Residential Rehabilitation in Scotland:

Service Mapping Report 2019/20

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Residential Rehabilitation in Scotland: Service Mapping Report 2019/20

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Executive Summary

- The mapping exercise found a total of 365 residential rehabilitation beds across 18 facilities across Scotland, with around 100 of these beds estimated to be taken up by those resident outwith Scotland during 2019/20.
- The majority of residential rehab facilities in Scotland are provided by the third sector, with relatively few provided by private or statutory providers. Across these facilities, around half (48%) of the beds/places were provided by third sector organisations, around a third (33%) by private companies, and a small minority (6%) by statutory providers.
- There is wide variation in the range of services, the length of programmes and associated costs across these facilities.
- The majority of facilities have a waiting list for their services, ranging from a few days to a year.
- Aftercare and links to mutual aid and recovery organisations are offered by the majority of surveyed rehabs.
- A wide variety of outcomes tools are utilised across these facilities.
- Residential rehabilitation placements are funded in a number of ways. For the thirteen facilities for which data was available, self-funding contributed over a third (36.8%) of placements in 2019/20. Around a quarter (27.4%) were funded by Social Security payments and charitable funding, while private insurance was used to fund around one in five (22.0%) places. Alcohol and Drug Partnerships (ADPs) funded little more than a tenth (13.2%) of those accessing beds across the surveyed facilities.
- ADPs reported a number of different funding arrangements with the NHS and local authorities, and a variety of partnerships with specific residential rehab facilities.

1. Mapping of Residential Rehabilitation Provision in Scotland

1.1 Background and Context

Harmful alcohol and drug use remain high in Scotland compared with similar countries. It is a challenge to reliably estimate the size and scale of problematic alcohol and drug use. However, the most recent prevalence study estimated that around 57,300 individuals aged between 15-64 were engaged in problematic use of opiates and/or benzodiazepines in Scotland[1], and it is estimated that between 4% and 6% of the adult population have possible alcohol dependency[2]. This means that it is likely that we all have someone in our life who has experienced these challenges.

Across Scotland, there were around 40,000 referrals to drug and alcohol treatment in 2019/20[3]. It is estimated that less than 5% of all referrals for drug and alcohol treatment are for residential rehab.

1.2 Number and definition of Residential Rehabilitation Services in Scotland

A scoping exercise identified a total of 18 residential rehabilitation and specialist supported accommodation services in Scotland for problem drug and harmful alcohol use. This scoping exercise involved discussion with key stakeholders and an online search. Residential rehabilitation was defined 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.

It became clear during our investigations that the distinction between residential rehabilitation and many supported accommodation services is difficult to make[4]. The decision was made to adopt an inclusive approach, and therefore six specialised supported accommodation facilities were included in this scoping exercise (Benaiah; Hebrides Alpha Project; The Haven; Safe As Houses Project; Sunnybrae;

[1] Prevalence of Problem Drug Use in Scotland (Mar. 2019). *Prevalence of Problem Drug Use in Scotland: 2015/16 Estimates.* Available at: https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf

[2] Clark, I. & Simpson, L. (Nov. 2014). Assessing the availability of and need for specialist alcohol treatment services in Scotland. Available at: http://www.healthscotland.com/uploads/documents/24408-AssessingTheAvailabilityOfAndNeedForSpecialistAlcoholTreatment.pdf

[3] Public Health Scotland (Jun. 2020). National drug and alcohol treatment waiting times. Available at: https://beta.isdscotland.org/media/4821/2020-06-30-datwt-report.pdf

[4] Specialised supported accommodation facilities also ‘support individuals to attain an alcohol or drug-free lifestyle and be re-integrated into society, and provide intensive psychosocial support and a structured programme of daily activities which residents are required to attend over a fixed period of time’. They differ from residential rehab facilities in that they typically do not offering professional medical support in-house (often engaging in established links with external health professionals).

Whitchester House). Throughout this document, the term 'residential rehabilitation' or 'rehab' is used throughout this document to refer to both of these service types. Residential crisis services or general supported accommodation services were not included in the list. A full list of organisations included is available in Appendix I.

A survey[5] was distributed to all 18 of these organisations. 13 (72%) of these facilities had completed the survey in the month prior to the 23/11/2020 closing date[6]. These 13 facilities contribute the majority of beds/referrals across Scotland.

Of the 18 residential rehab facilities identified by the mapping exercise, over three quarters (78%, n=14) provided rehabilitation from individuals experiencing issues with drugs and/or alcohol. Three – King's Court, and the two Jericho Houses in Greenock (Bank Street and Shankland Road) – placed sole focus on rehabilitation from problem drug use, while Jericho House Dundee was the only facility to focus solely on alcohol.

Just over half (56%, n=10) of the 18 facilities admitted those of any gender, while two of these suggested that they can provide gender specific support. Five facilities admitted only men, while two admitted only women. One (Benaiah) allowed women with children to stay with their children during the duration of the programme.

1.3 Provider Types

These 18 residential rehabilitation services are provided by a mix of public, private and third sector organisations. **Voluntary or not-for-profit providers contributed the majority of residential rehab and specialised supported accommodation services in Scotland (78%, n=14), with the remaining provided by private (17, n=3) and statutory (6%, n=1) providers.**

The 13 residential rehab facilities who completed the mapping survey were also spread across the public, private and third sectors. Of the 13 facilities who completed the survey;

- **10 (77%) are voluntary or not for profit** - Benaiah; Hebrides Alpha Project; Jericho House, Dundee; Jericho House Greenock (Bank Street); Jericho House Greenock (Shankland Road); The Haven; Phoenix Futures Scottish Residential Service; Safe As Houses Project; Sunnybrae and Whitchester House;

[5] The survey consisted of 22 questions, comprising of a range of multiple choice, single-select drop-down and open-ended questions. A number of facilities were contacted by phone to clarify their responses.

[6] Completed surveys were received for; Abbeycare Scotland (Abbeycare UK Ltd); Benaiah (Teen Challenge UK); Castle Craig Hospital (Castle Craig); The Haven, Kilmacolm (The Haven); Hebrides Alpha Project (Hebrides Alpha Project); Jericho House (Dundee); Jericho House Greenock (Bank Street) & Jericho House Greenock (Shanland Road) (Jericho Society); Lothians and Edinburgh Abstinence Programme (LEAP) (NHS Lothian); and Phoenix Futures Care Home (Phoenix Futures); Safe as Houses Project (Alternatives); Sunnybrae (Teen Challenge UK); Whitchester House (Teen Challenge UK). Survey data was not available for the following facilities; Beechwood House & CrossReach Residential Recovery Service (Church of Scotland); King's Court (Maxie Richards Foundation); The Priory Glasgow (Priory Group); River Garden Auchincruive (River Garden).

- **2 (15%) are private sector** - Abbeycare Scotland and Castle Craig Hospital;
- **1 (8%) is a statutory service** (in the form of a partnership between the NHS, City of Edinburgh Council and the third sector) - Lothians and Edinburgh Abstinence Programme (LEAP).

1.4 Geographic Distribution

The 18 residential rehabilitation facilities mapped by the scoping exercise are distributed across 11 Local Authority areas. Glasgow City was home to the greatest concentration of facilities, with around one in five (22%) of these facilities located within this local authority area.

Figure I – Map of 18 residential rehabilitation facilities across Scotland

Blue pins: Drug & Alcohol, Orange pin: Alcohol only, Green Pins: Drugs only (Map generated through Google Maps)

- 4 – Glasgow City
- 3 – Inverclyde
- 2 – Aberdeenshire
- 2 – Borders
- 1 – Argyll & Bute
- 1 – City of Edinburgh
- 1 – Dundee City
- 1 – Highland
- 1 – South Ayrshire
- 1 – South Lanarkshire
- 1 – Western Isles

The 13 facilities who retuned completed surveys were spread across 8 Local Authority Areas, with three in Inverclyde, two in the Borders, Aberdeenshire and Glasgow City and one in each of the following; City of Edinburgh, Dundee City, South Lanarkshire and the Western Isles.

1.5 Number of Beds across Scotland

Data on the number of beds was available for all 18 facilities. **The mapping exercise found a total of 365 beds across these 18 facilities, with an estimated 100 of these places having been taken up by those resident outwith Scotland in 2019/20.**[7] Of this total of 365 beds, **173 were provided by third sector organisations, 122 by private organisations and 22 by statutory organisations.**

The residential rehabilitation facilities ranged considerably in size. Castle Craig Hospital, a private provider, was by far the largest, making up over a quarter of the total provision with 101 beds (albeit having been reduced to half capacity (50 beds/places) for much of 2020 due to COVID-19 restrictions). However, less than one in six of these places were estimated to be filled by those resident in Scotland in 2019/20 (albeit with a greater proportion of Scottish residents from March 2020 due to the impact of COVID-19 on international admissions). The smallest (Maxie Richards Foundation's King's Court) has five places. Most facilities were relatively small with Castle Craig the exception; the next largest (Safe As Houses Project) was around a third of its size, with 36 beds, with two-thirds (67%, n=12) of facilities having fewer than 20 beds.

1.6 Staff Numbers at Each Facility

The 13 facilities who returned completed surveys each employed a considerably different make-up of staff (whole-time equivalent, WTE), depending on their size and on the nature of the services which they offered.

- **Doctors** - Four of the facilities employed doctors, with WTE ranging from 1 to 5 (average 2.1). Two facilities described holding contracts with their local medical practices for the support of detox and medical needs.

[7] While one facility stated in their survey that they have 110 beds, telephone conversation with the organisation highlighted that only 92% (n=101) of these beds were used by those experiencing drug and alcohol addiction (with the others used by those experiencing other addictions). Further telephone conversations highlighted that around 14% of those using their service in 2019 were Scottish residents, with a large proportion of those attending the facility arriving from overseas. Furthermore, another facility suggested in telephone conversation that around 40% of those attending their facility were Scottish residents. One further facility had around six places funded by local authorities across the rest of the UK.

- **Nursing Staff** - Three of the facilities employed nursing staff, with WTE ranging from 2 to 25 (average 8.75). Two facilities again described having nursing needs supported as required by local medical practices.
- **Ancillary Health Professionals -** Seven facilities employed ancillary health Professionals, with substantial variation in WTE from 5 to 21 (average 10.8).
- **Support Staff -** Eleven of the facilities employed support staff. Again, these varied considerably from 2 to 34 WTE (average 11.8).
- **Other Staff -** Other staff were employed by five of the agencies. One stated that these included various trained sessional support staff to cover staff absences as required.

1.7 Duration of Programmes at Each Facility

The programmes offered by the facilities ranged considerably in length, typically depending on the nature of the programmes. The shortest minimum programme length – 5 weeks – was for the core programme at one facility (residents then have the option of moving to their extended care facility where they can stay for a number of months). Four facilities stated that they had a minimum stay of 44 weeks. It is worth noting that all of the surveyed facilities require a minimum length of stay. The programme offered by one facility was described as being open ended after an initial 3-4 month stay in their main residential unit.

1.8 Waiting Lists & Waiting Times

All but one of the facilities had a waiting list for their programmes (with one of these facilities only having a waiting list for some of their programmes). Those with waiting lists described waits ranging from a few days to a year, with waiting times within each organisation often depending on availability. Two stated that their average waiting times had been extended substantially due to capacity reduction caused by COVID-19.

These waiting lists operated in a number of ways.

- **Motivation** - Six facilities described admission as hinging on assessments of commitment or motivation to recovery. Three of these require individuals on the waiting list to phone the facility on a daily basis to indicate motivation.
- **First-Come First Served** - Six facilities described operating on a first-come-first-served basis as a space becomes available, one of whom assesses individuals within three-weeks of referral and engages them in preparation for rehab, including weekly group work. One of these reserved a bed space for emergency admissions, while another gives medical priority in certain cases.
- **Greater Vulnerability & Need** – Four facilities described prioritising individuals with greater vulnerability and need, including the prioritisation of those in life-threatening condition/circumstances.

1.9 Numbers Starting Residential Rehab Placements during 2019/20

A total of 1160 individuals started placements across the 13 facilities for which data was available during 2019/20, with those resident in Scotland making up

an estimated 655 of this total[8]. Again there was substantial variation in the numbers accessing each facility, primarily due to the differing capacity and programme lengths across these facilities. The greatest number of individuals starting a placement at a particular facility was 407 (with 57 of these individuals estimated to be previously resident in Scotland) while the fewest was 11. **Of the total of 1160 individuals starting placements across these 13 facilities, 56.6% (n=656) attended private facilities, 36% (n=420) attended rehabs provided by third sector organisations and 7.2% (n=84) attended the statutory facility.**

It is estimated that a total of around 1340 individuals started a residential rehabilitation placement across all 18 facilities identified by the mapping survey in 2019/20, with an estimated 830 of these having been resident in Scotland prior to their placement. These estimates were calculated by extrapolating the ratio of beds to individuals starting residential rehab placements across the 13 facilities for which data was available to all 18 facilities. This estimate must be treated with caution, however, given the lack of data on programme lengths for a number of the facilities for which complete data was not available.

It is important to highlight that that the two rehab facilities with the greatest number of residents in 2019/20 were the two private providers. The not-for-profit provider with the greatest number of individuals starting residential rehab placement in 2019/20 had less than half the total starting placements (n=108) of the private provider with the least placements (n=249), albeit with only 40% of the private provider's total (n=100) having been resident in Scotland prior to placement.

1.10 Cost Per Case

The cost per case varied substantially across these 13 facilities, depending both on the nature of programmes offered and the funding model of the facility. The total cost for the minimum programme length across these facilities ranged from £4,615 for the 13 week core programme at one facility, to around £30,000 for the 44 week minimum stay at another. The average total cost for the minimum stay across these facilities was £17,774. The weekly cost ranged widely, from £335 per-person per-week (pppw) to £3,489 pppw, with an average of £902 pppw. These figures should be read with caution, as there is a chance that the survey question was misinterpreted as seeking a cost to the institution to provide rehabilitation programmes for each individual as opposed to a cost to the individual accessing their services. However, the margin between these two figures is likely to be small, particularly among the non-profit facilities. The list presented below displays the wide variation in both the total cost for the minimum stay and the across each facility.

- £17,445 for a 5 week programme (£3,489 pppw);
- £18,000 for a 12 week programme (£1,500 pppw);
- £18,744 for a 24 week programme (£781 pppw);
- £19,000 for a 26 week programme (£731 pppw);

[8] These figures have been calculated from the estimates provided by three facilities known to have a substantial number of international residents regarding the proportion of individuals using their services in 2019/20 who are Scottish residents.

- £30,000 for a 44 week programme (£681 pppw);
- £15,600 for a 26 week programme (£600 pppw);
- £25,000 for a 44 week programme (£568 pppw);
- £25,800 for a 44 week programme (£570 pppw);
- £24,900 for a 44 week programme (£565 pppw);
- £6,708 for a 12 week minimum programme, and £13416 for 24 weeks (£559 pppw), with additional detox costing £395 pppw;
- £6,500 for 12 weeks (£542 pppw);
- £4615 for 13 weeks (£355 pppw).

1.11 Admission/Exclusion Criteria

All 13 of the facilities stated, by means of an open-text question in the survey, that they maintained at least one criterion for admission or exclusion from their services. These criteria often hinged on assessments of risk to other residents or to the individual themselves, and on the likelihood of engagement in the rehabilitation programme;

- **Mental Health –** Five of the facilities included mental health conditions within their inclusion/exclusion criteria. Two of these stated that those with significant diagnosed or undiagnosed mental health conditions would not be admitted, while two undertake assessments on individual basis. One stated that they may not admit applicants who had recently attempted suicide or who have a history of self-harm. There is therefore a risk that those with ongoing mental health conditions who are excluded from rehabilitation facilities will also be excluded from mental health services due to continuing substance use.
- **Prescription Medication –** Five of the facilities included prescription medication for mental or physical conditions (primarily anti-psychotic medication and prescribed opioids). One of these did not admit those taking a high dose of these medications, while the others undertook an assessment. One stated that if individuals were on substance prescription, approval from community addiction services was required.
- **Motivation –** The majority of the facilities stated that they required participants to exhibit motivation prior to enrolment, often evidenced by requiring prospective residents to phone the facility on a daily basis.
- **Physical Health –** Two of the facilities stated that those with major physical health issues would be subject to assessment for their compatibility with participation in the recovery programme. One stated that those with significant mobility issues, complex needs requiring specialist or continual care, or incontinence problems would not be accepted.
- **Detox Levels –** Two facilities stated that they have exclusion criteria around detox levels from methadone (40mg), buprenorphine (16g) and diazepam.
- **Homelessness status –** One facility required that applicants are homeless, or at risk of homelessness.
- **Previous community treatment –** Community treatment which hadn't resulted in recovery from addiction was required by one of the services
- **Previous offending** – Previous offending formed part of the inclusion/exclusion criteria of four of the facilities. Three of these explicitly

mentioned those with criminal convictions for arson, while another singled out sexual offences.

- **Location –** Two rehabs required that applicants are residents of the local authority area.

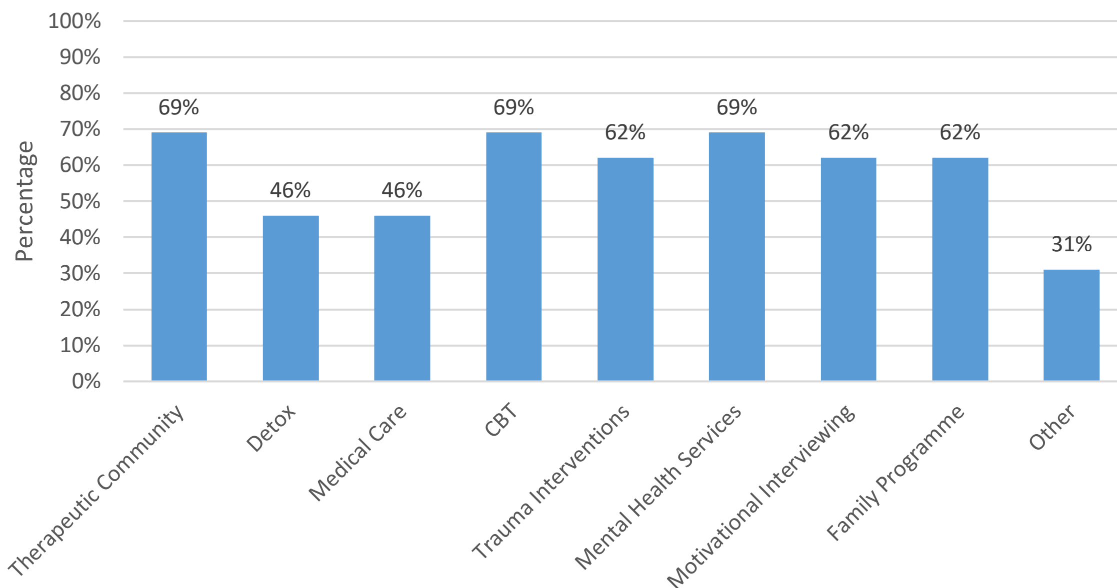
2. Treatment and Care

2.1 Programmes Provided

A range of programmes were available across these 13 facilities (Figure 2.1). Typically, the facilities which were classed as residential rehabilitation offered a range of medical and psychosocial programmes provided by in-house medical or mental health professionals, while those classed as specialised supported accommodation offered mostly psychosocial programmes. These figures should be treated with caution, however, as telephone conversations with a number of facilities suggested that there was a significant degree of variability in what individual providers classed as a specific intervention.

- Nine of the thirteen facilities reported offering **Cognitive Behavioural Therapy (CBT)**; **Mental Health Services**, and **Therapeutic Communities.** Among those offering mental health services, a number of facilities offered programmes guided by mental health professionals, while others provided such services informally.
- **Motivational interviewing**, **Trauma Interventions** and a **Family Programme** were each offered by 8 facilities.
- In-house **Detox** and **Medical Care** were each offered by six of the facilities.
- Those who had selected ‘other’ reported providing a range of different services. Four provided programmes rooted in the **12-step recovery model**. Five facilities reported offering a **holistic rehabilitation programme**. One offered **education, training and employability programmes**, as well as **mindfulness, drama and complementary therapies**. One facility offered a range of services, including **recovery through nature, community engagement, mutual aid, peer mentoring**, and the involvement of various partners offering interventions such as **Move On Creative Writing, and women’s/gender specific support.** Another facility **supported detox through community addiction team prescribing.**

Figure 2.1 – Programmes offered by Residential Rehab and Specialised Supported Accommodation Facilities in Scotland 2019/20 (Data from 13 Facilities)



2.2 Aftercare Provision

Aftercare provision was available at 11 of the 13 facilities. This provision differed both in nature and duration. Two of the facilities stated that they offered aftercare for a specific period, ranging from 10 weeks to two years, depending on the nature aftercare provided. Four others stated that they provided indefinite support if possible. Two facilities offered formal support by weekly appointment for up to six months, while six facilities reported providing informal support to ex-residents with no time limit, if able to meet their needs.

- **Aftercare Support Groups** were offered by three facilities. Two of these facilities ran these support groups on a weekly basis. One offered eight different groups across two sites for two years post-treatment; four general groups, an intensive group for lapsers/relapses, a women's group, a managing anxiety group, and a mindfulness group. The weekly groups at one facility were provided in two different locations across two local authority areas and via Zoom for admissions from more remote areas. One facility offered support groups both in person (although currently online due to COVID-19) and through social media.
- **Aftercare therapy packages** were offered by two facilities. These involved individual and group therapy sessions undertaken post-treatment.
- **Scatter flats** were available to those attending one of the facilities which linked into their community-based teams and community-based social enterprises. Sixteen beds of recovery supported housing was available for those moving on after residence in another facility. One facility also provides a five-bed recovery house for homeless men who complete their treatment programme.

2.3 Peer Support and Peer Volunteering

All 13 of the facilities provide peer support and peer volunteering for those with lived experience of problematic drug or harmful alcohol use. These took varying forms. Figures relating to the take-up of such placements were not provided.

- **Lived Experience in Employee Base -** Ten of the facilities described having varying proportions of their employee base as having lived experience of problem drug or harmful alcohol use. At a number of these facilities, the majority of the staff and volunteers have lived experience of problematic drug or harmful alcohol use;
- **Peer Support and Mentoring -** Peer support programmes and mentor roles were available within two of the facilities;
- **Educational and Training Programmes -** Four facilities offer educational and training programmes. One offers placement opportunities for the Scottish Drugs Forum addiction worker training programme, as well as student placements for Nursing at a local college and Cognitive Behavioural Therapy (CBT) student therapist placements with the Centre of Therapy. One facility offers an accredited 12 week training, employability and education programme centring on a two-hour weekly session with Encompass. The course leads to a qualification at the end of treatment which can be added to the individual's CV. They state that more than 70% of our patients go on to complete the programme post-treatment. One facility also offers an SVQ in Health and Social Care, in conjunction with employment as a paid Trainee Recovery worker or trainee development worker, for some of those who access peer supporter and mentor roles;
- **Employability Support -** Five facilities described offering employability support. One of these offers employment opportunities through their social enterprises. Another facility stated that their peer supporter and mentor roles often lead to paid Trainee Recovery worker or trainee development worker roles (where work experience is combined with the SVQ in Health and Social Care). Trainees who complete this route usually employed in other positions within this organisation or other organisations in the sector.

2.4 Regulatory Frameworks

All 13 of the facilities operated within regulatory frameworks. Eleven were regulated by the Care Inspectorate (one in conjunction with the Service Level Agreement). Four of these also reported adhering to Scottish Social Services Council (SSSC) Guidelines. One facility was regulated by NHS Governance (with the residential component of their programme regulated by the Care Inspectorate), and another one by Healthcare Improvement Scotland (HIS).

2.5 Measurement of Recovery Outcomes

All 13 of the facilities monitored recovery outcomes. Five of these facilities reported monitoring recovery outcomes informally – describing maintaining informal contact with those who had left their service and monitoring relapse rates – while the other eight reported using a number of specific tools to measure recovery outcomes;

- **Recovery Outcomes Web (ROW)[9]** - Five of the facilities use the Recovery Outcome Web (ROW) Framework to measure outcomes. Two also assess externally corroborated outcomes for continuous total abstinence and non-offending.
- **Outcome Star** - Two facilities use the Outcome Star for recovery planning and measure of outcomes (with one also carrying quarterly reviews and gathering statistics when the client has finished aftercare).
- **Mixed Measures** – One facility reported using a number of measures. They have undertaken a longer term study to assess outcomes using the ASI-X (Addiction severity index, European version), with one-year outcomes published in a peer-reviewed journal. Successful completion of treatment is measured and reported to ADPs, Clinical Outcomes in Routine Evaluation (CORE-10) monitoring tool is used at admission and discharge, and the Treatment Perception Questionnaire is used at discharge. They also have active outreach for patients who do not attend aftercare or who are alerted to them by their peers or by themselves as needing extra attention. They also have an intensive aftercare group for those who are struggling or have lapsed or relapsed.

Five of the organisations stated that they measured medium-to long-term recovery outcomes or engaged in either formal or informal follow-up with individuals who had used their services. Two stated that they do not measure long-term outcomes. Four mentioned holding data on former residents for periods as long as 18 years but it was unclear if this referred to keeping data for an extended period of time, or if it related to long-term monitoring of recovery outcomes in individuals.

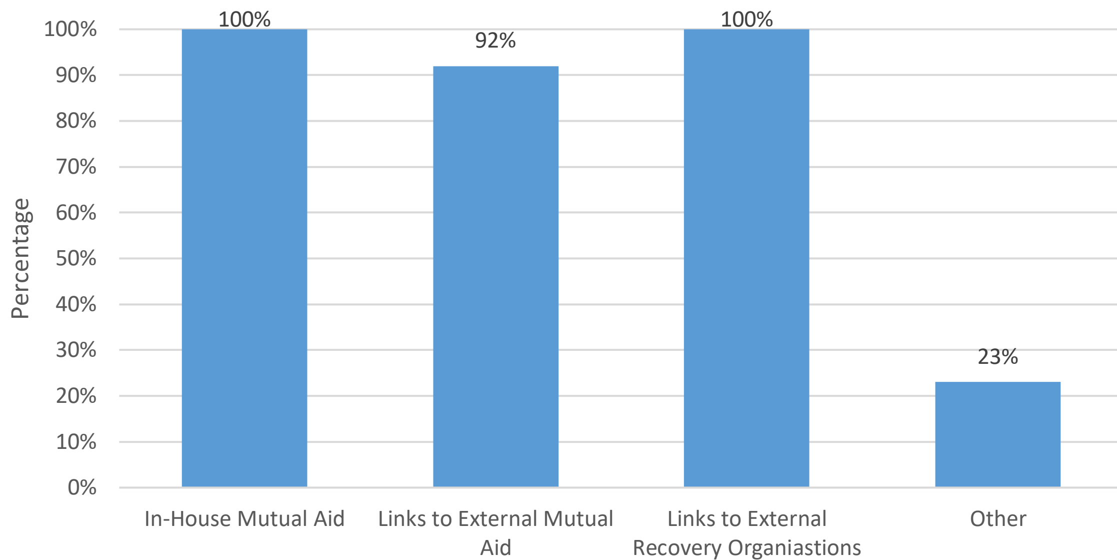
The five organisations who reported long-term measurement of outcomes described doing so for durations ranging from 18 months to 5 years. One facility reported undertaking informal follow-up with former residents for up to 14 years.

2.6 Links to Recovery Organisations and Mutual Aid

Facilities provided data regarding their links to recovery communities and mutual aid. All 13 of the facilities offered in-house mutual aid, and the vast majority (92%, n=12) linked residents to other recovery organisations upon completion of their programme. The majority (92%, n=12) also provided residents links to mutual aid organisations upon programme completion, while 23% maintained unspecified other links to recovery communities and mutual aid.

[9] The Recovery Outcomes Web (ROW) is a component of Drug and Alcohol Information System (DAISy)

Figure 2.2 – Facilities' Links to Mutual Aid and Other Recovery Organisations (n=13)



2.7 Outcomes

Five facilities provided their rehab completion rates (measured against a full program duration). One stated that they do not have a full programme duration, while another stated that their discharge and completion rates were not available.

Across these five facilities there was an average completion rate of 65.4%. In four out of these five facilities, more than two-thirds of those completed their full programme duration, while only 24% of those attending one facility completed their programmes[10]. The highest completion rate was 88%. In four of these five facilities, more than two thirds of individuals completed their full programme.

The data highlighted, however, the challenges in effectively measuring outcomes across residential rehabilitation facilities. Foremost, there is no standardised provision; the programmes and services offered across these thirteen facilities ranged substantially in nature. Linked to this, programme durations ranged from five weeks to over a year. Further, these facilities cater for different populations – focusing on a combination of drugs or alcohol, or both, and serving different demographics. Additionally, some have relatively exclusive entry criteria, while others have more relaxed entry requirements. The lack of comparability between outcomes across facilities is compounded by the lack of universal outcomes tools. Further work is therefore required in order to disentangle what length and type of programme works for particular groups.

[10] No breakdown was provided for the two facilities for which data was provided.

3. Referral Pathways and Funding Routes

3.1 Funding Routes

The facilities described accepting residents funded by a range of sources.

- **Alcohol and Drug Partnerships (ADPs) –** Four facilities accepted places funded by local Alcohol and Drugs Partnerships (ADPs) in 2019/20. Only the statutory residential rehab facility (LEAP) stated that ADPs funded all of their 81 placements. ADPs funded 57% of places at Phoenix Futures, while funding a minority of places across Hebrides Alpha Support (40%) and Abbeycare (3%). The majority of facilities (n=57%) reported receiving no ADP funded placements.
- **Self-Funding** – Three facilities accepted places which were self-funded. Self-funded places made up the majority (92%) of places at one facility, and less than half at another two (41% and 26%).
- **Private Insurance** – Two facilities reported that 5% and 59% of their placements were funded by private insurance.
- **Other** – Places across eight facilities were funded by a combination of **Social Security payments (primarily Housing Benefit) and charitable funding**. For six of these facilities, this formed the sole source of funding. One described receiving a small number of placements from **Local Authorities across the rest of the UK**.

Table 3.1 – Estimated percentage of individuals accessing facilities by different funding pathways across sectors, 2019/20 (13 facilities, n=1144)

	ADP Funded (n)	Self-Funded (n)	Private Insurance (n)	Other* (n)
Private (n=656)	1.1% (7)	60.5% (397)	38.4% (252)	0%
Third-Sector (n=404)	15.0% (61)	5.9% (24)	0%	77.9% (319)
Statutory (n=84)	100% (84)	0%	0%	0%
Total (n=1144)	13.2% (152)	36.8% (421)	22.0% (252)	27.8% (319)

***Social Security Payments; Charitable Grant; Local Authority Funding from Rest of UK; Subsidised by Facility**

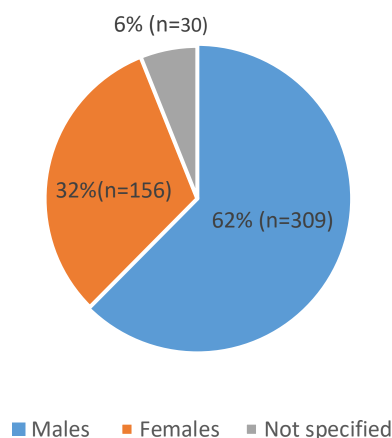
Table 3.1 shows that self-funding was the most common (36.8%) funding pathway to residential rehabilitation across the thirteen facilities for which survey data was available. Other sources of funding (primarily Social Security payments in the form of

Housing Benefit and charitable grants) contribute over a quarter (27.4%) of places across Scotland, with private insurance making up around one in five (22.0%) places. ADP funded places made up little more than a tenth (13.2%) of the total; higher only than those subsidised by the facility (0.4%).

3.2 Residential Rehab Admissions by ADP

ADP Annual Reports for 2019/20 were available from 22 of a total of 31 ADPs at the time of writing. ADPs were asked about the number of referrals taking place within their area. These 22 ADPs reported that they were aware of a total of 495 referrals taking place for the year 2019/20. In the ADPs for which Annual Reports were available, 62% of those starting residential rehab treatment during 2019/20 were male and 32% female, with 6% not specified (Figure 3.1).

Figure 3.1 – Residential Rehab Admissions by Gender, 2019/20 (n=495)



There is a large variance in the numbers referred for treatment across these 22 ADP areas which is not fully explained by their different population sizes or estimated need. 77% of the total number referred to residential rehab facilities came from five ADP areas; Glasgow City, West Dunbartonshire, City of Edinburgh, Fife and South Ayrshire.

If the rate of referral in the ADP area with the greatest referral rates (122.6 per 100,000) was applied to the rest of Scotland, there would be an estimated 6,695 individuals referred to residential rehab facilities across the country. Caution should be applied when drawing conclusions from this estimate given the array of factors which likely contribute to the huge diversity seen in rates of admission to residential rehab across ADPs. These factors include the proportion of the population engaging in harmful alcohol or problem drug use across each area and the geographic distribution or availability of rehab facilities. Further, it is possible that, given the open ended nature of the question in the Annual Report, there may be variation in terms of how this question has been interpreted.

3.3 ADP Referral Pathways

Of the 22 ADP annual reports received so far 20 (91%) stated that they had specific pathways to access residential rehabilitation during 2019/20. The two areas which did not have specific pathways in place were both gave details of how

this area is being developed and both areas did report that people had started a rehab placement during that year.

The ADP Reports detailed how referrals could be made by a number of agencies. Referral could be made by a number of professionals including NHS and other health professionals (such as GPs), voluntary sector and social work. In some cases people were able to self-refer. A number of ADPs described arrangements for referral via criminal justice pathways, including social work or direct from prisons. In some ADPs a range of professionals are involved in the assessment of referrals. In some cases the individual is also involved in the assessment process.

Three areas reported having a pathway in place, but that no people had started residential rehab during that financial year.

3.4 ADP Funding Criteria

ADPs were asked to broadly give details around their residential rehab pathways as part of the 2019/20 ADP annual report. While not providing a comprehensive record of all pathway details, the responses reveal a number of common features for funding criteria.

- **Exhausted local options** – a number of ADPs mentioned that people would only be considered for rehab if local community options had been unsuccessful and they had been unable to manage their recovery in a community setting.
- **A clear goal of rehab/recovery and be engaged with services** – several ADPs highlighted the need for an individual to express a clear goal of recovery and positive engagement with residential rehab. Some cited specifically that being engaged with services is a pre-requisite.
- **Abstinence / post detox admission** – some ADPs specified a period of abstinence or a detox process as a perquisite for admission to rehab.
- **History and background of the person** – considerations include a drug and alcohol history, social history, medical history, family history criminal justice history and forensic history and toxicology.

3.5 Funding Arrangements and Partnerships

ADPs described a number of different funding arrangements they held with the NHS and local authorities. These funding arrangements take a number of different structures across ADPs. Four of the ADPs for which data was available described three specific forms of funding arrangements.

- Funding is provided by the NHS Exceptional Referral fund, occasionally supplemented by Social Work;
- The detox phase is funded by NHS and the rehab phase by the Local Authority;
- The first 6 weeks are funded by, with the following 6 weeks funded by the Local Authority.

ADPs also described a range of partnerships with specific rehab providers. Five ADPs (North Ayrshire, South Ayrshire, East Ayrshire, Highland and MELDAP) described partnership arrangements with specific rehab providers.

- **North, South & East Ayrshire** - Five short term elective dual addictions / mental health residential rehabilitation beds are available within local NHS Addictions Inpatient Unit;
- **Highland** - Eight beds commissioned through one facility (two short stay and six 14 week placements);
- **Midlothian & East Lothian (MELDAP)** – Commission 20 places annually at one facility.

3.6 ADP Expenditure

ADPs were asked to detail how much they spent on residential rehab as part of their Annual Report. Understanding expenditure in this area is problematic and not recorded in a uniform way, therefore ADP spend figures are unlikely to be an accurate representation or provide comparable data.

Because of the different funding and partnership arrangements detailed above, spend will not always flow through the ADP. Data is still being collected and some ADPs could not provide details as funding structures do not allow for this disaggregation. However, the available data does provide insight into the marked variability of funding across ADPs:

- Total funding reported varied from £2000 to £4.2 million;
- three areas reported they had no expenditure on residential rehab (Orkney, Dumfries & Galloway and Renfrewshire);
- expenditure per place varied from £0 to £34,000; and
- the average expenditure per place (where any expenditure was reported) was around £7000.

Appendix I – 18 Residential Rehabilitation and Specialist Supported Accommodation Facilities identified by mapping exercise

	Project Name	Service Type: RR = Residential Rehab SSA = Specialist Supported Accommodation	Provider Type	ADP/Local Authority Area	No. Beds
1	CrossReach Residential Recovery Service	RR	Third Sector	Glasgow City	17
2	Beechwood House	RR	Third Sector	Highland	10
3	Phoenix Futures Scottish Residential Service	RR	Third Sector	Glasgow City	31
4	Abbeycare Scotland (UK)	RR	Private	South Lanarkshire	21
5	Jericho House, Greenock (Shankland Road)	SSA	Third Sector	Inverclyde	18
6	Jericho House, Greenock (Shankland Road)	SSA	Third Sector	Inverclyde	10
7	Jericho House, Dundee	SSA	Third Sector	Dundee City	12
8	Alternatives' Safe As Houses Project	SSA	Third Sector	Glasgow City	36
9	Maxie Richards Foundation's Kings Court	SSA	Third Sector	Argyll & Bute	5
10	Castle Craig Hospital	RR	Private	Borders	101
11	The Priory Glasgow	RR	Private	Glasgow City	6
12	Lothians and Edinburgh Abstinence Project (LEAP)	RR	Statutory	City of Edinburgh	22
13	River Garden	SSA	Third Sector	South Ayrshire	10

14	Hebrides Alpha Project	SSA	Third Sector	Western Isles	6
15	The Haven Kilmacolm	SSA	Third Sector	Inverclyde	18
16	Benaiah	SSA	Third Sector	Aberdeenshire	6
17	Sunnybrae	SSA	Third Sector	Aberdeenshire	12
18	Whitchester House	SSA	Third Sector	Borders	24

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