

Prison to Rehab Pathway

Health & Social Care Analysis

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Executive Summary

- Eight residential rehabilitation providers (35%) reported having received individuals through the Scottish Government funded Prison to Rehab pathway since it was launched, with a total of 56 referrals having come through this pathway.
- The majority (n=15, 75%) of residential rehabilitation providers described maintaining some form of relationship with Scottish Prison Service (SPS). These relationships included regular communication with specific prisons regarding referrals and assessments, attendance of prison staff at training and information days; and contact with prison staff, prison social workers and prison chaplains of varying frequency.
- Providers reported a range of barriers and facilitators in relation to accessing residential rehabilitation at their facility through the Prison to Rehab pathway. Barriers included a lack of awareness of what facilities offered among some prison staff and the often short notice of referrals, while facilitators included a good understanding of residential rehabilitation among prison staff and referrals made long in advance.
- Two providers reported individuals having dropped out of the Prison to Rehab pathway at the transfer stage.

1. Background

The level of harms from alcohol and drugs in Scotland are high in comparison to the rest of the UK and Europe, and cause avoidable damage to people's lives, families and communities. Tackling the high level of drug related deaths in Scotland is a priority for the Scottish Government. On 20th January 2021, the First Minister made a [statement](#) to parliament which set out a National Mission to reduce drug deaths through improvements to treatment, recovery and other support services. One of the five priorities was increasing capacity and improving access to residential rehabilitation.

Previously, to support the work of a working group on residential rehab, chaired by David McCartney, the Scottish Government published a [mapping report](#) to better understand the current residential rehab landscape in Scotland, with was followed by a [report on capacity](#). These reports served primarily as scene setting exercises and highlighted the need to better understand how people enter, experience and leave residential rehab, including how this varies for individuals across Scotland. The mapping and capacity reports informed a set of [recommendations](#) by the working group to the Scottish Government which included that "The Scottish Government should facilitate research into residential treatment pathways, models, outcomes, value for money and service user experience to understand who will benefit most from it." Given the high prevalence of drug dependence among Scotland's prison population, the treatment pathway from prison to residential rehabilitation has been identified as a priority.

The Scottish Government, in collaboration with the Scottish Prison Service (SPS), the Scottish Recovery Consortium (SRC) and others, set out a Prison Release – Residential Rehabilitation protocol on the 5th of June, 2020. This is to be used by Prison Health Care Service and rehab providers to support the referral of people leaving prison who would benefit from accessing an abstinence-based rehab programme to further their recovery. This Prison to Rehab protocol is based on a 7-step process and individuals who enter residential rehab via this referral pathway have their program fully funded by the Scottish Government. This protocol has been designed as a response to the ongoing COVID-19 pandemic with a view to support individuals who have a history of problematic drug use, reduce drug related reoffending and thereby reduce the overall number of people in prison.

This report is published as part of a [suite of reports](#) exploring pathways into, through and out of residential rehab in Scotland, which aims to address the recommendation by the working group noted above. This report draws on findings from the survey of residential rehabilitation providers to give an overview of the Prison to Rehab pathway, and of general pathways from prison into residential rehabilitation across Scotland. These reports will serve as a baseline to better inform ongoing funding strategies and to help identify specific barriers and facilitators to accessing residential rehab where it is deemed clinically appropriate for individuals to receive this form of treatment. These reports have also informed the work of the Residential Rehabilitation Development Working Group (RRDWG); including the development of [guidance](#) on good practice for pathways into, through and out of residential rehabilitation in Scotland'.

2. Methodology

Questions exploring the Prison to Rehab pathway formed part of a wider survey exploring the pathways into, through and out of residential rehabilitation across Scotland¹. This survey was sent by email to all 20 residential rehabilitation providers in Scotland identified by the previous capacity report to better understand their current provision, and how individuals come to access their facilities. The broader survey was extensive, comprising 100 questions, and included questions on access, resourcing and demand, the pre-rehab phase, the residential phase, and the post-rehab phase of care pathways. There were a total of 9 questions on referrals from prison, including four specifically on the Prison to Rehab pathway. These questions on the Prison to Rehab Pathway were all open ended, qualitative questions in order to ensure that as much detail as possible was gathered on this pathway. These questions were developed in consultation with the RRDWG and policy officials. A full list of these questions is available in Appendix I.

Contacts at each provider were asked to email back their response within a three week timeframe. Due to this relatively short timeframe, those 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.

Data was collected between the 15th July and 28th August 2021.

¹ For this survey, residential rehabilitation was defined, as in 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 psychosocial support and a structured programme of daily activities which residents are required to attend over a fixed period of time.

3. Findings

Overview

Eight residential rehabilitation providers (35%) reported having received individual placements through the Scottish Government funded Prison to Rehab pathway since it was launched, with a total of 56 referrals having come through this pathway. An additional 12 referrals from prison which were not made through the Prison to Rehab pathway have started placements across five providers since the launch of the pathway.

Six respondents (30%) who had not yet received individuals through the Prison to Rehab pathway stated that they would be interested in receiving referrals through this pathway in the future. One of these facilities stated that it may be challenging for them to participate as they are contracted to provide residential rehabilitation to individuals from their local NHS Health Board.

Broader Relationships with Scottish Prison Service

The majority of residential rehabilitation providers reported maintaining relationships with the Scottish Prison Service (SPS). Fifteen (75%) providers suggested that they maintain some form of relationship with prisons, with five of these suggesting that these relationships were in the early stages of development. These relationships varied from regular communication with specific prisons regarding referrals and assessments; attendance of prison staff at training and information days; and contact with prison staff, prison social workers and prison chaplains of varying frequency. Five providers (25%) suggested that they did not currently have a relationship with prisons.

Barriers and Facilitators

Residential rehabilitation providers reported a range of barriers and facilitators in relation to accessing residential rehab at their facility through the Prison to Rehab pathway.

Structural barriers were reported by a number of providers. Three noted that **referrals made at short notice** challenged the smooth transition from prison to rehab as these rehab providers often had a shortage of available places at such short notice. Another provider highlighted that **placements from non-local prisons** were more challenging. One provider highlighted that greater **communication and integration between prison health workers and rehab providers** would ensure that issues occur less frequently. This provider highlighted that such integration may involve, where possible, prison health workers facilitating the reduction of Opioid Replacement Therapy (ORT) in prison. Relating to these communication and integration challenges, a **lack of awareness about the rehab facility** and its provision among prison staff was noted by another provider.

Practical barriers around prison release were also reported. Two providers highlighted that prisoners having **no access to a bank account or ID** on release

means that arranging these takes time and energy away from providing recovery-focused work.

Finally, **psychological or personal barriers** were noted. One provider highlighted that it is a challenging for someone coming from a significant sentence in prison to come to another facility where there are **limitations to freedom**. **Inaccurate self-reporting of current drug use** during assessment was also noted as making such placements challenging, with those using greater dosage than was reported making detox more difficult. A **lack of motivation** in the individual to change or engage with the treatment programme was mentioned by two providers, with one highlighting that this often came from the individual not having a clear understanding of the treatment programme being offered.

In terms of **facilitators**, one provider reported that they have a **good relationship with prisons**, detailing particular aspects of this relationship. They highlighted that prison staff have a **good understanding of residential rehabilitation**, and of the particular model of rehabilitation which the provider offers. They reported that there was **open communication** between the provider and the prison at all stages of the Prison to Rehab process. They suggested that the fact that **referrals were made long in advance of liberation** helped in facilitating a smooth transition between prison and rehab.

Suitability of Referrals

Providers also reported on whether they felt the right people were being identified by referrers to join the programme. Three stated that all individuals had been suitable, while three suggested that some of those who had been referred were not appropriate for residential rehabilitation at the time of referral. Of those in the latter category, one provider, who reported eight prisoners having started placements at their facility, stated that two individuals who had been identified by the referrer had been unsuitable on reflection, and had left after a few days. They highlighted that this might have been improved through a more joined up approach, given that the referrer does not always know everyone who is involved in the person's care and it is not the rehab facility that is joining everything together. Another highlighted that most of their eighteen prison placements have been suitable, although reported **a number of prisoners were referred due to a lack of accommodation or to support their testimony in court**. One facility highlighted that the three individuals they had received **had been suitable for residential rehabilitation but could have been better prepared**.

Securing Funding

The Prison to Rehab pathway is directly funded by the Scottish Government. The pathway follows a seven step process. First, the individual is identified as suitable for rehab by SPS/ Prison Healthcare. These staff then work with the individual to identify a suitable rehab provider, and referral takes place. The rehab provider notifies the Scottish Government National Support Team of this referral. The individual is then assessed by the rehab facility. If admitted, the placement and admission date is confirmed with SPS/ Prison Healthcare and the Scottish Government, with the individual transferred on their prison release date. For funding to be released, the

Scottish Government require written confirmation from the provider and SPS and Prison Healthcare Services on acceptance of the placement, of entry into rehab and, on a three-monthly basis, that the individual remains in rehab treatment.

Providers shared their experiences of how the process of securing funding for placements on the Prison to Rehab pathway has worked in practice. Two providers suggested that the **process of accessing funding was initially slow** in terms of Scottish Government staff responding and paying invoices, **but that this has improved.** Two providers reported no issues.

Drop-Outs at Transfer Stage

Two providers reported individuals having dropped out of the Prison to Rehab pathway at the transfer stage. One provider of these providers suggested that one of the two individuals who did so at their service had not properly understood the programme and dropped out when they were informed what it would entail. The other provider suggested that the one individual who did so at their facility had never had a bank account or received benefits in his life time and accessing these was so problematic that he lost motivation. They suggest that Prison Case Workers should be empowered to address these issues prior to liberation day.

Placement Completion

Most rehabs involved in the Prison to Rehab Pathway reported that a number of individuals referred had not completed placements. It is important to note that no comparisons were made with rates with the wider residential rehabilitation population. These rehabs cited a number of reasons for individuals exiting their placement early; primarily, a return to substance use, differences between their expectations and the reality of the programme offered and the demands of engaging in residential rehabilitation. Another reported that one individual had left early, although continues to be abstinent and is engaged in the facility's assertive outreach.

Suggested Improvements to Pathway

Providers made a number of suggestions regarding improvements which may be made to the Prison to Rehab pathway. One provider highlighted that issues regarding **limitations to the choice of rehab through the Prison to Rehab Pathway.** While the Prison to Rehab pathway information pack offers a choice of rehab facilities, one provider highlighted that some local authorities only purchase from certain rehabs it takes the choice away from people. Another suggested that the pathway would benefit from **aiding prison services in providing preparatory work**, including support for reduction of ORT where appropriate and ensuring that those seeking residential rehabilitation are fully informed of what to expect.

4. Conclusions

The findings presented in this report, and in the full reports of the surveys of ADPs and residential rehabilitation providers published alongside it, have been crucial in improving understanding of the pathways into, through and out of residential rehabilitation in Scotland, and, importantly, in identifying a number of areas for improvement.

As noted in the introduction to this report, the Scottish Government are currently undertaking a range of actions targeted at improving all aspects of these pathways. These reports have also been central to the work of the Residential Rehabilitation Development Working Group (RRDWG) including in the development [of guidance on good practice pathways](#).

The specific data available on the Prison to Rehab pathway was necessarily limited by the scope of the original surveys. This highlights the need for improved understanding of the impact of the Prison to Rehab pathway since its inception, in addition to the need for further insight into the relationship between the SPS and residential rehabilitation providers.

Appendices

Appendix I – Full List of Survey Questions on Prison to Rehab Pathway

1.12 How do you engage with Scottish Prison Service (SPS) staff regarding the services which your facility offers? How would you describe your facility's relationship with the prison service? Can anything be done to build on/ improve this? Please provide details (max 200 words)

1.13 If your residential rehabilitation facility is not involved in the Prison to Rehab pathway, is this something that you would be interested in?

Yes

No

If necessary, please provide details (max 200 words).

1.14 Since the launch of the Prison to Rehab pathway, how many referrals have you had from prison generally, and, if applicable, through the Prison to Rehab pathway?

Referrals via Prison to Rehab Please select a number

Other Prison Referrals Please select a number

1.15 Can you describe the process for arranging the transfer of someone from prison to your facility? Does this differ if the individual is on the Prison to Rehab pathway? How has COVID-19 impacted on these processes? Please provide details (max 200 words).

If your facility is not involved in the Prison to Rehab pathway, please skip to the following section (section 2).

1.16 If applicable, what are the main facilitators and barriers for individuals accessing residential rehabilitation at your facility through the Prison to Rehab pathway? Please provide details (max 300 words).

1.17 If applicable, do you feel the right people were being identified by referrers to join your programme? Is there anything that might improve this process? Please provide details (max 300 words).

1.18 If an individual has been confirmed on the Prison to Rehab pathway, can you describe how the process of securing funding for these individual placements has worked in practice? Please provide details (max 300 words).

1.19 Have you experienced individuals dropping out of the Prison to Rehab pathway at the transfer stage? If so, what were the circumstances? Have you encountered any problems with the transfer process and would you have any suggestion for how it could be improved? Please provide details (max 200 words).

1.20 Have any of the people who entered your programme via the Prison to Rehab pathway left before the end of their treatment programme? Please provide details (max 200 words).