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***‘START WITH WHAT THEY KNOW  
BUILD WITH WHAT THEY HAVE’  
LAO TSU 700 B.C.***

The ICDP approach to training is based on the idea that the best way to help children is by helping the children’s caregivers. Help is understood in terms of building up competence and supporting the existing child caring-systems. All cultures develop their own mechanisms for survival, development and care of children, and it is those ‘indigenous practices’ which need to be identified and reactivated in order to stimulate development which is truly authentic and long-lasting. The first steps in this type of intervention, which, in fact, is more like sensitising than intervening, is to identify the local child rearing practices that can serve as a basis for further extensions and development, rather than impose concepts and regulations from outside.

*Empathy is the key for reactivating good quality care - In order for children to develop well, their basic need for a stable, caring and guiding long term relationship with their primary caregiver has to be fulfilled. Under pressures caused by poverty, migration, catastrophes, wars, as well as cultural changes due to pressures of modern life, these basic psycho-social requirements for human development may be lacking, even though the child may physically survive. The objective, therefore, must be to assist caregivers, in order to enhance their ability to provide good quality care and to release empathic feelings towards their children.*

ICDP began developing an early psychosocial intervention programme for children at risk in 1985 but an organisation was not founded until 1992 when it was registered as an international NGO, in Oslo, Norway.

In 1993, the ICDP programme was evaluated by the Division for Mental Health of the World Health Organisation (WHO) in Geneva. The programme was later adopted and its manual published as a WHO document.

ICDP has established close cooperation with UNICEF in several countries, including Colombia, El Salvador, Mozambique, among others.

ICDP offered training to individuals, non governmental and governmental organisations in a number of countries, including Norway, Denmark, Sweden, Russia, Kyrgyzstan, Ukraine, Macedonia, Bosnia, Portugal, England, Italy, Palestine, Jamaica, Brazil, Colombia, Argentina, Paraguay, Uruguay, El Salvador, Guatemala, Angola, Ethiopia, Ghana, Mozambique, Zimbabwe, South Africa, Indonesia, Sri Lanka and Australia. ICDP developed projects on large scales in Angola, Norway, Macedonia and Colombia.

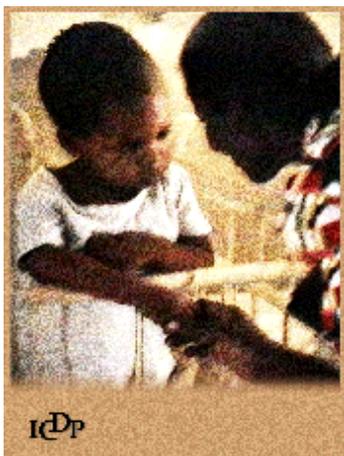
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# WHAT IS ICDP

“ICDP is a competence-building NGO in the field of psycho-social and educational care of children at high risk. Our work is directed towards vulnerable children, their caregivers and families.

ICDP developed a simple programme that has been tested out in different societies all over the world from Indonesia to Latin American, from South Africa to Scandinavian countries and Western-Russia. There is evidence that the programme works in all these different societies and with caregivers from very different educational backgrounds.



The aim of the programme is to strengthen caregivers' involvement with their children in a positive way, to give them confidence in their own capacity as carers, to facilitate those relationships that support children's development and to prevent those relationships and conditions that may lead to neglect and abuse of children.

In this way our programme is closely linked to the work of promoting children's rights and through its emphasis on empathy and compassion for the other, it also contributes to peace building.

We are working in a community based way by training and mobilising resource persons in local networks and organisations to spread our programme further to caregivers in their communities. Through this approach we are able to reach more caregivers, families and children at risk than if we used the traditional clinical or institutional approach employed by most NGOs working in this field.

Although we actively encourage the participation of men, in practice we mostly work with groups of women and networks in which women are strongly involved. This is so because children's caregivers in most traditional societies are still women. Empowerment of women is therefore implicit in our programme.

Our aim is to provide for the psychosocial care of vulnerable children and families: children handicapped due to poverty, after-effects of war and uprooting, family-conflicts and violence, children in camps and institutions. We also include preventive health components in our programme where that is needed. Recently we have started to include information on the spreading of HIV and AIDS in our work with caregivers and we are also involved in using our programme in assessing and promoting appropriate psychosocial care for vulnerable children and orphans in the wake of the AIDS epidemics.

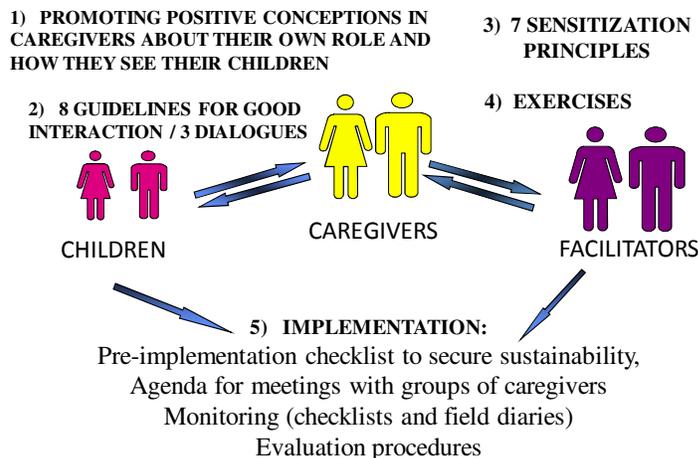
As our work is primarily competence-building and training, this means that when the training of caregivers and institutions is over and the quality of the work is evaluated, we withdraw, after having prepared local caregivers, or trainers, to take over the organisation and further implementation of our programme.

In order to ensure sustainability follow-up of the work of local teams over some time is important, and, whenever possible, we also try to insert the ICDP Programme into existing institutional structures like government networks, leading NGOs working in the field of care for children and families and educational institutions like high schools and universities. In this way ICDP training may become an established part of the local institutions responsible for the care of children and for the education of future leaders and resource-persons in this field.

## Objectives of the ICDP programme

- ✚ To influence the caregiver's positive experience of the child, so that the caregiver can identify with and 'feel with the child', sense the child's state and needs and adjust her/his caring actions to the child's needs and initiatives.
- ✚ To strengthen self-confidence in the caregiver.
- ✚ To give children the opportunity to be heard, listened to and responded to by opening up a space for meaningful dialogues with adults.
- ✚ To offer children opportunities to follow their own initiatives giving them support when needed, but without taking over the control of the situation from the children.
- ✚ To promote a sensitive emotional-expressive communication between caregiver and child that may lead to a positive emotional and developmental relationship between the two.
- ✚ To promote an enriching, stimulating interaction between caregiver and child that expands and guides the child's experiences and actions in relation to the surrounding world.
- ✚ To reactivate positive indigenous child-rearing practices, including the child culture of play, games, songs and co-operative activities.

## Components of the ICDP programme



## How can the ICDP programme be implemented?

- ✚ To develop minimal standards for human care within a child-care setting, when emergency situations arise: young children who are placed in camps or institutions due to war, migration, catastrophes, abuse and trauma, or abandoned street children.
- ✚ By working with families and children in group meetings and also in home visits, preventing neglect or abuse of children and promoting peace and dialogue.
- ✚ As an integral part of any primary health care programme, building competence and sensitizing caregivers about the importance of their role for the future development of their children.
- ✚ Directly in combination with any content-oriented pre-school programme, serving to enrich and increase the quality of interaction between adults and children, which is crucial for the development of children's emotional stability, as well as for their cognitive development.
- ✚ In schools, both working with teachers and the parents to create a more positive inter-subjective climate in the classroom and to help create better communication between pupils and their parents
- ✚ To train caregivers in child-care institutions, sensitising them for the specific psycho-social needs of disadvantaged or disabled children.

## Levels of training

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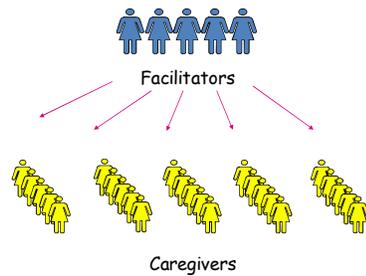
The objective of ICDP work is competence building of personnel inside existing networks of care. Of particular interest are networks whose care reaches out to a large number of children.

### Facilitator level

ICDP facilitators are the executors of the programme in practice with caregivers. They start by working with small groups of caregivers and gradually increase the numbers as they gain more practice.

Facilitators are not required to have formal education or previous psycho-social training. However, certain qualities are required, e.g. social acceptability in the community, social sensitivity, a joyful predisposition, and capacity for expressing enthusiasm and empathy.

Facilitators implement ICDP with their group of caregivers

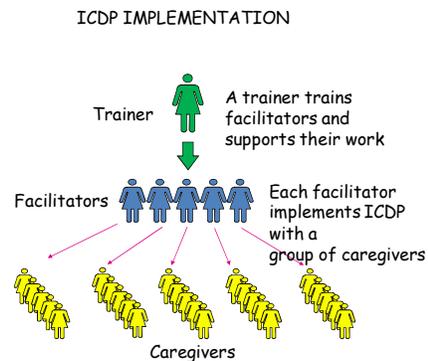


To become an ICDP facilitator:

- Attend a training workshop, lasting 4 days
- Carry out a self-training project by applying the ICDP programme with a small number of caregivers and children, over a period of 3- 4 months
- Give written and verbal report about project at an evaluation workshop

### Trainer level

ICDP trainers are professionals trained by ICDP whose own task is to give ICDP training to others, forming new groups of ICDP facilitators, usually by training personnel inside their own institutions. This includes holding training workshops for facilitators, supporting and supervising their practical work with caregivers. Only those who are already ICDP Facilitators can be trained to become Trainers.



To become an ICDP Trainer:

- Attend a training workshop at trainer level
- Carry out a second self-training project, by training and supervising a group of promoters, over a period of 3,4 months
- Report about the project
- Produce written answers to 15 standard questions and write 5 pages about the theoretical background of the programme