

Healing the past to protect the future

Semillas de Apego plant seeds of care for the caregiver

Andrés Moya

Associate Professor
Universidad de los Andes

Director

Camila Londoño

Communications
Manager

Semillas de Apego

Bogotá, Colombia

Imagine you are a mother of young children who has been displaced from your home because of violent conflict. Or you are still at home, but fear that you and your family could be the victims of armed groups at any minute. Or maybe your family was displaced when you were a child, and now you have children of your own and are struggling to be a present caregiver in light of your difficult past. In any of these scenarios, the adjustment to parenting will be shaped and challenged by these traumatic experiences.

Colombia has many parents in this position. As a result of decades of national conflict and political violence, there are currently eight million people living in Colombia who have been displaced from their original homes. Additionally, three million displaced persons have arrived from Venezuela in recent years. Unfortunately, the country still lacks comprehensive programmes for families and young children who have had these kinds of experiences. Meanwhile, multidisciplinary research tells us that experiencing extreme and persistent adversities during early childhood can be devastating (Sánchez-Ariza et al., 2023; Bernhardt et al., 2024).

This is why we created *Semillas de Apego* (“seeds of attachment”), which not only supports parents individually, but works to improve overall family

wellbeing through an intergenerational lens, as well as building local communities of support and deep connection through our model of care.

Caring for the caregiver

Semillas de Apego is a community- and group-based psychosocial programme in Colombia that seeks to break the intergenerational transmission of poverty and trauma resulting from armed conflict, displacement, forced migration, and other adverse circumstances. Groups of up to 20 caregivers of children from newborn to 5 years old attend 15 weekly sessions, led by a pair of para-professional community facilitators, many of them former participants. The programme promotes caregiver mental health as an objective and as a pathway to foster healthy and secure child-caregiver attachments (see Box 1). This is what makes us different from standard parenting programmes, which often focus exclusively on the wellbeing of the children while overlooking the physical and emotional wellbeing of the adults who care for them.

To achieve these objectives, *Semillas de Apego* fosters spaces for reflection and collective healing – places where caregivers can share their emotional experiences with others and cultivate a loving, respectful and nurturing approach to caregiving.



“To improve overall family wellbeing through an intergenerational lens.”

← Yoxana Serpa, participant of the programme in Barranquilla (Atlántico), with her son

Specifically, all sessions begin with a discussion among caregivers about their daily experiences with their children, to promote openness and trust among participants. This creates a safe atmosphere where they can share their experiences without judgement and feel encouraged to express their emotions freely. Then, caregivers engage in mindfulness exercises to facilitate emotional awareness and regulation, before moving into the key activity or moment.

This is a reflective process facilitated by guiding questions and by local cultural practices such as singing, dancing, crafts and storytelling that symbolise or serve as a metaphor for the caregivers’ inner world and the bond with their children. This approach enables caregivers to connect with their emotions, recognise their children’s emotional needs, and reflect on their life experiences, family dynamics, childhoods, and the challenges of caregiving. By focusing on their own needs, they recognise that they are much more than only caregivers, that they deserve time, care and attention, and that this, in turn, helps them expand their repertoire of parenting strategies and foster healthy relationships with children. Finally, at the end of each session, caregivers are given a “Semilla”, a postcard with an exercise that encourages replicating key activities

1 Our approach

Semillas de Apego

Caring for the caregiver

Community and group-based model

15 weekly sessions

Groups of 15-20 caregivers

Groups are guided by 2 community facilitators



Core Dimensions and Objectives

Weeks 1-7 Caregiver mental health

Weeks 8-12 Child-caregiver relationships and Early childhood development

Weeks 13-15 Parenting teams.



Group sessions

Sessions follow the same structure:

- * Welcome and initial discussion
- * Emotional awareness & regulation exercise
- * Main activity: reflective practice w/ arts and crafts
- * Group discussion and area of practice for the week.



After the sessions, we use a WhatsApp chatbot to deliver a:

- * Postcard with the area for practice at home
- * Sesame Workshop digital content on children’s socioemotional learning (starting from week 7)

Monitoring and supervision

- * Facilitators report progress session by session on a phone app
- * Participate in weekly reflexive supervision systems focused on their emotional well-being



with their children, partners, or other family members over the coming week.

Yoxana Serpa, a Venezuelan woman who participated in the programme in Barranquilla, Colombia, says:

“It was my place to unburden myself, my refuge, my tears. I had been carrying so much that I hadn't shared with anyone, and the programme allowed me to talk about everything I had repressed, like the violence I had always normalised. If I held onto these feelings and passed them on to my children, I would make them insecure, like I was.”

Healing stems from shared experience

When we implemented the programme for the first time, during an adaptation pilot in 2015, sessions were led by two professional psychologists. But over time we have moved to and adapted a model in which members of the community lead sessions, for two specific reasons.

First, from a logistical perspective, a model with professional mental health counsellors would be hard to scale. Like many countries, Colombia has a deficit of mental health professionals, especially in conflict-affected areas where the need is greatest.

Second, over time we have learned that a community-based model leverages the shared experiences of facilitators and participants, enhancing impact. Community facilitators serve as relatable examples, reducing the stigma around discussing mental health and demonstrating that change is possible. By leading from their own experiences, they create a space where participants see their own struggles reflected in others, fostering mutual understanding with the facilitators and with the other group members. This dynamic allows participants to better engage with the session activities and to recognise their potential for healing, growth and meaningful change.

The success of the community model rests on ensuring that facilitators themselves feel cared for and prepared. Through their training as facilitators,



Photos: ENDE Agency for Sesame Workshop

↑ Participants in Jamundí (Valle del Cauca) during a physical activation and breathing exercise

“By focusing on their own needs, they recognise that they are much more than only caregivers, that they deserve time, care and attention.”

these women are paired with a psychologist and are given a chance to reflect on their own lives and nourish themselves (Niño et al., 2024). This process also allows them to see their potential and gain confidence in their ability to help others. We have witnessed and tested how this process improves participants' mental health and the healthy development of their young children, and promotes empowerment and resilience.



← Cindy Rodríguez, facilitator of the programme in Barranquilla (Atlántico), Colombia

and the lack of a job which made her fully financially dependent on her partner. Cindy says:

“My experience as a participant was hard, but it changed everything for me. Before Semillas de Apego, I was reserved and sad. When we were asked to reflect on our role as women and as caregivers, I realised that I am much more than just a caregiver. I raised my voice, I became empowered, I discovered new skills, and I got to understand my strengths. My new role as a facilitator of the programme has allowed me to make changes that have been reflected in my life as a woman, in my partner’s life, and in my children’s lives.”

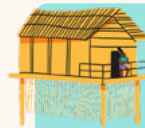
One of our 50 facilitators, Cindy Rodriguez, joined the programme in 2022 as a participant and a mother of two children aged 10 months and 5 years. She was working through some traumatic experiences: loss of a family member, supporting her mother through depression, recovering from a complicated caesarean section, financial and food insecurity,

Cindy has now achieved financial independence from her partner and is pursuing a degree in psychology. Her story is one of many examples of how the programme helps individuals heal their wounds from the past, redefine their present, and find a better path to the future.

2 Stages

Growing together step by step

We have implemented the program in different phases to demonstrate its validity and acceptability, impact, and potential for scale-up



Impact Evaluation in Tumaco (2018-2020)

We conducted an impact evaluation with 1,248 caregivers in Tumaco, one of Colombia’s most violence-affected municipalities.

Scalability Assessment (2021- 2022)

We tested the potential for scaling up in an at-scale piloting in 4 municipalities of Colombia.

Starting from an Evidence-Based Basis (2014)

Semillas de Apego is based on two programs from the Child Trauma Research Program at the University of California, San Francisco (UCSF).*



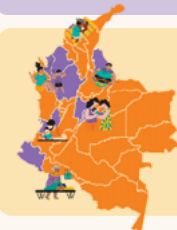
Integration of Sesame Workshop Content (2022 - 2023)

We analyzed the added value of integrating Sesame Workshop’s “Watch Play Learn” digital content through a impact evaluation.



Adaptation Pilot (2015)

The program has been adapted to the Colombian context, incorporating psychosocial and community components and a theoretical framework more suitable for the specific context.



Path to Scale (2023-2026)

As we scale, we will conduct process and impact evaluations to demonstrate quality, impact, and cost-effectiveness at scale, with continuous iteration and improvement.

* Our curriculum is the result of a partnership between Universidad de los Andes and UCSF and was developed by Vilma Reyes (UCSF) and Blasina Niño (Semillas de Apego).

3 Evidence of impact

Impact

Results from the program's impact evaluation (2018 - 2020)*

Caregiver's mental health

46% reduction in at-risk symptoms of anxiety

26% reduction in at-risk symptoms of depression

59% reduction in at-risk symptoms of sensitivity



Child - caregiver relationships

38% reduction in at-risk symptoms of parental stress

Children's socioemotional development

68% reduction in at-risk levels of social-emotional competencies

79% reduction in at-risk levels of behavioral problems

Children's mental health

36% reduction in at-risk symptoms of anxiety

43% reduction in at-risk symptoms of depression

36% reduction in at-risk symptoms of posttraumatic stress

Evidence of hope and resilience

Over the last ten years, we have reached over 5,300 mothers, fathers and other caregivers across seven regions and 12 municipalities, demonstrating the programme's potential for scale (see Box 2). [Research into the programme's impact](#) backs up the anecdotal evidence from women like Yoxana and Cindy. In a randomised controlled trial, we observed positive results on caregiver mental health, the quality of child-caregiver relationships, and children's mental health and early childhood development (see Box 3).

“Community facilitators serve as relatable examples, reducing the stigma around discussing mental health and demonstrating that change is possible.”

These caregivers embarked on a journey that helped them accept their histories as a starting point for healing, empowering themselves to create a different story to share for them and their children – one of hope and resilience.

➤ Find this article online at earlychildhoodmatters.online/2025-32

References

Bernhardt, K., Le Beherec, S., Uppendahl, J.R., Fleischmann, M., Klosinski, M., Rivera, L.M. et al. (2024) Young children's development after forced displacement: a systematic review. *Child and Adolescent Psychiatry and Mental Health* 18(1): 20.

Niño, B., Reyes, V. and Moya, A. (2024) *Manual de Implementación, Entrenamiento y Supervisión de Semillas de Apego*. Bogotá: Universidad de los Andes.

Sánchez-Ariza, J., Cuartas, J. and Moya, A. (2023) The mental health of caregivers and young children in conflict-affected settings. *AEA Papers and Proceedings*, Vol. 113: 336–41.