

# **A field guide for facilitators in ICDP**

Karsten Hundeide (2008)

**This field guide is divided into the following chapters:**

- 1. Pre-investigation, mapping of communities and target areas**
- 2. Analysis of risk and resources in a community**
- 3. Selection of new target areas and who to train**
- 4. Checking the quality of the training and the facility**
- 5. Documentation of effect from the project**
- 6. Exercises** - The exercises are an important part of this manual

This field guide should answer the following questions:

1. What are the demographic background factors relevant for psychosocial intervention?
2. What are the risk and resources factors relevant for psychosocial wellbeing? How to assess them.
3. What are the factors to be considered if we are starting ICDP in a new area?
4. How can we assess the qualities that are needed in the facilitator?
5. How can we assess whether the facilitator has carried his/her task with quality?
6. How do the facilitator assess the ICDP training they have been through?
7. How do the facilitators assess the impact of the program on caregivers and children?
8. How to document effect of the ICDP Program
9. How do the caregivers assess the impact of the program on themselves and their children?
10. What could be relevant indicators for change and impact of the ICDP Program?
11. What are the qualities of a good caregiver?
12. How to write a log book from the sensitization meetings?
13. How to video film and analyse the films?

## **1. Preparation and pre-investigation, mapping of communities and target areas**

- Start by collecting available statistics and relevant information on the state of the target group – what are the risk-factors contributing to reduced quality of care and neglect? Poverty, prevalence of HIV&AID, health, etc
- Focused group-meetings with key informants, parents, nurses and social workers in the community on local ideas and opinions of what is needed and relevant...
- Visiting families, mapping daily routines and obstacles
- Interviews with caregivers and children on their ideas of child care – parental opinions/assessment of their child(ren)
- What are the dominant needs? What are the potentials for promoting better care inside the child's everyday environment? What are the obstacles? (See below)
- Making an assessment of the profile of the intervention

### **1. What we should know about the target group:**

- Name, age, number of children, age, sex
- Location and address
- Poverty / income – who is working
- Health – what and who – access to medicine
- Parental education
- Relationships and networks; family and outside
- Current dominant problems
- Parental attitudes and behaviour towards children
- Conception of children, their needs, child rearing – normality /pathology
- What kind of assistance would the parents request? ( see format for interview in the appendix)

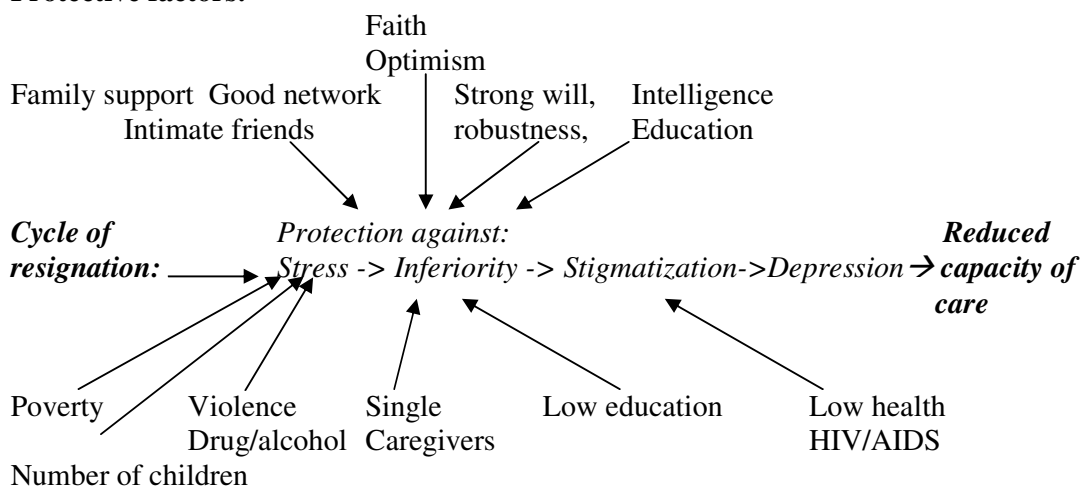
*See exercise 1 on page 11 on demographic background knowledge*

### **2. Checking the feasibility of intervention.**

- What are the resistance factors and what are the positive resources?
- Who to select from the community to become trained as facilitators – this is a key issue for success.
- Checking the principles of implementation and sustainability before starting – afterwards is too late (this should be part of pre-investigation)
- Ways of getting access to the community has to be investigated in each case – usually through some influential local persons or organizations already established and working there.

## Environmental factors contributing to reduced care

### Protective factors:



### Risk factors:

## Risks- and resources/resilience factors in a child/family

NAME.....LOCATION.....DATE.....

<b>- Risk factors:</b>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Poverty (relative)					
Workload of caregiver					
Caregiver away/child alone					
Health in general					
Malnutrition /child					
HIV-AIDS/parents					
Stigmatization of child					
Violence in family					
Alcoholism/drugs					
Single caregiver					
Low education in parents					
Marginalization/isolation					
Low self-esteem/caregiver					
Negative conception of child					
Child unwanted / a burden					
Other factors:					
<b>+Resilience/ resources:</b>					
Good economy					
Extended family support					
Family good network					
Family respected in community					
Parental love for the child(ren)					
Caregiver educated					
Caregiver positive optimistic					
Child: many friends					
Child strong /active					
Child: intelligent					
Optimistic attitude to life					
Strong will and determination					
Strong self/confidence /efficacy					
Strong religious faith					
Other factors:					

*See exercise 2 at page 12 on checking risk and resources in the community*

## **2. Selection of new target areas and who to train**

Criteria for selection:

### **Selection of target group and area:**

- Score high on target relevance and need
- Cooperating organization and field worker availability and willingness
- Willingness and potential for mobilization in the target group itself (caregivers)
- See principles of implementation in Manual.

### **Expanding our operations going into new areas**

Expanding or reducing our operations is a major decision that requires carefully analysis in relation to the project's objectives before a decision is taken. For that reason it is important that relevant locations are investigated and decisions are taken according to a set of criteria. These criteria could be:

1. The level of need
2. Support from local authorities
3. Positive attitude amongst participants
4. Availability of competent personnel to be trained
5. Access for trainers from other centers to carry out training
6. Resistance to change – analysis of different kinds of obstacles
7. The likelihood that our intervention would make a difference for the target population concerned (not only creating new dependencies).
8. The likelihood that the operation can be sustained and transferred to local institutions after the period of intervention is over.
9. Potential for expansion inside the area
10. The cost of the operations in relation to our existing budget.

An expert team in line with the information collected should then carry out the planning and designing of the operation.

*See exercise 3 at page 13 on two questionnaires for assessing factors relevant for expansion into institutions (orphanages) or communities for ICDP community based work.*

### **3. Checking the quality of the training and the facilitators**

*See exercise 6 at page 16, checking the quality of facilitators*

#### **a) Interviews with facilitators about the initial training (of facilitators)**

These questions are asked in the last training session:

1. Tell me how was it for you to participate in this training about child care
2. Did you benefit from participating – in which way
3. Has this influenced your relationship to your children – in which way
4. What did you learn during these meetings
5. Was there something in this course that you did not understand and that you found difficult
6. After having been through this course, is there anything that you feel should be improved or changed

These questionnaires can be used both for self-assessment and for assessment based on an observer (trainer)

#### **b) Questionnaire of the qualities of facilitators ( see at the back of this doc. p, 17)**

#### **c) Field notes and logbook for sensitization meetings.**

These are notes from the field-work. These are like a *log-book of impressions from the group meetings*, like what easy and interesting what was difficult. Also when they have home-tasks what is the impression of their experience of different aspects of the program. In order to fill in the field notes, it is necessary that those who lead the session, the promoter(s), conclude together what is their impression from each meeting, and that is all put together in a report from the training. Quite interesting casuistic stories can merge from these meetings and it is important that these are reported. (See format for logbook next page).

***Log-book for each meeting.***

To be filled in by the promoter leading the group.

Which group is this?

How many participants?

Date of meeting (each meeting):

What was the agendas (topics) for this meeting:

Points to be included in the log for each meeting?

- a. To what extent was the agenda (plan) for the meeting followed?
- b. How did the participants respond to the different points in the agenda? What engaged them mostly? Was there any thing that was not understood or disliked?
- c. How were the home-exercises received? Did all do the home-exercise?
- d. How was the group's level of activity and engagement in general?
- e. Interesting points raised by the participants
- f. Was this a successful, middle or less successful session?
- g. Were all present – who were not present?
- h. When did the meeting begin, when did it end?
- i. What should be improved?

Attach stories, and examples from the meetings!

These can be interesting casuistic evidence to be used in connection with documentation.



#### **4. Documentation of effect from the projects – in the field.**

(K.H. 15.3.06) See also “ Some tools for assessment... )

More and more there are requests for documentation of the impact of a program of intervention, and that applies also to ICDP.

Remember that in the ICDP Program there is both the training of facilitators which can be evaluated and the sensitization of caregivers which is the focus of the program

##### **4. 1. Reception studies.**

Reception studies – these are information and evidence on how the program was received by the facilitator and the caregivers and about the effects that were reported. This is an important source of documentation.

*See exercise 4: possible indicators of change, page 14*

##### **a) Interviews with the facilitators about the effects that they have observed both in caregivers and children after the sensitization of caregivers**

1. After having led these sensitization groups for caregivers, what are the most important effects that you have observed in the caregivers?
2. What are the most important effects that participants tell you about the observed in children?
3. Have you personally observed these effects in the children? Give examples, stories

##### **b) Interviews with caregivers on the effect of participating in the sensitization meetings.**

1. Tell me how was it for you to participate in the sensitization meeting about child care
2. Did you benefit from participating – in which way?
3. Has this influenced your relationship to your children – in which way?
4. What did you learn during these meetings – the most important points?
5. Was there something in this course that you did not understand and that you found difficult?
6. After having been through this course, is there anything that you feel should be improved or changed ( point 3 above checking the quality of the training)

**c) Log-book from each sensitization meeting.**

This contains also casuistic evidence and stories from the caregivers shared by the other caregivers ( see above on log-book )

*See exercise 5 on the assessment of individual caregivers at page 16 – is there a change?*

**d) Child behaviour checklist and other methods used in typical evaluation studies.**

These are standard methods that can be easily applied. This gives scores that can be compared before and after. (“The child behaviour checklist” and the “Child depression inventory” is available in the archive.)

**4. 2. Video-recordings.**

It would be useful to have video-recordings of the process of intervention both from the group meetings and from the interaction with children themselves.

The following procedure is suggested:

- a) *Video film two typical meetings with the caregivers (mothers or fathers) one in the beginning and the other at the end. Use these recordings to analyse how you as facilitator acted. Did you dominate and instruct or did you take a facilitative role in the meeting? Was there any change (improvement) from the first to the second filming?*

How did the participants behave? Did they all participate or was it one or two who always dominated? How was the atmosphere? Was there any change from the first to the second filming?

See sensitization principles

- b) *Video filming of interactions between caregiver and child.*

If possible, select 3-4 willing mothers of who have children that are clearly at risk. Visit their home (or some other place where they can naturally interact with their children – the same place each time). Try to film typical interactions in their typical day of interaction with the child (the typical day of interaction has to be found – when do they mostly interact with their children...).

*Film 4-5 different times in their home in these typical situations about 20 minutes each time. Go through each film carefully and see whether there are any significant changes from the beginning to the end.*

What are the changes?

What increases? (i.e. praising?)

Are there changes in the use of the guidelines?

What diminishes (negative commenting and commanding?)

Are there any changes in the child from the first video-films to the final?

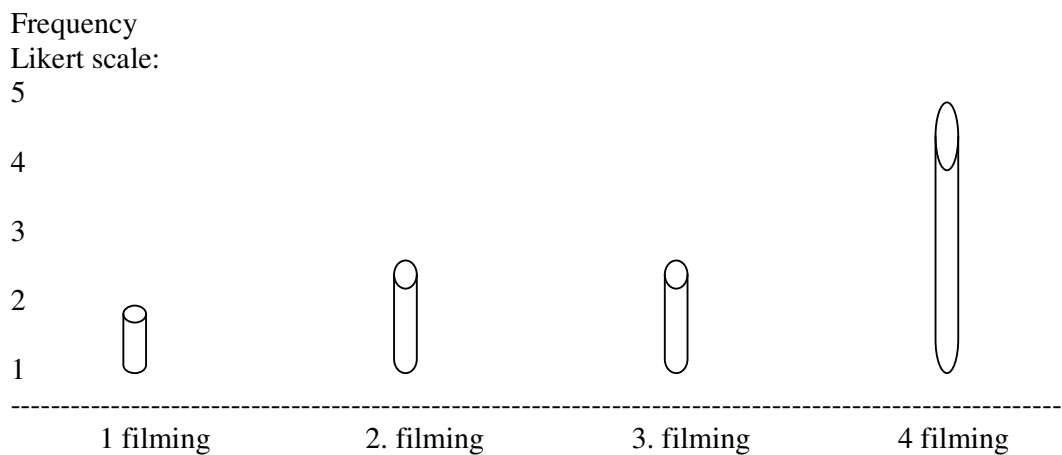
Could the changes you have observed be quantified into a table as indicated below:

**Caregiver and child nr. 1: interaction profile: Likert scale from 1-5**

<i>Qualities of change</i>	<i>1<sup>st</sup> video film</i>	<i>2<sup>nd</sup> video film</i>	<i>3<sup>rd</sup> video film</i>	<i>4 video film</i>
Emotional <sup>1</sup> dialogue				
Mening and expansion				
Positive regulation				
Negative regulation				
Other qualities				
Etc.				

After this is done it is also possible to make a table of the average values of the four caregiver-child dyads, and this can also be set up as a graph or curve indicating the typical profile of change from the beginning to the end of the intervention:

**Example: The emotional dialogue – changes over time (either individually or average)**



Such graphs can be made for each quality that is analysed for change.

<sup>1</sup> Each of the guidelines of good interaction could be used here. Remember it is also important to include decrease in negative interactive behaviour like beating, scolding etc.

In this way we may even identify some changes over time in the interaction of the same caregiver with their children.  
This material could also be used as a demonstration film, and also for educational purposes.

**Conclusion:**

The information collected above and from the exercises should give answer to the following questions:

1. What are the demographic background factors relevant for psychosocial intervention?
2. What are the risk and resources factors relevant for psychosocial wellbeing?
3. What are the factors to be considered if we are starting ICDP in a new area?
4. How can we assess the qualities that are needed in the facilitator?
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12. How to write a log book from the sensitization meetings?
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**5. Exercises:**

**Exercise 1:**

**Write down all that you know about community and family based on the points mentioned above.**

**Community:**..... **Date:**.....

Poverty / income.....

Infant mortality.....

Mortality age.....

HIV/AIDS prevalence.....

Access to medicine?.....

Average schooling.....

Dominant problems in community .....

**Family:**

Name.....,

Ages.....Number of children.....Ages.....Sex.....

Location and address Telephone to contact person

Income.....

Who is working.....

Health in the family.....

HIV/AIDS ?.....Access to medicine?

Parental education.....

Relationships and networks;  
family and outside.....

Attitudes and behavior towards children.....

What kind of assistance would the parents request? .....

**Exercise 2:**

**Assessing risk factors in a local community (or family - specify)  
(to be filled in)**

NAME.....LOCATION.....DATE.....

<b>-Risks</b>	0	1	2	3	4	Comments:

Conclusion:

**Resource factors in a local community  
(to be filled in)**

NAME.....LOCATION.....DATE.....

<b>+Resources</b>	0	1	2	3	4	Comments:

**Summing up:**

What are the dominant risk factors in this family ( or community)?

What are the dominant resources factors in this family (or community)?

### Exercise 3:

#### Possible criteria for selecting institutions (orphanages)

These is the institution that will be evaluated and follow up in a NORAD funded project. Criteria may be ranked from 1 very bad, 2 bad 3 normal 4 good 5 very good. We will only work with institution from with ranking 1 and 2

Criteria for selection of institution	1	2	3	4	5	Comment
1. The children in the institution should be at high risk						
2..The quality of care in the institution low						
3. Institution should also include babies and young children						
4. There should be motivation and willingness from the leadership to upgrade the institution.						
5. This includes a long-term contract of 3 years of follow-up and control						
6. There should be motivation and willingness from the staff to be trained						
7.The institution should be within reasonable distance for the ICDP team for visiting						
8. ICDP has to provide qualified personal for training and follow up evaluation without too long intermissions						
9. Cost of operation						

#### Possible criteria for selecting communities for community based ICDP work.

These are communities for more intensive intervention and evaluation to be included in the NORAD project

Criteria for selecting community	1	2	3	4	5	Comments
1.Poor communities with high incidence of HIV/AIDS,unemployment						
2.High risk on demographic risk factors like infant mortality, low education etc.						
3.Availability of acceptable cooperating partner organization with good contacts						
4.Partner must be willing to endorse a contract of cooperation with ICDP						
5.Availability local active persons to be trained in the ICDP Program						
6.The community within reasonable distance for the ICDP team for visiting						
7.ICDP must provide qualified personal for training and follow up/ evaluation						
8. Cost of operation						
9. Possibility of expansion						

#### **Exercise 4:**

**What are the particular aspects in children, caregivers, in community that could be evaluated as indicators of change and impact of the program?**

*This is essential for documentation and for the scientific evaluation of the program*  
What should be the baseline indicators?

Example:

**Which are the parental activities in relation to the child that we would like to see *reduced* after intervention?**

Beating the child,  
aggressive insensitive scolding,  
ignoring, etc...  
What more?

**Which are the parental activities that we should expect would *increase* after intervention?**

More of each of the eight guidelines of good care...  
? Which would you expect would increase most?  
(Depending upon the sensitization profile that was decided beforehand – )see above on sensitization profile)

**Which qualities in the child should increase after intervention?**

More happy,  
More social  
???

**Which qualities in the child should decrease after intervention?**

Less insecure,  
Less aggressive,  
???



**Exercise 5: Assessment of qualities in individual caregivers.**

She is loving and positive  
**0**            **1**            **2**            **3**

She is attentive to the child's initiatives  
**0**            **1**            **2**            **3**

She is responsive to the child's initiatives  
**0**            **1**            **2**            **3**

She is able to communicate in a non-verbal  
gestural way with the child  
**0**            **1**            **2**            **3**

She gives names and descriptions to what the child experiences  
**0**            **1**            **2**            **3**

She gives explanations and expansions  
**0**            **1**            **2**            **3**

She provides positive regulations and more positive limit-setting  
**0**            **1**            **2**            **3**

She has a strong emphatic feeling with the child – reads and responds  
to his intentions  
**0**            **1**            **2**            **3**

Other qualities that can be included (culturally relevant)

**Exercise 6: This exercise is important as a monitoring instrument  
Checklist for self-monitoring of facilitator’s work in the field**

The checklist below is designed for regular use by facilitators as a way of self-monitoring the quality of their own work. The answers to the main question should be marked off on a Likert scale from 0 to 4.:

0= does not fit, 1= fits very little, 2= medium 3=fits well, 4= fits very much.

The recommended behaviour of the facilitator	0	1	2	3	4
1. Do the caregivers in the group trust me?					
2. Do I use the emotional guidelines with them?					
3. Do I give them praise for what they do well?					
4. Do I emphasize the value of their own positive cultural child rearing practices?					
5. Do I use a facilitative approach giving them space to speak and give their own examples?					
6. Do I take time to explore what are the typical negative conceptions they may have of their children?.					
7. Do I use the techniques of redefinition?					
8. Do I use pictures and stories for redefinition?					
9. Do I explain the guidelines with examples from everyday-life that they may understand.					
10. Do I demonstrate the guidelines in interaction with them or with their child?					
11. Do you use video films to illustrate or give feedback to the caregivers?					
12. Do I request the caregivers to do homework by testing the guidelines and reporting back to the group?					
13. Do I explain why each of the dialogues is so important? Also what happens if they are not used?					
14. Do I give examples from adult life of how the guidelines can be used – marriage, boss-employee?					
15. Do I summarize the main points after each meeting? On a backboard or flip-over?					
16. Do I use the sensitization principles when I work with the caregivers?					
17. Is there laughter, joy and enthusiasm in my groups?					
18. Do I explain with enthusiasm using an I-voice with my own examples?					
19. Do I prepare myself before each meeting?					
20. Do I write a summary and a log-book for each meeting?					
21. Do I follow a fixed agenda that is decided in advance in cooperation with a trainer?					
22. Do I follow up afterwards the groups that are finished?					
23. I am a good facilitator in ICDP					

*This checklist can also be used by a trainer or supervisor to assess the quality of the work that is done by the facilitators. In that case there should in addition be comments to each of the points mentioned above.*