modes of intervention	Level of interaction Family-care	Local community	National policy
1. Redefinitions and focusing on the positive resources	To counteract a negative conception/image of the child and stigmatization	Mobilization to counter-act stigmatization and prejudice, facilitate hope	Raise awareness mobilization to counter-act stigmatization media, radio, TV
2. The emotional dialogue (4 guidelines)	To promote love and affectionate care, trust and self-esteem	Raise awareness for the need for affectionate care for vulnerable children	Raise awareness for the need for affection and care—media, radio, TV
3. The meaning dialogue (with 3 guidelines)	To expand the child's understanding of his or her world and situation (narratives, memory work also)	Raise awareness for the need to talk, share experiences and communicate with children about their experiences	Raise awareness for the child's need to share experiences—time together. Explanations & proving stimulating environment, also the role of media
4. The regulative dialogue/limit-setting	To help the child organize, plan and regulate his life, develop self-control	Create settings and opportunities where children can act in collaborative and organized ways . . .	Setting national guidelines/norms for appropriate care for children against abuse—children's rights
5. Principles of sensitization—how to train/sensitize facilitators and caregivers	Sensitize primary caregivers in how to use the principles above in everyday life through personal activation	How to train and sensitize community facilitators who train primary caregivers—through personal activation	Setting national criteria and standards for education of caregivers

There are five modes of intervention using the ICDP

As Table 2 shows, these modes of intervention can be applied at the caregiver–child interactive level (2), at the level of community (3) and at the national level of policy, advocacy and human/children's rights (4), although *the focus and emphasis in the* ICDP *will be on the interactive level* (Table 4).

The Fortieth Session of the Committee on the Rights of the Child, held in Geneva, 12–30 September 2005, produced the General Comment No. 7 (2005) called "Implementing child rights in early childhood." With this document the Committee encourages recognition that young children are holders of all rights enshrined in the Convention and that early childhood is a critical period for the realization of these rights. The implementation of ICDP is highly relevant in view of the objectives and recommendations made by this document. ICDP works on sensitizing and promoting reciprocal dialogue in caregiver–child relationships, and as a result of ICDP caregivers manifest more positive behavior toward children during early childhood—which is the period Committee considers to be critical for the realization of the rights of the child. The Committee's working definition of "early childhood" is all young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school—and this is precisely the age group that is reached with the ICDP implementation.

Note: Other ICDP versions address school-age children, adolescents, children with special needs—and their caregivers, as well as caregivers of elderly persons.

The role of parents and primary caregivers is recognized by the General Comment under point 15, as follows: under normal circumstances, a young child's parents play a crucial role in the achievement of their rights, along with other members of family, extended family or community, including legal guardians, as appropriate. The preamble to the Convention refers to the family as "the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children." Point 14 of the GC7 document also confirms that "as holders of rights, even the youngest children are entitled to express their views, which should be given due weight. . ." and "children make choices and communicate their feelings, ideas and wishes in numerous ways long before they are able to communicate through spoken and written language." This is area where ICDP can contribute significantly; the exercises of the ICDP are especially designed to work on helping caregivers to empathically attune with their children, to recognize their initiatives, intentions and feelings and to positively respond to their verbal and non-verbal expressions. Through home tasks of the ICDP caregivers realize the importance of establishing a dialogue with their children, they practice taking turns in a reciprocal exchange, in which the child is listened to, heard and answered in a positive way.

The General Comment on Early Childhood (GC7) issued by the Committee on the Rights of the Child (2005) underlines the importance of exploring and supporting the situation of young children in their local context. The discrepancy between the ideals of the Convention on the Rights of the Child (CRC) and the real lives of children in the world makes the implementation of the Convention complex with a need for local knowledge and understanding of childhood in its context. Interactions between caregivers and children take different form in different cultural contexts. Socio-economic situations, traditions, norms and local knowledge about what it means to be a child, what children need and how they should be treated, construct cultural belief systems which will influence representations of the particular child, the behavioral interaction

Table 5
The results for use of harsh punishments drawn from the harsh punishment scale.

Outcome	N	Intervention (N = 34), %	Control (N = 44), %	Chi-square	Sig.
Pinch/shake	9	88.9	11.1	9.12	.011
Hit with hand/stick	17	29.4	70.6		
None	52	40.4	59.6		

between the child and its environment and the activities used for raising the child. The idea of human rights, (and children's rights as part of it), reflects a modernized and individualized conceptions of human beings. The larger part of humanity ("the majority world") is living inside a world of traditional values more concerned with duties and obligations, with loyalties to family and clan than with individual rights. The idea of "rights" is a modern conception (Boyden, 1997; Woodhead, 1998). The question is how to promote but not "impose" positive aspects of western modernized humanitarian conceptions on traditional societies?

If children's rights are going to be implemented in a serious and sustainable way within a traditional society which considers children as parents' possessions, there must be a process for preparing the recipients' awareness so that the new ideas can be assimilated into their traditional conceptions and ways of understanding. An essential component in this context is the parents' conceptions about parenthood and child rearing—this is an important part of the agenda of the ICDP meetings with caregivers. Through small group discussions which are afterwards shared in the large group, participants explore their individual and cultural conceptions, comparing traditional and modern models of care, gender issues such as the roles of father and mother in the care and development of their children, methods of discipline without the use of violence, and so forth. Child development is a cultural construct and through the ICDP process caregivers tend to start re-negotiating their own cultural practices and assumptions. Caregivers' interactive behavior with children is enhanced inside their cultural understanding, including their ability to perceive, adjust and respond to the children's level of need and initiative. ICDP thus positions itself as a sensitizing and self-empowering method, culturally sensitive and non-intrusive.

Research results

Several research studies about the impact of ICDP concluded that the implementation of the ICDP can contribute to restoring normal human care in the family when such normal care is suppressed due to difficult life circumstances.

In 2009, in Mozambique a standardized evaluation study using a cross-sectional postintervention design was conducted, led by Professor Lorraine Sherr, from the Royal Free and University College Medical School, England. It involved the creation of a questionnaire using standardized tools and questions in addition to study specific questions and administering them to two groups in Mozambique; one group who had previously attended the ICDP training and a control group matched on geographical and socioeconomic parameters. The two groups were comparable on most of the baseline characteristics. There were no significant differences between the groups on age, years at school, number of children, age of youngest child and age of focus child. There was a trend for the intervention group to have slightly older children ($p = .063$). One of the results of this study was that the intervention group shifted their use of physical punishment down the scale away from hitting (measured by hit with hand or hit with stick). This was significant (Chi square = .12 $p = .01$) (Table 5).

In the province of Huila, Colombia the ICDP was implemented through education, health and family welfare in 37 municipalities, from 2006 to 2009. The evaluation of this project was sponsored by UNICEF and it was based on a qualitative research methodology with a critical ethnographic approach and participant observation. The evaluation criteria followed fundamental principles of relevance, efficiency, effectiveness, impact, sustainability and observation of a gender perspective and the protection and promotion of child rights. Assessments were made through questionnaires, focus groups, semistructured interviews, in-depth interviews and by filming adult-child interactions. Sixty caregivers were filmed (30 in the control group and 30 in the experimental group) and their interaction profiles were analyzed and compared both pre and the post intervention. In 2010 UNICEF Colombia presented results of the study. Caregivers who received the ICDP intervention developed their interactive skills 30% better than those belonging to the control group who did not receive the program. Educational staff and caregivers consistently stated that the ICDP impacted positively their attitudes and behavior toward their children. The program enabled them to recognize the need to break away from the traditional negative caring patterns using physical punishment which they all experienced as children; to become open to new approaches that will transform adult–child relationships into more harmonious ones; to be respectful of children and provide constant guidance to them. There were consistent cross references by caregivers reporting that children have reduced or eliminated aggressive behavior, are less shy, less insecure, better express their emotions toward adults, are more cooperative with each other at school, show more motivation to learn. The teaching methods were considered effective, facilitating learning for adults with little or no schooling. Public networks and programs that provide community services in education, health and family welfare made good use of the ICDP training structure to channel the actions of the program. Professionals from the institutions involved in the project considered the ICDP as basis for the formulation of public policy for the protection and promotion of the rights in early childhood, as well as prevention of domestic violence and child abuse.

In Norway, the ICDP is implemented on national scale as a parental guidance program. The Ministry of Children, Equality and Social Inclusion initiated and financed a 3-year non-randomized comparison study (2007–2010), led by Professor

Lorraine Sherr in cooperation with the Oslo University. The evaluation shows that parental guidance based on the ICDP method had a positive impact on participant parents and their families. The program discussed child rearing issues in a non-didactic counseling group, which parents perceived as supportive, and they felt better equipped for parenting after ICDP-guidance. While the comparison group remained unchanged between the two measurements, the data show that parents from the ICDP-groups provided better parental strategy and greater involvement in relation to the child. Furthermore, parents reported fewer negative emotions and less loneliness after ICDP. Children were perceived as happier, quieter and with fewer difficulties. Relationships within the family were strengthened through a more positive interaction, which makes family life in general more harmonious with fewer conflicts. The evaluation shows that the ICDP-certified facilitators and trainers demonstrated commitment and benefit from working with the program.

Reports from the above mentioned studies and other studies are available on: http://www.icdp.info/evaluation.html.

Research results mentioned above indicate that the implementation of the ICDP by appropriate government networks may contribute toward the practical realization of the statements described in the following articles of the Convention on the Rights of the Child (CRC):

- The Article 4 states that "Governments must help families protect children's rights and create an environment where they can grow and reach their potential."
- Article 6 states that governments should ensure that children survive and develop healthily.
- Article 12 is emphasizing the need to respect for the views of the child: When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.
- Article 14 of the Convention respects the rights and duties of parents in providing religious and moral guidance to their children. At the same time, the Convention recognizes that as children mature and are able to form their own views, some may question certain religious practices or cultural traditions.
- Article 18 states that both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments must respect the responsibility of parents for providing appropriate guidance to their children.
- Article 19 (Protection from all forms of violence): Children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. In terms of discipline, the Convention does not specify what forms of punishment parents should use. However, any form of discipline involving violence is unacceptable. There are ways to discipline children that are effective in helping children learn about family and social expectations for their behavior—ones that are non-violent, are appropriate to the child's level of development and take the best interests of the child into consideration.
- Article 30 (children of minorities/indigenous groups): Minority or indigenous children have the right to learn about and practice their own culture, language and religion. The right to practice one's own culture, language and religion applies to everyone; the Convention here highlights this right in instances where the practices are not shared by the majority of people in the country.
- Article 31: Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities.
- Article 36: Children should be protected from any activity that takes advantage of them or could harm their welfare and development.

Conclusion

The ICDP's focus is on activating the essence of human care which is a feeling of empathic identification with children, so that they become like members of our own family. Although the main focus of ICDP is on human care, which is not exactly the same as children's rights, both presuppose a basic mechanism in human life, namely the reciprocal attachment and bonding between caregivers and their children. The external legal approach emphasizing children's legal rights and the arousal of human awareness and compassion for children are in fact two aspects of the same project—the protection and the care for children as human beings.

The ICDP encourages caregivers and agents from networks that work with children and families, as well as key persons in authorities, to define children in a positive way; it raises the caregivers' awareness about the children's psychosocial needs, how to protect and respond to these needs. Introducing children's rights is likely to have a major impact on families (and all levels of authorities) if efforts are also made to activate awareness and deeper bonding to children as persons. When there is an intimate and warm relationship to children, human care becomes an easy and natural activity and the grounds for accepting children's rights is thus prepared. ICDP can be used to contribute to preparing such ground within families and communities.

The ICDP may be a helpful tool to put in practice in any community in order to create positive conditions for the fulfillment of fundamental children's rights: the right to be protected from violence and to receive the loving care and guidance from the immediate environment which is required to ensure healthy human development.

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