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ICDP in a nutshell

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International Child Development Programme (ICDP) is a competence-building organization in the field of psycho-social and educational care for children. ICDP is a registered private foundation and it is run on voluntary basis. It was founded by two psychology professors from the University of Oslo, together with a small international team. ICDP has reached over 60 countries since it was founded.

The objective is to work for the healthy development of children worldwide by implementing a simple but effective psychosocial intervention programme that is based on scientific research in child development and that can enhance children's psychosocial development and wellbeing. ICDP works with children's caregivers to create a loving, caring and guiding educational environment for children.

The work is based on the principles that are laid down in the UN Convention on the Rights of the Child. ICDP is another expression of the same humanitarian spirit as encoded in the CRC. The ethos is to provide for human care through activating empathy, sensitivity and education of both caregivers and their children and by strengthening local initiative. Introducing children's rights is likely to have a major impact if efforts are also made to activate awareness and deeper bonding to children as persons (Hundeide & Armstrong, 2011).

ICDP is non-political and non-denominational.

ICDP does not run projects but trains others to use its methodology, so that they can spread it to caregivers in their own communities. Whenever possible, in order to ensure sustainability, the ICDP programme is inserted into existing institutional structures, government networks, NGOs and educational institutions, such as high schools and universities.

The evaluation of ICDP confirmed its relevance in different fields: teachers in schools and preschools, staff in day centres, preventive programme for parents in general, immigrant population, asylum seekers, fathers in prisons, families with problems linked to drug and alcohol addiction, child protection, foster parents, families in the after effects of AIDS, parents ex rebel fighters, displaced families, parents reached through the health sector.

ICDP aims to help children by working with children's caregivers. The objective is to improve the quality of interaction and the relationship between caregiver and child. Research suggests that human development and the physiological development of the brain, depends on proper interaction between a caring adult and the growing child.

The ICDP programme was designed to strengthen caregivers' involvement with their children in a positive way, to give confidence in personal ability to provide care, to facilitate those relationships that support children's development and to prevent those relationships and conditions that may lead to neglect and abuse of children. ICDP with its emphasis on empathy and compassion for the other contributes to peace building.

ICDP was developed with the intention of being cheap and easy to implement. It is intentionally made simple (using photos and simple language) so that caregivers of any background can understand the basic messages about psychosocial care for children, even through these messages summarize current scientific knowledge about child care and development. By participating in ICDP, caregivers learn general principles of child rearing that are universal and present in most cultures, which makes the programme flexible and culturally adaptable.

The specific objectives:

1. To release empathy in caregivers, the ability to 'feel with the child', sense the child's state and needs and adjust their caring actions to the child's needs and initiatives
2. To strengthen the caregivers' confidence in their role
3. To promote a sensitive emotional-expressive communication between caregiver and child that can lead to a positive emotional relationship and attachment between the two.
4. To promote an enriching, stimulating interaction between caregiver and child that expands and guides the child's experiences and actions in relation to the surrounding world, enhancing the child's cognitive and social skills.
5. To activate indigenous child-rearing practices and values, including the child culture of play, games, songs and co-operative activities.
6. To give children the opportunity to be heard, listened to and responded to by opening up a space for meaningful dialogues with adults
7. To give children opportunities to follow their own initiatives, giving them support when needed, but without taking over the control of the situation from them, so that they develop self-control.

The main messages are expressed in the 8 guidelines for good interaction between caregivers and children. The 8 guidelines are used as topics for discussion and as questions for reflection by caregivers in group meetings and for personal practical application and observation in daily routines and activities with children: 1. How do you express love to your child? 2. How do you follow and respond to your child's initiatives? 3. How do you establish close communication with and without words? 4. How do you show appreciation and praise your child's efforts and achievements? 5. How do you help your child to focus on things around? 6. How you name and explain about things? How you do it with enthusiasm? 7. How do you enrich and expand your child's understanding and experiences about the world? 8a. How do you help your child learn rules, limits and values? 8b. How do you guide your child step by step to accomplish his or her project? (ICDP booklet for caregivers, *I am a person*, 2005).

ICDP trains facilitators who run ICDP group meetings for caregivers. There are 8 -12 two hours long weekly meetings, with follow up. Children are sometimes present and families may sometimes be visited at home.

The ICDP principles are integrated in the contact and daily activities with the children

The 8 guidelines represent 3 dialogues between caregiver and child. Caregiver practice the 3 dialogues in relation to children in typical daily situations, when greeting, feeding, washing, playing, going for a walk, teaching or, organizing an activity etc.

The Emotional dialogue is practiced as an emotionally close, happy and loving dialogue between caregiver and child, in which the caregiver adjusts himself to the child's state, expressions and initiatives, and where the caregiver gives confirmation and acknowledgement, and communicates his appreciation for the child.

The Comprehension dialogue means that the caregiver knows how to help the child focus attention on a surrounding object or experience. The caregiver then provides meaning by describing and explaining what it is and how it is. He also expands on the meaning through explanations about what they experience together, by pointing out the similarities and differences between objects or events, and by creating links with a similar experience from the past or future happening.

The Regulative dialogue means that caregiver sets limits in a positive way by involving the child in dialogue and by providing explanations for what is allowed and what is not. Values, norms and rules are introduced in a consistent manner with children's participation. Caregiver plans activities with the child and provides supporting guidance step-by-step towards its goal.

The caregivers are taught how to evaluate which of the 8 guidelines are predominant in their interaction with the children in a number of routine situations; they make an interaction graph using the Likert scale. The point is not to arrive at a correct profile, but to establish concrete basis for the evaluation of one's personal interaction with children. A strategy for improvement is then made: each caregiver makes a plan where to put more emphasis in the future, i.e. how to apply the guidelines more congruently with the need of the individual child.

ICDP process of change

The ICDP uses active participatory and empowering strategies such as self-observation, self-evaluation, home tasks, sharing and constructing ideas with others, in order to enable adults to construct and develop positive notions, understanding and awareness of the child as a person. As a result, caregivers become confident in their role as carers and aware of the importance of that role for their children's development. The stages of awareness-raising in ICDP, 1 to 7 below:

1. Becoming aware of the significance of one's own role as caregiver and the responsibility for the wellbeing and development of the child
2. Becoming aware of one's own conception of the child and realizing how negative conceptions may prevent good interaction
3. Becoming aware of what good interaction is and about the quality of one's own current interaction and communication with the child – examples and stories
4. Exercises of change: Awareness-confrontation such as in video feedback watching one's own interaction that brings a new awareness about own competence and positive interaction
5. Exercises of change: Activity cycle - testing out in practice different positive interactions
6. New awareness about good interaction through group exchange sharing personal stories
7. Establishing new interactive practices by incorporating these as daily routines

The ICDP 8 guidelines for good interaction define those aspects of the caregiver–child relationship which have a strong effect on child’s development.

As a result of applying the 8 guidelines in daily activities with children, the caregivers tend to become:

- More loving and positive
- More attentive and responsive to the child’s initiatives
- More able to communicate in a non verbal way with the child
- Giving more praise and confirmations to the child
- Giving more names and descriptions to what the child experiences
- Expanding more when giving explanations and connecting topics
- Using more positive ways when regulating or setting limits by introducing values

As a consequence of this change in caregivers’ attitudes and behaviour children tend to become:

- More positive and open, more responsive to emotional cues
- More self confident and active, following own ideas and initiatives
- Asking more questions and being more explorative
- Develop more fantasy
- More interested in explanations and comparisons
- More capable of planning and reflecting ahead; able to control their immediate impulses, adjusting more readily to others and able to follow rules of co-operation better.

Monitoring and Evaluation

Monitoring is ongoing, through assessments by caregivers, field notes by facilitators, supervisors’ reports. Lessons learned: work more with fathers; train leadership; do pilot projects; time limitations; sustainability plan; involve children in evaluations, follow up.

Implementation is evaluated. Evaluation studies from different areas of the world all showed similar effects of ICDP: "ICDP provided new meaning and motivation to me as parent", "I understood the significance of a close relationship with my child", "I listen to my child now and he asks more questions which I enjoy answering now", "I am more patient", " We share and talk together more" , " No more harsh punishment", " I found out that love one can achieve a lot more than the stick", "My child is happier", " I am nicer to him and he is nicer to his brother now" , "We have more peace in the home now", etc.

To find studies of impact by external professional evaluators – see section on evaluation on the following page: www.icdp.info [Evaluations of ICDP - ICDP](#)

ICDP evaluation matrix lists over a hundred studies about ICDP:

[Microsoft Word - ICDPEvaluationMatrix2017.doc](#)

Summary of some of the studies from different countries:

RUSSIAN STUDY:

2016, a study in Russia was Published by Elsevier Ltd. Peer-review under responsibility of the organizing committee of ECCE 2016. Link to this study is below:

Early Psycho-social Intervention Program WHO/ICDP as an Effective Optimization Method for Child-parental Relationships

Abstract

This article investigates the problem of optimizing child-parental relationships with “Early psycho-social intervention program WHO/ICDP” in the Russian environment. We conducted a study of 75 parents who have normally developing children from ages 0-7 (a total of 75 children) and took part in the ICDP program. Before participating in the ICDP program, the parents’ self-attitudes stay positive, but yet show some inner contradictions. The most controversial domain is power and influence, dominance and suppression as opposed to understanding and accepting a child. The results show to us that the ICDP program has corrected the parents’ attitudes: it strengthens an educator’s positive role for a parent, develops the positive image of a child, and improves positive parenting skills (understanding and accepting a child’s wishes, interests and abilities; emotional self-control; positive regulation of a child’s behavior). The program allows parents to find inner resources for optimization of child-parental relationships. © 2016 The Authors.

STUDY IN PERU:

2020, a multi-sectoral research study of the Wawa Illari project in Peru showed how combined interventions (ICDP + food intervention) helped to mitigate the impact of adversity on food insecurity and language delay: <https://doi.org/10.3389/fpubh.2020.567900>

NORWEGIAN STUDY:

The Norwegian study found that caregivers who received ICDP afterwards show better child management and parental strategies and experience less impact of child difficulties (Sherr, Skar, Clucas, von Tetzchner, & Hundeide, 2014). Both mothers and fathers benefitted, but fathers more than mothers in terms of increased use of pedagogical parenting behaviour and a greater decrease in anxiety and a greater increase in self-efficacy, whereas the mothers reported a decrease in their child’s difficulties (Clucas, Skar, Sherr, & von Tetzchner, 2014). Recommendation to ICDP is to include both fathers and mothers. Most positive changes were sustained at 6-12 months follow up, but at a somewhat lower level, suggesting to consider more follow up (Skar, von Tetzcher, Clucas, & Sherr, 2014a). Ethnic minority mothers showed increased life quality and more positive and communicative parenting behaviour (Skar, von Tezchner, Clucas, & Sherr, 2014b).

Fathers in prison report increased self-awareness about their parental role, which motivated them to become a better parent, but at the same time they experienced such awareness as distressing, so follow up for the fathers is suggested to help them adjust (Skar, von Tetzchner, Clucas, & Sherr, 2014c).

MOZAMBIQUE:

Study in Mozambique found higher scores on positive parenting behaviour and lower on psychosocial mental health problems in caregivers who received ICDP (Skar, Sherr, Clucas, & von Tetzchner, 2014).

BOSNIA:

In Bosnia, positive effect on maternal mental health and nutritional and psychosocial functioning in children was found when combining ICDP with therapeutic interventions for war traumatized populations (Dybdahl, 2001), and in terms of nutritional growth and decreased child difficulties when ICDP was combined with a nutritional guidance component for vulnerable children growing up in poverty (Skar, Abreu, & Vaughn, 2014, in press).

COLOMBIA:

In Colombia, the ICDP work in the departments Nariño, Boyacá and Huila was positively evaluated by psychology teams from local universities (www.icdp.info/downloads).

Nariño: In the period between March and December 2004, the ICDP program “I am a person too” was implemented with agents from the ICBF network, working with families and children in 64 towns of the Nariño province, Colombia. The psychology department of the University of Nariño carried out a research study to evaluate the impact of the ICDP programme in Nariño and published their study (Dayra Elizabeth Ojeda Rosero, & Nubia Rocío Sánchez Martínez, 2005). The target group of the ICDP project were agents and caregivers from the ICBF network that operates in 8 zones of the province of Nariño, who were trained as ICDP facilitators and promoters. Facilitators and promoters were selected from Tumaco, Pasto and La Union, which are 3 zone centres of the ICBF social services network, as key informants for the evaluation – sample size 214 persons. The selection process took into account the cultural diversity of the province and the adequate representation of the zones.

Instruments used: interviews, written questionnaires (214), questionnaires using the Likert scale (93), case studies (9), observation, interpretation, video recordings, project documents and reports (verbal and written)

Results:

1: Increased parent-child contact and communication 2: Adults understood their value as caregivers: From aggression and lack of tolerance, to emotional, attunement, empathy, patience, collaboration. 3: Children appear more affectionate, social and understanding; express their feelings and emotions.

Boyacá: In 2005, the work of ICDP in the department of Boyacá was evaluated through cooperation between 3 local universities: UPTC, UNAD and Universidad de Boyacá and the study was published that same year (Maria Claudia Vargas Martino et al., 2005). The ICDP project trained staff from ICBF (social services network), education and health services and they in turn trained more of their own staff who works with families and children. Evaluation was based on questionnaires and interviews, case studies, pre and post observation of caregiver child interaction. The sample size included 252 facilitators, 132 promoters, 18 case studies. Caregivers expressed that ICDP was useful as they reflected on their family lives, communication with children at work and at home, and made them more aware of what they need to do to improve their children’s lives and their relationship.

In 2008, the secretariat of education in Tunja found that in nine municipalities in Boyacá, Colombia, all interviewed preschool teachers benefitted from ICDP and reported that it had a positives impact on children (Informe ICDP, 2008). Two hundred preschool teachers answered questionnaires and were interviewed by their supervisors. They found that ICDP helped them focus on the way they relate to children, rather than on the achievement of the child. By focusing on their interactions they improved their relationship with the children and as a result the children showed more interest in learning and behaved better.

Huila: In 2010, Unicef sponsored a study of the work of ICDP in Huila, which was conducted by an external professional evaluator (Solano Forero, 2010). The evaluation of the Huila project was based on a qualitative research methodology with a critical ethnographic approach and participant observation. The evaluation criteria followed fundamental principles of relevance, efficiency, effectiveness, impact, sustainability and observation of a gender perspective and the protection and promotion of child rights. Assessments were made through questionnaires, focus groups, semi structured interviews, in-depth interviews and by filming adult-child interactions. Sixty caregivers were filmed (30 in the control group and 30 in the experimental group) and their interaction profiles were analyzed and compared both pre and the post intervention. Caregivers who received the ICDP intervention developed their interactive skills 30% better than those belonging to the control group who did not receive the programme. Education staff and caregivers consistently stated that the ICDP impacted positively their attitudes and behavior toward their children. The programme enabled them to recognize the need to break away from the traditional negative caring patterns using physical punishment which they all experienced as children; to become open to new approaches that will transform adult–child relationships into more harmonious ones; to be respectful of children and provide constant guidance to them. There were consistent cross references by caregivers reporting that children have reduced or eliminated aggressive behavior, are less shy, less insecure, better express their emotions toward adults, are more cooperative with each other at school, show more motivation to learn. The teaching methods were considered effective, facilitating learning for adults with

little or no schooling. Public networks and programmes that provide community services in education, health and family welfare made good use of the ICDP training structure to channel the actions of the programme. Professionals from the institutions involved in the project considered the ICDP as basis for the formulation of public policy for the protection and promotion of the rights in early childhood, as well as prevention of domestic violence and child abuse.