

Prison to Rehab Protocol

March 2023

Overview

This procedure supports individuals who would benefit from accessing abstinence based treatment, to access residential rehabilitation on release from prison. This process has been designed to support individuals who have a history of problematic alcohol and/or drug use.

This procedure should be used by Scottish Prison Service (SPS), Prison Health Care Service and Residential Rehabilitation Providers. **Annex A**, developed in partnership with residential rehabilitation services, sets out the available provision through this pathway and provides further background information on the pathway by the Recovery and Residential Providers Group.

Expectations of Prison Staff

It is expected that staff within prisons are aware of this protocol. This includes governors, prison officers and prison healthcare staff. Any prison based staff involved in programmes which offer support for those with drug and alcohol conditions should be involved in active preparation with the individual to identify the most suitable residential service. Prison healthcare staff will be required to provide background information such as medical history and historic substance use.

Expectations of Rehabilitation Providers

Residential rehabilitation providers will conduct a robust assessment of suitability and will take an active role in the individual's preparation by ensuring they are fully informed of what a rehab placement entails. Residential rehabilitation providers are expected to engage with prospective service users, prison staff and prison healthcare staff and should indicate the suitability of their service at an early stage, redirecting the individual to an alternative service where appropriate.

Residential Rehabilitation providers are also expected to link in with the relevant Alcohol and Drugs Partnership to ensure continuity of care for the individual once the residential placement is complete.

Eligibility

This protocol is available to all convicted prisoners within Scottish penal establishments. There is an expectation that individuals accessing the protocol will demonstrate a high and deep-rooted motivation to abstinent recovery within the prison setting. Individuals should be actively involved with prison recovery initiatives.

The expected length of time for preparation is at least 12 weeks, and it should be noted that some residential rehabilitation providers operate a waiting list. Interest should be expressed as early as possible to ensure there is sufficient time to complete the assessment process and access the rehab provider of the individual's choosing.

Contents of the Protocol

- Detailed process (*page 2*)
- Summary flowchart of referral and claims process (*page 5*)
- Annex A: Participating residential rehabilitation providers (*page 6*)

1. Detailed Process

The forms required to complete a referral are available on the [National drugs mission website](#) or by contacting PrisontoRehabPathway@gov.scot.

1.1 Step 1: Identification

SPS/ Prison Health Care staff and Community Services: Staff identify people who are due for release and may benefit from an abstinence based residential rehabilitation programme to support their recovery from problematic alcohol or drug use.

It is important to note that residential rehabilitation providers will need to have adequate time to carry out their assessment of need and that this can take from 2 to 4 weeks.

1.2 Step 2: Accessing the right programme

Annex A sets out relevant information about the range of residential rehabilitation programmes provided by organisations participating in this pathway. It is important that the person is actively involved in identifying the programme which best meets their needs.

Prison-based staff: staff to engage with the individual on key factors which determine suitability of rehab in general and may influence the choice of appropriate provider:

- Motivation for abstinence based recovery.
- The Local Authority the individual is from and/or wishes to return to upon the completion of the residential rehabilitation placement. Where possible, providers local to the individual should be considered due to the benefits of well-connected aftercare pathways.
- The commitment required to complete a 12 week (or longer) treatment programme on release.
- Any previous experience in residential rehabilitation which may not have been at a suitable provider or of suitable length for the individual's needs.

The providers listed offer different programmes and may be able to offer different lengths of stay, however, the **minimum stay is 12 weeks**. If further information is required for the individual to make a decision on the preferred provider, contact details for each service are available in Annex A. The provider will be able to advise on the length of programme they offer through P2R and the aftercare support available.

1.3 Step 3: Referral

Prison-based staff: Once the most appropriate residential rehabilitation programme has been identified, staff should make contact with the provider to discuss availability. To make a referral to the chosen service, staff should complete the P2R Referral Form and submit this to the residential rehabilitation provider.

SPS / Prison Health Care Service will need to provide background information, such as;

- Drug & alcohol history
- Physical health and mental health

- Offending history

Rehab provider: provider to advise if their service is initially deemed suitable for the individual and will provide information about the assessment process. Assessment will take place either over the phone or online.

SPS / Prison Health Care: to notify key stakeholders to ensure ongoing support before and after placement and ensure the rehab provider is linked in to key stakeholders, including;

- Local Alcohol and Drug Treatment Service and Throughcare Service. Local treatment teams should be approached to be involved in the assessment process for the placement and can provide input on the suitability of available providers to the individual's needs.
- Social Work Team (care manager) as appropriate
- Community Justice Social Work Team
- Health Professionals (prescribing, medication & health issues and any 3rd sector support service

It is vital to inform all relevant stakeholders as part of the referral process, these services will need to be aware of the placement in order to prepare for the person coming back to the local area once placement is finished.

1.4 Step 4: Assessment

Rehab provider: In order to ensure that they can meet the needs of the person wishing to access the service, the provider will carry out an assessment. Please note that assessment may take more than one session.

The provider will notify the individual and SPS / Prison Health Care Services of the decision, once the assessment process has been completed.

Once a provider is confirmed, a throughcare plan should be agreed between appropriate prison based staff and the provider. The plan should include:

- Consideration of the individual's housing arrangement post-rehab.
- The aftercare that will be available from the residential rehab.
- A referral to community services, to ensure continuity of care post-rehab.
- Support in case of early discharge.

If the person is unable to access residential rehabilitation: please ensure that appropriate throughcare support is in place on release, including access to Take Home Naloxone.

1.5 Step 5: Confirmation and notification

Rehab provider: the provider to confirm to Scottish Government that placement has been offered by completing the **P2R Notification Form** as early as possible. Date of admission should be based on the release date.

The form should be emailed to PrisontoRehabPathway@gov.scot.

- This is to begin the process of accessing the funding for the placement.
- Please note that the finance cannot be released until the placement has been confirmed.

SPS and rehab provider: to agree transport arrangements for individual ahead of release. A transfer plan should be set and agreed by the provider and SPS and should include any prescription details, obtained from prison healthcare staff.

Additional funding can be provided by Scottish Government in cases where there are difficulties arranging suitable transportation or where the provider does not have existing capacity to pick up individual's on release. Rehab provider to discuss this with PrisontoRehabPathway@gov.scot where required.

At this stage, SPS and the provider should also consider the following:

- Application to DWP for benefits may be required at this stage (some rehabilitation programmes require this to be in place prior to admission).
- GP registration should be checked. A transfer to new practice/ GP may be required.
- Confirmation should be sent to all relevant stakeholders (social work, mental health teams etc.)

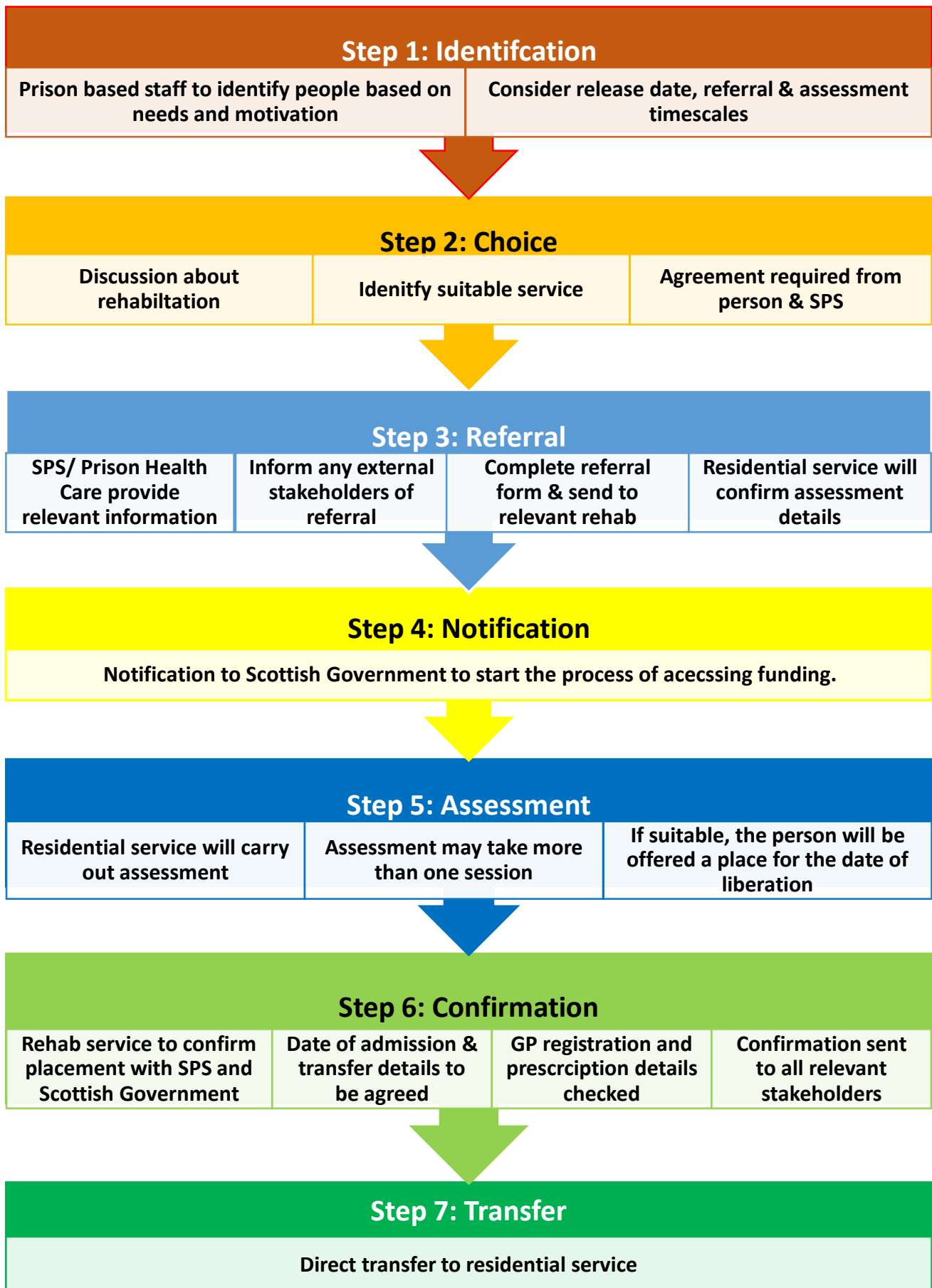
1.6 Step 6: Transfer

Person leaving prison should be transferred directly to residential service as per agreed transfer plan.

1.7 Accessing Funding

Residential rehabilitation providers are eligible for funding for a treatment programme up to the cost of £20,000 per individual, per placement. The below conditions must be met to access funding.

- Each step of the process set out above has been considered and followed.
- The relevant Alcohol and Drugs Partnership has been notified of the placement and engaged as part of the assessment and admission process.
- For cases where the required placement (minimum 12 weeks) exceeds the cost limit, a partnership approach has been sought and agreed with the relevant Alcohol and Drug Partnership to fund the placement in conjunction with P2R.
- A placement has been confirmed by the residential rehab and accepted by the individual, with further confirmation from the residential rehab provider that the individual was admitted and treatment has commenced.



Participating Residential Rehabilitation Providers

Background and context

The Scottish Government has a commitment to supporting and enabling people with drug related conditions to access residential rehabilitation. An important element of this is the development of a pathway for individuals in custody who will benefit from appropriate residential rehabilitation on immediate discharge from custody. An initial protocol had been written by the Residential and Recovery Providers Group and this is a revised version prepared one year after the introduction of the original protocol. This revised protocol reflects some of the learning gained from the initial cohort.

This protocol is designed to develop a clear route of continuing care for prisoners who have demonstrated a profound motivation to become substance free and manage their own recovery by moving directly to residential rehabilitation on liberation from custody.

Going direct to a residential rehabilitation service from custody is difficult and various psychological and personal barriers to treatment have been identified¹. Prisoners require to be motivated, to be able to demonstrate their commitment and to have an understanding of what to expect and what is expected of them. Residential rehabilitation providers have indicated that the suitability of referrals could be improved through a more joined-up approach, as some individuals are referred for inappropriate reasons, such as a lack of accommodation or to support a testimony in court.

Prison staff and prison healthcare staff need to be aware of the range of available residential provision and understand the vital role they have in the preparation of the prisoner for a direct transfer to residential rehabilitation. Referrals made at short notice or to other areas can impede this crucial preparatory work. This could be mitigated by improved communication between prison health workers and rehab providers, which would help to increase understanding of residential rehabilitation and the particular model offered by a provider¹.

Prison health workers can be key to integration, through processes such as facilitating the reduction of Opioid Replacement Therapy (ORT) in prison. Residential rehabilitation staff require to understand the difficulties associated with coming directly from custody and to be involved in the assessment and preparation of the individual.

The success of this protocol requires all parties to demonstrate clear and accurate communication, be aware of the limits and range of their responsibilities and have an understanding of the scope and variation across the residential rehabilitation services.

It is evident to date that a key element is the early identification of candidates for the move from custody to residential rehabilitation. Those candidates who transfer at short notice tend to remain in residential rehabilitation for a shorter period.

¹ Scottish Government (2021), [Pathways into, through and out of Residential Rehabilitation in Scotland](#)

It is the intention of this protocol to ensure that all partners involved in a complex and detailed process have a clear understanding of their role and how they can contribute to a positive move from custody to residential rehabilitation. All partners should understand that the wider care needs of each prisoner moving from a custodial setting to a residential rehabilitation setting will be different. The range of holistic needs of each individual may require the intervention of professional organisations which can include criminal justice social work, housing, DWP and other relevant organisations.

The role of family support can be crucial and positive family engagement is highly desirable.

The emphasis in this protocol is in the preparation of individuals for the transition from custody to residential rehabilitation. For prisoners there is a complexity to this process for a number of reasons:

Release from custody to residential rehabilitation is at odds with the conventional view of prison release. A prisoner who chooses this route is making an active decision which conflicts with the usual norms and expectations.

The prison system is not designed to prepare prisoners for release to residential rehabilitation. Prisoners who wish to take this course of action will require support from prison officers which may present the prison with resource demands.

Residential Rehabilitation providers have built up experience through practice since the introduction of the protocol and are well equipped to offer advice and support to prison and healthcare staff.

Prisoners may have previous experience of residential rehabilitation and this will influence their desire to pursue this as an option.

Prisoners are required to work with prison staff and residential rehabilitation staff as part of the assessment and preparation prior to admission to residential rehabilitation.

By Recovery and Residential Providers Group

Participating providers: service description and contact details

1. Abbeycare	9
2. Alternatives Safe As Houses	11
3. Calderglen House	13
4. Castle Craig Hospital	15
5. CrossReach	16
6. Hebrides Alpha Project.....	18
7. Jericho House.....	20
8. LEAP (Lothians and Edinburgh Abstinence Programme)	22
9. Phoenix Futures.....	25
10. Alternative Support: Turnaround Service	27

1. Abbeycare

Location: Erskine Mains House, Meadows Drive, Erskine, Renfrewshire, PA8 7ED

1.1 Ethos

At Abbeycare Scotland we have approaching twenty years' experience in supporting those struggling with addiction. Our multi-disciplinary team of professionally qualified clinicians, therapists and recovery practitioners contains a high level of recovery lived experience and our team have dedicated their professional and personal skills to facilitating others to achieve abstinence based recovery.

We deliver a service which enables clients experiencing difficulties with substance use and addictive behaviours to heal and recover in a residential recovery community enabling them to build a strong foundation in recovery.

We provide a residential abstinence-based detoxification and rehabilitation service at Erskine Mains House, Renfrewshire. Our service can accommodate up to 34 clients, all in modern individual rooms with ensuite facilities. There are communal lounges and dining areas as well as peaceful gardens and courtyard for contemplation and reflection.

The aim of our service is to provide the client with a positive, vibrant, and safe recovery community environment where clients will have the opportunity to safely receive detoxification and explore, identify, and address the personal issues and changes, they require to make in themselves and their life to enable them to maintain abstinence-based recovery.

Our clinical and therapeutic approach enables clients to explore underlying issues associated with their addiction such as anxiety, depression, trauma, loss, grief, and shame. Clients engage and participate in a variety of ways during their treatment episode; through 1 to 1 sessions (key support & counselling) and groupwork (both therapeutic and psycho-educational). Our integrative evidence-based programme is designed to support clients to develop self-awareness, new insights, understanding and robust coping skills. We additionally offer creative and holistic interventions as well as access to gym and spa facilities to complement our therapeutic programme and strongly advocate for and provide access to mutual aid support for all clients in service.

We facilitate a pre rehab program available to any referral in preparation for admission to best prepare a client for admission. Our outreach service will support clients to prepare for the next stage of their recovery journey prior to discharge through aftercare planning and post discharge aftercare and recovery support groups, activities in the community and through outcome monitoring.

1.2 Admission criteria and process

Core criteria for suitability

1. All clients accepted for detoxification and rehabilitation will be over the age of 18 years.
2. Clients are accepted presenting with problematic drug & alcohol use. Individual screening processes are carried out to ensure appropriateness of the level of care offered in our service based on the clients' needs.

3. All clients will be required to engage in the Abbeycare therapeutic programme.
4. All clients will be requested to consent to the terms of the Abbeycare treatment contract at point of admission.
5. Clients with diagnosed mental health conditions will be assessed on an individual basis to ensure they are able to engage and benefit from our therapeutic interventions.
6. Clients with physical health conditions will be assessed on an individual basis to ensure they are able to engage and benefit from our treatment interventions.
7. Clients with mobility restrictions will be assessed on an individual basis to ensure we can provide a safe environment and meet their mobility needs.
8. Clients with a history of sexual offences will be assessed on an individual basis.
9. Clients with a history of arson are assessed on an individual basis.

Not suitable

1. Clients experiencing multiple, complex physical health conditions that require specialist or continual acute nursing care 24/7, unless external provision can be provided.
2. Clients with a diagnosed eating disorder as a primary need.

Assessment Process

Admissions Department Opening Hours 8am – 8pm, 7 days a week. Abbeycare can carry out assessment by video call, telephone or on site at SPS facilities to assess needs, aspirations for recovery and motivation.

Regular calls or visits can be facilitated, to help sustain motivation and prepare for entry direct to Abbeycare on liberation.

The prison health service would require to provide a comprehensive health assessment including drug screening prior to liberation. The prison service would provide an up-to-date risk assessment (including health, self-harm, risk to self or others, risk from others, any license conditions, and any other relevant information).

Transport

Pick up direct from SPS facilities with transfer direct to Abbeycare available.

Contact details

Gordon Peacock

01603 513 091

admissions@abbeycare.co.uk

2. Alternatives Safe As Houses

Location: Clydebank

2.1 Ethos

Alternatives 'Safe as Houses', our specialist adult residential rehabilitation unit in Clydebank, West Dunbartonshire provides support for people across Scotland who want help with problematic drug and/or alcohol use.

The programme

We take an evidence-based behavioural approach incorporating the pharmacological effects of drugs, the individual's attitude or 'set' and the influence of the physical and social setting of the drug use.

There are three phases, each lasting between 4-12 weeks depending on the individual's personalised recovery care plan and the stage in their recovery at which they join the programme.

Respite and stability

This first phase focuses on reducing chaos, stabilising the individual and, where appropriate, preparing them for a drug-free intervention. Our Clinical Nurse Manager screens all clinical interventions

Recovery through abstinence

Next, we work on behavioural change, insight into self-awareness, trauma-informed interventions, self-advocacy, right living and early sustainability in preparation for reintegration into the local community.

Sustainability and reintegration

Lastly, residents develop confidence, skills and citizenship through educational and vocational placements at our innovative horticulture, wildlife, catering, boatbuilding and upcycling social enterprises.

We advocate purposeful and meaningful activity as a core element of ongoing sustainable recovery. Prior to the programme end, we identify and refer residents into their local services, mutual aid and recovery networks and support them in reconnecting and developing positive relationships with family, partners and friends.

2.2 Admission criteria and process

Individuals accepted from across Scotland if motivated to move forward in his/her recovery journey.

Recovery in our classification is the immediate cessation of illegal drugs and either entering SAH on a prescription or abstinent. The prescription can be for pregabalin Diazepam, Methadone or Suboxone with a view to long-term non-reliance of medical solutions unless medical condition precludes this.

Assessment process could be completed by video link or by prison officer. We would accept their assessment of motivation and commitment to change.

Prisoner is screened for coronavirus, tests negative prior to entry and entry transition from prison is controlled.

Contact details

Gavin Elder

0749707974 or 0141 951 2420

Referral@alternativeswd.org

3. Calderglen House

Location: Off Blantyre Farm Road, Blantyre, South Lanarkshire, G72 9UG

3.1 Ethos

Calderglen House is based in Lanarkshire but able to accept people from all over Scotland. We have 24 large ensuite rooms in a historic building dating back to 1780 and have 10 acres of own woodland grounds with the River Calder running through it for fishing opportunities. We have 4 hens on site which our service users help care for and follow the process from learning about how to care for hens, collecting and cooking with eggs. We also have 3 goats which we care for and find very therapeutic. We have a large enclosed garden area and an outdoor sheltered smoking area which we know can be important for many of our service users. We have also developed an onsite gym which people can use after induction and risk assessment. We are disabled access friendly with a passenger lift and ramp access.

We have a multi modal treatment as we believe people coming into our service should have a choice of treatments and rewarding activities to feed the soul. We are set in a therapeutic environment with strong links to the local recovery community (Beacons in Blantyre) and our service users go out to attend their meetings and vice versa. We also have mutual aid meetings AA, NA, CA. We have our own minibus so can take people out for visits or on day trips. The daily program is structured around house meetings, role assignment, grounding techniques small group activities with one-to-one sessions with therapists.

There is a very wide skill mix present in Calderglen with 24-hour nursing care on site, peer support workers with lived experience, full time CBT therapy and Occupational therapy. We have Consultant Psychiatrist input from the pre-admission process, multi-disciplinary meetings and dual diagnosis management. We also have sessional input from Music therapist, Gym instructor, yoga, mindfulness, animal care coordinator and others. We also have in house staff who can train people to certificate level such as 'manual handling', COSHH and food hygiene certificates. We are developing links with local colleges to get more formal training and education needs met. We also have links to help people get advice about money and housing.

We suggest around a 3 month stay but happy to cater for shorter or longer stays if required/desired by the individual. After discharge we believe in the continuum of care and will continue to support individuals who can attend our group sessions. Graduates of our rehab program can volunteer and stay on with us. Some may go on to formal peer training and subsequently gain employment at Calderglen or elsewhere in the community.

We can accommodate family visits and work with families as we know how important this is in the recovery journey. In the future we hope to develop on site visiting 'pods' where families could come and stay overnight.

3.2 Admission criteria and process

Criteria

1. Clients accepted for placement at Calderglen House are 18 years old or over and male or female.

2. All patients referred to us undergo a pre-admission discussion involving the manager and peer worker. The Consultant Psychiatrist then accepts the admission if appropriate for Calderglen House.
3. We are able to have phone calls or video meetings with new admissions prior to them coming to Calderglen so that they can get to know some of our staff/peer workers and build a rapport and lessen anxieties of coming to a rehab.
4. No upper limits on medication doses such as methadone or buvidal as each person will be assessed as an individual. We are guided by the individual's needs and goals and, in some cases, people may want to stay on the same dose during their time with us. If they wish to slowly reduce then we can also facilitate this via our 24-hour on-site Nursing care under supervision of inhouse Consultant Psychiatrist.

Transport

We will facilitate prison pick-ups on the day of release as we have own minibus.

Contact Details

Dr Amar Poddar

01698 823 624

Info@calderglenhouse.co.uk

4. Castle Craig Hospital

Location: West Linton, Peebleshire, EH46 7DH

4.1 Ethos

Castle Craig provides an abstinence-based, 12 step treatment programme. Our clinic is residential, with 82 beds for patients aged 16 years and over.

At Castle Craig, we provide compassionate care to those suffering from alcoholism and other addiction, by treating the physical, mental and spiritual aspects of the disease. The hospital and its staff are committed to offering skilled professional medical, nursing and therapeutic services to patients and their families.

We strive continually to demonstrate high standards of excellence, in the services we offer, to ensure that patients and their needs are at the center of what we do and to create an environment where everyone is treated with compassion, dignity and respects. Our staff are dedicated to assisting those who seek our help to achieve stable abstinence, empowering them, so they may enjoy a fulfilling, sober, meaningful and productive life in recovery.

All patients received a full biopsychosocial assessment and individualized treatment plan. In our diverse therapy team we have therapists trained and accredited in the delivery of CBT, DBT, EMDR, Trauma therapy, family therapy and much more.

Castle Craig provide treatment to those experience primary addictions, such as drugs, alcohol, prescription medication and gambling as well as those experiencing dual diagnosis and co-occurring addictions. These include, but are not limited to, chronic pain, Trauma, PTSD and Mood disorders and co-occurring additions to work, internet and shopping.

Castle Craig offers a wide range of therapies including equine therapy, art therapy, drumming, acupuncture, hand and foot massage and much more. Castle Craig also has on site fitness facilities. Castle Craig offer 4 + week inpatient options and a 24 + week outpatient service, with CATCH Recovery. Castle Craig has a broad multi-disciplinary team of clinicians and therapists' and is staffed by our nursing team 24/7.

Our full brochure, detailing all of our services can be found at: <https://castlecraig.co.uk/>

4.2 Admission criteria and process

We treat all types of addictions to alcohol, drugs and prescription medications, as well as dual diagnosis and co-occurring addictions. Our experienced help centre and admission team are happy to discuss enquiries about patient suitability.

We do not treat patients with previous offences of arson. We also do not treat patients experiencing multiple, complex physical health conditions that require continual acute nursing care 24/7.

Contact details

Victoria McCann

10721 725 601 or 07765 236 341

v.mccann@castlecraig.co.uk ; Admissions@castlecraig.co.uk

5. CrossReach

Location:

- ❖ Glasgow: 21A Westland Drive, Scotstoun, G14 9NY
- ❖ Inverness: Beechwood House, 71 Old Perth Rd, Raigmore, IV2 3JH

5.1 Ethos

About us

CrossReach is one of the largest care providers in Scotland. Our Rehabs in Inverness and Glasgow have over 30 years of experience in supporting people to achieve and sustain abstinence.

You'll find people who have come through our services serving in our staff teams, and we are ready to give you all the support you need. We believe that anyone can recover from problematic substance use and rehab offers you a great opportunity to make a fresh start.

Our programmes use Cognitive Behavioural Therapy (CBT) groups, 1 to 1 support and a range of positive activities. Attendance at Mutual aid groups (A.A. N.A. C.A. SMART) and volunteering are encouraged.

After rehab you will have ongoing support and the option of Supported Accommodation in Glasgow, Edinburgh and Inverness.

5.2 Admission criteria and process

If you would like to access our services we recommend that you take support from services within the prison – e.g. Prison Health services, Prison based Recovery Communities, Mutual Aid, Employability services, Chaplaincy Services etc. Staff will help you get in touch and make an application by email or telephone.

We will arrange a call (video if possible) to meet you, introduce ourselves, understand your needs and aspirations, and describe what we offer.

If you are happy to proceed we will aim to setup regular calls so that you can get to know your recovery worker.

Prior to liberation you should ask for support with benefits and a bank account, if you don't have these set up already.

The health service should to provide a comprehensive health assessment including drug screening and any detox needs. On liberation, we ask that Healthcare provide a 3 day supply of current medication.

Social work will work with you to update your risk assessment and we ask that you give permission to share that with us so that we understand all your needs.

Our rehabs help you achieve abstinence - please contact us to discuss any Detox needs, which are agreed with our Medical Officer.

Transport

A prison pickup can be agreed for local prisons in Glasgow and Inverness. Please check for other locations.

Contact details

Vic Walker; Cat McCabe

07739 627408 or 0141 950 1772

vic.walker@crossreach.org.uk ; cat.mccabe@crossreach.org.uk

6. Hebrides Alpha Project

Location: 48b Upper Coll, Isle of Lewis, HS2 0LT

6.1 Ethos

The Hebrides Alpha Project provides the only residential recovery facility in the Western Isles of Scotland. Serving a community of approximately 27k people from The Butt of Lewis to the small island of Vatersay. We have a six-bed unit which has four spaces for men and two for women. This facility is staffed by five full time support workers, and four relief staff.

Hebrides Alpha Project is an abstinence based supported accommodation service. We run a program which has both in-house and external recovery meetings. Our residents are regularly signposted to whatever groups may be of benefit to them in their own circumstances. We aim to get all residents into some form of employment or volunteering while in the project and if this is not possible for whatever reason we have a polycrub adjacent to the buildings which offers a space for growing and for taking part in various art projects. Our aim is that we support people to grow in multiple life skills through recovery, so that they are ready to go to their own tenancy and have options for work.

Residents are encouraged to stay for six months and have the option of up to twelve months. It is in those timescales where we see a far higher percentage of people remaining abstinent. It is possible for detox to take place within the project under the supervision of the local drug & alcohol nurses. The project has a strong working relationship with other services such as GPs, CPN's, homeless services, housing services, pharmacies to name but a few.

We use several approaches as part of our therapeutic recovery program. Residents who are not in some form of employment or volunteering would receive three 1-1 sessions per week, following methods based on the principles of CBT and motivational interviewing. We also use 12 step, and the Life Recovery Bible. Those who are working, or volunteering would have two of these sessions per week. There are two in-house group meetings every week which are compulsory, and also a range of external meetings in community which residents attend.

The Hebrides Alpha Project is faith based, and we recognise that some persons seeking recovery may not wish to consider this aspect of becoming well as being important or relevant to their own lives. They may even have alternative ideas in terms of faith. This to us is no barrier to anyone coming into the project. All are welcome regardless of personal persuasion.

The program is followed up with six months of aftercare for those who have completed the program.

6.2 Admission criteria and process

Criteria for suitability

- Desire for changed life through abstinence
- Any referral would potentially need to involve our local Drug/alcohol community nurses or GP for side-by-side assessment.
- If detox is required a robust plan should be in place between services.

- Demonstration of desire for sobriety is essential. This can be evidenced through the attending of work/support groups within the prison.

The Hebrides Alpha Project can only take referrals who are from the Outer Hebrides or have accommodation there.

Assessment process

Project is staffed from 09:15 – 21:45 during which time it can be contacted regarding referrals.

Assessment can be carried out virtually. Video calling is preferred. Staff are happy to work with SPS to work on good contact avenues. We require health assessment/Risk assessment from SPS.

Transport

The project can pick up from local ferry terminal or Airport.

Contact details

David Graham

01851 820830

manager@hebridesalpha.co.uk

7. Jericho House

Location:

- ❖ Male only service: Bank Street, Greenock, Inverclyde
- ❖ Female only service: Shankland Road, Port Glasgow, Inverclyde
- ❖ Male only service: Artillery Lane, Dundee

7.1 Ethos

Jericho offers a valuable service to men and women who wish to take an abstinence-based approach to recovery. It is an important part of a spectrum of recovery services.

We work with individuals who find themselves left vulnerable due to addiction, domestic violence or homelessness. We build on our experience gained from working in these areas over the past thirty years.

Our services are open to all irrespective of class, creed, colour, religion, or sexual orientation.

An Abstinence-based Recovery project employing both Group-Working and one-to-one sessions and, through our key-working system, are focused on person-centred planning. We have regular reviews (which allow for inter-agency attendance), a Service User Involvement Group, a Family Support Group and Parenting Classes.

The programme includes:

- Education (core skills),
- Leisure/Sports Activities
- Complementary Therapies (including our widely acclaimed Drama-based therapy)

A range of counselling methods is used in our person-centred work. Resettlement Support is an important provision of our recovery programme which may extend to six months or more, according to individual person-centred need (in line with our national strategy).

Central to our Ethos is the addressing of underlying 'Causes and Conditions', especially trauma as we believe that, if these are left unaddressed, people will resort to self-medicating and therefore relapse. Residents are also accountable for building an extensive, drug free network of support in the community, whilst in Jericho.

7.2 Admission criteria and process

We currently take referrals whilst in prison, either from self, prison staff or criminal justice social work. An applicant will be assessed via a phone call using a holistic assessment tool covering all ROSC areas, by an addiction specialist. A medical questionnaire has to be completed by the prison G.P. or Healthcare team.

This questionnaire is accompanied by our Policies on 'Working with Dual Diagnosis' and 'Working with Anxiety and/or Depression'. If assessment process is completed successfully, then the applicant will be transferred directly from Prison to the appropriate Jericho House on their liberation. £65/week is deducted from benefits, required to cover costs of sustenance and travel to evening NA meetings.

If Assisted Withdrawal/Detoxification is required, this can be provided by Abbeycare with duration of stay, 28 days then a direct transfer to the appropriate Jericho House.

Prospective service-users; Need to be benzodiazepine free, unless detoxed in controlled environment. Methadone – maximum of 30mls. Suboxone – maximum of 4mg.

Contact details

Greenock - Michael Trail; Dundee - David McEnroy

Bank street - 01475 741 950; Shankland Road - 01475 742 383; Dundee - 01382 223 627
jerichosociety@gmail.com

8. LEAP (Lothians & Edinburgh Abstinence Programme)

Location: Woodlands House, Astley Ainslie Hospital, Edinburgh

8.1 Ethos

LEAP is a treatment and rehabilitation programme for those dependent on alcohol and other drugs (including opiates, stimulants, cannabis, tranquillisers etc.) and usually lasts 3 months or longer. The treatment model is that of Therapeutic Community (TC). The programme is suitable for those who want to achieve a substance-free recovery. LEAP is part of the services provided by the Addiction Treatment & Recovery Care Directorate (NHS Lothian) and is delivered in partnership with the City of Edinburgh Council, the Cyrenians, Encompass (Access to Industry) and the three Lothian Alcohol and Drug Partnerships. It is closely connected to the system of care in Lothian that provides drug and alcohol treatment to dependent patients, receiving most of its referrals from specialist treatment providers in the community.

Treatment

There are several elements in the LEAP programme to help people achieve recovery. These are:

- Therapeutic Community living
- Medical care (including detoxification)
- Therapeutic (group and one to one sessions)
- Mutual aid/recovery community resources
- Trauma-informed support
- Access to psychiatry and psychology care
- Access to Occupational Therapy
- Peer support – including an innovative peer bridging project
- Preparation for rehab rolling programme
- Complementary therapies
- Drama sessions
- Recreational activities and trips
- Support with housing
- Education, training and employability
- Long-term Aftercare – 2 years
- Family Programme

The staff team includes two specialist addiction doctors, a psychiatrist, a psychologist, four nurses, an OT, a pharmacist, a chef, eight therapists, five administrative staff, a peer support co-ordinator, a peer bridging manager and six employed peer workers (in recruitment) and more than 20 peer support volunteers.

The breadth of the multidisciplinary team allows us to support patients with complex needs who may need higher level medical, psychiatric and behavioural health care.

LEAP has two accommodation units, Randolph Crescent Hostel and the Firhill unit. The first is a sixteen bedded unit while the latter is an eight bedded unit, both with support from staff in the evenings, overnight and at weekends. A housing assessment forms a part of the overall assessment process and housing support staff will work with patients to ensure they maintain their own tenancy while on the LEAP programme. Patients attend for treatment at Woodlands House on the Astley Ainslie Hospital site in Edinburgh during the day. Housing support staff are available to give support with any housing issues.

Outcomes

The majority of patients who start treatment at LEAP complete treatment (annual completion rates are around 65-70%). A one year externally conducted and published study found significant improvements across a range of domains. Analysis of data to four years post-treatment found that over 60% of patients who completed treatment were reporting ongoing abstinence and continued improvements in measured outcomes.

Aftercare

LEAP offers aftercare support five days a week for up to two years after graduation from the programme. We recommend that graduates attend two of these sessions each week.

This takes the form of group therapy. LEAP offers the following aftercare groups:

- LEAP solutions (Relapse Prevention / Coping Skills)
- Mindfulness and Mindful Compassion
- Overcoming Anxiety
- Women's group
- Mixed groups

For our West Lothian graduates we offer weekly aftercare in Bathgate. This takes place on a Friday morning. Cognitive Behavioural Therapy (CBT) is also available from LEAP therapists for suitable aftercare patients with ongoing issues.

Recovery Community

LEAP practises assertive referral/connection to mutual aid groups in Lothian, both online and in person. Many groups have members who are ex-LEAP patients and firm connections are made to support ongoing recovery.

LEAP has close working relations with Edinburgh Recovery Activities, a LERO which promotes recovery through activity and connection to other recovering people.

Employability

Around 70% of LEAP graduates go on to join the Encompass Programme, part of Access to Industry's service focussed on training, education and employability

Volunteering

There are more than 20 trained and supervised peer volunteers supporting patients before, during and after treatment. LEAP graduates have the opportunity to volunteer once recovery is well under way.

Homeless men

The service supports a recovery house for homeless men which is accessible for suitable patients post-treatment. This runs on the Oxford House model.

8.2 Admission criteria and process

Criteria for suitability

We will normally only start an assessment when prospective patients are on

- Methadone 60mls or less
- Diazepam 20mg or less
- Suboxone/Subutex 20mg or less
- Espranor 18mg or less
- Bupalval weekly preparation 24mg or less

- Buprenorphine monthly preparation 96mg or less

Buprenorphine ideally converted from monthly to the weekly preparation shortly prior to admission.

Patients can be referred in on 60mls of methadone, but need to have reduced to 50mls by admission. Alcohol detoxification can also be provided although we sometimes have to arrange admissions to the Ritson Clinic for this to be done safely as an inpatient. Complex drug detoxes are also supported in the Ritson Clinic. Patients using crack or powder cocaine or other stimulants will also be medically supported through any withdrawals.

Exclusions

The service is commissioned for patients who have previously been Lothian residents. May be unsuitable depending on risk assessment outcome in relation to history of violence/ aggression/ sexual offending behaviour. This is done on a case by case basis and will normally involve input from several professionals. Our goal is to treat if at all possible, though we need to consider the risks to other patients and staff as well as the needs of the patient seeking treatment.

- Significant mental health problems – acute psychosis or acutely suicidal
- Chaotic drug use which cannot be managed safely.
- Cognitive impairment that precludes new learning and engagement
- Some severe mobility issues where a single site out of area rehab may be more appropriate.

Opening hours for admission

The programme at Woodlands House operates from 8.30am to 4.00pm every weekday and from 9.00am to 12.00 noon on a Saturday. Out of hours patients are supported by City of Edinburgh Council staff and Cyrenians staff in the two residences. Weekend activities are supported by peer supporters. Admissions generally happen Mondays to Thursdays and admissions must be completed by mid to late afternoon.

Assessment

This is done in person. Support prior to admission and after assessment would be by phone or video appointment weekly in the run up to admission.

Assessments are usually completed over two or three appointments by LEAP staff and include assessment of physical and mental health, review of past medical history and current prescriptions, social history, forensic history and addiction history. Risk assessments are made by LEAP staff and by housing staff. Where risks are identified that may be difficult to manage, a wider multidisciplinary team consensus is sought. Our psychologist and/or psychiatrist can be involved in assessment and risk management.

The service normally has a waiting list, which means that assessments for people in prison would need to start two or three months ahead of planned admission date.

Transport

Transport can be arranged by LEAP staff.

Contact details

Dr Ian Scott

0131 446 4400

ian.scott@nhslothian.scot.nhs.uk

9. Phoenix Futures

Location: Anniesland, Glasgow

9.1 Ethos

Phoenix Futures Scottish Residential service offers a drug and alcohol free environment and structured support for men and women looking to address their drug and/or alcohol use.

The service has 31 large modern en-suite single rooms and is highly accessible for people with additional mobility needs. The service is registered with the Care Inspectorate and supports service users aged 16+ operating 52 weeks per year, 24 hours per day.

Our team of Therapeutic workers provide personalised recovery support through one-to-ones support, support in groups and alternative therapies. Residents spend their first few weeks in a dedicated 'welcome house' while they settle into their new surroundings and then move into the main programme for the rest of their stay, which lasts between 3 and 6 months.

Supported by staff, residents are responsible for the day-to-day running of the house and supporting each other throughout the programme with more senior residents becoming 'buddies' and role models for new residents. The service has excellent links with the local community and service users have great opportunities to gain volunteering and educational opportunities. After completing treatment at the residential, residents are supported to move onto our supported housing services or their own accommodation.

Facilities

- 31 bedroom all single rooms with ensuite accessible wet rooms
- 4 large modern lounge areas with 4 large activity spaces for group activities and interventions
- Large communal dining area and social space which accommodates the whole community
- On-site leisure activities include a Pool table, gym, TV/games consoles, games, arts & crafts, music room with instruments, gardening
- Ability appropriate off-site activities which could include walks, sailing, cycling, canoeing, football, gym, swimming, badminton, ten-pin bowling, drama and dance, art therapy, shopping trips, trips to museums and art galleries, cinema and Recovery through Nature
- Dedicated family meeting spaces for residents to have visits with family and children, also for contact visits with children where social services are involved.
- 2 gardens with our own food growing project and reflection area

Treatment

- Therapeutic Community Model
- Psycho-Social / Cognitive Behavioural therapy
- Mental Health support / Trauma informed service
- Life story work
- Full group work programme focusing on personal development, relapse prevention, life skills and planning for the future

- Complementary therapies and various Health and Wellbeing activities for example Yoga, Creative Writing, cycling.

Department work – supporting the running of the house and learning key employability skills.

9.2 Admission criteria and process

We undertake robust assessments with each individual and ensure responsive recovery and risk management planning. As part of the assessment you will be asked about your past and current circumstances including your willingness and motivation to be a part of a therapeutic community, taking an active part in the programme.

We will support arranging:

- Prison pick-ups on the day of release (where possible)
- Support for your family members and loved ones
- Detoxification and health requirements
- Aftercare planning – including housing

There are no blanket exclusions – each individual will be assessed separately as we recognise that everyone's circumstances are different.

We can also take referrals at Scottish residential service for all of our residential services – this means if our Glasgow based service is full we can offer support to admissions at our Sheffield or Wirral services. If Glasgow was the preferred option for rehab and housing/aftercare – transfers can be offered to relocate back to Glasgow once it is safe to travel and a placement becomes available.

Wednesday is the preferred admission day due to GP assessment arrangements.

Contact Details

David Brockett

0141 332 0121

David.brockett@phoenixfutures.org.uk ; glasgow@phoenixfutures.org.uk

10. Alternative support: Turnaround Service

For some individuals, abstinence based residential rehabilitation may not be the appropriate choice immediately on release. We have included details of an alternative service available to individuals on release from prison, which may be more suited to their needs at that point in their recovery journey.

Location: 219 Gleniffer Road, Paisley, PA2 8UL

10.1 Ethos

Turnaround commenced in 2007 targeting men in the justice system that have a history of prolific low tariff offending. The service was then redesigned in 2018 to include a Throughcare model.

Prior to admission to the residential programme Individuals are assessed for immediate risk and immediate need. A comprehensive assessment builds on the issues and needs identified through the referral process and helps our integrated health and social care staff understand the full nature of challenges affecting an individual's offending behaviour and the support required.

Referrals can be taken from community justice care managers or prison care managers and through Drug Testing Treatment Orders. The 6 week residential programme of change is very structured with individuals expected to engage in all aspects of daily activities, groups and one to one sessions. Following the residential programme, the Throughcare team offer additional support within the community for a period of up to 12 weeks to facilitate links with community-based support.

Treatment

6-8 week programmes include

- Stabilisation on MAT and detox from diazepam/alcohol
- SMART recovery groups
- Naloxone training and take home kits
- Facilities for mutual aid meetings
- Support to peer led Recovery cafes/events
- Overdose awareness
- Alcohol and behaviour
- Drug awareness
- Relapse prevention
- Individuals also receive criminal justice support and care for wider health needs.

Turning Point Scotland (TPS) takes a Citizenship approach to delivering services.

Citizenship is a way of thinking about life in the community for people who access our services. TPS defines citizenship by a person's connection to the 5 R's (rights, responsibilities, roles, relationships and resources) of social life and community membership. Citizenship promotes community integration and social inclusion and recognises the skills assets and strengths of each and every individual.

The service provides a range of evidenced based interventions that are underpinned by therapeutic approaches. Motivational Interviewing (MI) and Solution Focused Therapy (SFT) are some of the methods facilitated by staff to help individuals understand the causes

and impact of their behaviour on themselves and the wider impact on their family and community. We work with individuals on a one to one basis and within group work settings with each way allowing individuals to reflect, explore and challenge themselves around a range of life areas.

In addition to offending behaviour change, an asset based approach is adopted to help increase an individual's self-awareness, self-esteem and confidence. Self-development and reflection are key to an individual when putting into practice the skills and learning achieved within the service to help sustain their recovery and offending behaviour.

We measure success and identify areas for improvement in a number of ways, at a number of different levels. Individuals who meet their own outcomes and goals, the experience and feedback they give us about the service, internal TPS quality assurance systems, monitoring and evaluation reports required by Scottish Government and the Care Inspectorate yearly inspections are all ways in which the service is monitored and evaluated to measure success and impact.

10.2 Admission criteria and process

Referrals can be made to Turnaround via prison services or community care managers if an individual is at serious risk of breaching their current order in the community due to their current alcohol or other drug use. We work with males from the age of 18 years old and over who have a minimum of 6 months on a community order at the time of referral.

Medication criteria

Prison referrals will require to provide a comprehensive health assessment including agreed prescribed medication and drug screening results. The prison service would provide an up-to-date risk assessment (including health, self-harm, risk to self or others, risk from others, any license conditions, and any other relevant information).

Contact details

Gary Douglas or Eric McGarry
01505 810 800

GaryDouglas@turningpointscotland.com ; EricMcGarry@turningpointscotland.com

Please note: This service is not funded through the Prison to Rehab pathway as it is not abstinence based. Funding is provided centrally through an alternative funding stream. Full details are available by contacting TurnAround directly.

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Calderglen House

RESIDENTIAL REHABILITATION



Lothians & Edinburgh
Abstinence Programme



Abbeycare
SCOTLAND



Alternatives

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CASTLE CRAIG



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