

The logo for Leinster/Horne Ltd features the company name in a white, elegant serif font, centered on a dark blue rectangular background.

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**Evaluation of North Lanarkshire Residential Rehabilitation Pathway  
Report**

**December 2024**

on behalf of



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## 1. Introduction

Following the Scottish Government's commitment to supporting residential rehabilitation, North Lanarkshire has placed 33 individuals in residential rehabilitation between April 2023 and the end of March 2024. Alongside a commitment to funding placements within residential rehabilitation the Scottish Government tasked all ADP areas with the development of a Pathway to be used to ensure there was a clear and understood route for admission to residential rehabilitation. This was intended to provide clarity to those staff who were assessing individuals, the individuals themselves and the residential rehabilitation providers.

North Lanarkshire ADP developed a Pathway in conjunction with South Lanarkshire ADP, both bodies aligned with NHS Lanarkshire.

North Lanarkshire ADP commissioned Leinster/Horne to research the operational effectiveness of the pathway. This is the report following this research.

Leinster/Horne is a small independent consultancy company specialising in the field of drugs and alcohol. Between the 2 partners, they have over 80 years' experience in the voluntary and statutory sectors. Their work includes research, evaluation, training and organisation trouble shooting.

This report considers the anonymised quantitative data available in relation to the **thirty-three individuals** assessed and admitted to residential rehabilitation. From this data the information gathered from the qualitative analysis provides an indication of the views of the key partners in the application of the pathway. It also includes in-depth interviews with ten people who were admitted to residential rehab during 2023/24. Interviews were conducted with five staff members from the Addiction Recovery Team (ART) who referred a total of sixteen individuals within residential rehabilitation. In addition the two residential rehabilitation providers who admitted twenty-four individuals were interviewed.

During the fieldwork there were additional observations which will be included within this report.

## 2. Methodology

The approach adopted within this report comprises the quantitative analysis of anonymised data held by North Lanarkshire ADP relating to the placements made. This includes the number of placements, the establishment within which they were placed and the length of stay in each residential establishment by each individual. This provided a rich stream of information about the use of residential rehabilitation during this time.

However, in order to gain an understanding of the effectiveness of the pathway it was necessary to conduct a qualitative analysis of the data provided by the ADP. We did this by adopting a three-stage approach. Using a standardised interview method for each group we interviewed the following sets.

1. Individuals who had been assessed and admitted to residential rehabilitation through the pathway.
2. The staff who assessed and prepared the individuals for admission to residential rehabilitation.
3. The managers in the residential rehabilitation settings.

There were thirty-three individuals assessed and admitted to residential rehabilitation during the period April 2023 to March 2024. Of these, the majority, a total of 19 individuals went to RR1, 5 were admitted to RR2. The others were individual placements, apart from one rehab who admitted two individuals, within separate residential rehabilitation services in central Scotland.

The pathway describes a process which includes the assessment of the individual, support during their stay and support on return to the community. The application of the pathway is well documented and supported by [Access Support | North Lanarkshire Alcohol & Drugs Partnership](#), (Residential Rehab). It was supported by a comprehensive training plan for the staff and managers within the ART teams.

### **3. Quantitative Analysis**

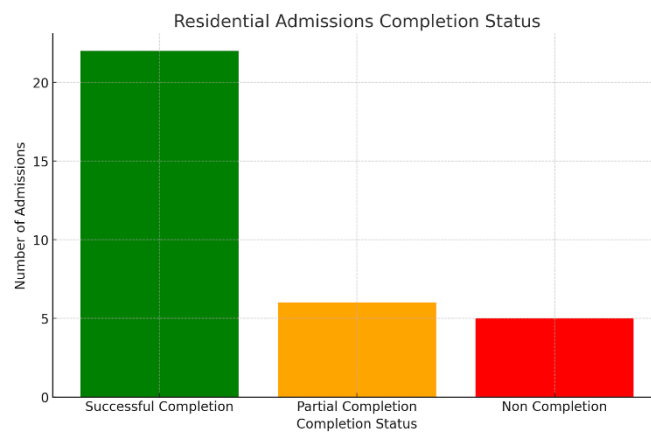
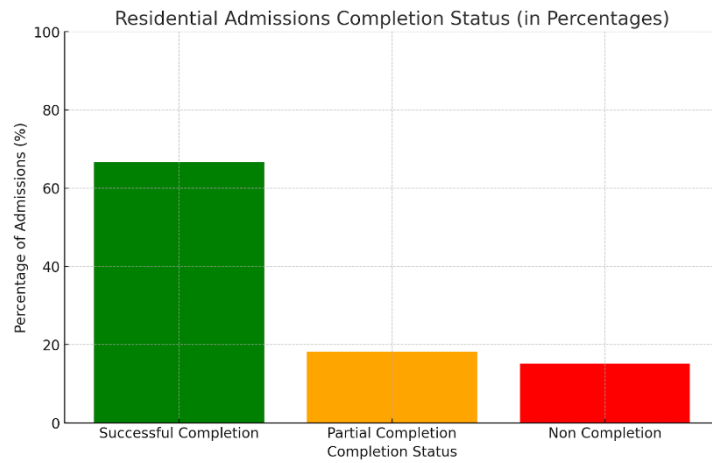
The data for this quantitative analysis was obtained from anonymised data held by North Lanarkshire ADP and provided to the researchers.

Graph 1 indicates the completion rates for those individuals admitted to residential rehabilitation during the period April 23 to end March 24.

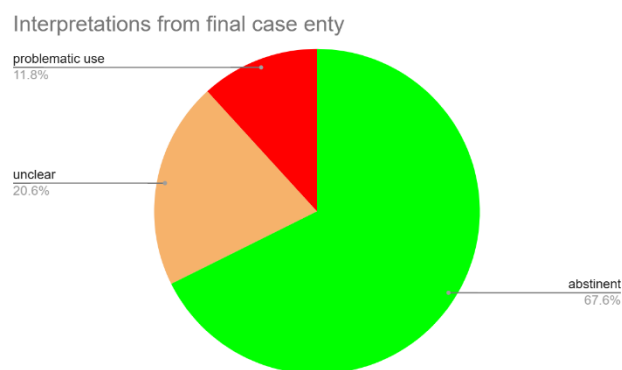
This indicates that there were 21 individuals at a rate of 63% of those admitted who successfully completed the agreed length of stay in residential rehabilitation. Each of these placements lasted for a twelve-week period or longer.

There were six (18%) individuals for whom a partial completion was recorded. For the purposes of this research partial completion was a stay of two thirds of the originally planned length of stay.

There were five (15%) individuals for whom a non completion was recorded as length of stay. For the purposes of this study non completion was a stay of less than two weeks.



This quantitative analysis is of interest. However, in order to ascertain the complex narrative which lies behind the simple statistics we undertook a commitment to interview as many individuals as possible who had been admitted to residential rehabilitation using the pathway.



#### 4. Targeted Analysis - Deep Dive

There were ten people who agreed to be interviewed. Each of these ten individuals They all had a residential rehabilitation placement during 2023/24. This was slightly below one third of all the placements. The people we interviewed were people who consented through being approached by their Addiction Recovery worker. The people we interviewed were those still in contact with the addiction service. We interviewed 4 women and six men. We concentrated our interviews on the pathway and the process and obtained some qualitative data regarding their lives and the effects of rehab. All participants were paid for their time.

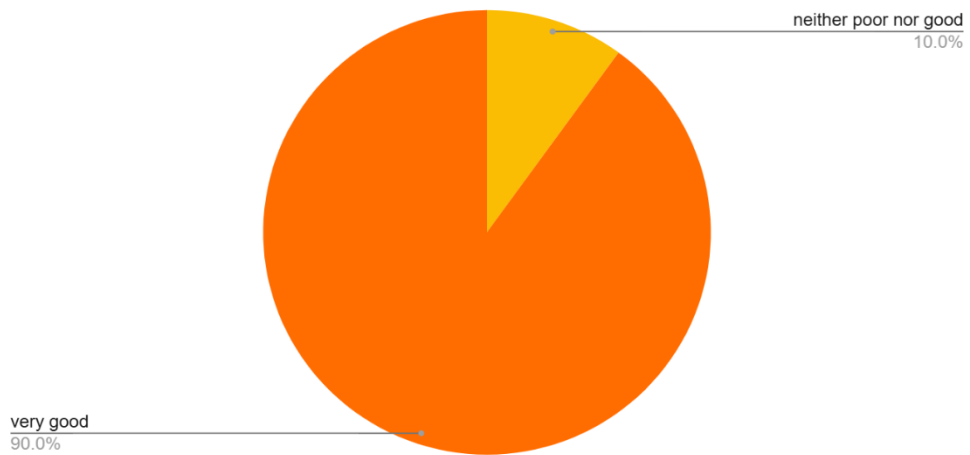
Question	Answer
Was there any delay in the approval of finance for your treatment?	All respondents reported that there were no problems with the funding. It was fast and efficient.
Did you feel fully involved in the assessment and preparation process?	All respondents (100%) felt fully involved in the process.
Thinking about the assessment, how would you rate your experience? On a scale of 1 - 5. 5 being very good, 1 being very poor (please circle)	9 respondents said the process was very good. 1 said it was neither good nor poor.
Did you have a care plan?	7 said that they did have a care plan. 3 said that they did not have a care plan. <b>See note 1 below</b>
Did you feel supported during the admission process by your community key worker?	9 people agreed that they were supported. 1 person said that they were not supported.
How important was support from your key worker during your stay in residential rehabilitation? Scale 1 to 5. 5 very, 1 not at all important	8 people said it was very important, 1 person said it was neither important or unimportant, 1 person said it was not important. <b>Note 2</b>
How important was the relationship between your key work and residential	8 people said it was very important, 1 person said it was neither important or unimportant, 1 person said it was not important. <b>Note 3</b>

staff in your experience? Not at all 1, very much 5	
Were reviews of your progress held as agreed?	All respondents reported having regular reviews with both the residential unit and the ART workers.
Was there contact with your family during your residential stay?	9 out of 10 people had visits and regular contact with their families
Did you find this helpful to your recovery? Not at all 1, very much 5	Everyone who had contact with their family said it was really important. <b>Note 4</b>
Overall, how would you rate your residential rehab experience? 5 very good, 1 very poor.	6 people responded that the experience was very good 2 people said it was good, 1 person said it was poor and 1 said it was very poor.
Was there a discharge plan in place for you upon your return to the community?	7 said yes, 3 said no there was no discharge plan.
What is your current situation regarding your drug/alcohol use?	8 people responded that they were not using drugs or alcohol. 1 person was trying to get back to rehab and 1 person was managing their alcohol use.

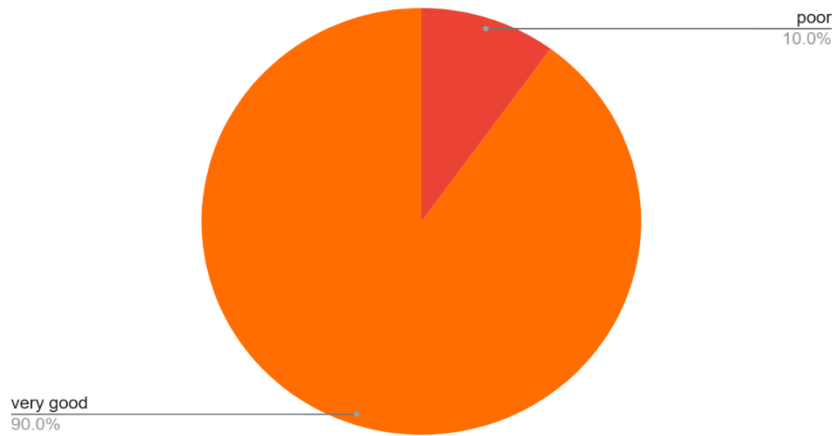
#### Notes

1. There was some confusion among the respondents as to what was meant by a care plan. Most assumed that it was the plan for their stay in rehab and some that it was a transition plan from rehab to community.
2. The majority of people really valued contact with their care manager outwith the review process. Some said they would have liked more contact, quick call or text. One person said it was like having someone from the community on your side to offer encouragement and support.
3. Nearly all agreed that communication between the care manager and residential staff was a big factor in their stay.
4. People emphasised how much family contact mattered. Some remarked without family contact and visits they would not have stayed in rehab.

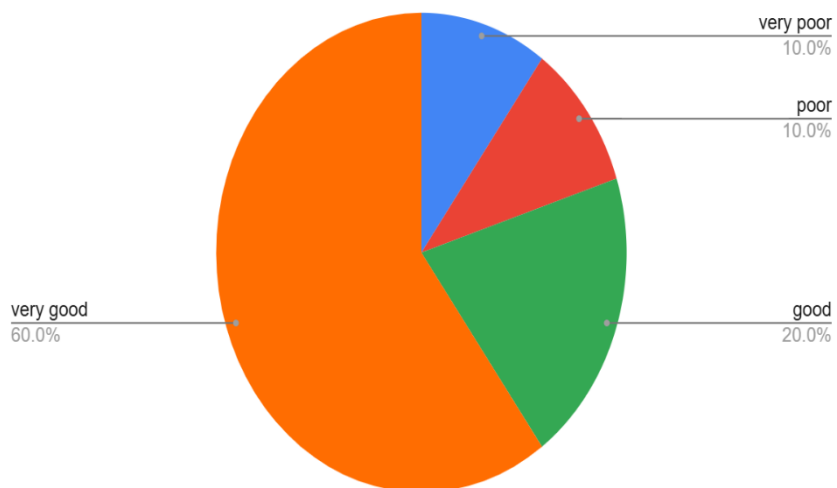
### Ratings on the assessment process



### Support by Care Manager during assessment process



### How would you rate your overall experience of residential rehab?



## What the respondents said?

**Person 1.** Stayed in Rehab for 12 weeks. At the time of our interview was not using alcohol or drugs. This is what they said:

*"I had it rock bottom drink and drugs - my ART worker suggested it - I got into rehab in 3 days - my worker is amazing"*  
*"I was scared and excited"*  
*"Contact with my family was so important"*  
*"My ART worker visited and called me all the time. She is a wee wonder woman"*  
*"(rehab) It's no holiday, It's hard".*

**Person 2.** Stayed in Rehab for 12 weeks. At the time of our interview was not using alcohol or drugs. This is what they said:

*"I was in a relationship for 27 years. There was lots of domestic violence. I left him and was drinking everyday key worker was amazing.*  
*"My life was all over the place - rehab is a wee bubble but you have to face reality"*  
*"I was 100% ready, I was desperate and shitting myself"*  
*"I can not thank my key worker and ART worker enough"*  
*"I went in there and did it and I am proud of myself"*  
*"It's my kids that keep me sober"*

**Person 3:** Stayed in Rehab for 14 weeks. At the time of our interview was not using alcohol or drugs.

*"The process was really smooth. I visited beforehand"*  
*"I was really well prepared"*  
*"More contact between ART and the rehab would have been helpful"*

**Person 4:** Stayed in Rehab for 12 weeks. At the time of our interview was not using alcohol or drugs. This is what they said:

*"I had no idea about rehab - I had been using alcohol and drugs since I was 13 - I lost everything - I had 3 break downs"*  
*"In rehab I engaged in everything - I am really active in the community - I had exhausted everything"*  
*"I was a broken man"*  
*"Worker is amazing"*  
*"Rehab completely changed my life"*



**Person 5.** Stayed in Rehab for 22 weeks. At the time of our interview was not using alcohol or drugs. This is what they said:

*"I am doing great - I am working in a rehab for the last 5 months - I am back at home with my family"*  
*"I went to see my care manager - I was trying nothing was working - I lost my job and house"*  
*"It took 2 weeks to get in - very smooth - I felt completely in the loop"*  
*"It completely changed my life"*  
*"Finance was very smooth and managed to get an extra 10 weeks"*  
*"I had a review every 4 weeks and a pre meeting the day before"*  
*"Things were not going well in the rehab; my care manager went ballistic. Everything changed the manager of the rehab left"*  
*"Contact with my family was really important"*

**Person 6.** Stayed in Rehab for 12 weeks. At the time of our interview was not using alcohol or drugs. This is what they said:

*"I bumped into a good friend - he was just out of rehab - I had an interview with (ART) manager then interview with the rehab - I went in after a week"*  
*"Contact with my family was so important. My daughter and sisters came to see me. I had murdered those relationships while I was using."*  
*"If you put 100% in you will get 100% out."*  
*"I have not used in months. I really needed the programme."*

**Person 7.** Stayed in Rehab for 16 weeks. At the time of our interview was not using alcohol or drugs. This is what they said:

*"I was in hospital, really ill. The ART manager took me straight to the rehab"*  
*"I had been in hospital 30 times the year before. The rehab saved my life. I wouldn't be alive now"*  
*"I was going to die"*

**Person 8.** Stayed in Rehab for 12 weeks. At the time of our interview was drinking and trying to get back into rehab. This is what they said:

*"I got into rehab in a week. It was very easy"*  
*"Contact with my ART was really important. I got lots of calls"*  
*"The place was a shit show. Then the new manager came in. She is amazing. She is a star. She stopped me leaving 3 times."*  
*"I can only blame myself - went back to hometown - should not have done it - should have moved away"*

**Person 9:** Stayed in Rehab for 12 weeks. At the time of our interview was not using alcohol or drugs. This is what they said:

*“More contact with my care manager would have been good”*  
*“The manager of the rehab is amazing”*  
*“Communication between the rehab and ART could have been improved”*

**Person 10:** Stayed in Rehab for 10 weeks. At the time of our interview they were drinking but controlled.

*“The process of getting into rehab was really smooth.”*  
*“Care manager ART is amazing”*  
*“I had lots of contact with my care manager, regular visits and calls. It was really important”*

## **5. What did the Addiction Recovery Team staff say?**

One of the central elements of the pathway process was the responsibility of staff within the ART team. Their role was to identify potential residents, assess and prepare the individuals for rehab, support them during their stay and plan for their return to the community.

There were five members of the ART team interviewed. They had made a total of fifteen placements.

The primary purpose of this evaluation was to identify the effectiveness of the workings of the Residential Rehabilitation Pathway which had been developed by North Lanarkshire. Overall there was a high level of agreement within the staff interviewed that the pathway was working efficiently. Staff had experienced training in using the pathway which also incorporated a broad understanding of the scale and scope of residential rehabilitation services across Scotland and an understanding of the varied approaches which each residential services delivered.

The roles within the ART meant that social/addiction workers conducted much of the assessment and preparation for individuals admitted to residential rehabilitation. This led to a smaller number of staff liaising with the residential providers. This appeared to have a number of beneficial effects. Staff developed an understanding of the residential provision through increased contact with each service, they were better able to consider the most appropriate service for each individual, through increased familiarisation with the pathway they were better able to negotiate the route into residential rehabilitation. Staff were able to gain an understanding of the operational aspects of residential rehabilitation which improved the professional working relationship between the ART team and the residential team. This was important as residential rehabilitation was seen as a “new” service which had previously not been available.

Within the North Lanarkshire guidance there was a clear commitment to the approaches detailed within the Scottish Government's Rights, Respect and Recovery Policy document. Thus there was an understanding of the importance of informed choice in deciding on the most appropriate service. In addition there was evidence of the use of advocacy services in identifying the most appropriate service.

It was however apparent that most individuals chose to go to the same residential rehabilitation service within close proximity to their home location. Staff indicated that this was primarily chosen on the basis that it was easier to maintain family contact. It was notable that on one occasion a residential rehab outside the local area was chosen on the basis that it created a physical distance from family members.

It was also noted that a single worker had made a significant number of placements within the one residential service. This resulted in close working relationships being developed between the rehab staff and the worker, partly due to the amount of time the worker was present within the rehab service. The worker, when interviewed, indicated that this strong relationship gave her a better understanding of the way the service operated. To some extent this mirrors the findings from the individuals interviewed in that they said the relationship between the rehab provider and the community based worker was important in determining the outcome of the rehab experience.

A further point of note was made by a worker who had made several placements. She indicated that the relationship between her and the finance manager was key. The finance manager was aware of fluctuations within the budget caused by individuals who had discharged early. In keeping ART staff informed of the availability of finance the planning for admission was made easier.

One worker who made a number of placements within a well-used local rehab noted that there had been a change in management during the period between April 23 and March 24. She noted that under the new management the number of individuals who completed their placement had increased significantly.

One of the interviews was conducted with a worker who placed an individual who had a long history of drug use. The individual had expressed a high level of anxiety prior to the admission and had been on a visit prior to admission and had seen the room he was going to be living in. On arrival he was admitted to a different room on a different floor. The worker reported that the individual considered this to be a breach of trust and was not helpful to the admission process. This individual left after a short period. This raises an interesting point. While the Pathway follows a clear route to residential rehabilitation there are some elements outwith the control of the processes within the pathway.

It was noted by several staff that good communication with the individual and keeping them informed of all stages of the process was important prior to admission. Visits to residential rehabs were important for each individual. The

individual was accompanied on these visits by a range of people including family members, advocates and staff members.

The availability of detailed information was important prior to admission, included in this was clinical information which meant that a personalised clinical care plan could be included within the admission plan.

### **Support during stay**

The staff interviewed were aware of the requirement to maintain contact with the individual and the residential service. Much of the contact with the individual was through phone calls or text and appeared to be on a weekly basis. Attendance at reviews by the community based worker was seen as important as was family attendance.

It was notable that the level of contact between the ART worker and the residential rehab staff was important in determining the length of stay. A high level of contact between the ART worker and the residential rehab worker led to a higher level of completion of placement.

### **Support on Return to the Community**

Within the pathway support on return to the community was seen as important in order to continue to develop recovery within the community. When the staff were interviewed

It was apparent that there were some key interventions implicit within a successful discharge from rehab and successful return to the community.

These were:

- Family support
- Continued contact with community based addiction staff
- Quick follow up visits by community based staff
- Meaningful activity
- Having a consistent worker
- Attendance at a Recovery Communities
- Mutual Aid support (A.A, N.A.)

These key interventions were identified as important in supporting an individual on the return to the community. However it was not necessarily clear who was most suited to take on this role. The residential rehabs hold care reviews during the agreed twelve week stay. The review at eight weeks has a focus on return to the community and the development of a programme of support using a range of the services described above. ART staff may take on this role however given the clinical focus of much of their interventions this is not necessarily a skill which they have fully developed.

## **6. What did the Residential Rehabilitation staff say?**

Within this evaluation it was decided that the interviews with the residential rehabilitation providers should be limited to two rehabs. This was on the basis

that the overwhelming majority, twenty-four out of thirty-three placements were made in these establishments.

The findings from R1 were as follows:

The pathway worked well, with an increasing number of placements the process improved. There were some key staff within North Lanarkshire who made several placements and the relationships which developed as a result enabled the workers in both the ART team and R1 to gain a detailed working understanding of the Pathway.

It was interesting to note that a relationship had developed between the R1 manager and the North Lanarkshire finance staff and this close working relationship helped coordinate admissions. It was also of interest that on one occasion there was the ability to work together to prepare for a planned early discharge.

Family contact between the prospective resident, the placing staff and the residential staff was important as it enabled the rehab to build links between the rehab and the family. In addition this was helpful in reassuring the family to reduce anxiety and manage preconceived ideas about the residential rehab. Families were actively encouraged to attend reviews and attend the monthly family group meetings as well as visit at weekends.

Contact between the placing worker and the residential rehab was encouraged. This took the form of phone calls, emails, visits and attendance at reviews. From the perspective of the rehab these contacts proved “constructive” as community based workers had “a wealth of information” which was greatly valued.

R1 described their approach to rehab as being focussed on the “Individual Approach”. This meant that they developed an individualised plan for each resident based on what the individual wanted to achieve on discharge and on the level of support available from family members. There was a focus on preparation for return to the community following a 12-week period in rehabilitation. This was demonstrated by the appointment of a discharge coordinator dedicated to supporting residents to return to the community. The emphasis was on reducing isolation and loneliness, finding constructive activity, having access to benefits and housing and ensuring that the housing was suitably furnished prior to occupation.

In addition there was a support programme for each resident with overnight stays in accommodation prior to discharge. This was based on an assessment of the support available from the family alongside an assessment of their strengths and abilities to support the resident.

Preparation for discharge started once a resident had been living for a period of eight weeks within the rehab.

R1 took responsibility for supporting each resident via an “aftercare agreement “. There was continued contact with each resident with the rehab taking responsibility for organising employability skills. In addition, the rehab took responsibility for arranging community based support including mental health following the LPASS Guidance Psychological Support on discharge.

The information received from R2 was significant. Of the five individuals placed in R2, four left at an early stage against medical advice and one left before completion of the programme.

The information provided indicated that there was limited contact between the ART team and R2 during the period of stay. Contact between the individual and the individual resident appeared to be limited. It was striking that the rehab which had the highest rate of early discharge had low levels of contact with the ART team pre admission.

## 7. Conclusions

### What can we say about the Pathway?

This evaluation was intended to consider the effectiveness of the pathway for residential rehabilitation in North Lanarkshire. It is clear that this was a well understood pathway, staff had a high level of understanding of the processes and used them appropriately. The role of management and the decisions around placements were clear and ART staff recognised the support received from their managers. There was a clear understanding of the key role of the finance team within the ART team and within the local rehab provider where most of the placements were made.

A number of common themes emerged across stakeholder groups during this evaluation.

- The pathway was successful, there was a common understanding of the steps and processes within the ART team members
- There was clear management support for ART staff following the pathway
- The importance of pre placement visits for prospective residents was emphasised by all stakeholders
- The importance of keeping prospective residents informed throughout the assessment and preparation process was vital
- The requirement of the residential rehab in maintaining consistency from initial visit to admission was of importance to prospective residents
- The relationship between both the community based staff and the rehab staff with the finance manager was important
- The efficiency of the finance team in releasing the funds for the placement was helpful in securing timely placements
- The family had a key role in all parts of the pathway including assessment and preparation, support during stay, planning for return and support on return
- The importance of contact with care manager (ART) and rehab staff during the stay proved to be highly significant in enabling the completion of the placement.

## 8. Learning Points

Our work identified several inspiring themes that highlight excellent practices within the pathway.

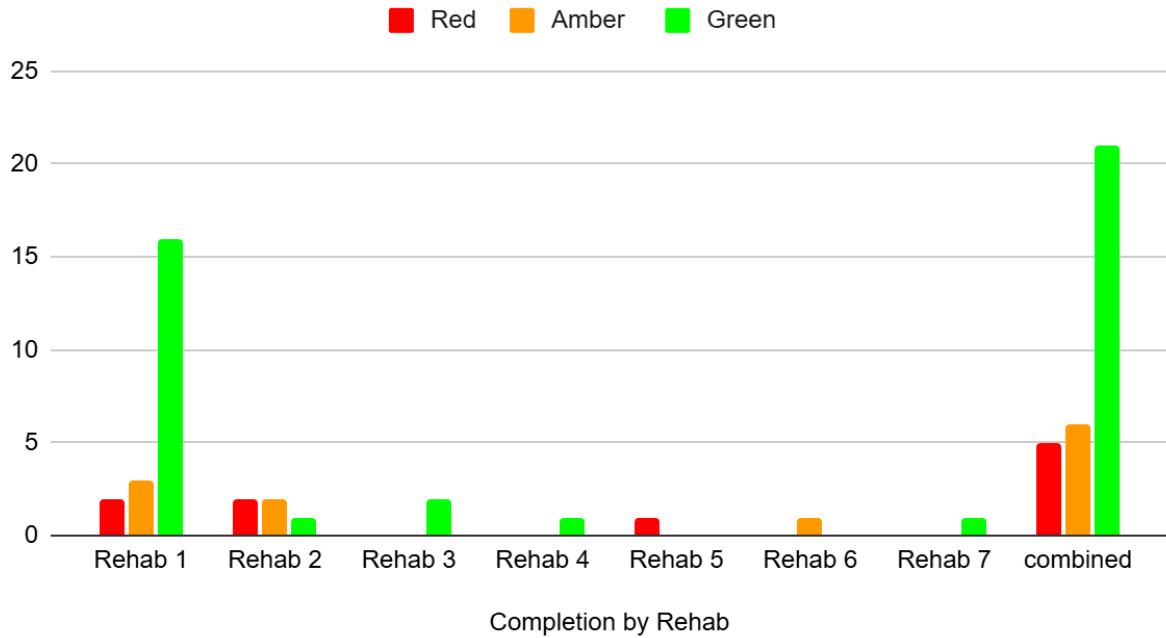
- At the heart of these successes are the ART staff, whose dedication plays a pivotal role in achieving positive outcomes for individuals. Their ability to build strong, supportive relationships with both the residential rehabilitation services and the individuals themselves is invaluable. A cornerstone of their contribution is their commitment to keeping individuals well-informed at every stage of the assessment and preparation process.

- Interviewees cited that frequent contact with ART staff outwith the review process was greatly appreciated.
- The efficiency of the placement funding meant that there were no long waiting times to start the placement.
- Transitioning to residential rehabilitation can be a challenging time for individuals, and the pre-admission visit has proven to be a highly valued opportunity. It provides individuals with clarity and reassurance about their upcoming stay, fostering a sense of preparedness. Ensuring that commitments made during these visits are upheld upon admission strengthens trust and sets a positive tone for the rehabilitation journey.
- The role of the family is crucial to the success of the placement. Frequent contact and visits were cited as being invaluable as was their role in the discharge plan.
- To support each individual effectively, residential rehabilitation services are encouraged to develop a tailored, person-centred plan. This approach should actively involve the ART worker, the individual and where possible their family, fostering a collaborative and holistic support system.
- It would be helpful if DAISY was completed before and after the placement with a follow up after 3 months.
- Equally important is the development of a proactive discharge plan that ensures a smooth transition back to the community. Responsibility for this plan should be clearly defined, whether with the residential rehabilitation service or the ART worker. The plan should prioritise securing permanent accommodation, maximising benefits and engaging family support. It should also include meaningful activities, connections with recovery communities, mental health support, and mutual aid where appropriate. By addressing these elements, individuals are set up for sustained recovery.



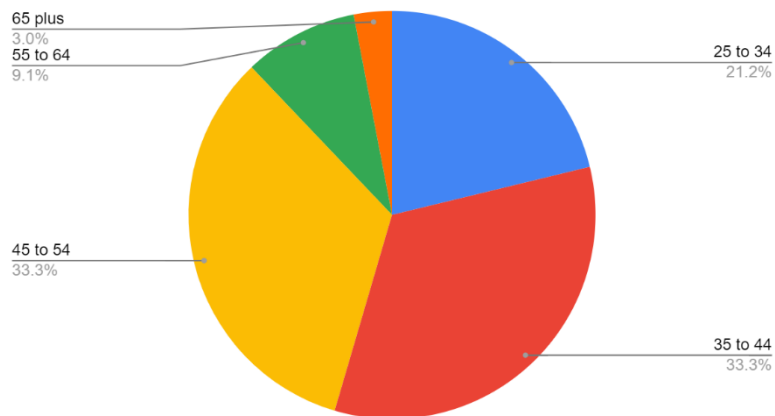
## Appendix 1 - Supplementary Graphs

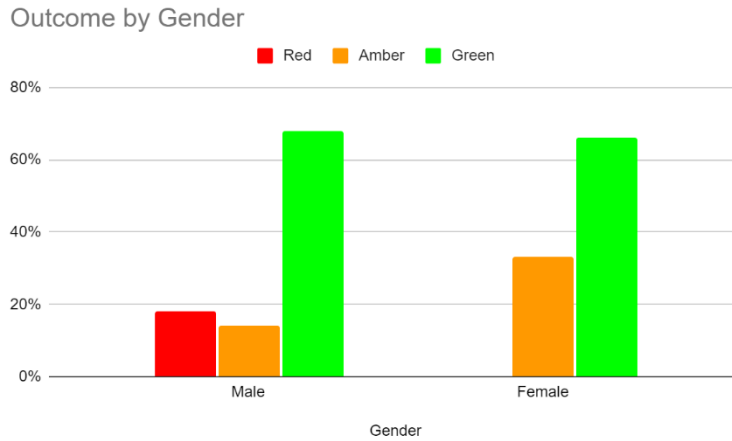
### Completion by Rehab



Green = completed stay. Amber = completed more than half of the planned stay.  
 Red = less than half of the planned stay.

### North Lanarkshire Age Range





Gender	Red	Amber	Green
Male	18%	14%	68%
Female	0%	33%	66%

## References

[right, respect and recovery](#)

[rehab pathways](#)

Medication Assisted Treatment Standards, DDTF, 2020

NHS Education For Scotland (NES) (2021) Trauma-informed practice: toolkit. NHS Education

Trauma-informed practice: toolkit - gov.scot (www.gov.scot)

Voluntary Guidance for Best Practice in Residential Rehabilitation in Scotland, Scottish Recovery Consortium, 2021

Residential Rehabilitation Working Group – Scottish Recovery Consortium

Residential Rehabilitation Providers Brochure – Scottish Recovery Consortium