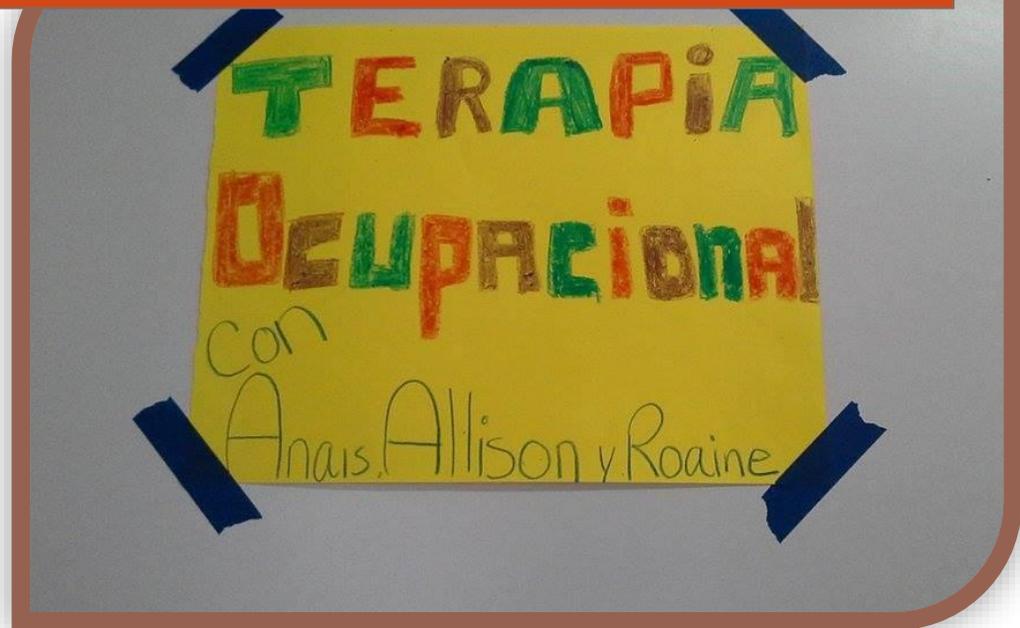


Empowering At-Risk Children in Colombia through Occupational Therapy



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Project Overview

Students: N. Roaine Ash, Anais Rodriguez and Allison Miron

Department: School of Physical and Occupational therapy

Organization: *Niños por un Nuevo planeta*

Location: Sopo, Colombia

Mentors: Caroline Storr, Assistant Professor and Academic Coordinator of Clinical Education-OT; Gretel Bayer, Occupational Therapy Supervisor in Bogota; and Clara Carpintero, Occupational Therapy and McGill Consultant

Fellowship Duration: 8 weeks



About the McBurney Latin America Fellowship Program

Through McGill's Institute for Health and Social Policy, the McBurney Fellowship Program supports students in international service programs related to health and social policy in Latin America. McBurney Fellows serve abroad in organizations working to meet the basic needs of local populations over a period of 2 to 3 months. One key aspect of this fellowship is its mandate to make a significant contribution to improving the health and social conditions of poor and marginalized populations through the delivery of concrete and measurable interventions. Students and their mentors identify issues, make connections with local organizations, and develop a strategy for the fellowship. The views expressed in this document are the opinions of the fellow, and do not necessarily reflect the opinions of the IHSP.

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NIÑOS POR UN NUEVO PLANETA: EMPOWERING AT-RISK CHILDREN IN COLOMBIA THROUGH OCCUPATIONAL THERAPY

Fellowship Rationale and Objectives

Our project focused on addressing the social, occupational, and mental health issues faced by children in Bogota and Sopo, Colombia who have been removed from their homes and placed in non-governmental organizations (NGOs). This project was a partnership between McGill University's School of Physical and Occupational Therapy and Niños por un Nuevo Planeta located in Sopo, Colombia. Niños por un Nuevo Planeta's mission is to stop the cycle of sexual and domestic violence in the Bogota/Sopo area by providing shelter, education, and therapy to victimized children as well as to support the children's families through counseling. Therefore, as occupational therapy students, our role in the project was to establish sustainable and meaningful activities for the children residing at Niños por un Nuevo Planeta that would address developmental delay and promote mental health.

Our project also took part in the global initiative of social pediatrics, which is a holistic and multidisciplinary approach to child health. This initiative considers the health of the child within the context of their society, environment, school, and family in order to promote health and quality of life (Ford-Jones, Williams, & Bertrand; 2008). We took a social medical approach in our project because we believe that the challenges the children are facing are mainly external in nature due to trauma and unstable environments. Sexual abuse of children has increasingly been recognized as a major social and medical problem. Of the reported cases of sexual and domestic abuse in Colombia, 72% of the victims of sexual abuse are children. Moreover, an average of 44 cases of child sexual abuse are reported daily in Colombia (World Health Organization, 2014). Additionally, sexual and domestic abuse can result in many physical and mental health consequences that prevent children from thriving. For example, 70-80% of sexual abuse victims report excessive drug/alcohol use, and school dropout rates are high among children that have experienced abuse (World Health Organization, 2014). Our project addressed these challenges by focusing on educating child care providers at Niños por un Nuevo Planeta on best practices to help them stimulate the children, with the hope that the children will stay in school and be empowered to be future positive role models within their community.

Objectives

1. To discuss and assess the needs of the NGO, the childcare workers, and the children in order to create a sustainable project
2. To create an occupational therapy intervention program for the children (2-6 years old) to be used as a template for treatment by future occupational therapists.
3. To integrate a stimulation program for the children in the daily routine of the child care providers to promote the overall development and academic success of the children residing at the NGO.
4. To model positive and effective communication and behavior management during structured therapeutic activities with the children.
5. To educate the childcare workers at the NGO on safe and best practice for the self-care needs of the children.
6. To foster resilience among the children living at the NGO.
7. To assess the developmental needs of the children (2-6 years old) and make recommendations to the NGO director for future specialist intervention.

Background

During the 1980's in Colombia, a social stratification system was implemented which divided the land and population into six strata's based on socioeconomic status. The benefits of this stratification system include subsidies for health care, electricity, water, and sewage that are distributed based on income (International Federation for Housing and Planning, 2012). While this system enables people to live within their means, it also creates stigmatization and promotes marginalization amongst the people living in the poorest stratas. It also restricts these individuals to live in economically unstable neighborhoods. Although the stratification system was created to benefit the citizens of Colombia, one could argue that this system perpetuates a cycle of poverty, abuse and violence.

The World Health Organization's public health statement on violence and health outlined the causes of violence as being complex and involving many factors. Among other risk factors, socioeconomic status and community/neighborhood environment was said to have an impact on the prevalence of violence (Krug, Mercy, Dahlberg & Zwi, 2002). These factors are important in understanding the many threats that Niños por un Nuevo Planeta faces along with our role within this agency. The issues faced by the NGO currently are numerous, as they have recently transitioned from a house in Bogota to a small compound in Sopo, Colombia. Over the Dec. 2014- Jan 2015 holidays, most of the staff quit the NGO, leaving the director of Niños por un Nuevo Planeta scrambling to hire enough staff to care for the children. The focus of the organization was not, therefore, to train new staff on how to manage children with unstable and violent pasts. Rather, the focus was to acquire enough staff to meet the children's basic needs. This created chaos within the NGO, as much of the staff did not communicate efficiently amongst each other, and the staff's already



heavy burden was increased in caring for the approximately 150 children. We observed that this also led the staff to discipline the children for poor behavior using ineffective techniques (i.e. negative reinforcement).

However, the main challenges that we observed at the NGO are faced by the children living there. Many children that are institutionalized have had less than optimal early life experiences and suffer severe occupational deprivation frequently associated with institutional care (Roeber, Tober, Bolt, & Pollak; 2012). Occupational deprivation refers to an individual's inability to engage in meaningful and desired life occupations due to external constraints - which can cause developmental delay during childhood years (Eckerle, Hill, Iverson, Hellerstedt, Gunnar, & Johnson; 2014). Developmental delay is defined as lower than average functioning, or a significant limitation in gross motor, fine motor, cognitive, and/or sensory skills compared to the child's age. Research has shown that delays often seen in institutionalized children include difficulties with memory, attention, learning, and inhibitory control, as well as internalizing and externalizing behavioral problems (Roeber, Tober, Bolt, & Pollak; 2012). The aforementioned delays were observed at the NGO with several of the children. For example, many of the children attempted to get the adults' attention by displaying negative behavior. These behaviors, in turn, disrupted the activity groups that were being led and resulted in the child receiving negative attention from the adults, ultimately perpetuating the cycle of abuse.

Activities

As Occupational Therapy students, we created therapeutic activities for the children at the NGO based on the Person-Environment-Occupation Model (PEO). The PEO helps therapists to conceptualize, plan, communicate, and evaluate occupational performance interventions with respect to the complex dynamic relationships between people, occupations, and environments (Law, Cooper, Strong, Stewart, Rigby, & Letts; 1996). Consequently, we believe that the PEO supports our project's aim of advancing social pediatrics within the Bogota/Sopo area. Initially, we focused on the environment of the NGO because upon arrival, the NGO's director reported that the organization's environment was chaotic and negatively stimulating for the children. This was observed once we spent time at the organization as well.

In their article, Evans and Stecker (2004) define chaos as "acute and chronic exposure to noise, crowding, traffic congestion..." and found it to be positively correlated with learned helplessness. This was found to impact the ability of adults and children "to learn new tasks because of their mistaken belief that they are incapable of influencing their environment" (Evans & Stecker, 2004). We targeted this environmental issue through the

creation of an occupational therapy room with rules of conduct. This structure was later transferred into the living quarters of the NGO, since we observed that without a structured and supportive environment, the children's ability to thrive, attend school, and become productive members of their community was compromised.

After addressing the environment of the NGO, we then turned our attention to the occupation portion of the PEO model. While discussing the children's needs



with the NGO's therapeutic specialists (psychologist and social worker) and the child care workers, we learned that many of the children had trouble staying in school due to behavior problems and are therefore disadvantaged academically. An important occupation throughout childhood is attending school, and research has shown that abuse, relocation, and trauma can drastically impair a child's performance in school (Driver & Beltran, 1998). As a result, we then began informally assessing the children and assigned them to groups based on their developmental needs. These groups were assigned three activities based on gross motor, fine motor, and cognitive development and our daily routine consisted of educating the childcare workers on how to run activities. We found that this structure was very successful as we gradually observed the childcare workers being able to carry out activities independently based on the developmental needs of the children. Furthermore, as the weeks progressed, we were able to witness an improvement in the children's skills (i.e. fine motor and judgment).

Lastly, we focused interventions on the person portion of the PEO by promoting resilience through PhotoVoice. Resilience is a complex mental health construct that is generally defined as an individual's capacity for positive adaptation in response to stress or adversity (Atkinson, Martin, & Rankin; 2009). A person's level of resilience is influenced by various factors, such as internal personality constructs, external individual environments, and access to meaningful occupation (Tusaie & Dyer, 2004). While we promoted empowerment in our aforementioned interventions by stabilizing the children's environment and providing them a mastery experience in their scholastic skills, we saw the biggest change occur in the children and the culture of the NGO when we used a camera lens to focus on the people residing there using PhotoVoice.

PhotoVoice's mission is to build skills within disadvantaged and marginalized communities through photography to empower and enable individuals to represent themselves and create tools for advocacy and communication (PhotoVoice, 2015). We utilized this concept by taking photos of each of the children mastering an activity and photos of the children and the child care workers during positive interactions. Allocating a space on the walls of the NGO for the children's photos empowered them to see themselves as important members of their community, while increasing their social capital within the organization.

Challenges and Successes

Before arriving in Colombia, our main goal was to do a needs analysis of the institution, define the role of occupational therapy in Colombia, and use PhotoVoice as a means to decrease stigma towards the children of Niños por un Nuevo Planeta. Along with these goals, we wanted to use PhotoVoice in an attempt to address the children's integration of domestic and sexual abuse into their self-perception. However, as previously mentioned, we arrived at an organization that was undergoing extreme changes and therefore we modified our project objectives. Adjusting to the NGO's situation was difficult because we had not expected the children's basic needs of clean clothing, clean shelter, and running water to be unmet. The modifications we made to our objectives reflected



a larger focus on stabilizing the environment and addressing the developmental needs of the children. Therefore, we contributed to the organization through the development of a stimulation program and the aforementioned activities.

Questions raised

At the beginning of our project at Niños por un Nuevo Planeta, we began to question whether the children's occupational rights were being met. Townsend (2012) defines occupational justice as "a justice of difference: a justice to recognize occupational rights regardless of age, gender, social class, or other differences." Given that the organization had no running water for the majority of our stay, we questioned the reasons behind this water interruption and wondered how we could act to remediate the situation. We were told by several of the staff members that the city had cut the water supply as a pressure strategy to force the NGO out of the city. Furthermore, we witnessed several children who remained behind while others went to school. They had been removed from their school often due to misconduct. These challenges highlighted the importance of a supportive community in ensuring the rights of children. We observed that without support from the municipality and the local school, managing the interests of the administration while ensuring the rights of the children will remain an issue.

Training and mentoring

Our off-site supervisor (Gretel Bayer) was available to debrief with us weekly. She was also present at the agency on the first day to introduce us to the staff of the organization and show us how to navigate transportation from Bogota to Sopo. Furthermore, she provided us with weekly opportunities to increase our knowledge of pediatric interventions in her private clinic in Bogota. Lastly, she guided us in the making of the final project for the NGO. In addition, Clara Carpintero acted as an additional off-site occupational therapy consultant to monitor the progress of the project. We met with her before our departure in Montreal and on several occasions while in

Colombia. Our faculty mentor, Professor Caroline Storr, played an important role during the fellowship by organizing the collaborative partnership project, coordinating pre and post departure seminars/meetings, as well as ensuring the internship site, housing, accommodations, and transportation were arranged with our local on-site supervisor. The pre-departure seminars included training in PhotoVoice, discussions on language and cultural realities, as well as clarification of the student/on-site supervisor's role and objectives. She was available for email communication and support during the project implementation. She also organized post-return meetings where we each had the opportunity to debrief with Professor Storr on a one-on-one basis and to discuss challenges and recommendations for future McBurney fellowship projects.



What did you learn?

During this placement, we learned a lot about our personal strengths and weaknesses. We observed the challenges of working with an organization that is struggling to stay afloat because the surrounding community does not share its values or mission. Most importantly, we witnessed the needs that children have for affection when they have been deprived of this most of their life. Many of these children are faced with occupational deprivation and occupational marginalization due to the context in to which they were born. Fortunately, each of us witnessed firsthand the positive impact we had on these children by providing them with structure, stimulation, and respect. Despite all the aforementioned challenges, we consider this project to have been a rewarding experience and we hope more students have the opportunity to build on the project that we began.

Community Implications and further work

What was your contribution to the delivery of health and/or social services for poor or marginalized groups?

The stakeholders of the project include the children of the NGO, the staff of NGO, as well as the community of Bogota/Sopo. The project we developed will be beneficial to the developmental growth of future children at Niños por un Nuevo Planeta as it was designed to be used by both the children's caretakers and Occupational Therapists. It follows a bottom-up approach to providing the children with a healthy and stimulating environment. Our program will also enable the children to develop self-respect, respect for others, and become proactive members of their community.

In order to take our project to the next level and ensure its sustainability, we would have to identify collaborators amongst other governmental or non-governmental organizations who target the same population. This would allow for the development of short-term and long-term goals to be established with regards to changing Colombian policy. Partnering with other organizations would also add credibility to the mission of breaking the cycle of domestic and sexual abuse for children in Colombia. Future McBurney fellows should support this cause, since the global cost of perpetuating the cycle of violence was estimated to be \$9.46 trillion or 11 percent of Gross World Product (Institute for Economics & Peace, 2013). Therefore, the responsibility of intervening and preventing violence should be a global effort.



Advice for Future Fellows

This program has provided many valuable experiences, all of which would not have been possible without the McBurney fellowship. Firstly, this program furthered our academic goals in providing the opportunity to work with children. More importantly, it showed us the impact that chaos and poverty can have on the development of children. The PEO model is underlined throughout our curriculum in occupational therapy. This placement took that further, highlighting the

importance of the environment as a facilitator or a barrier to a person's occupations and self-determination in a unique and powerful way. Finally, as we plan to work on similar projects in the future, the opportunity advanced our career goals in providing experience in the field before we graduate.

Our advice for future fellows would be to keep your head up high in the face of challenge, as those challenges will move you to reflect and to grow. Even if it is at times hard to see, as fellows, we have a great opportunity to change lives.

Our suggestion for improving the program is to include more service-based programs such as this one as part of the fellowship. We found it very rewarding to work with the NGO to address a need and on many occasions the director of the NGO expressed her gratitude for our work. Service-based programs are great for students, as the results are quickly visible and the strong partnerships you develop within the community are very meaningful. Finally, this type of program allows students also to apply their professional knowledge in a different culture, which widens and diversifies their professional scope and clinical experience as global health practitioners.



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