# Substance Misuse Research Team
# Evaluation of the Scottish Prison Service Transitional Care Initiative
# Summary

## Background

In June 2000 the Scottish Prison Service (SPS) launched a revised drug strategy aimed at, among other things, effectively managing the transition between prison and the community. Transitional Care was introduced by SPS in 2001 to support short-term prisoners (that is, those serving less than 4 years) and remand prisoners with an identified substance misuse problem.

The main aim of Transitional Care was to facilitate access to pre-existing community services based on an individual's assessed needs. This was done through the provision of support during a 12-week period immediately following a prisoner's release from prison. The Transitional Care arrangements were provided by Cranstoun Drug Services under contract to SPS.

Research was commissioned by the Effective Interventions Unit of the Scottish Executive to examine the operation and short-term effectiveness of Transitional Care. This is the fifth in a series of reports on the evaluation of the Scottish Prison Service Transitional Care arrangements. It describes the key findings from the evaluation.

## Methodology

A research team from the University of Stirling and TNS Social Research was commissioned to evaluate the operation and effectiveness of the Transitional Care initiative. The methods employed included the analysis of Transitional Care monitoring data; surveys of prisoners four and seven months following release; in-depth interviews with ex-prisoners in three areas of the country with different demographic characteristics and varying arrangements for the delivery of Transitional Care; and interviews with prison and community based staff associated with Transitional Care. The interviews with ex-prisoners included both those who had attended Transitional Care and those who had not.

## The organisation of Transitional Care services

### Prior to release

Prison-based Cranstoun caseworkers conducted assessments on all short-term and remand prisoners to identify the needs of individuals with substance misuse problems and to co-ordinate service provision. The Common Addictions Assessment Recording Tool (CAART) was employed to assess prisoners and to develop a care plan, though it was found to be time-consuming to administer and ill-suited to particular groups of prisoners, such as young offenders and women, who were considered to have different needs. Caseworkers believed that the resulting care plans were resource- rather than needs-led.

There were differences between prisons in the extent to which Transitional Care casework was co-ordinated with other service provision. Additionally, some penal establishments were able to allow caseworkers and Transitional Care staff greater access to prisoners than others. Both of these factors, along with caseloads, impacted upon the ability of caseworkers to engage with prisoners prior to their release.

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Most prisoners were reported by caseworkers to have agreed to being referred to Transitional Care. In these cases caseworkers liaised with community-based Transitional Care workers in sub-contracted agencies. Pre-release contact by Transitional Care workers was influenced by the emphasis placed by the agency on this aspect of the work and the accessibility of prisoners in individual establishments. Pre-release contact was, however, universally regarded as important not least as a means of encouraging take-up of the service in the community.

Remand prisoners presented particular challenges because of the brevity and uncertainty of their period of incarceration and because many would be of no fixed abode on release. Amendments made to the Transitional Care initiative – which reflected its evolutionary nature - included the introduction of Crisis Transitional Care aimed at those who were expected to be incarcerated for 31 days or less. Other important changes included amendments to the CAART assessment tool to reduce the administrative burden and the re-focusing of Transitional Care upon a narrower range of needs (addiction and housing) to reflect the introduction of Link Centres aimed at co-ordinating service provision by external agencies within all prison establishments.

**Following release**

Transitional Care services in the community were provided by a range of non-statutory agencies that were sub-contracted by Cranstoun Drug Services. Most workers were based in local communities with the exception of Transitional Care staff employed by Cranstoun who were based in HMP Dumfries and who undertook both casework and work following release.

The organisational and management arrangements for Transitional Care were complex, requiring appropriate training and ongoing contact and negotiation between the relevant parties. Targets and expectations were constantly under review and it was acknowledged that initial targets for the service had not been realistic.

The Transitional Care workers provided support to ex-prisoners by offering three appointments in the 12-week period following release aimed at referring them to existing community-based services. Transitional Care workers believed that contact with prisoners prior to release impacted upon their subsequent engagement with the service. However they also suggested that the take-up of Transitional Care could be enhanced through adopting a more proactive approach once prisoners were released (for example, meeting clients at the prison gate or escorting them to appointments).

The system of three appointments within 12 weeks was regarded by workers as insufficient to address complex needs and to ensure that ex-prisoners were effectively linked into services as opposed to simply being referred on. Instead, it was suggested that clients needed more intensive support in first week following release and often more than three appointments were offered. It was also proposed that appointments should be based on need rather than being fixed to three.

Substance misuse and housing were the services most often said to be requested by Transitional Care clients. However, the range of services available varied across the country (tending to be less extensive in more rural areas) and where they were available there were often lengthy waiting lists. The ability of Transitional Care

workers to link ex-prisoners effectively to resources was also hampered by lack of understanding of, and in some cases hostility towards, the initiative on the part of other agencies.

## Engagement with Transitional Care

Monitoring data were available in respect of 4794 prisoners who 'signed up' to Transitional Care while in prison. The mean age of ex-prisoners on release was 28.4 years and 90 per cent of the sample was male. Most prisoners (95%) were unemployed when they received their prison sentence and many (35%) were recorded as being of no fixed abode.

Twenty-eight per cent of prisoners were recorded as having attended their first Transitional Care appointment on release, 15 per cent attended a second appointment and 8 per cent attended a third appointment. Attendance rates at first appointment were similar for men and women, but ex-prisoners under 21 years of age were least likely to attend and attendance rates were lower among those who were of no fixed abode.

Sixty-four per cent of those interviewed 4 months after release said they had met their Transitional Care worker while they were still in prison. There was, however, no evidence – either from monitoring data or the survey - that attendance at a pre-release case conference or other pre-release contact with prisoners increased the take-up of Transitional Care. However, geographically, the highest attendance rate at first appointment was in Dumfries and Galloway, where the same Transitional Care workers provided a service in the prison and in the community.

Arrest or return to custody accounted for most instances of non-attendance where the reason was recorded in the monitoring database, though in most cases reasons were not recorded because they were not known. Those surveyed gave the most common reason for non-attendance as not receiving an appointment while in custody or following release. Ex-prisoners who had not seen their worker prior to release were more likely to give 'not receiving an appointment' as a reason for non-attendance, suggesting that mechanisms for engaging clients could be improved.

## Effectiveness of Transitional Care

The Cranstoun monitoring data indicated that health (drug and alcohol) (63%) and housing needs (58%) were most common among those who attended at least one Transitional Care appointment, followed by benefits/financial needs (34%), education/training (26%) and employment (22%). Women were more likely than men to have identified housing needs while men were more likely to identify needs relating to employment. Compared with those aged 25 years or older, younger prisoners were more likely to be identified as having needs related to education and employment. A very similar pattern of needs was identified at the 4-month ex-prisoner survey.

The effectiveness of the Transitional Care initiative depended on the extent to which it facilitated ex-prisoners' access to community services. Within 12 weeks following release, action to meet identified needs (usually making an appointment with a relevant agency) had been taken in between 51 per cent and 69 per cent of cases,

depending upon the specific action required. However there was no evidence of different levels of unmet need between those who attended Transitional Care appointments and those who did not.
There were no differences in self-reported drug use, injecting behaviour, alcohol use and offending among survey respondents who attended Transitional Care and those who did not. There was a significant reduction in mean scores on the Christo Inventory over successive appointments, which would suggest an improvement in psychological and social well-being among ex-prisoners attending Transitional Care. However, the number of cases was comparatively small and in the absence of an appropriate comparison group it is not possible to attribute changes to Transitional Care.

Ex-prisoners were generally positive about their experience of Transitional Care, valuing the advice they received, the friendly and courteous approach of the workers and, in particular, the assistance they received in negotiating bureaucratic processes to access the services they required. Some, however, were critical of Transitional Care for raising expectations with respect to access to services in the community that could not subsequently be fulfilled.

## Conclusions

A number of factors appeared to have impacted upon the operation and effectiveness of the Transitional Care Initiative. They included the impact of arrest on outstanding charges (including gate arrest) on the ability to take up Transitional Care, the complex management and staffing structure and the amount of administration that was required. The operation of Transitional Care was also constrained by the availability and accessibility of services in the community.

It appears that Transitional Care was reasonably effective at linking clients with services as indicated by the survey and monitoring data. However the extent to which it linked them with services they would not in any case have accessed by some other means was unclear and there were no apparent differences in short-term outcomes among those who attended Transitional Care and those who did not. It is therefore difficult to conclude how effective Transitional Care was in this respect in comparison with the services that existed before it was introduced. Those who attended appointments were positive about the workers and the service they received. However, the take-up rate of initial appointments was comparatively low, especially among young offenders and those of no fixed abode, suggesting that the process for engaging ex-prisoners needed to be improved and the appropriateness of the model for certain groups of ex-prisoners reviewed.

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