



Prison to Rehabilitation Evaluation



Introduction

The Prison to Rehabilitation Pathway (P2R) is a protocol devised by the Scottish Government introduced as part of the Covid 19 Response strategy. The P2R protocol is aimed at people who are serving a custodial sentence and who are affected by substance misuse. Individuals are identified within prison and are subsequently offered the opportunity to be assessed to determine if they are suitable to be admitted to a residential rehabilitation service immediately from release.

This report was conducted through a qualitative approach with structured interviews which sought the views of the residential rehabilitation providers and some of the individuals who have gone through the pathway.

Background

It was difficult to determine clear aims or intended outcomes of the P2R protocol other than a desire to ensure a vulnerable group of prisoners were able to be offered immediate access to residential rehabilitation on release from custody during the time when the Covid 19 pandemic was at its height. It must be considered that assumptions were made about the effectiveness of residential rehabilitation in keeping people safer than they would otherwise have been on a return to their community.

Approach

The impetus for this evaluation came from the Residential Rehabilitation Providers Group (RRPG) and was intended to seek the views of the residential rehabilitation providers. In addition, it was thought that the individuals who have been the recipients of the P2R protocol would have an important view. It was therefore decided to try and seek the views of some of the people who have direct experience of the P2R Protocol.

For this evaluation the views of six Providers were sought, five of these were conducted through face-to-face interviews with one via the telephone. The views of 3 Individuals who had direct experience of the P2R protocol were obtained through individual interviews. Each of the individuals interviewed were completing, or had completed, their period of residential rehabilitation at the time of the interview.

The perspective of the Providers

At the time of interviews there were:

- **53 individuals admitted.**
- **36 left before the programme was completed (before 12 weeks)**
- **11 had completed a programme**
- **6 were still in residential rehabilitation**

For this evaluation there were six interviews completed with representatives of different residential rehabilitation services. Five interviews were completed on a face-to-face basis and one was completed over the telephone.

Each of the providers had heard about the P2R through the RPPG. The RPPG had produced a document outlining the P2R Protocol and contained some limited information about a number of residential rehabilitation services. A number of the providers had also left some materials within each prison giving information about their service.

Due to the outbreak of the Covid 19 pandemic the normal assessment processes for admission to residential rehabilitation had changed. Most assessments by the Providers were conducted via telephone rather than in person and there were no opportunities for visits to residential rehabs. There was a brief temporary change to the Covid 19 restrictions where visits were allowed for a short period for the purpose of assessment.

The number of individuals referred to the various residential rehabilitation services varied widely, with some providers having a limited number of individuals referred (below 10) and one provider having a significantly higher number of individuals referred, (over 30). The reasons for this variance are unclear. It was apparent however that there was very limited organised and coordinated information about residential rehabilitation available to individuals while they were in custody.

This point was further developed by a number of providers who indicated that each residential rehabilitation service had a unique and different model of operation and delivery. While all of the services were based on abstinence the methods of intervention were different. Given the limitations of the information available to individuals it was therefore difficult to make an informed choice.

The perspective of the Providers

For all of the individuals referred the planned length of stay within residential rehabilitation was 12 weeks. Some individuals, having completed this period wanted to remain for a longer period. As the Scottish Government was the funder requests were made for additional funding for this extended stay. Not all these requests for additional funding were approved. There was an absence of clarity and transparency around this process and apparent inconsistencies in the agreement of additional funding. There appeared to be no published criteria for approval of additional funding.

A number of providers sought funding from their local Alcohol and Drug Partnership for individuals who requested to remain longer than 12 weeks. This was not granted on the grounds that the ADP had not approved the original placement and often were unaware that the individual was in residential rehabilitation.

The length of time between initial contact by the individual or prison-based staff with the residential rehabilitation staff was variable. There was a generally held perception among the providers that a longer length of time in preparation before admission to residential rehabilitation would be beneficial. This was taken to mean that individuals would be more likely remain within residential rehabilitation for a greater average length of time. It was however not possible to determine whether this was accurate.

As all of the individuals referred were admitted directly from custody there was no involvement of community-based services from the area where the individual originally resided prior to receiving a custodial sentence. There was also limited contact with community-based services from the area to which the individual was returning. This meant that when an individual was returning to the community there was often limited knowledge of the individual within the local services.

The perspective of the individuals

Three individuals were interviewed who had participated in the P2R protocol.

These three individuals had all moved from custody to residential rehabilitation and were either in residential rehabilitation at the time of interview or had left through a planned process.

Two males and one female were interviewed. Each had served multiple custodial sentences. None of the individuals had been in residential rehabilitation previously.

Each of the individuals had spent more than three months in residential rehabilitation.

Structured interviews were conducted with each individual.

Interview 1

A had served ten custodial sentences in six different prisons . The last sentence was for 15 months, of which he served seven and a half months. He heard about P2R through attending SMART Recovery meetings while in prison. He had very limited information about the availability of residential rehabilitation services and identified the residential rehabilitation service through conducting his own research.

“I wasn’t given options but did the research myself to find the best option”
“It was the only option given to me but for me was the best fit”

Personal motivation to change was a significant incentive to go to residential rehabilitation.

“ (I)had ran out of ideas to change my life...I had started the change process before I was ready to give up drugs and rehab just helped me build on this.”

While **A** had support from the prison staff the main support was after he had made contact with the residential rehabilitation service, **“The main support was when I connected with Michael, things started to move forward then.”** He emphasised the one-to-one contact with the residential rehabilitation manager which

The perspective of the individuals

remained consistent throughout the process from assessment to rehousing in the community over several months.

When A was asked about how this preparation phase could have been improved he indicated that:

“(It) could have been better and more supportive from SPS staff who really knew about the P2R pathway.” (It should be noted that A was one of the first individuals to go through the P2R Pathway)

A spent a total of 18 months in residential rehabilitation and was still being supported by staff from the residential rehabilitation. When asked about the transition to residential rehabilitation from custody A stated:

"It felt strange and weird everyone being nice to me, it was weird but alright, trying to talk and be honest took time, I had a huge ego and low self esteem, but learned to trust and built great relationship with my keyworker and opened up on my thoughts and feelings. I wouldn't be here without rehab, I had no idea how miserable I was using...didn't have a life but now I feel calm and connect with my feelings"

Each individual was met at the gate on release, when asked if the fact he was picked up made it easier to go to directly to rehab, he replied, **“Definitely, getting the bus or train I would probably have bought drink and went off in another direction and I probably wouldn't have made it there.”**

When asked what could be done to make the process of moving from prison to rehab more effective, A spoke highly of the staff in HMP Inverness. A said that he was advised about P2R when he told them he felt it may be his only option to change his life, and went on to say:

“Make sure all prisons have an understanding of the pathway, not just the big jails, more people with lived experience going into jails sharing their experience and showing recovery is possible and letting every prisoner know about the pathway.”

The perspective of the individuals

Interview 2

S had served seven periods in custody over a sixteen year period and had spent under five years in the community over short periods. On his last sentence he was imprisoned for four years. He had not been in residential rehabilitation previously.

He heard about the P2R from prison staff and after initially dismissing the idea he acknowledged he **“had addiction issues and wanted to break offending cycle.”** When asked why he wanted to go through the P2R he stated **“I wanted to change my life and I was tired of jail time.”**

He heard about P2R four months before his liberation and had three months of preparation time.

Prison staff gave him a copy of the P2R Pathway and after reading that he identified a preferred residential rehabilitation. He identified the specific rehab because **“I liked the programme offered and the emblem”**. In addition the residential rehabilitation was outwith his home area.

Prison social work arranged for a visit by staff from the residential rehabilitation and this was instrumental in the preparation process. Meeting the worker, David, was important in the preparation for residential rehabilitation and notably in the transition from prison to residential rehabilitation.

S was picked up at the gate on release which made it easier for him to go to residential rehabilitation, he stated that he was also taken shopping for clothes, which he appreciated.

When asked if it was difficult moving to residential rehabilitation, S indicated that **“I had moments of anxiety and drama and wanted to leave but my licence conditions and being on a tag helped me to stay.”**

S had been in residential rehabilitation for four months at the time of interview and was planning to remain for six months and move to supported accommodation. He stated that **“funding is long term and I’m waiting for a move to Recovery House, residential will be 6 months and I have done 4 months so far, I feel better emotionally and physically on the programme.”**

S was able to renew family contact while in residential rehabilitation. When asked how to improve the P2R he suggested **“better promotion of the pathway with prison staff and residents.”**

The perspective of the individuals

Interview 3

K has completed a seven month period of custody having served two previous sentences. She heard about the P2R while she was on remand from a staff member supporting her in prison. She continued to be supported. The motivation for K to go on the P2R Pathway was because, **“I wanted to try anything to get off Methadone and have support in the community”**.

K had limited information about the P2R pathway and had no information about the range of residential rehabilitations available. She was given a booklet while in prison with details of the residential rehabilitation. And was assessed over the telephone. On asked if she was apprehensive she stated, **“No, I was dead set to come and wanted a chance to get clean”**.

On release K was driven directly to the residential rehabilitation by a SPS officer, which made it easier for K to go to residential rehabilitation. As **“I might have been off and running to score otherwise and may have ended up back in jail”**

Once K got to the rehab she felt **“overwhelmed, but happy.”** This was her first admission to residential rehabilitation. Originally she thought she would leave after coming off methadone but she remained and now volunteers as a peer supporter.

K indicated that being in residential rehab has really helped her make positive connections and she intends to permanently relocate to this area. She has no family members but has made positive relationships with people in her local area.

When asked how the process of moving from prison to residential rehab could be improved, K responded that having limited information was not a barrier.

Learning

These individuals heard about the P2R from different sources within the prison. They all expressed personal motivation to change and none had spent time within a residential rehabilitation service previously. They each had heard of the P2R at least three months previously although the assessment and preparation time was limited, in part due to the effects of the Covid 19 pandemic which restricted the assessment process to telephone contact (although one person had a visit from a residential rehabilitation worker when the Covid 19 restrictions had been temporarily amended).

Choice of residential rehabilitation was limited, mainly due to a lack of available information about the number and range of residential rehabilitation services. One individual was given a copy of the P2R protocol which contained some limited information about residential rehabilitation provision.

The lack of information available to individuals considering the P2R protocol meant that it is difficult to exercise **choice**. It also meant that it is difficult for individuals to identify the residential rehabilitation service that was best able to meet their needs. However it had been assumed that the assessment completed by the residential provider would identify whether the service they provide was able to meet the needs of the individual.

There was insufficient evidence to indicate that there was a correlation between the length of time spent by the individual in preparation for going to residential rehabilitation and the number of individuals who completed a stay of up to twelve weeks.



There was a strong indication that some individuals felt that the period of stay in residential rehabilitation was **not long enough**.



There was common agreement that **being met on release at the prison gate and taken to the residential service was crucial** in enabling the successful admission to the service.



Moving to residential rehabilitation from custody was difficult. Two of the individuals interviewed had wanted to leave but were motivated to remain due to the strength of relationships they had built within the service. One person was subject to a licence with additional restrictions which provided an added incentive to remain.

Learning

The individuals interviewed remained in residential rehabilitation and all had a high level of personal commitment to remaining abstinent.



They identified the beneficial effects upon their **mental and physical health**.



They wanted to develop relationships, either build new relationships or re-build previous relationships. For two of the individuals, having positive family relationships was important and the third individual, having no family, had built **positive relationships** within local recovery services.



Each of the three individuals spent longer than three months in residential rehabilitation. One individual remained for six months, one individual when interviewed had been a resident for four months with a guarantee of six months and one individual had been in residential rehabilitation for eighteen months. The three individuals indicated that **the extended length of placement was a motivating factor on encouraging them to remain in residential rehabilitation**.

Agreement on funding beyond the initial twelve weeks was problematic. Where they assessed that individuals would benefit from an additional period and the individual was in agreement, providers had requested that funding was extended beyond the twelve week period. For some people the staff within the Scottish Government agreed to this. For some others this was refused. It was unclear what the criteria was for agreeing additional funding. It appeared that some providers were more successful than others in obtaining additional funding beyond the twelve week period.

On occasions the residential rehabilitation service was asked to request additional funding from the ADP area from which the individual originated. This was generally refused on the grounds that the individual had not been assessed by the local team and they had little or no contact with the individual while they had been in residential rehabilitation.

Learning

On occasions the residential rehabilitation service provided the additional care without charge.

For a number of individuals returning to their home area the community-based services may not have been previously involved, and have no role in the planning for the return to the community. This could potentially be resolved if the protocol could be amended with the agreement of community-based services that a referral was made to the local community services at an early stage within the individuals' move to residential rehabilitation.

While the P2R protocol has been directed towards adult offenders over the age of 21 years, it has been suggested that there scope for further extending the protocol to include those aged 21 years and under.

Some Providers raised the issue of extending the P2R protocol to prisoners on remand.

Summary

The P2R protocol is an innovative approach to protecting vulnerable prisoners on release from custody. It was developed rapidly and there was considerable work done to develop this approach within a short time frame.

This evaluation sought to seek the views of the residential rehabilitation Providers and a small number of people who had direct experience of the P2R protocol. In seeking these views this evaluation has raised more questions than it answers. However there is a genuine commitment to the P2R protocol among Providers and a recognition of the beneficial effects among the individuals who had participated in it.

It is hoped that some of the information contained within this evaluation will prove beneficial to the operation of the P2R protocol in future.



This paper is the result of research implemented by Recovery & Residential Providers Group, chaired by Scottish Recovery Consortium.

Scottish Recovery Consortium is a national charity that supports, represents and connects recovery across Scotland.

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