

## Consultation meeting 6 summary – Response to the programme design Jan 2016

This consultation took place as part of the S.A.L.V.E. International AGM to get input from 100 stakeholders including staff, children who were formerly on the streets (some who had taken drugs and some who had not taken drugs), family members of children on the streets and staff from partner organisations.

The basic programme design was presented visually to help as many people as possible to understand the core elements of the programme, whatever their age or literacy level. Then it was further explained by a S.A.L.V.E. staff member. Stakeholders were then invited to give us feedback on the programme design.



### Phase 1: Relationship building on the streets

- Learning about the meaning of what the Drug Rehab means
- Building a trusting relationship with staff while on the streets through one to one and group activities

### Phase 2: Detox Programme

- Thorough Medical check and vitamins and healthy diet plan
- Lots of outdoor activities that promote sweating and creative activities like art and drama
- Not much book or academic learning
- Twinning to someone more advanced in the programme

### Phase 3: Learning and Personal Development

- Mixture of outdoor activities, vocational training and academics on site
- Focus on communication skills and feeling in control of life
- Child and family visits at home and at the centre
- Twinning to someone more advanced in the programme

#### **Phase 4: Preparing to go home**

- Peer to peer education on the streets and in schools
- Continuing classes and family relationship building activities
- Plan for the future and make an action plan how to reach it with small achievable steps
- Twinning to someone less advanced in the programme
- Apologise and make amends for any wrong actions done

#### **Phase 5: Family resettlement**

- Regular staff follow up
- Support to make the future career plan happen i.e. through educational support
- Continue peer education in the community and encourage starting peer support groups for others in their home community affected by drugs.
- Ongoing support group of peers to meet with and discuss ongoing issues

#### **Feedback:**

##### **Phase 1:**

- There needs to be enough chance for the child to get to know the staff and then that staff has to be around in the centre when they are settling in so the child can feel comfortable.
- Pictures, diagrams or videos of how the rehab programme will work would help the children to understand rather than just explaining.
- You need different staff to go and make the relationship as different children respond to different people i.e. male and female better.

##### **Phase 2:**

- What if a child doesn't want to go for medical check up straight away? Can you be flexible or is it an entry criteria?
- What if a child runs away? What is the policy on letting them come back?
- Staff need training in how to handle seizures for this phase

##### **Phase 3:**

- The family need to be as involved as possible in this.
- Need to start the help for the family early so they are ready financially to take the child back when the time comes and have a friendly environment.

##### **Phase 4:**

- You need to do enough work with the child to make sure they are comfortable to go to the schools and community and share that they ever took drugs as for some this will be very shameful.
- There needs to be protection if apologising for wrongdoing like stealing as people can become violent on this issue.

**Phase 5:**

- What if the family doesn't want the child back again? What other options are there for them? This needs to be clear in advance.
- Education from home needs to start early so the child doesn't get bored and go back on the streets for fun. And other options like enterprise need to be there for older youth who want to work instead of go back to school.

**General:**

- How will other organisations be able to refer to the programme? This needs to be clear and what the expectations of that referring organisation would be in the long term care of the child.
- Could you have a uniform that changes at different phases of rehabilitation to help the children be proud?
- What about children in the community and not on the streets who take drugs? How can your service help them?