International Child Development Programme

www.icdp.info

Charity Registration No. 92/04227 Org. No. 971259906N

What is ICDP and its strategy of intervention?

Prepared by the ICDP international team, 2010

Content:

Background

ICDP represents the work of an international team, led by Professor Karsten Hundeide, a developmental psychologist from the University of Oslo, who began developing a training program in 1985; in 1992 he founded, together with his team, the ICDP International organization, which was registered in Oslo as a private foundation with the mission of working for the benefit of children and youth worldwide.

In 1993 the World Health Organization evaluated and then adopted the ICDP training program, publishing the ICDP manual. Since then the ICDP programme has been tested out in 30 countries, in different societies all over the world from Indonesia to Latin American, from South Africa to Scandinavian countries and Western-Russia. In Colombia, Guatemala and El Salvador ICDP is an allied partner with UNICEF and operates through local ministries. In Norway, ICDP is a national programme supported by the Ministry of Children and Equality, and in Sweden and Denmark it has spread to most of their regions through cooperation with local municipalities.

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ICDP is a competence-building agency in the field of psycho-social and educational care of children at high risk.
In our competence building we deal both with organizations and local networks of care where we train selected key-persons inside the organization who can train others, or alternatively, we apply a community based strategy where we, in co-operation with authorities in a local community, select key-persons for training who again train – under our supervision, in order to improve the psycho-social conditions for children at risk.
The training takes place in sensitization groups and participants in these groups are usually in their majority women. This brings ICDP into a unique position of getting access to women in need of empowerment and support.
Our general strategy is to convey competence and expertise, not only to individuals, but to organizations, universities, educational institutions and networks of care, so that the impact of our training can be spread wider, reaching more disadvantaged children and families, and can be sustained longer, than individual or institutionally oriented interventions towards a limited number of disadvantaged caregivers and children. See www.icdp.info

ICDP is a competence building agency and for that reason training key persons in charge of children is our main activity. This training will take place at two levels:

- We train *local resource persons or staff within a cooperating organization* who become ICDP facilitators and are then prepared to function more autonomously and to deliver this training further to colleagues and caregivers

- We sensitize caregivers in sensitization meetings mentioned above. These are *parents (mother and fathers) or staff in institutions for children* who are part of our target group of intervention.

This means that ICDP only to a limited extent runs its own projects; we basically train others and help to upgrade the care for children in existing organizations and institutions for children.

The nature of the ICDP program

The core of the ICDP work is the ICDP Program. This is a simple program of human care directed towards children's caregivers. The idea is that long-term effects can only be achieved and sustained through supporting children's permanent network of care, which are primarily parents or staff in institutions where children stay. The program is scientifically based in the sense that the basic components of the program are strongly supported by the research in modern developmental psychology.
We train key-persons who work directly with children or caregivers.
The content of the programme and training provided comprises the following components:

1. *The caregiver's conception of the child:* In order to promote a child's positive development the caregivers' (parents, teachers, family and friends) perception of the child will be essential. 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 program.
   The interaction and the relationship between caregiver(s) and child(ren) is the key to a child's development. In ICDP this is articulated as the *three dialogues of human development:*

2. *The emotional expressive interaction between caregiver and child leading to a secure attachment or relationship between them.* Through a series of sensitizing exercises, participants in ICDP training are guided towards a more intimate and loving care for their children based on sensitivity to the child's expressions and utterances.

3. *Promoting the child's understanding of the world through enriching 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 inform and transfer knowledge and skills of that culture to the child. This is essential for the child's cognitive, moral and educational development.

4. *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.

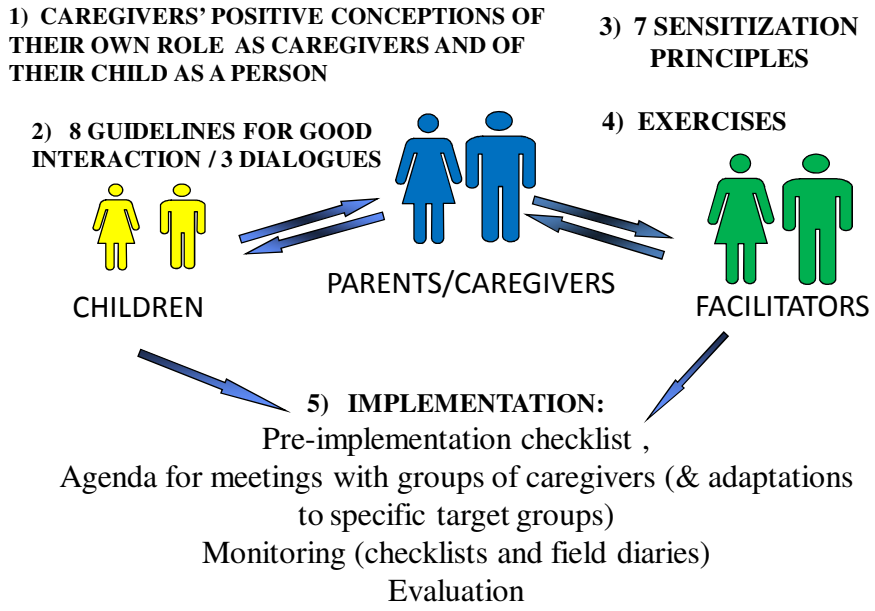
5. *ICDP applies a facilitative methodology based on supporting the positive capacities that are already available in the caregiver.* In this way the caregiver (or trainee) will feel empowered instead of humiliated through the sensitization training. This sensitive facilitative approach is important because it means that there is no imposition or instruction of any caring skills and practices alien or in conflict with the caregiver's basic values of human care.

These are the main pillars of ICDP but there is also a broad basis of knowledge and experience about the ways these principles should be implemented in practice. These are encoded in different ICDP Manuals directed towards different target groups.

Through its simplicity and humanistic appeal the ICDP Program has spread worldwide to families and children in need irrespective of language, social position and culture.

The program can easily be adapted and integrated with other programs directed towards children's caregivers, such as preventive health, prevention of drugs, micro-credit etc.

5 COMPONENTS OF THE ICDP PROGRAMME



As the figure above indicates, there are five main components in the ICDP Programme. The facilitators, who are trained by ICDP trainers, work with groups of caregivers/parents and sensitize them for better and more sensitive interaction with their children.

The general objectives of the work of ICDP:

- To improve the caring environment of vulnerable, neglected, abused and abandoned children and families in a context of poverty, war, dislocation (uprooting) and illness (i.e. HIV/AIDS)

- Build up competence in the field of psychosocial and educational care for children in communities at high risk through cooperation with local institutions and networks of car

- To strengthen and restore family and community structures that may deteriorate and collapse due to the detrimental effects of poverty, drug abuse and HIV/AIDS

- To map areas of high vulnerability and to prioritize and direct our work to those areas

- To evaluate, monitor and document the quality, impact of our work through relevant indicators of wellbeing in children and families

- To prepare for sustainability and withdrawal by training local staff in both fieldwork and in project leadership

The specific operational objectives and procedures:

These goals are achieved through:

- A community based strategy of work where resource persons in the community (and in the organizations) are trained and sensitized, in order that they may convey this knowledge further to other caregivers within the community so that a spreading effect is achieved.
- A strategy of sensitization of caregivers based on reactivating and reconfirming their existing, positive caring practices and competencies inside their cultural background – not by imposing new skills from the outside.
- By awareness-raising for the need of vulnerable children and families within the community and by setting up a community networks of expertise inside existing institutions in the field of psychosocial and educational care ("edu-care") where there is a need and where none exist.

- By setting up supportive ICDP networks both locally and within the region, so that the competence and enthusiasm of the ICDP work is sustained.

The typical areas of intervention and projects:

Concretely this means that we set up projects inside organizations and institutions of the following categories:

1. Projects directed towards networks of care, very often **women's groups** and organizations in local communities, for example religious organizations and churches or political organizations with humanitarian goals at the grassroots level

2. Projects of upgrading and humanizing the care for **children in institutions and orphanages**, where the psychosocial aspects of care are very often neglected

3. Projects of competence-building through sensitizing and training **municipal and governmental key persons** who are in charge of the care of vulnerable children in the community or within the country (like ministries)

4. Inserting the ICDP Program of human care into the curricula of **universities and high schools** in order to provide for long-tern institutional sustainability.

Procedures of intervention

The nature of the ICDP training and sensitization

In ICDP we use a facilitative methodology where existing positive competencies are confirmed and pointed out instead of focusing on deficits and corrections. This means that:

1. Instead of correction and pointing out deficits **we point out the positive aspects of the caregiver's performance or interaction with her child**. In this way we also strengthen her self-confidence as a caregiver. This also creates a stronger motivation for further participation in the training

2. **Our approach is activity based** in the sense that the participants in our workshops have to carry out the actions themselves – through observing, doing and reporting. Talking is not enough. For that reason homework with exercises is an important part of the training. In fact there is **a cycle of training/learning with the following components:**

    - Planning and selecting the task
    - Doing the task in action
    - Reporting and reflecting on what has been done
    - Sharing with others in a group the experience

    This cycle of training tend to promote an attitude of agency and self confidence in the caregivers which is a secondary benefit from participating in the ICDP training

3. Through this activity oriented procedure, **the caregiver's own cultural practices are reactivated** and in this way there will not be a problem of cultural conflicts because the solutions that are suggested comes from the caregivers' own experience and practice.

4. Therefore the ICDP training **is not based on instruction of passive listeners, but it is an active training** where the participants' own positive cultural practices are reactivated and confirmed.

THE SEQUENCE OF TRAINING IN A NEW COUNTRY

Before training starts there is a stage of pre-investigation and assessment of the community and the target group. The sequence of activities is represented in the boxes below:

1st ICDP visit

PRE-INVESTIGATION VISIT to identify dominant problems – introductory talk, focus groups, visits to institutions, filming caregivers

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WORKSHOP 1: 3 days, focus on positive conceptions, 3 dialogues, sensitization principles and implementation

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3 months of self-training

Field Work 1: Experience of interaction with children: 3 dialogues, 8 guidelines

Field Work 2: Working with groups of caregivers, implementing ICDP in pilot projects (self-training)

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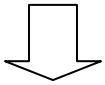
2nd ICDP visit

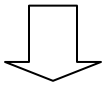
FIELD VISITS: ICDP supervision visits to organizations to observe first experience ICDP in practice. Trainees report about their field work

WORKSHOP 2: 3 days
Evaluation of field work; revision of key components; local adaptation; introduction to monitoring and evaluation procedures; agendas for 3rd field work



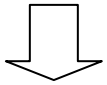
3,4 months of second self-training

FIELD WORK 3: Adjusted to the target groups but with focus on training of new facilitators to work with caregivers



Third ICDP visit

SECOND FIELD VISITS and CERTIFICATION WORKSHOP



Implementation of the ICDP programme by trained local teams

Follow-up by ICDP:
1) Network meeting
2) Field visit after one year

Example of a typical agenda of group meetings with caregivers

(Can be from 8 to12 or more meetings according to need)

Meetings	Main message	Sensitization-method	Homework - examples
1. Meeting	ICDP and what you can do for your child's development and health	Explain Show video Show poster	1. Tell me two happy stories about your child. 2. What makes your child happy, sad, angry?
2. Meeting	The "positive child" – The importance of having a positive conception of the child	Share the stories If they have a picture of their child to share… Bring expressive pictures of children's faces – what does it express? Distribute the guidelines in local language	1. How do you show love your child? 2. Do you sometimes praise your child? How? Give examples at next meeting
3. Meeting	The emotional expressive dialogue – of love and appreciation of the child	Share homework. Role-playing. Explain and demonstrate the emotional expressive dialogue and its guidelines	1. How does your child react when you follow his/her initiative? 2. How does s/he react when you express your feeling of love through touch or speech?
4. Meeting	Continuation of previous topic: Emotional expressive dialogue	Share homework Explain, discuss, role play. Analyze filmed interactions, photos	1.Give examples of how you explain things to the child so that s/he understands his surroundings better
5. Meeting	The meaning dialogue of understanding – the importance of talking and explaining to the child about what he sees and experiences	Share homework of talking to your child giving meaning and understanding. Role-play meaning interactions with explanations from everyday life. Use pictures to release interactions…	1. Do you and your child have moments of joint attention where you talk and share things or tasks together? Example 2. What is you child's field of interest? Do you join in? Example 3. What kind of stories does your child like/need to hear? Example
6. Meeting	Continuation of previous topic	Share homework Discuss	1. Tell what kind of naughty things your child does? How

		Role play Observe on film, photos	do you react when he does naughty things? 2. What is the best way for you to react when the child does things that are not allowed?.
7. Meeting	About limit-setting, the importance of reducing violence and aggression and instead take time to explain to the child	Share homework Role-play episodes of disobedience and parental reactions. Discuss the best way.	1 How does your child react if you explain why things are not allowed instead of punishing and scolding? Example. 2. How do you teach and help your child to do things in the house and in his surroundings and at school
8. Meeting	Topic of particular relevance – for example: About HIV and AIDS about physical health and prevention	Share the most important thing to keep your child healthy? How does HIV spread and how to protect? Sum up…	Give them praise for their participation
9. Meeting	Celebration with distribution of diploma	Show video-recording of them, taken from earlier sessions	Ask them to spread the message of good interaction and ICDP

These meetings are carried out in a participatory way where the caregivers share their experiences, examples and stories. This usually releases an intimate feeling of sharing and enthusiasm. The outcome is very often that new friendships and networks are established.

The general development strategy of ICDP:

1. In line with the objective of our project and application, we start by *localizing target groups and locations, communities where children and caregivers are at high risk.* These are communities where we may be working if certain criteria are fulfilled.

2. We then, in parallel, identify *NGOs and networks of care that are operating in these communities and through whom we can get access and cooperate.*

3. We then establish *a contract of cooperation with the local organization* or NGO, which implies that we agree to implement the ICDP Program through their existing network of social workers and activists.

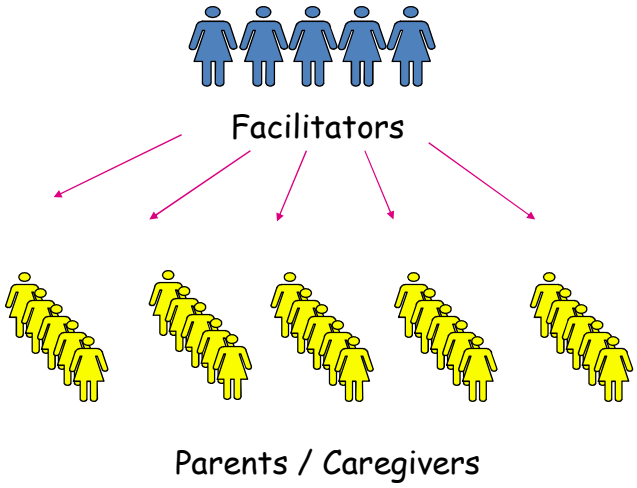
4. This means that we select activists inside their organization whom we train to the facilitator level of competence.

5. These new facilitators or activists, belonging to the local organization and usually also community, will then implement the ICDP Program in their work with children and families – *under supervision of ICDP trainers.*

6. An agenda of 12 meetings has been the standard used in working with groups of caregivers (usually parents). This agenda can be adapted to the specific situation of the group of caregivers. The training methodology should as far as possible follow the seven principles of sensitization.

7. When the training is finished it is important to organize *follow-up meetings that continues up to one year after the training is finished* (every third month when possible). This in order to support the activists in their work of implementing the program in practice so that both the impact of the training and their commitment to the work will be sustained.

Facilitators implement the ICDP programme with groups of parents/caregivers:



Through this community based procedure; ICDP has the potential to spread widely because the training is transferred to new facilitators who again train new resource persons in their community etc.

The rest of this document elaborates the points mentioned above in a more detailed way. The main points in our strategy are indicated under the following headings (for more details see 'Introduction to the ICDP program' (Hundeide, 2007) :

1. Preparation and pre-investigations
2. Selection of target groups and persons to train
3. Documentation and internal monitoring
4. Sustainability
5. Procedure of intervention

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?
- Making an assessment of the profile of the intervention
  (See 'Field guidelines for ICDP projects' for further details)

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.

2. Selection of target groups and persons to train

Criteria for selection of target group and area:

- Score high on target relevance and need
- Potential for expansion inside the area
- Cooperating organization and field worker availability and willingness
- Willingness and potential for mobilization in the target group itself (caregivers)

See principles of implementation in 'Introduction to ICDP' (Hundeide, 2007).

3. Documentation and internal monitoring of projects – in the field

Documentation of the results and impact of a program of intervention is a main concern for donors. (See 'Field guidelines for ICDP projects' and 'Some tools for assessment and evaluation'). This is how ICDP documents the results of the programme:

1. Reception studies

Reception studies about how the program was received by caregivers and by the activists are one source of documentation. This should also include to what extent the caregivers have practiced the program and what is their impression about the impact on children. (See 'Collection of tools for some interview questions')

2. Field notes, checklists and logbook

These are notes from the field-work; a **diary of impressions from the group meetings**, about what was easy and interesting, what was difficult, and what was the experience of different aspects of the program reflected in home-tasks. In order to fill in the field notes, it is necessary that those who lead the sessions, the facilitators, conclude together what is their impression from each meeting, and to put it together in a report from the training. Quite interesting case stories can merge from these meetings and it is important that these are reported.

3. Video-recordings

It is useful to have video-recordings of the process of intervention both from the group meetings and from the participants' interactions with children. Under normal circumstances ICDP would have to limit this to a selection of 3-4 willing mothers to be filmed at some of the group meetings and also in their typical daily context of interaction (this has to be found out about by asking the selected mothers when do they mostly interact with their children?) In this way we may identify some changes in the interaction. This material could also be used as a demonstration film and/or for educational purposes.

4. Questionnaire on child-rearing practices

ICDP has established interviews on conception of children and childrearing, but in order to provide a more precise way to identify changes it is possible to use questionnaires or checklists before and after the training.

5. Child behaviour checklist and other methods used in the Norwegian evaluation project (2008)

This is a standard method 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 from ICDP.)

To summarize, points 1 and 2 above should be part of the regular procedure of intervention – together with monitoring and checking to what extent the program had been implemented as intended.

Points 3, 4 and 5 could also be part of a normal intervention but it would require more competence and time both for administration and for analysis.

4. Sustainability and phasing out of our work

The sustainability of the ICDP competence building could be secured in the following ways:

1. Institutional anchorage – such as including the program into curricula of universities or high schools or other permanent institutions

2. Contextual and environmental support - the local network of authority and bureaucracy needs to be convinced of the importance of the ICDP work so that there is support also economically

3. Preparing for withdrawal and handover by training local staff in project management and leadership and by preparing trainers to take over the training and the monitoring of the fieldwork

4. As care is embedded in the families' daily routines, there is a need to check and adjust these accordingly, so that there is space and time for positive interactions and activities between caregiver and child

5. Follow up by ICDP trainers at regular intervals. This is necessary both to check and if necessary correct the implementation of the program and also to provide emotional and moral support for the local ICDP team or the families involved

6. Including the participants in local supportive networks of care: Through establishing an ICDP network it is possible to include new participants and through regular meetings the enthusiasm and commitment will be sustained. An ICDP Newsletter may be part of this.

7. This may also convey the feeling of being included as a member of a larger organization, and for many participants this is an important point. This is further confirmed through diplomas of participation and through T-shirts, caps with ICDP symbols and network meetings etc.

Expansion of the ICDP into other topical areas:

As pointed out above, our practical work is with groups of caregivers, both women and men, and as our program is rather open and facilitative, it is also possible to insert other components or topics into the program, like preventive health, including prevention of HIV/AIDS, prevention in connection with drug abuse, empowerment of women and even micro credit. The important point here is to sustain the methodology of sensitization through focusing on positive competencies and through a strategy of active participation and reporting, not only through lecturing and instruction.

ICDP Program and HIV/Aids The psychosocial consequences of AIDS through the collapse of families are key-points in our work in Mozambique. See also K.H. 'Paper on ICDP and the psychosocial consequences of AIDS'

ICDP Program and gender We work with groups of caregivers; the majority of those who attend are usually women who often feel empowered and motivated at the end of the ICDP process. Men also participate in the process on equal basis, although in smaller numbers. The programme encourages participants to reflect on the adult roles in child-rearing from the perspective of both sexes and on ways to treat children with empathy whether boys or girls. Activating positive aspects of a local culture with regards to gender roles in child care is part of our work.

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