

Residential Rehabilitation in Scotland: A status report on current levels of capacity

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Executive summary

- Of the **20 residential rehabilitation facilities surveyed**, all replied. Sixteen of facilities provided residential treatment for both alcohol and drug addiction, 3 provided treatment for drugs only and 1 provided treatment for alcohol only.
- The total estimated number of **beds available in Scotland, for the treatment of alcohol and drug addiction is 418**. This has been revised up by 53 since the mapping report, which reported 365.
- As a result of the current COVID-19 pandemic, a number of the surveyed rehabilitation providers reported **running at a reduced total capacity**.
- Residential rehabilitation providers reported that a combined total of **268 beds were currently occupied at the time of survey**, indicating they are running at around **69% of their current capacity and around 64% of their total maximum capacity pre COVID-19**.
- In the short term residential rehabilitation providers spoke of the need to secure **additional resource to better cope with the impact of COVID-19** on their service, the need to secure funding for **specific minor refurbishments of vacant space** within their service and the need to upgrade systems.
- In addition, **existing pathways to secure funding for placements was mentioned as a significant barrier to fulfilling current capacity**.
- In the medium term residential rehabilitation providers mentioned the need to secure funding for **more significant renovation and or building work to make additional space for residents**. In addition there is a need to further develop pathway from detox into rehabilitation.
- In the long term the principal action mentioned by rehabilitation providers was to be able to **secure a new building and staffing resource** as well as new **community resources and facilities that specifically meet the needs of women and women who require childcare facilities**.

1. Background

The First Minister made a [statement](#) to parliament on 20 January 2021 which set out a National Mission to reduce drug deaths by listening and learning from those with lived experience and improving treatment and other support services. Five priorities were set out along with £5 million of additional funding for 2020-21 and a further £50 million per annum for the next five years. The expectation is that this funding will flow, primarily via ADPs, to grassroots and community organisations to effect the change needed.

The five priorities set out by the First Minister include:

- fast and appropriate access to treatment;
- access to residential rehabilitation;
- increased capacity of front-line, often third sector, organisations;
- a more joined-up approach providing proactive support following a non-fatal overdose; and
- overcoming the barriers to introducing overdose prevention facilities.

Previously, the working group on Residential Rehabilitation, chaired by David McCartney, published a [mapping report](#) which set out to better understand the current residential rehabilitation landscape in Scotland. This report found that there were least 365 residential rehabilitation beds/ placements available in Scotland, across the 18 facilities surveyed. This report served primarily as scene setting exercise, and did not explore how this total capacity was being used. Since this report, additional residential rehabilitation facilities have been identified and so there is a need to update the estimate of total beds/placements in Scotland.

The priorities set out by the First Minister reflect the need to:

1. better understand the overall total capacity of residential placements;
2. understand how current capacity within residential rehabilitation is being utilised; and
3. explore way in which to increase capacity.

This report is a result of a rapid follow-up survey of providers and aims to provide an improved estimate of total residential placement capacity in Scotland and to better understand how this capacity is currently being used.

2. Methodology

An email survey was sent to all residential rehabilitation providers in Scotland. Residential rehabilitation providers were identified as part of the working group's mapping exercise in December 2020¹. Since this time, additional rehabilitation providers have been identified and so this list has been revised for the purposes of this research. Residential rehabilitation was defined, as per the mapping report, as facilities offering programmes which aim to support individuals to attain an alcohol or drug-free lifestyle and be re-integrated into society, and which provide intensive

¹ [Residential Rehabilitation - service mapping: report - 2019 to 2020 - gov.scot \(www.gov.scot\)](#)

psychosocial support and a structured programme of daily activities which residents are required to attend over a fixed period of time. This survey was designed to be able to provide a cross-sectional snapshot of the residential rehabilitation national landscape. Questions were developed in brief consultation with key stake holders, including rehabilitation providers.

The survey comprised of 7 questions (see Appendix B), including questions on maximum capacity and the number of placements currently filled. In addition, the survey also asked 3 open text questions on how capacity may be increased in the short-, medium-, and longer term according to the individual providers. Service providers were asked to email back their response within a three day window. Due to the short timescales surrounding this work, providers who had not completed the survey were contacted by a member of the analytical team to ensure they had opportunity to be included in this research. As such, the survey was supplemented by a number of phone interviews. Data on service demographics and type were previously gathered as part of the mapping exercise and linked to survey responses.

Data was collected between the 3rd and 8th of February 2021.

3. Main findings

3.1 Current Capacity

Of the 20 residential rehabilitation facilities surveyed, all replied. Sixteen of facilities provided residential treatment for both alcohol and drug addiction, 3 provided treatment for drugs only and 1 provided treatment for alcohol only.

Fifteen (75%) of services were voluntary or not-for-profit, 3 facilities (15%) were privately funded, and 2 facilities (10%) were funded by the NHS. A full list of all rehabilitation providers contributing to this analysis are provided in Appendix A.

Of these facilities, the total estimated number of beds available, for the treatment of alcohol and drug addiction, in Scotland is 418. This is 53 more than that previously reported². The estimated total number of residential beds available for the treatment of drug addiction is 406. Of the 418, around 297 placements were for both men and women (71%), around 104 were for men only (25%), and 17 were for women only (4%). Around 70 placements (17%) were specifically for young people.

As a result of the current COVID-19 pandemic, a number of the surveyed rehabilitation providers reported running at a reduced total capacity. The current combined capacity for residential treatment, was 386 beds/placements, at the time of survey. This is a reduction by just under 8%.

Residential rehabilitation providers reported that a combined total of 268 beds were currently occupied at the time of survey. This indicates that residential Rehabilitations are running at around **69% of their current capacity** and around

² Previously, a mapping exercise identified 365 beds for the treatment of Alcohol and Drug Addiction in Scotland ([Residential Rehabilitation - service mapping: report - 2019 to 2020 - gov.scot](https://www.gov.scot/resources/documents/2021/02/Residential_Rehabilitation_service_mapping_report_2019_to_2020_gov.scot) (www.gov.scot))

64% of their total maximum capacity. This ranged from 50%-100% of current capacity.

3.2 Increasing Current Capacity

Residential rehabilitation providers were also asked to comment on how they may be able to increase their total capacity in the short-, medium-, and long term. Below is a thematic summary of what was mentioned.

3.2.1 Short term

In the short term (in the next week), residential rehabilitation providers primarily spoke of **the need to secure additional resource to better cope with the impact of COVID-19 on their service.** Providers mentioned that a combination of vaccination and regular testing in residential care would significantly reduce the impact of the pandemic. Specifically, this would free up beds currently set aside for self-isolation and open up more treatment places.

Other short term actions to increase overall capacity in existing services included **specific minor refurbishments of vacant space within their service and the need to upgrade systems.** Providers mentioned that this was dependent on securing funding for this work.

In addition, **existing pathways to secure funding for placements was mentioned as a significant barrier to fulfilling current capacity.** Providers found navigating ADP funding pathways difficult and took a long time, and would welcome **a more simplified and centralised route to apply for funding.** Specific mention was made of the success of the Prison to Rehab pathway. Some providers also mentioned that centralised block purchasing of places would likely also help improve planning within the service and make the admission process into rehabilitation more streamlined.

3.2.2 Medium term

In the medium term (in the next 6 months), in addition to the already mentioned short term actions, rehabilitation providers mentioned the need to secure **funding for more significant renovation and or building work to make additional space for residents.** In addition securing funding for the recruitment of additional staff would also increase capacity in the medium term.

There was also specific mention of the need to further **develop the pathway from detox into rehabilitation.** In situations where detox is a pre-requisite to rehabilitation admission, detox and admission into rehabilitation are not always fully joined up and often individuals need to return to the community in the interim period. Providers mentioned the need to further build relationships with detox providers and secure funding for external, often private, detox. This would achieve a more streamlined transition from detox into rehabilitation and ultimately would allow more individuals to enter rehabilitation.

3.2.3 Long term

In the long term (in the next 12 to 18 months), in addition to the already mentioned short and medium term actions, **the principal action mentioned by rehabilitation providers was to be able to secure a new building and staffing resource.**

Other actions included **securing new community facilities such as supported accommodation** to allow residents to safely move out of residential care and free up space for new residents.

It was also mentioned that by securing **new facilities that specifically meet the needs of women and women who require childcare facilities, capacity for these groups would increase.**

Appendix A

Residential Rehabilitation Providers Surveyed

Name	Health Board	Subtype	Service Type	Total Capacity (beds)
Abbeycare (UK)	Lanarkshire	Alcohol & Drug	Private	34
Alternatives Safe As Houses	Greater Glasgow & Clyde	Alcohol & Drug	Voluntary or Not for Profit	36
Benaiah, Teen Challenge UK	Grampian	Alcohol & Drug	Voluntary or Not for Profit	7
Bethany Christian Centre *	Lothian	Alcohol & Drug	Voluntary or Not for Profit	18
Castle Craig Hospital	Borders	Alcohol & Drug	Private	110
CrossReach, Beechwood House	Highland	Alcohol & Drug	Voluntary or Not for Profit	10
CrossReach, Glasgow Residential Recovery Service	Greater Glasgow & Clyde	Alcohol & Drug	Voluntary or Not for Profit	17
Hebrides Alpha Project	Western Isles	Alcohol & Drug	Voluntary or Not for Profit	6
Jericho Society, Dundee House	Tayside	Alcohol Only	Voluntary or Not for Profit	12
Jericho Society, Greenock Women's House	Greater Glasgow & Clyde	Drugs Only	Voluntary or Not for Profit	10
Jericho Society, Men's House	Greater Glasgow & Clyde	Drugs Only	Voluntary or Not for Profit	18
Kings Court, Maxie Richards Foundation	Argyll & Bute	Drugs Only	Voluntary or Not for Profit	5

Lothians & Edinburgh Abstinence Programme (LEAP)	Lothian	Alcohol & Drug	Statutory (NHS)	20
Phoenix Futures Scotland	Greater Glasgow & Clyde	Alcohol & Drug	Voluntary or Not for Profit	31
Priory Hospital Glasgow	Greater Glasgow & Clyde	Alcohol & Drug	Private	9
River Garden Auchincruive	Ayrshire and Arran	Alcohol & Drug	Voluntary or Not for Profit	7
Sunnybrae, Teen Challenge UK	Grampian	Alcohol & Drug	Voluntary or Not for Profit	18
The Haven Kilmacolm	Greater Glasgow & Clyde	Alcohol & Drug	Voluntary or Not for Profit	24
Ward 5, Woodland View	Ayrshire and Arran	Alcohol & Drug	Statutory (NHS)	5
Whitchester House, Teen Challenge UK	Borders	Alcohol & Drug	Voluntary or Not for Profit	21

* Bethany Christian Centre only accepts individuals who were previously homeless, and so this service is not available to all people seeking residential treatment.

Appendix B

Current Capacity in Residential Rehabilitation Survey Questions

1) Name of Residential Rehabilitation provider:

2) Your name and role within the service:

3) Date of completion:

4) What is your maximum placement capacity? If you have a COVID restricted max capacity please provide this in addition to your total capacity.

Total capacity:	
COVID restricted capacity:	

5) Thinking about today, how many placements are currently filled at your service?

6) Thinking more generally, on average day in the last month, how many placements are filled at your service? (this may be the same as above).

7) In order to increase your capacity, what short-, medium-, and long-term actions would need to be taken? (please provide a bullet point list, in order of priority)

Short term (within the next week)	Medium term (within the next quarter to half year)	Long term (within the next 12 to 18 months)
<ul style="list-style-type: none">•••• ...	<ul style="list-style-type: none">•••• ...	<ul style="list-style-type: none">•••• ...



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