

### **Children Living in Jails - Interim Report**

(Translated from Spanish by Rachel True – CFHI Program Director and Nick Penco, CFHI Student Program Manager)

#### **Psychologist's Report**

**By Lic. Sussy Soto Portugal**

During 2007 we worked with about 40-60 children, given the season and the constraints of the jail. It was the vacation season for students, so the number of children in the jails actually increased, which also happens when there are new arrivals.

We focused on completing the objectives of the project “Children Living in Jails” towards which end we undertook the following activities:

- Psycho-pedagogical interventions for children 4-6 years old, reinforcing and preparing them for reading and writing instruction.
- Psycho-pedagogical interventions for children 3-4 years old focused on basic notions of learning.
- Development of behavioral strategies to diminish the level of aggressiveness and anxiety in the children.
- Scheduled outings to nearby parks to promote the relaxation and distraction of the children
- Interactive roll-play workshops with the purpose of increasing their self esteem, promote respect and tolerance and develop their oral skills
- Support of recreational activities on holidays such as Dia del Niño, and Dia de la Primavera (Spring Day – Sept 21)
- Continued to work on attention and concentration strategies with children's videos
- Sports activities, including soccer and basketball
- Support for English classes
- Shared activities with Dra. Von Albenleben to monitor the children's weight, height and nutritional status
- Workshops on cavity prevention
- Activities in collaboration with the social worker about the culture of tolerance, self-care, and personal hygiene.

I should also mention that during the management of the project, we continued to use the notebook prepared specifically for the students, and we worked in the afternoons, making it possible for students to receive instruction for a full day.

#### **Pediatrician's Report**

**By Dr. Inge von Alvensleben**

During the entire year, I have attended to 167 children between 0-6 years of age, comprising 104 new patients and 63 that had been here since 2006 via 708 consultation periods (an average of 59 per month). In addition, I have taken a child to an outside consultation, or hospital visit, about 3 times per month. 14 children were born while their mothers were incarcerated (for the birth they went to the hospital and returned when they were discharged). Regular checkups for newborns were also given to each postpartum mother.

The principal motivations for consults were respiratory and gastrointestinal infections. At regular check ups I measure weight, height, physical development, and psychological status. I also monitor vision and auditory development. The most serious problems are acute malnutrition (partial and full) and chronic malnutrition, sometimes caused by parasites but in the majority of cases caused by inadequate and insufficient food, and also severe infections due to the bad hygiene conditions, bad ventilation in the rooms and compromised immune defenses due to malnutrition. In January and June there were small outbreaks of chicken pox, and in March and April there were a few cases of “paperas”, while in December there were 3 patients with pertussis or “Whooping Cough”. The last two illnesses are preventable with vaccination but some of the mothers who we advised initially did not come back when we called them to vaccinate their children.

During the visits, I also evaluated the family situation and highlighted the importance of family planning. The collaboration with the social workers and their interventions are a huge help, not only in relation to the adult female inmates, but also for the fact that the mothers are calmer when persistent worries about the care of their respective children are resolved.

Due to the tense and often aggressive atmosphere in the jail, there is a lot of family violence. For example, a five-year-old girl was abused by her father, which her mother covered up. For her, we had to bring in the Child Protective Services and she recently returned to the prison under close observation and monitoring by various professionals. In this and other similar cases, interdisciplinary collaboration is invaluable and a great help for everyone.

### **Activities and Development of the Project in 2007**

#### **Nutrition**

Project Coordinators have organized a series of health education talks and various counseling sessions for the incarcerated mothers about adequate nutrition for children according to their age, constitution and current nutritional status and the consequences of under and over weight. There have also been various consultations with an endocrinologist to rule out hormonal imbalances, distribution of nutritional supplements (multivitamins, minerals and other micronutrients like zinc and iron sulphate to patients with chronic and acute malnutrition. These supplements were procured through donations and purchases from the project.

The continuing high incidence of malnutrition (of the 104 new patients from this year, 24 presented with global acute and/or chronic malnutrition, and 32 with partial malnutrition (anemia), despite our best efforts, is explained in part by the general lack of adequate food and insufficient parasite treatment; also by a certain level of neglect on the part of some mothers that are more concerned with their personal situation and/or who work all day. The children receive three meals a day from the jail; however, this often does not satisfy the daily requirements of a growing child, who should eat at least 5 times a day.

Thanks to the micronutrients mentioned above, we have been able to improve the anemia situation considerably. Of the 22 children who suffered from malnutrition in 2006, and who are still living in the jail in 2007, 16 have been able to recover their weight and the others are still receiving treatment. Of the 24 new children with dangerous malnutrition in the beginning, to date, five have recovered, and the others continue their treatment and regular monitoring.

#### **Vaccinations**

Health education talks have been offered in collaboration with the Sevida organization, which works in the jail. We distributed vaccination cards to all the children who did not have them and we have tried to complete vaccinations for all of them. I say “we tried” because despite all the information we give the mothers, including the intervention of the social worker, the cooperation and the interest of some mothers is lacking and they ignore repeated calls. In August the vaccination center of the district finally agreed to provide us with all the vaccines, so that it is no longer necessary to take the children out of the jail. This fact increased the number of women who were willing to have their children vaccinated.

#### Parasites

The project team talked with Sevida about having health education and counseling sessions on hygiene. The team and prison doctor monitored the hygiene of the jail’s kitchen, bathrooms and awnings. The review of each patient includes checking for signs of parasite infection. Where symptoms are apparent, patients are treated immediately, and in less clear-cut cases, an analysis is performed. In December 2007, we started a campaign to test all the women and children for parasites, the results of which are still pending.

#### Oral Health

The project team gave general health education talks as well as individual talks with each mother about the importance of oral health. Free dentistry services were provided to all children in the jail through donations from the project as well as some coverage from SUMI. More than 50 children over 5 years of age were examined and treated during the year. These efforts will continue in 2008.

#### Traumatology

According to the norms of SUMI, an x-ray of the hip is done on all 3-month olds to rule out congenital hip dysplasia. The necessity of this exam was explained to all mothers, and we took the children to the hospital to get the x-ray and consultation with a traumatologist. There are currently three patients with congenital hip dysplasia, and, unfortunately, each mother refused for months to use the brace as instructed by the traumatologist (which was paid for in two cases by the Peruvian Embassy and in one case by the project). After various interventions on my part they finally agreed to use the brace but now the treatment is more difficult because of the advanced age of the children.

#### Neurology

There are currently children living with epilepsy in the jail: one girl was born prematurely in February 2007 and has West Syndrome; one 3-year old boy and another 11-year old boy have idiopathic epilepsy. The three of them are being monitored by a neurologist thanks to the project and the project financed a large part of the children’s necessary medical exams, for which we were able to get discounted prices and which were not covered by SUMI at the same level of treatment.

#### **Social Worker’s Report**

**By Lic. Miralge Gonzales Oporto**

The project, which originally started in June 2006, had as its principal focus the provision of social services for the children and adolescents that lived with their mothers at the jail. However, we realized that children under 6 years of age and some adolescents that lived in the jail with their mothers already had the support of their mothers, as well as support from volunteers that helped with basic necessities and development. This is why we changed the focus of the social work planned for the children in jail, focusing more on children and adolescents that had mothers in

jail, but that lived outside the jail alone as *street children*, or with a family member other than their mother or father.

Due to the fact that either the mother or the father of these children is in jail, they are usually completely abandoned and have to fend for themselves. For this reason, during the first year of the project; we focused our social work on these families, helping children and adolescents in different aspects:

#### Placement of, and Home Visits to, Children and Adolescents Living on the Street

Incarcerated mothers (or fathers) ordinarily attempt to support the children from jail by paying the children's rent, basic food and services, clothing and the costs of sending them to school.

However, for those children without parents, a professional social worker had to assume the role of, or represent, the mother in school meetings with principals, teachers, landlords, and even help in finding new housing

#### Working to Provide Better Living Situations

We coordinated with other external institutions and performed due diligence on the legal paperwork to hasten the process of moving children from state orphanages to more stable living environments.

We worked with the San Pedro Jail, where the fathers of these children were interviewed in order to maintain and strengthen the family links with their children and with the hope that they increase both moral and financial support to their children. The results were minimal. This was due to the fact that the fathers tried to avoid any responsibility for their children, only accepting limited visits from their children and spending short periods of time with them.

#### Coordinating Medical and Other Services

The team coordinated support to the psycho-pedagogical and medical personnel in the jail to implement medical services, and coordinated outings and other activities for the children living in jail. In serious cases where children lacked basic food supplies, school supplies or money for adolescents who live on their own, we were able to coordinate and support some volunteers and the "Buen Pastor" congregation to provide these services.

We worked with schools and legal institutions, and were able to get judicial permits for mothers to leave jails and be able to visit their children and spend several hours with them.

We decided to split this area of the project into two parts according to the status of the children: (i) those children/adolescents living within the jail, who number about 120, and (ii) those children/adolescents that live alone on the street, or with a family member.

#### Modus Operandi

A whole day was devoted exclusively to support the pedagogical area in the C.O.F. Obrajes day care. We supported staff with workshops for children aged between 3 and 6 years of age, basic hygiene, good manners, oral health, etc. Mothers were also supported by one-to-one talks on how to better treat their children.

A second day was used to support the medical area of the program, liaising with other institutions such as "Defensorias de Niñez y Adolescencia, Trabajo Social C.O.F, and coordinating with hospitals to retrieve a copy of birth certificates.

We spent a third day helping and supporting children living on their own outside the jail. This area of our work has had great results because the children and their mothers received support throughout their time in jail until their release. We can say that the “mission was accomplished”.

Some of the outstanding cases were:

1. **Sra. Juan Bautista** and her three adolescent sons that lived on their own. We were able to help them with monthly home visits and school follow-up, assisting them in moving to another home and paying their rent, on top of donating school supplies and even food. The mother was released from jail in October 2007 and is now living with her three sons.
2. **Sra. Dora Mamani** and her four children, who until 2006 were living with their paternal grandparents, were living hand to mouth in very precarious conditions, even going hungry at times. At the beginning of 2007, we were able to reconnect the children with their mother by helping them live on their own, but with the support of their incarcerated mother. We followed up with their school to make sure they were attending and completing all homework, visiting them in their homes, and helping the mother with legal permits to leave the jail to visit her children. She was released from jail in September and now lives with her children.
3. **Sra. Carola Flores** lived with her two children in jail. Her daughter, 16 years old, suffers from mild developmental delay; her son also suffers from health issues. She received support to matriculate them in local schools near the jail, so they could continue their education. She was recently released and now lives with her children.

All these duties were performed in coordination with the jail’s warden, and other social workers in the jail, who, unlike my team, have specific duties that confine their services to working with the jail-appointed interns. Without our presence, the many children who live outside the jail would go unsupported.