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

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# ICDP International

## Code of Conduct for promoting ethical behaviour, preventing abuse, and protecting children

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# Introduction

The ICDP Code of Conduct is a set of principles which establishes general rules that should govern all initiatives undertaken by the ICDP organization. Leadership and staff should abide by these rules in their relations with children, as well as in their relations with staff and ICDP trainees at any level of training.

The ICDP Code of Conduct applies to all countries where ICDP runs or guides programmes and projects. The content of the ICDP Code of Conduct complements the Children's Rights Declaration.

The staff and employees receive training in the ICDP philosophy and ethics underlying the ICDP program, and are expected to implement these principles of good practice as an intrinsic rule of behaviour in their relation with children and colleagues.

The acceptance of the Code of Conduct of the ICDP organization is a pre-condition of employment/engagement with ICDP. Individual and/or group meetings are arranged with staff and trainees to promote the awareness about its content. Exercises are sometimes used to emphasize the importance of certain aspects, such as child protection issues for example.

## The Statutes of the ICDP foundation state

The objectives of ICDP are to work for the healthy development of children and youth worldwide.

ICDP may participate directly or indirectly in social activities run by other humanitarian organisations having similar objectives.

ICDP is non-political and non-denominational.

The ethos of ICDP is to provide human care through activating empathy, sensitivity and education of both caregivers and their children and by strengthening and sustaining local competence and initiative.

The point of ICDP training is to sensitise, build competence and confidence in members of a community or an existing child caring system so that it becomes possible to withdraw after some time and to transfer the project to the local resource persons. This process is regulated by the "ICDP Principles for Intervention".

## ICDP principles of intervention

REGULATION 1: An ICDP employee and/or trainee will go through a process of training in the ICDP principles outlines below.

### ICDP General Principles for Intervention

#### Facilitation

Instead of intervening in the traditional way by importing an external program into a cultural environment that may be in conflict with the program's assumptions, there is an alternative strategy, namely that of facilitation and reactivation of cultural practices and initiatives in the relevant field.

Facilitation implies that there is some seed of initiative and activity in the recipient/participant (which can be person or a community) that can serve as a basis for further reactivation, support and extension. Therefore, the first action in a process of facilitation is to assess what are the existing resources, initiatives and activities that can be expanded and developed further. Especially in the psycho-social field most mechanisms of human care are usually, in some form, part of a community's (or family's) cultural tradition and practice, therefore the first step is to identity these mechanisms and support and extend them - when that is needed. This is another kind of intervention, because it is more like an extension through facilitation of existing initiatives, and not an intrusion of something new and possibly alien.

Facilitation can take place as "guided participation" where the facilitator joins in with the recipient and expands and enriches her initiatives (Rogoff 1990, Wood 1996), or it can be through consciousness-raising where the recipient is made aware of her existing potential skills for coping, or the emphasis may be on confirmation and encouragement of what they are already doing.

In a context of community development, facilitation may involve identification and support of existing networks and institutions that may cope with the present challenge at a community level (Hundeide 1991). We also assume that working in this direction may initiate a developmental process that is in tune with existing cultural patterns and initiatives and therefore more sustainable than interventions that are not adjusted to local conditions and practices.

#### Reciprocity and sharing of experiences as a basis for facilitation and care

In order to get access to existing resources and initiatives, it is necessary to become a partner in the recipient's world ("phenomenal world" is also used) and this implies that one has to operate according to the principles of reciprocity and dialogue. This implies first of all respect for the recipient (child, mother, victim or community) and his initiatives and practices, conceptions and values, willingness to listen and to receive his experiences and to respond back in a way that is meaningful in relation to his or her world of understanding. (Patin 1986).

This principle applies just as well to an interaction with a baby as with a traumatised subject who has been exposed to extreme situations of stress, or to a new community. In all such

cases there has to be a willingness to listen and share and then respond back in a meaningful way based on the initiatives of the other. This is the principle of dialogue instead of dominance and monologue (Jaregg 1994, Rommetveit 1996).

In a psychosocial context sharing should also take place at a non-verbal level as **attunement to the emotional state and timing of the other** - and such sharing or synchronisation of feeling states seems to have a consoling and opening effect both on babies and on victims exposed to traumatic experiences. Thus creating an atmosphere of reciprocity and sharing is a precondition for getting into contact with the recipient's world of experiences that constitute the basis for further development**.**

## Sharing of meanings and narratives of what happened

Sharing does not stop at the level of attunement of states of feeling; it also involves simple sharing by identifying and describing what and how one experiences the surrounding world. This is very important with babies and young children (Klein and Hundeide 1989). At a later stage the sharing of meanings may involve sharing of world-views, opinions. Thus becoming a partner in another person's world thus goes beyond sharing of feelings into sharing of "what happened?" Sharing of conceptions, stories, ideas and values.

For a traumatised person it is particularly important to be able to identity, share and recount what happened so that the experience is clarified and made predictable/controllable and may, in this way, help to desensitise associated fears and anxieties. For this reason most traumatised victims have a need to recount and share their story of the traumatic event either through telling or through different modes of symbolisation or art expression. Through support and guidance cognitive control may gradually be gained over the traumatic experience. In a similar way a baby gains cognitive control of his environment, through labelling, sharing and confirmation of meaning from significant others in his surroundings.

In a more general sense, sharing of meaning in the sense of symbolising or narrating the way people understand their experiences and their problems, is also the key to solutions that are not imposed from the outside, but in tune with the recipients' needs and interpretive background. This applies also to community participation - appropriate solutions are generally extension of existing ways of understanding...

## Guided expansion of existing initiatives and activities of the client

In order for development to take place, sharing may not be enough; guidance and expansion of the participant's initiatives and activities may be necessary. As the Russian psychologist Vygotsky maintained, there is a always a "zone of proximal development" where further development can take place if sensitive assistance is given. In the case of young children an important form of assistance is what we call "expansion"- that is expanding the child's initiatives beyond the present situation, giving explanation and telling stories etc. We know from research that this is essential for a child's cognitive development (Carew 1980, Schaffer 1996).

But in order for expansion to take place without intrusion, the caregiver or "guide" has to operate inside the child's phenomenal world of meaning according to the principle of facilitation, reciprocity and sharing. This is sometimes described as a **participatory approach** or **guided participation** (Rogoff 1990), where the caregiver guides the child

through hints and questions that points out a direction for the child's exploration and discoveries - inside the potential of the child's phenomenal world and resources. On this basis it is possible to expand further with explanations and hints...

The same principle also applies also to traumatised subjects; they are invited to participate in a curriculum that will guide them through a process of expressing, sharing and reconstructing a traumatic event. In this context concrete alternative ways of understanding what happened may be suggested that are more acceptable to the person's self-respect and developmental initiatives. But also in this case the advice has to be based on insight into the victim's world, his perception of his situation and the developmental potential or trajectories that originate in his definition of his situation.

## Gaining mastery and control through self-initiated activity and through taking an active, responsible role

Any kind of assistance whether it is through therapy or parental guidance or developmental aid, is fraught with the danger of dependency (Hundeide 1991). Therefore an important principle in all "assisted learning" (Tharp and Gallimore 1987) or "scaffolding" (Wood 1996) is reversal or transfer of control. That is handing over control to the participant (i.e. child. or victim). In an early phase of assistance, usually the teacher or guide may play a dominating and modelling role, but as the participant's competence grows, control is gradually transferred so that s/he in the end has the feeling of mastery and self-initiated control.

Throughout the whole process of assistance there should be the underlying intention that the participant at end is going to master the operation by himself. Therefore **preparation for autonomy is an important part of the assistance**. If a child is going to gain mastery of his situation, s/he has to exercise "being in control" through his own self-initiated activity and projects. Through such guided experiences children learn to explore reality and to trust their own initiatives. Confirmation from caregivers is important in this process.

In the context of trauma, taking on an active role for example in helping other victims seems to be a therapeutic principle that helps the victims to gain control (Ayalon 1988). But being active does not necessarily involve taking a new role; even a more modest process of exploration and search may slowly create a basis for autonomy and for taking on a more responsible role at a later stage.

In the case of community development this principles is extremely important: at the same time as guidance and training is given in line with participants' phenomenal world of meaning and understanding, there is at the same time a preparation for taking over so that at the end, when assistance is withdrawn, key-persons in the community is prepared to take over with sufficient competence and autonomy to continue the activity that was started. This is preparation for sustainability in the psychosocial field, which is very often neglected. Training in the skill itself is not enough.

### Operating inside the cultural system of norms, values and worldviews

As already mentioned, facilitation implies that there already exists some initiative, some intention that can serve as a basis for expansion. This implies at a community level that we operate in line with the existing resources, customs, skills and values. Child rearing is an example of a skill that is not only individual, but deeply embedded in normative family and

community traditions (LeVine 1990) that we have to take into account if we wish to promote a developmental process that is "appropriate" and sustainable over time.

This applies also to trauma; most societies have traditional ritual procedures for how to cope with persons in states of mourning after loss. Such rituals are deeply ingrained in people's psychological reactions, and it is therefore important to map such cultural coping mechanisms and promote and facilitate those that are still relevant along with other suitable methods. If not, if we approach a traditional population with modern therapeutic methods that may upset their sense of dignity and honour, ignoring the extended family system of care, we may easily end up by "making things worse" as was pointed out in a recent conference in Nairobi.

## An interpretative approach - assessing conceptions of world and positive resources

Basically what been suggested in this paper is what has been called an interpretative approach (Geertz 1980, Hundeide 1987). In order to facilitate a client's, initiatives, we need to know him "from the inside" - how s/he sees the world what are his basic goals, needs and intentions. Along these lines, it is the child, the caregiver, the client or the key persons in the community, who are their own best interpreters and guides for further development. This is an important principle both ethically and psychologically. It is only when we know how a person sees the world and define his situation that we can start to **understand his behaviour as meaningful reactions to the way the world appears to him or her**. It is important to add here that how a person defines his situation is more than a purely cognitive assessment; it includes all his commitment, emotions, fears and anticipations. Therefore the assessment of his definitions and conceptions of the world become very important, because it is these, not the physical stimuli, that constitutes the basis both for his external actions and for his psychological reactions - happiness and sufferings.

Only through understanding how victims of war experience the traumatic situation can we understand their reactions as plausible and meaningful, in the sense that "if I had been there I would have reacted similarly**".** This approach therefore puts special emphasis on respecting the victim's experience and on getting the more subtle nuances of their perception and interpretation of what they have been going through. This is an approach different from presenting a list of symptoms with automatic prescription of treatment. Such assessment requires patience, respect and empathy - willingness to listen - and to take seemingly nonsensical manifestations as expressions of a meaningful but divergent understanding his reality.

In addition to knowing how a person sees his world, his interests, initiatives and commitments, one also needs to know his existing patterns of competence or coping skills that are available, in order to facilitate development. This can be achieved through presenting the person with practical situations where his skills are exposed, like in interactive situations between mother and child where the interactive skills of the mother is exposed through video-recordings in real everyday situations. Or it can be achieved through role-playing a stress-situation that simulates the real situations. Also interviewing the subject can be useful, like asking the victim what they felt helped and disturbed them when they were in the stressful situation.

The point is to arrive at **an assessment of the positive resources** that can serve as a practical basis for intervention in "the zone of proximal development" where trajectories of already

existing initiatives, competencies or skills can be facilitated to further perfection or to a more healthy relationship to ones surroundings. We can only arrive there by focusing on the positive resources, not on the failures and deficiencies. A person's **developmental potential** is thus based on the commitments, initiatives and resources s/he is able to mobilise for worthwhile life-goals within his phenomenal world.

The path of healing is thus contained within the client's own phenomenal world; his understanding of his situation, his relationships and his conception of the future, on the one hand, and within the initiatives, resources and the commitments s/he is able to mobilise for something to live for within this world - on the other. This point of view is as valid for the development of communities as for persons.

## Principles regarding ICDP implementation in a new community

Human care is not a complicated skill, it is something basic in human life that most persons are doing, like the three dialogues and the guidelines of good interaction, but due to stress, negative definitions and stigmatizations of the child (or victim/client) these basic social skills/competencies are often prevented from being practiced when they are most needed. Therefore it is important to create a positive and confident atmosphere where the caregivers feel at ease and where they can open up and express their feelings for their child.
As already pointed out, in order to promote empowerment and prevent dependency, the ICDP program uses a facilitative strategy of training where we, instead of correction and focusing on failures, *point out the positive sides that already exist in the caregiver's interaction with her child. In other words, we try to reactivate their existing positive patterns of care and reconfirm these in such a way that the caregivers' competence and confidence is sustained and strengthened.* This is an important principle in our training.

In addition, in order to promote change in the practical activities like caring for a child, it is not enough to talk and instruct, in order for a change to take place in practice, ***self-initiated practical caring activity is necessary.*** *Therefore those who go through our sensitization courses have to carry out a series of exercises in the form of observations, self-evaluations, testing out different initiatives (the guidelines) and reporting back is important in order to promote attitudes of agency and efficacy in the caregivers.*

Below is a summary of the principles and the sequences we follow when we sensitize or train caregivers (in groups between 5 to 15 caregivers[1]):

- Establishing a contract of trust with clear information about the program and the course - both demands and advantages
- Restoring a positive redefinition of the child
- Pointing out and confirming positive features in the caregiver's interaction and relationship with her child
- The guidelines of good interaction and the three dialogues provide a common language and frame of reference for sensitization
- Activating caregiver in relation to the guidelines through different exercises, also homework

[1] For more details see Armstrong 2002, Hundeide 1996, 2000, 2001.

- Sharing experiences of caring for own children in groups based on the guidelines of good interaction with other caregivers in a similar situation so that an enthusiastic committed atmosphere develops
- Using a personal and interpretive way of communicating with examples and stories that invites a caring positive attitude to their children.

## Mobilising community and networks of care

The ICDP principles as stated above refer primarily to the *proximal* conditions that influence the child's experience directly, like the definition/conception of the child and the quality of caregiver child interaction indicated in the three dialogues, but there are also *distal* or secondary conditions like availability of caring alternatives, level of poverty, workload of the caregiver and size of family, housing and crowdedness, family and survival stress, quality of health, availability of adequate nutrition and water, social and health policy priorities etc. All these factors constitute "framing conditions" that influence the way the proximal conditions operate in relation to the child. If the distal framing conditions degenerate, like increase in poverty, it may be difficult proximally to sustain an adequate level of psycho-social care and quality interaction between caregiver and child. Therefore it is necessary in most cases to intervene at other levels also in order to open up and sustain the quality of care between caregiver and child.

In the table below, four levels of intervention are indicated:

**Table 1: Intervention to improve psycho-social care can take place at 4 different levels[2]:**

| |
|---|
| **1.** Intervention can be *individually* directed to the quality of care and interaction with the suffering child directly - in a traditional clinical way |
| **2.** Intervention can be directed towards sensitization of the caregivers' and *families'* interaction with the child(ren) |
| **3.** Intervention can be directed towards *community* - mobilization and awareness raising preventing risk behavior, or more directly; finding practical solution of new caring arrangements from extended family, foster care, to institutions/orphanages or support to child headed families. |
| **4.** Intervention can be directed at the *policy level*, improving economic conditions of families and children, human and children's legal rights etc Advocacy |

As the table indicates, the ICDP Principles can be used in an individual clinical way by interacting directly with a withdrawn and traumatized child (see ICDP Film from Angola). 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 (Trevarthen 1992, Stern 2000, Tronick 1989, Klein 1992 and Rogoff 2003). A simple and idealized description of these forms of interaction is provided through the three dialogues and the eight guidelines of good interaction. This is what most people associate with the ICDP Program.

[2] There are different models for how interaction is embedded in wider societal systems (Bronfenbrenner 1979, Super & Harkness 1986, Sameroff & Fiese 1990, Mc Loyd 1990, Kagitcibaci 1996, Cole 1996, Rogoff 2003).

But the ICDP Program also provides guidelines for how the Program can be implemented through a community based strategy where resource persons in the community are trained to transfer this competence to caregivers and networks of care inside the 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 will not be available.

In summary we can say there are five modes of intervention in the ICDP Program these are summarized in the table below:

**Table 2: Summary of five ICDP methods of intervention**

| ***ICDP Modes of intervention:*** | ***Level of interaction Family-care*** | ***Local community*** | ***National policy*** |
|---|---|---|---|
| **1.Redefinitions and focussing on the positive resources** | *To counteract a negative conception/ image of the child and stigmatization* | Mobilization to counter-act stigmatization | Raise awareness mobilization to counter-act stigmatization media, radio, TV |
| **2.The emotional Expressive 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 comprehension dialogue of meaning/expansion (3 guidelines)** | *To expand the child understanding of the world and his situation (narrative memory work also)* | Counteract prejudice and provide information/ stories, education that facilitate hope | Advocacy, policy and priority setting of psychosocial care for children |
| **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 … | " |
| **5. Principles of sensitization – how to train/sensitize facilitators and caregivers** | *Sensitize primary caregivers in how to use the 1-4 principles above in everyday life* | How to train and sensitize community facilitators who train primary caregivers | " |

As the table shows, these modes of intervention can be applied at the interactive level of caregiver child, at the level of community and at the national level of policy, advocacy and human/children's rights, although the focus and emphasis in the ICDP Program will be on the interactive level.

Before any implementation of a program can be initiated, in a community, in an institution or in a family, certain conditions need to be in place, like *carrying out a situation and needs assessment, deciding what will be the target group, mapping the situation, and the goals of the intervention, getting access, selection key-persons to be trained, identifying the conditions that may block or prevent the implementation of the project.*

As a competence building organization we generally work, not so much with individuals, as with communities, with established local networks/ organizations dealing with children at disadvantage.

## Preparatory principles for future intervention

- Collect available statistics and relevant information on the state of the target group – what are the macro-factors contributing to reduced quality of care and neglect?
- Ways of getting access to the community have to be investigated in each case – usually through some influential local persons or organizations already established and working there.
- Focused-group interviews with key informants, parents, nurses and social workers in the community on these issues – the local conceptions of what are needed and relevant, local conception of why things go wrong.
- Interviews with both caregivers and children on their conceptions of children and ideal child care – parental assessment of their child(ren)
- Visiting typical families in the community and mapping a typical day of a child through observation and interview – routine activities and interactions when, with whom, why, how etc.
- What are the potentials for promoting better care inside the child's everyday context – the child's developmental niche?
- What are the obstacles?
- Before training starts there need to be a clear plan of intervention with material and manuals prepared both for caregivers and facilitators.
- In the first training (in a region) it is important to select and include resource persons who are committed and can become future facilitators and trainers
- We generally work in groups with caregivers. The meetings last about 2 hours and they usually follow a clear agenda inside which there is participatory activity. The sequence of meetings can be from 10 to 20 every week or every fortnight
- Follow up after the training is finished is essential in order to sustain the results achieved. This may go on for a year after the training is finished.

In addition to these preparatory principles, we have also some **principles of implementation** that need to be investigated before implementation starts. This is important because *the impact of a program is not only dependent upon the quality of the program as such, but also on the condition, the context and the quality of implementation.*

## Principles of implementation:

### Support from and co-operation with local authorities

To implement the program in a new community it is very important to get support and if possible co-operation with the local responsible authorities. An information meeting should be held as the first step in the process, to give an introduction to the program. An agreement about the implementation should also be made.

## Clarify institutional and administrative-economical issues

When you have chosen where the program is going to be implemented, the following should be clarified:

- Is there staff that has time available to implement the program?
- Is the staff personally suited to be trained?
- If needed, is there funding available for the project?
- Is there approval from the senior staff?

## Willingness and motivation for the training

When there is a request for training, we should ask whether there is a serious intention to implement the program. The staff should before the training starts get comprehensive information about the criteria they have to fulfil to become an ICDP facilitator (or trainer). The training should not be initiated without a kind of agreement with the staff to follow the whole training procedure. It is important to make the staff understand that this training implies their active participation.

## Plan of action

In order to implement the program in practice a plan of action is needed. This should specify all details of implementation with goals, sub-goals and time-limits. The plan should include who the target group is, who is responsible for the training, when, where and how the training is going to be carried out and how long the training will take. It should also specify who is responsible for what (the trainer/the trainees/the institution).

It should state how intensive the program is going to be implemented: Meetings held every week? For how long a time? How many families and how many children will be affected by the implementation? Is this a **pilot-project** before a larger implementation? How broad is the larger implementation etc. A long-term training of facilitators and trainers should not be initiated without having presented **a detailed plan of how the program is going to be implemented in the local milieu or institution**.

Marking officially the initiation of the implementation of the program by a ceremony and with media, TV etc. is not necessary, but can be an advantage. This creates motivation and it also obliges the participants to take it seriously. They get some status benefit from participating.

## Evaluation/internal monitoring

The internal monitoring should assess whether or not **the sub-goals of the implementation** are achieved within the set timeframes. In order to sustain the quality of the implementation it is important to introduce **internal monitoring of quality. T**his could be either some **questionnaire** to be filled in every month or **regular video-feedback** showing the participants' interaction with the caregivers where they present themselves in regular meetings for the rest of the staff as a companion-training supervision.

Finally there should be an obligation by the leadership team to give **regular reports** about the progress of the implementation to the authorities that support the program - if there are any. Anyhow reporting is also important as a self-monitoring.

## Follow-up

In addition it is important that there is inside the implementation plan also included a **follow-up program of meetings and supervision** every third month for two years for example. This is extremely important for the sustainability of the effect which has initially been achieved.

When a group of facilitators or trainers have been certified, a network should be established, so that they can exchange experiences and support each other. If an ICDP network already exists, the new facilitators/trainers should be included in this.

Some key-questions that should be raised before intervention in an institution. This comes in addition to the assessment of children's needs - which is a different issue not be mixed with the principles of implementation:

1. **Do you have support from the political or governmental authorities that are above the leadership of the institutions?**

2. **How is the institutional leadership's conception of their institution and the quality of their work?**
   What is the quality of the institution and the quality of the work with children? Are they open for improvement or are they satisfied with the quality of the work that they are doing? Is this conception realistic? Why do they think it is good or bad? What is their conception of a good or bad institution - good or bad care of children?

3. **How do the leadership of the institution consider us as outsiders (foreigners) coming to the institution to give advice and training?**
   Are they threatened and provoked by our "intrusion" or do they accept that they can benefit from our assistance? How should we proceed to reduce the provocative aspect? Pointing out what they do positively and support further development.

4. **Is it possible to come to an agreement and to establish a contract of co-operation with the leadership on intervention?**
   Is possible to come into a position that we join forces so that they also can see the benefit for themselves (and their status) that the quality of the institution is raised? Is it possible to make the leadership of the institution partners in the implementation of the program?

5. **How far is the leadership willing to go with regard to organisational changes and changes of routines in the institution?**
   Are they willing to make organisational changes so that the personnel being trained have a strong impact on the organisation of care of the children? Are they willing to give up and change old routines in order to create more individual and positive contact with children? Are they prepared to make changes in the grouping

of children so that more intimacy and a family atmosphere can be created wherever that is spatially possible?

6. **Creating "space" for the intervention/program:**
   What are the obstacles for implementation of the program at the level of staff, time and space? Do the caregivers have time or are they running around cleaning and feeding the children without any time for intimacy? Are there enough caregivers/staff? Is there opening in the daily agenda and routines of the children? What is the agenda? (A mapping is necessary). Is there physical space for the program that is, for intimacy and dialogue? Are the situations or settings of the child's day inviting positive interaction or are they one-sided? Is there "mental and emotional space" for the program or are the caregivers too preoccupied with their own survival and stress?

7. **Is the staff to be trained motivated and prepared for the training?**
   How do they see themselves and us as outsiders? Are we a threat for them? How can that be reduced? How can the program expand their involvement with children? How can the program raise their feeling of status and importance? (Pointing out positively what they do well is only the beginning of that).
   Are they prepared for the efforts involved in the training - like self-training? Are they willing to commit themselves contractually if necessary to complete the training- and then to implement it in their daily work? Are there any extra incentives that we can offer to the staff to be trained?

8. **Do the leadership and the staffs agree to a plan of implementation with a long-term program of follow-up with supervision?**
   Do they agree with the implementation plan and are they willing to release the staff who is going to be trained? Do they agree with schedule of follow-up, for example every second month for one year or more? Are they prepared to sign a contract of long-term involvement and follow-up training with supervision?

9. **Do the leadership accept that there is going to be an evaluation of the effects of the program both on the staff and the children?**
   Do they accept the use of video and observational scales, interviews and maybe also tests?

10. **How can the planned programme be implemented so that it is sustained after we withdraw?**
    This is a crucial question that should be raised at the very beginning. Most of the questions raised above are related to the question of sustainability. Do we have a program of follow-up? Are there controlling and monitoring routines within the institution that establish routines of reporting according to criteria linked to the program? Is there a system of supervision? Are those trained part of a network of trainers that can support each other professionally and morally – meeting regularly?

# *ICDP policy*

REGULATION 2: ICDP trainers and/or project committee (leadership) in charge of an ICDP initiative will respect and understand the local country's political system, laws, cultural traditions and religion and it is their responsibility to make sure the work of ICDP in the field adheres to these.

REGULATION 3: ICDP trainers and/or project committee (leadership) in charge of an ICDP initiative will apply the following policies outlined below:

## Policy regarding employment contracts:

All ICDP personnel are entitled to have employment contracts.

## Equal opportunity policy:

Equal opportunity policy is reflected in the objectives of the ICDP foundation as commitment to work for the benefit of children and young people, regardless of gender, race, colour, religion, social background or ability.

Commitment to equal opportunities policy is expected from all those involved with ICDP, the trainers/facilitators, project staff, volunteers, executive and board.

ICDP leadership and employees are required to hold respect for fundamental human rights; to treat everybody equal and not discriminate based on race, gender, social status, religion, political affiliation etc.

Jobs are advertised publicly and made available to applicants in accordance with the job description criteria, regardless of their gender, race, colour, religion or social background.

## Policy regarding salary scale:

The salary for trainers in different countries corresponds to the generally accepted local salary per hour for part-time work or for full-time work in that particular country. The country representative informs the board about the local salary standards, which will be checked against the sums outlined in the project proposals. Preference is given to part-time employment in ICDP, as an addition to people's existing jobs.

Facilitators may receive a small salary for the work during self-training projects. ICDP may solicit such a salary to be given to trainee facilitators from the donor agency.

## Policy regarding staff performance monitoring and evaluation:

Internal monitoring (inside the project): Focus groups with various groups of informants, log books, monitoring checklists and questionnaires are used on regular basis as part of ICDP project implementation and shared by facilitators/trainers of the ICDP programme.

External monitoring (by trainers/consultants from outside the project): The quality of the work of ICDP facilitators/trainers inside a project is checked by visits by external trainers/consultants with the role to supervise from outside of the project. This is particularly relevant for projects in which ICDP assumes the responsibility for project implementation (and not just for the training). There are schemes designed for this purpose.

The quality of every ICDP project and the impact of the work of its staff will aim to be evaluated. Evaluation procedures for each project will be planned by the core team in charge of the project and in co-operation with the local trainers and ICDP international.

*For further information about monitoring, reporting and evaluation, see "A guide for the evaluation of the ICDP programme".*

## Policy regarding other types of contracts:

Whenever necessary, ICDP may enter into different contracts, e.g. rental contract, security contract, legal assistance, vehicle rental and/or maintenance, telecommunications etc. – these contracts would be drawn in accordance to local laws and regulations.

## Policy regarding prevention of sexual harassment and exploitation:

The ICDP organization demands that all staff and employees involved in the ICDP work should abstain from buying sexual services. Any member of staff involved in sexual harassment will be severely cautioned and/or removed from their responsibilities. Relevant local authorities may be informed.

## Policy regarding the use of drugs:

The ICDP organization demands that all staff and employees involved in ICDP work should obey the country's laws regarding the use of drugs. In cases where drug policies are quite liberal in the host country, the ICDP organization will follow Norwegian norms with regards to the employee's behaviour, including no use of drugs while driving.

## Policy regarding poor working conditions:

The ICDP organization demands reporting from all its staff/employees about poor working conditions according to the 'Work environment law' (Norway).

### Policy regarding required transparency:

The ICDP organization demands complete transparency from all staff and will not tolerate any form of corrupt behaviour. The leadership of an ICDP initiative will immediately address corruption and any of aid funds such as bribing (gifts, travel, rebates, bonus etc) during work. An extraordinary meeting will be summoned immediately to tackle each emerging issue concerning corrupt behaviour. Sanctions will include immediate removal from responsibility and termination of contract of employment.

## Reparative measures and sanctions

## REGULATION 4: ICDP trainers and/or project committee (leadership) in charge of an ICDP initiative will take reparative measure and/or sanctions towards those who disregard the ICDP principles and codes of conduct:

The organization's objective is to implement its Programme through the work of a core group of trainers/employees qualified to train others and whose conduct in the field has to reflect the ICDP Principles.

Through close monitoring and internal evaluation procedures ICDP is able to register the quality and the progress of the ICDP work in the field. Monitoring involves regular monitoring visits and use of monitoring tools, such as focus group sharing and discussion, individual or group use of monitoring checklists, video-feedback and analysis of log books.

The purpose of monitoring is to check the progress and the quality of the work carried out by employees and trainees (at ICDP facilitator or trainer level), to encourage positive behaviour, to strengthen the ability for self evaluation and good quality communication, to deal with unacceptable behaviour.

***When poor quality is detected it is dealt in the following way:***

- The person is assisted to go through a process self analysis of their own behaviour
- The monitoring team gives constructive input in formulating a strategy for future improvement
- Targets are set and monitored in order to assist the processes that lead to an improved performance

***When poor quality deteriorates to unacceptable behaviour it may require to be sanctioned*** by removing the person from their responsibilities. This can take place when a consensus for such an action is reached by the members of the core team/committee in charge of the project.

# Policy regarding child protection:

## 1 Definitions as background information:

***Child***
For the purposes of this document, a "child" is defined as anyone under the age of 18, in line with the UN Convention on the Rights of the Child.

***Child abuse***

- According to the **World Health Organisation**, "child abuse" or "maltreatment" constitutes 'all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.'[3]
- These definitions point to **four types of cruelty:**
    - **Physical abuse:** including hurting or injuring a child, inflicting pain, poisoning, drowning, or smothering.
    - **Sexual abuse:** including direct or indirect sexual exploitation or corruption of children by involving them (or threatening to involve them) in inappropriate sexual activities.
    - **Emotional abuse:** repeatedly rejecting children, humiliating them or denying their worth and rights as human beings.
    - **Neglect:** the persistent lack of appropriate care of children, including love, stimulation, safety, nourishment, warmth, education, and medical attention.
- A child who is being abused may experience more than one type of cruelty.
- Discrimination, harassment, and bullying are also abusive and can harm a child, both physically and emotionally'.

***Child protection***
A broad term to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In the current context, it applies particularly to the duty of organisations - and individuals associated with those organisations - towards children in their care. 'Child protection' is a term used by many organisations for the work and programmes they undertake in the community or broader social environment. This may lead to confusion when discussing the child protection responsibilities and issues involved in managing an organisation. This policy is about *organisational* child protection – i.e. building a 'child-safe organisation.'

***Direct contact with children***
Being in the physical presence of a child or children in the context of the organisation's work, whether contact is occasional or regular, short or long term. This could involve delivering talks to schools, churches and youth groups. It could involve project / site visits and attending conferences at which children are also present. [N.B. this list of examples is not exhaustive].

[3] The WHO definition of Child Abuse as defined by the Report of the Consultation on Child Abuse Prevention WHO – 1999.

***Indirect contact with children***

1. Having access to information on children in the context of the organisation's work, such as children's names, locations (addresses of individuals or projects), photographs and case studies.
2. Providing funding for organisations that work 'directly' with children. Albeit indirectly, this nonetheless has an impact on children, and therefore confers upon the donor organisation responsibility for child protection issues.

[N.B. this list of examples is not exhaustive].

***Policy***

A statement of intent that demonstrates a commitment to safeguard children from harm and makes clear to all what is required in relation to the protection of children. It helps to create a safe and positive environment for children and to show that the organisation is taking its duty and responsibility of care seriously.'[4]

## 2 ICDP's core child protection principles and values:

- The legal basis – the UNCRC: ICDP's Child Protection Policy is firmly based on the principles of the UN Convention on the Rights of the Child: Taken holistically, the CRC provides a comprehensive framework for the protection, provision and participation of all children without discrimination to ensure their survival and development to the maximum extent possible. On the understanding that the CRC must be read as a whole, the following articles nevertheless form the specific basis of child protection: 1 (definition of 'child'), 2 (non-discrimination), 3.1 (the best interests of the child), 3.2 (duty of care and protection), 3.3 (standards of care), 6 (survival and development), 12 (participation), 13 (freedom of expression), 19 (protection from violence), 25 (periodic review of placements), 32, 33, 34, 36, 37(a) (protection from economic exploitation, substance abuse, sexual abuse and exploitation, 'all other forms of exploitation'; torture, cruel, inhuman or degrading treatment or punishment), 39 (physical and psychological recovery and social reintegration).[5]

- The moral basis – a non-negotiable duty: ICDP believes that NGOs working for children's rights have an absolute duty to protect this already vulnerable group from abuse, mistreatment, and exploitation from within organisations intended for their benefit. *This duty is imperative and non-negotiable. Without adequate standards and mechanisms of protection in place, an organisation is not only failing in its primary duty of care, but may also be negligently or recklessly fostering an environment of abuse.* Any organisation that claims to be working for the benefit of children *must* make sure that it is not putting children at risk through lack of attention to child protection policies and procedures.

- An end to silence: Silence breeds abuse and exploitation of children. Child sex abusers will seek out organisations with weak communication structures and thrive where secrecy and shame prevail. Furthermore, without proper policies and explicit procedures in place, NGOs are extremely vulnerable to false allegations of child abuse. ICDP therefore believes in:
    - creating an environment where issues of child protection are discussed openly and are understood between children and adults;

[4] *Setting the Standard: A common approach to Child Protection for international NGOs*, Standard 1 (Policy).

[5] For full text of these Articles see 'Child Protection Tools' at www.streetchildren.org.uk/childprotection .

- promoting open lines of communication both internally and externally within and between organisations to improve awareness and implementation of child protection policies and practices;
- creating a framework to deal transparently, consistently and fairly with allegations concerning abuse.

- Children's participation – a space and a voice: Child protection is not only about policies on paper. The best way to protect children is to empower them to protect themselves. Creating a space where children feel able and willing to speak out about abuse, free from abusers, empowers them to become actors in their own protection without further discrimination or shame. ICDP believes that helping children to find a voice is an essential step to helping them to claim their individual rights. *Children will only benefit from this policy if they are aware of their rights and are given the proper environment in which to exercise them*.

- Taking it further: Child protection is not just about reading and signing a piece of paper: the policy sets out guidelines and standards that must be put into practice. These include, amongst other measures: recruitment procedures, review of management structures, creation of a space for children to speak out, staff training, and development of transparent protocols.

- Capacity building: ICDP understands the need for capacity building on issues of child protection and appreciates the constraints and conditions under which organisations operate. ICDP is committed to undertake such capacity building in partnership with others.

- Challenging complacency: Resistance to addressing child protection issues may come from lack of understanding of the nature of child abuse, lack of commitment to the organisation / programme, and a sense that child abuse happens elsewhere.

- These principles underlie all of the following standards set out in this document.

## 3 Child Protection Policy

The child protection policy provides a framework of principles, standards and guidelines on which to base individual and organisational practice in relation to areas such as:

- Creating a 'child safe' and 'child friendly' organisation (in relation to environmental safety as well as protection against physical, psychological and sexual abuse)
- Prevention of abuse
- Personnel recruitment
- Education and training
- Management structure
- Guidelines for appropriate and inappropriate behaviour/attitude of adults towards children and of children towards each other
- Guidelines for communications regarding children
- Recognising, reporting and reacting to suspected and alleged abuse
- Ramifications of misconduct in relation to the policy and procedures

*This policy is not solely directed towards sexual abuse, but rather encompasses all aspects of child protection including, but not limited to: proper recruitment, training and managerial procedures, health and safety measures, physical harm, disciplinary measures in relation to children, working with information about children, and the ramifications of misconduct.*

## 4 Training in child protection issues

The organisational atmosphere will encourage opportunities to question and learn about child protection issues. There will be opportunities within the organisation to develop and maintain the necessary skills and understanding to safeguard children[6]. The opportunities shall include:

- An induction process for all employees, contractors, trustees, officers, interns and volunteers which includes: familiarisation with the Child Protection Policy and procedures [7]; opportunities to learn about the nature of abuse, the effects of abuse and how to recognise and respond to concerns about child abuse[8]; information and support on who to contact in the event of any concerns about child protection issues.
  - New employees, contractors, trustees, interns and volunteers should receive child protection training as soon as possible (and at least within 3 months) of taking up their position.
  - Existing employees, contractors, trustees, interns and volunteers should receive child protection training within a designated time period (and at least within 3 months) of the Child Protection Policy coming into force.

- Employees, contractors, trustees, officers, interns and volunteers who will have direct contact with children (e.g. through school) or overseas (e.g. through project visits) must be fully trained on the organisation's behaviour protocols and guidelines and must be clear on who to contact in the event of any concerns.

- Employees, contractors, trustees, officers, interns and volunteers who have access to information about children such as personal contact information, including their address, specific cases or incidents, or any other details of a child's personal life must be trained to fully understand what constitutes acceptable and unacceptable sharing of information regarding children.

- Lengthy training can be an additional burden on volunteers or on staff who work part time. Where possible, these limitations should be recognised and arrangements made to deliver the training in as accessible way as possible.

- It is recognised that this training and the topic of child abuse are of a sensitive nature and may raise personal issues for our staff. It is not our wish to upset our staff and so ICDP will endeavour to offer staff individual support or refer them to agencies with experience supporting survivors of child abuse or other members of staff who are finding child protection training challenging.

- A constant re-evaluation of circumstances regarding training and policy procedures will be administered, assuring a constant, up-to-date awareness of child protection issues within the organisation.

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[6] *Setting the Standard: A common approach to Child Protection for international NGOs*, Standard 8 (Education and Training) definition
[7] *Setting the Standard: A common approach to Child Protection for international NGOs*, Standard 8 (Education and Training), Criteria 8.1
[8] *Setting the Standard: A common approach to Child Protection for international NGOs*, Standard 8 (Education and Training), Criteria 8.2

## 5 Management structure:

- A person who is responsible for the implementation of the child protection policy will be designated. This role should reflect the nature and structure of the organisation and the person should have sufficient seniority and support to carry out the role. At each appropriate level or setting in the organisation there should be a named person/s to whom people can talk about child protection matters.

- The responsibilities of the designated child protection person in an organisation may include:
    - Promoting awareness and implementation of the policy throughout the organisation.
    - Monitoring implementation of the policy and reporting annually to the organisation's trustees / management board.
    - The development of child protection training resources as required.
    - Maintaining knowledge of best practice and statutory requirements.

- Ongoing supervision, monitoring and support of individuals working directly with children, or with direct access to information on children will be integrated into the regular schedule of the supervisor / line manager.

- Regular, formal staff evaluations will include an opportunity to discuss child protection issues.

- Regular internal and external project inspections are recommended to ensure objectivity and transparency. External monitoring and feedback is not only beneficial as a child protection measure, but also as a way to constantly revaluate the structures and efficiency of an organisation's programmes and projects as a whole.

- The disclosure of personal information about children, including legal cases, should be limited to those employees, contractors, trustees, officers, interns and volunteers who need to know.

## Ramifications of Misconduct

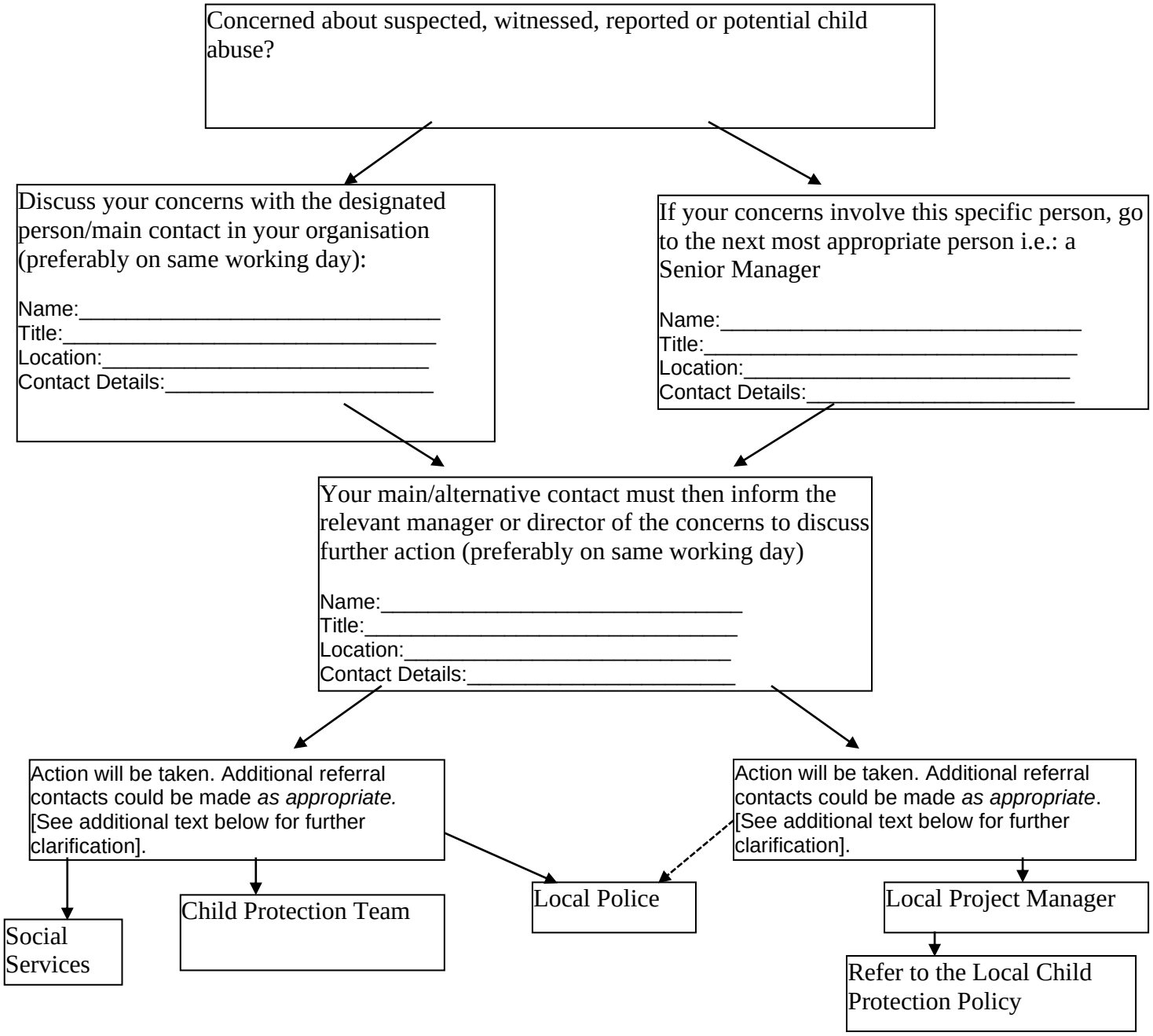
- If an allegation of a violation of the policies, guidelines, principles or practice of child protection is made concerning a named individual from a verifiable source against any employee, contractor, trustee, officer, intern or volunteer, they may be suspended from all activity / association with ICDP pending the outcome of an independent investigation. Staff will continue to receive full pay during this time.

- Depending on the outcome of the independent investigation: 'If it comes to light that anyone associated with [the organisation] commits acts in relation to children – whether within or outside the context of [the organisation's] work – which are criminal, grossly infringe children's rights, or contravene the principles and standards contained in this document, *the organisation will take immediate disciplinary action and any other action which may be appropriate to the circumstances'*. This may mean, for example, for:
    - Employees – disciplinary action / dismissal
    - Volunteers, trustees, officers and interns – ending the relationship with the organisation
    - Partners – withdrawal of funding / support
    - Contractors – termination of contract

- 'Depending on the nature, circumstances and location of the case, [the organisation] will also consider involving authorities such as the police to ensure the protection of children and criminal prosecution where this is appropriate.

- The decision to suspend is not subject to challenge. When investigating and determining the concerns or complaints, the process should always be fair and any adverse determination should be open to challenge through an appeals process.

## Management Flowchart for Reporting Suspected Abuse[9]




[9] Based on tools and resources found in the child protection policies of SENSE International, Save the Children UK and Tearfund. 'Local' refers to all organisations where staff and others are visiting or working.

## 6 ICDP Code of Conduct

The Code of Conduct should be interpreted in a spirit of transparency and common sense, with the best interests of the child as the primary consideration.

ICDP staff must make an attempt to understand the local norms around physical contact between children and adults.

Minimising risk situations:
Try to: avoid placing yourself in a compromising or vulnerable position; be accompanied by a second adult whenever possible; meet with a child in a central, public location whenever possible; immediately note, in a designated organisational Child Protection Log Book or incident report sheet, the circumstances of any situation which occurs which may be subject to misinterpretation; keep in mind that actions, no matter how well intended, are always subject to misinterpretation by a third party.
Try not to be alone with a single child, including in the following situations: in a car (no matter how short the journey); overnight (no matter where the accommodation); in your home or the home of a child. Do not show favouritism or spend excessive amounts of time with one child.

Sexual behaviour:
Do not: engage in or allow sexually provocative games with children to take place; kiss, hug, fondle, rub, or touch a child in an inappropriate or culturally insensitive way; sleep in the same bed as a child; do things of a personal nature that a child could do for him/herself, including dressing, bathing, and grooming; encourage any crushes by a child.

Physical behaviour:
Do: wait for appropriate physical contact, such as holding hands, to be initiated by the child.

Psychosocial behaviour:
Do: Be aware of the power balance between an adult and child, and avoid taking any advantage this may provide.
Do not: use language that will mentally or emotionally harm any child; suggest inappropriate behaviour or relations or any kind; act in any way that intends to embarrass, shame, humiliate, or degrade a child; encourage any inappropriate attention-seeking behaviour, such as tantrums, by a child; show discrimination of race, culture, age, gender, disability, religion, sexuality, or political persuasion.

Peer abuse:
Do: be aware of the potential for peer abuse; develop special measures / supervision to protect younger and especially vulnerable children; avoid placing children in high-risk peer situations (e.g. unsupervised mixing of older and younger children).
Do not: allow children to engage in sexually provocative games with each other.

Physical environment:
Do: develop clear rules to address specific physical safety issues relative to the local physical environment of a project (e.g. for projects based near water, heavy road traffic, railway lines).

# 7 STATEMENT OF COMMITMENT

**to ICDP's Child Protection Policy**

## ICDP Secretariat – staff, contractors, trustees, officers, interns and volunteers

"I, _____(name of individual), have read and understood the standards and guidelines outlined in this Child Protection Policy. I agree with the principles contained therein and accept the importance of implementing child protection policies and practice while working with the International Child Development Programme.

(*Print name)*

(*Job title / role)*

(*Signature)*

*(Date)*

# APPENDIX

## Child Protection Training – an example of a possible agenda:

ICDP organization may organize group discussions as part of child protection training aimed to enable ICDP staff to share about their values, perceptions and views on our individual responsibilities to safeguard the children that come into contact with us and our partner agencies. Staff participation to such discussions is obligatory.

WORKSHOP AGENDA

10:00 – 10:30 Arrivals, tea and coffee

10:30 – 11:45 Introduction- questionnaire on perceptions of abuse (in small groups of three or four and feedback into group)

12:00 – 12:30 Using various scenarios explore in groups whether situation is
1) Is this a cultural or child protection concern?
2) What is the cause for concern?
3) Who is the potential victim?
4) What can be done? How? What? When?
5) Who are you worried about? Why?
6) Do you need to follow procedures for internal or external concerns?

13:00 - 14:00 Lunch

14:00 – 15:30 Continue scenario discussions

15:30 – 16:30 Definitions of Child abuse, the law and you

## Child protection training – Exercise 1

| | Strongly agree | Agree | Strongly disagree | Disagree |
|---|---|---|---|---|
| 1) Hitting children is always wrong and is a form of child abuse. | | | | |
| 2) Sexual abuse is not a very big problem within the country. | | | | |
| 3) Reporting abuse is likely to make things worse for the child so it is better not to do anything. | | | | |
| 4) Spanking in schools would re-instate discipline. | | | | |
| 5) Disabled children are less likely to be abused than other children. | | | | |
| 6) I do not trust the police to do anything about child abuse. | | | | |
| 7) There is not a proper legal system for reporting abuse cases, so it is not worth reporting anything. | | | | |
| 8) Staff employed to work with children are unlikely to abuse children. | | | | |
| 9) Children often make up stories about being abused. | | | | |
| 10) Only men abuse children, women are safer. | | | | |
| 11) Boys cannot be sexually abused. | | | | |
| 12) The church is a safe place for children. | | | | |

## Child Protection Training - Exercise 2

| | |
|---|---|
| You are approached by a long term donor. S/he has said that s/he wants to visit a project to take some photos of the children in order to feedback to his family how they are doing and what the money is spent on. You have via a friend heard rumours that the donor was asked to leave because of complaints about his “touchy feely” approach. The donor is going to India next weeks and s/he wants names and an introduction to projects within the next few days. | Response…… |
| You have received a complaint from an NGO in Africa that a project that you currently support has had complaints made by young people that they are being restrained and at times locked in their rooms. The project manager says it is malicious rumours from another jealous NGO. | Response…… |
| A donor visits India and gets very excited about a project s/he comes across. It is run by a single young women with a focus on children´s health. The donor said that s/he wishes to support a number of similar clinics being developed across the area. When s/he comes to the office s/he shows a number of photos of the children, speaks of regular phone and internet contact and even that s/he would like to bring over a girl (12) for a holiday with her/his family. | Response…… |
| A proposal for funding for a project in Africa to work with a small group of people who are concerned about the safety of their children when going to the city. While on an exposure visit a board member sees whip marks on the child. On return he/she insists that we cease monies going to the project immediately. | Response…… |