



Residential Rehabilitation Pathway for Scottish Borders

Staff and Practitioners Guide

Version - 20.01.26

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VERSION CONTROL

Original version published	September 2022	
Current version number	Version 3	
Date current version published	11.12.2025	
Due date for next review	11.12.2027	
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Quick Guide – Residential Rehabilitation Pathway

- Anyone seeking residential rehabilitation must be actively engaged with one of the three drug and alcohol services in Borders: NHS Borders Addiction Service, WithYou or Chimes.
- An assessment for readiness should be completed by the most appropriate worker from either of the three drug and alcohol services. This includes discussing expectations, motivation, barriers and relevant benefits (e.g. Universal Credit, Housing Benefit). Use the Residential Rehabilitation Referral /Supporting Information Form to record this.
- Housing services should be involved at the assessment stage to provide a detailed housing options assessment for the tenant that will prevent homelessness, support tenancy sustainability, and can help avoid issues such as rent arrears, abandonments, or property damage (e.g. frozen pipes in winter). Joint working helps ensure the property is secure and the person has a home to return to. The key worker must ensure housing arrangements are in place before admission, with support from the WithYou Rehab Recovery Worker.
- Send completed Residential Rehabilitation Referral/Supporting Information form to: addiction.secretaries@borders.scot.nhs.uk
- The Multi-disciplinary Assessment Panel will review the referral information and inform the referrer of the outcome.
- Preparation for residential rehab will be led by the key worker and supported by the WithYou Rehab Recovery worker. This includes choosing a suitable rehabilitation facility and arranging detox if required.
- If a rehab placement is not offered at this time, the applicant will continue to be supported by their drug and alcohol service and the WithYou Rehab Recovery worker.

- If rehab is declined with no immediate plans to re-refer, the applicant will remain supported by their key worker who will explore alternative recovery options.
- Ongoing support during rehab and after discharge will be provided by the person's drug and alcohol service, alongside the WithYou Rehab Recovery worker.

What is residential rehabilitation

Residential rehabilitation (known as rehab) programmes aim to support individuals to attain an alcohol and drug-free lifestyle and be re-integrated into society. They provide intensive psychosocial support and a structured programme of daily activities which residents are required to attend over a fixed period.

Residential rehabilitation (RR) is a well-established treatment for drug and alcohol problems. RR is recognised in the UK Clinical Guidelines on Drug Misuse and Dependence¹ as a valuable option for individuals who require more intensive support as part of a recovery-focused treatment plan.

In November 2021, Scottish Government published 'Phase One Report: Good Practice Guide for pathways into, through and out of Residential Rehabilitation Scotland'². Those guidelines have informed the basis of this document.

Who is this guidance aimed for?

This guidance is aimed at staff supporting people who reside in Scottish Borders and seek residential treatment for drug and/or alcohol problems. It is important that pathways to RR and aftercare pathways alongside eligibility criteria should be clear, consistent and easy to navigate for both staff and people seeking treatment.

Identifying, caring for and supporting people at risk of drug and alcohol related death is complex. There is no single solution. RR can make a significant contribution to

¹ Drug Misuse and Dependence: UK Guidelines on Clinical Management

² [Phase One Report: Good Practice Guide for pathways into, through and out of Residential Rehabilitation in Scotland \(www.gov.scot\)](https://www.gov.scot/publications/phase-one-report/good-practice-guide-for-pathways-into-through-and-out-of-residential-rehabilitation-in-scotland/pages/1-to-4.aspx)

reducing substance related deaths in Scotland. However RR does not exist in a vacuum and it is imperative that all services are working coherently with the individual, their families and other services.

Training on RR pathways should be provided to staff and members of local lived experience forums. There is a 'no wrong door approach' which means connected services e.g. housing, social work, domestic abuse, justice services, and mental health services are all aware of the pathways to support people.

The National Mission

The National Mission to reduce drug deaths and improve lives was launched in 2021 in response to Scotland's public health emergency around substance use. Backed by £250 million over five years, the Mission aimed to transform treatment, recovery, and support services, with a strong emphasis on trauma-informed care, lived experience, and whole-system collaboration. A key strand of this work has been improving access to RR, with a target of at least 1,000 publicly funded placements per year by 2026. As of 2023–24, 938 statutory-funded placements were approved, a 75% increase from 2021–22. Quarterly monitoring of referrals and spend on RR is provided to Scottish Government.

Funding

The Scottish Government allocates funding for drug and alcohol services, including residential rehab services, on an annual basis to Integration Authorities to be spent through Alcohol and Drug Partnerships (ADPs). Funding for RR is managed by Borders Addiction Service.

If an individual is assessed as eligible for RR, their placement may be fully or partially funded. The level and type of funding available depends on the rehabilitation centre chosen by the applicant. This includes whether the provider is private, voluntary or not for profit and what payment they accept.

Some voluntary or not for profit centres may only accept payment through benefits such as Housing Benefit or Universal Credit. It is essential that the WithYou Rehab

Recovery worker explains these funding options clearly during the decision-making process. The WithYou Rehab Recovery worker is also responsible for liaising directly with the rehabilitation provider to confirm what forms of payments are accepted.

Harper House and Cowan Grove are both centrally funded through the Scottish Government's Residential Rehabilitation Rapid Capacity Programme. These facilities do not draw on NHS Borders funding. Their establishment and ongoing operation are supported at a national level to expand access to RR across Scotland, ensuring equitable provision of services without impacting local NHS budgets.

During the assessment process, the applicant will be asked whether they are able to financially contribute towards their placement. The individual's application will not be affected if they are unable to financially contribute.

Different Phases of Pathway

At every stage of the pathway consideration should be given to the importance of aftercare.

Referrals:

Referrals for people to be assessed for Residential Rehab must be through one of the three drug and alcohol services in Borders i.e. Borders Addiction Service (BAS), WithYou (WY) or Chimes. If an external agency i.e. Social Work, Justice Services, GP, Mental Health, Domestic Abuse or Housing are seeking to have someone assessed for RR they must be referred to the most appropriate drug and alcohol service in the first instance.

Assessment:

First Phase: Assessment for readiness is completed by the most suitable key worker from BAS, WithYou or Chimes, depending on individual's circumstances. The key worker must work closely with the WithYou Residential Rehab worker, the applicant, and their family to prepare for RR.

This preparation includes discussing:

- Opioid Substitute Treatment and detoxification (if applicable)
- alcohol detoxification (if applicable)

- expectations of RR
- readiness, motivation
- Housing and benefits
- Potential barriers such as domestic abuse, concerns about distance from services, loss of connection with supportive relationships/pets, and aftercare.

It is essential that the key worker supports the applicant to make informed decisions and helps identify any risks or support needs before referral.

[Housing and prevention of homelessness](#)

Housing Services and Housing Options Assessment

It is **essential** that housing services are involved as early as possible in the RR pathway. Prompt identification and joint working help prevent homelessness, will support tenancy sustainability, and avoid issues such as rent arrears, property abandonments, or the need to start an eviction process. Where someone is already in a tenancy, a Housing Options Assessment will support the tenant and their family members expectations about managing their home whilst in rehab. Early coordination also supports smoother transitions back into the community after rehab.

Homeless

Where the applicant is currently homeless or will be on leaving the RR, communication with the Homelessness Team should be made via phone 01896 661385 and speak to a duty officer or allocated worker where known. If the applicant is not already open, the duty officer will book an appointment for a Housing Options Assessment with the applicant to explore all suitable housing options. Key worker/WithYou Rehab worker should advise duty officer if this appointment should be face to face. The allocated Homelessness Case Officer will advise the applicant of their housing options and regular communication should occur between the officer and Key Worker/WithYou Rehab Recovery worker. Where appropriate a housing support officer can be allocated whilst the individual is in RR to support the homeless process and transition from RR to community.

Registered Social Landlord

If the applicant holds a tenancy with a Registered Social Landlord (RSL), the key worker/WithYou Rehab worker should contact the relevant Neighbourhood Housing Officer to inform them of the plan to apply for a placement in RR. The Neighbourhood Housing Officer would also be invited to the multi-agency panel meeting. See Appendix Two for RSL contact details.

Dual Housing Support Fund

Consideration of funding available to cover the cost of tenancy for the duration of RR placement should also take place.

Scottish Government have made funding available to provide immediate support to individuals accessing RR who are in receipt of Housing Benefit or Universal credit, which may be stopped or redirected to cover the cost of their placement. The Dual Housing Support Fund (DHSF) helps people who are going into residential rehab and want to keep their home while they're away. Normally, Housing Benefit or Universal Credit won't pay for two places at once, so people risk losing their tenancy while in rehab. This fund covers their rent, so they don't lose their home.

Who can receive DHSF?

An individual may be eligible if:

- They receive Housing Benefit or the housing part of Universal Credit, and;
 - Their benefit is being used to pay for their rehab stay, or
 - Their rehab stay is longer than the usual time benefits will cover (52 weeks for Housing Benefit or 6 months for Universal Credit) and they plan to return to their home.

Types of RR Providers

Hybrid Funded Services: These RR providers accept Housing Benefit or Universal Credit to help pay for the stay. The DHSF can cover the home rent during this time.

Fully Funded Services: These RR providers don't accept Housing Benefit or Universal Credit. The individual's benefit continues to pay their rent, but only for a limited time. After that, DHSF can step in to help.

How the process works and who will apply for the fund:

- Identify Eligibility: The RR provider checks if the individual receives Housing Benefit or Universal Credit and if they plan to return home.
- Claiming the Fund: The RR provider fills out a referral form and sends it to the Scottish Government.
- Communication: The rehab provider must keep in touch with the landlord and Scottish Borders Council to plan for your return.
- Approval and Payment: If approved, the Scottish Government sends a grant letter to the landlord. Payment is made after the rehab stay ends.
- Exit Planning: Rehab staff will help plan for the individual to return home or find new housing if needed.
- Discharge: Once the individual leaves rehab, the provider notifies their landlord and the government. Final paperwork is submitted, and payment is processed.

This information should be used to populate the Residential Rehabilitation Referral/Supporting Information Form (Appendix One).

Second Phase:

The Residential Rehabilitation Referral/Supporting Information Form should be submitted as a referral for RR to BAS for consideration by the multidisciplinary panel. Each referral will be reviewed on a case-by-case basis against eligibility criteria at the monthly clinical team meeting, ensuring all required information is complete. Additional information may be requested at this stage to support decision-making. The multi-agency assessment panel, coordinated by BAS, will review the referral and supporting information and make the final decision on whether to progress the individual to a RR placement.

Consideration of those with multiple complex needs (trauma and any other medical, social and mental health problems that may impede treatment); complications, risk assessment and the needs of dependent children should be considered.

The Assessment and any risk management plans should include:

- Information on substance use history including any previous treatment interventions
- Current substance use status and results from recent toxicology

- Medical background including physical and mental health issues (including any history of trauma, particularly those which could be triggered by rehab)
- Assessment of engagement and daily living (consider discussion/referral with BAS Occupational Therapist)
- Assessment of cognitive impairment (e.g. Alcohol Related Brain Injury) and learning difficulties (e.g. dyslexia) that may affect engagement, understanding or decision making.
- Social background including parenting/responsibilities, relationships, peer/social networks and family history
- Offending behaviour history including link to substance use
- Exploration and identification of strengths
- Review of benefits needs (e.g. Universal Credit)
- Education and employment
- Housing needs
- Motivation and readiness to engage in a RR programme
- Detoxification needs
- Continuity needs for ongoing treatment / aftercare
- Informed consent to engage and share information with relevant partners e.g. GP
- Exploration of the persons goals of attending rehab

The Multi-agency Assessment Panel

The Multi-agency Assessment Panel (Panel) will review the Residential Rehabilitation Referral/Supporting Information Form on a case-by-case basis against the following eligibility criteria and ensure sufficient information has been provided by referrer to enable onward progression. If insufficient information is included the Panel will contact the referrer to provide further information.

The referring professional may be invited to attend to discuss the referral with the Panel if further information is needed.

The initial discussion at the Panel is to ascertain whether it is appropriate to begin working towards a residential rehab placement and identify any additional support required to facilitate this. There will be further discussions at the Panel to assess an individual's readiness to enter rehab once a placement becomes available.

Eligibility Criteria

Individuals accessing RR must meet the International Classification of Diseases (ICD) 11 dependence criteria for alcohol or another substance. The target groups include:

- Those being deemed at risk of harm on account of their alcohol/drug use
- Those who wish for but fail to achieve and maintain abstinence in a community setting
- Those who have engaged in at least one preparatory and / or detoxification programme with the assistance of existing statutory services, and expressed a desire for admission to a residential programme to sustain abstinence
- Those who have a complex range of health and social needs and are likely as a result to experience significant difficulty maintaining abstinence
- Those whose relationships compound their difficulties, impact on their ability to maintain abstinence, and who require more intensive support to overcome these as part of a recovery programme
- Those who have engaged well with services in the community and wish to consider residential rehab to progress further in their own recovery journey
- Those who are motivated to change and can demonstrate that they are robust enough to work within residential programmes e.g. willing and able to discuss their difficulties in group settings
- Those who are prepared to commit to a programme which may involve relocation out of area to sustain long-term recovery

Most units are adult units* therefore only patients over the age of 16 years will be assessed.

*Harper House and Cowan Grove are designed to keep families together during RR. Children up to nursery age can be accommodated. Pregnant women are also eligible for placement. See appendix Three.

Who is on the assessment panel?

The panel will be chaired by Senior Clinician from BAS. Other members of the panel should include where appropriate (i.e. if actively involved with the individual's care):

- Representative with Lived Experience of RR
- BAS
- WithYou
- WithYou Rehab Recovery worker
- Chimes
- Neighbourhood Housing Officer/Homeless Team
- Social Work (Locality/Justice/Mental Health/Children & Families)
- Any other appropriate staff as identified through the assessment form (e.g. Domestic Abuse Advocacy Service)

When possible, an individual with lived experience of RR may be invited to attend the panel. It is crucial that the applicant is made aware of this before sending in their application, to advise if they are comfortable with their information being shared.

How often do the assessment panel meet?

The assessment panel schedule meetings monthly to discuss application forms. However, a panel may be convened at shorter notice dependant on number of applications. The result of the panel should be fed back to the individual by the key worker making referral.

Exclusion

Further consideration or exclusion for rehabilitation may apply where there is:

- Serious acute psychiatric morbidity (e.g. acute psychosis requiring psychiatric treatment).
- Serious chronic psychiatric morbidity (e.g. chronic psychotic illness, significant personality disorder): these cases can be considered but would require careful liaison with the rehabilitation provider to ensure that these needs could be met and managed in that setting.
- Serious physical morbidity that could not be safely managed in a RR setting (these should normally be referred to primary or acute care services).
- Evidence that client is not ready to make substantial changes to their behaviour and life circumstances or that the patient has not engaged fully and appropriately with services in the community, including the pre-residential rehab group.
- Evidence that the patient has been unsuccessful in sustaining abstinence following previous admissions to RR and/or referrals following drop-out from a previous RR placement.
- Decisions on whether to offer further placement in RR to the individual will be made on a case by case basis. Evidence would be sought that the individual's circumstances have changed and that factors that made RR unsuccessful previously have been addressed.

Where an individual is not satisfied with the decision from the assessment panel, they can raise their concerns with their key worker who should in turn notify the Panel. BAS will then follow the NHS Borders process raising the concern with Operational Manager for Borders Addiction Service in the first instance who will then alert the relevant officer in Scottish Borders Council. An investigation of the complaint will then proceed in which a possible outcome could be a reversal of the original decision.

Those who are not offered progression to a place in RR should be offered ongoing work within the most appropriate partner agency (BAS, WithYou or Chimes). Consideration should be given to reasons as to why the application is not accepted and the care plan should be reviewed to consider if further support or input can be offered within existing community services. Further work in the community may allow

issues that had prevented the referral from being successful to be addressed and a further referral could then be considered.

Choosing a Rehab Centre

NHS Borders and Scottish Borders Council Integrated Joint Board (SBC IJB) are responsible for commissioning RR placements. BAS maintains a list of approved RR providers, agreed by NHS Borders and SBC IJB. These will be where the service is satisfied that the quality of the programme offered is high and that the cost is reasonable.

Applicants should be supported by their key worker/WithYou Rehab Worker to freely choose from this approved list. Key workers should provide clear information about each RR provider, including the unique benefits and potential challenges of different settings, to help applicants make an informed choice that suits their individual needs and circumstances. If an applicant wishes to access a provider that has is not pre-approved, the request must be considered by the multi-assessment panel. Funding may be declined if the panel is not satisfied with the quality of the programme or the cost exceeds that of approved provider.

Each residential provider will have their own eligibility criteria, bed capacity and waiting times. It is important that applicants consider these factors when selecting their preferred option. If the chosen provider is not suitable or has a long waiting list, the key worker/WithYou recovery worker should support the individual to explore alternative options.

Pre-rehab:

The purpose of pre-rehab support is to help prepare the applicant for their RR. This is a person centred and flexible process designed to support the applicant in building emotional readiness, understanding what to expect, and identifying any practical or personal needs before entering RR.

During this period, the person's key worker should ensure to discuss relevant topics such as:

- Views and expectations of RR

- Current mental wellbeing
- Current physical wellbeing
- Literacy and numeracy needs
- Current drug use
- Family and friends
- Housing
- Protective factors
- Any potential barriers (pets, experiencing current domestic abuse, functional mobility needs)
- Views and expectations of recovery

Many of the above topics will have been initially discussed during the application process; however, pre-rehab support allows the person and their key worker to have further meaningful discussions about current circumstances and how these may be affected post discharge.

Applicants are offered the opportunity to attend the Safety and Stabilisation Group run within APTT (Starting Jan 2026). They are also offered the Pre-Rehab group, which provides preparation and peer support ahead of entering RR. Attendance is not a requirement for accessing RR. However, if an applicant chooses not to attend, key workers should explore their reasons and discuss whether they feel ready and able to manage the demands of rehab. This conversation helps ensure the applicant is supported to make an informed decision.

The Pre-Rehab Group is one of several support options available. Applicants are also encouraged to engage with a range of therapeutic and community-based group supports, such as the Occupational Therapy Managing Anxiety Group, MAP groups, and others that may help build readiness and resilience before rehab.

Co-operation with the chosen rehabilitation centre before admission is an important step during the pre-rehab process. The key worker/WithYou Rehab worker should support the applicant to find out more about the facility before admission. Good questions to discuss, if relevant, are:

- What will a typical day be like?
- What are the rules/expectations of the centre?
- Will I be allowed visitors?
- Is aftercare included in the centre's own programme?
- Will I be able (or have) to talk about my mental health difficulties/past trauma?

If possible, the key worker/WithYou Rehab worker should support/encourage the individual to visit their chosen rehabilitation centre. Having a familiarity with their chosen centre may be beneficial in reducing stress and nerves, and in turn reduce the risk of disengagement from support.

Detoxification

Stabilisation of drug use in the community may be required prior to accessing RR. Detoxification from alcohol or drugs is provided by BAS, as part of the mental health services within Huntlyburn House, NHS Borders. This may be offered on an out-patient basis within the community, or as an inpatient depending on clinical need. BAS, WithYou and Chimes should work with rehab providers to ensure smooth transition from detox into rehab to minimise the risk of relapse and overdose while awaiting admission to rehab. For many patients it will be appropriate to plan detoxification timings to match with their admission to RR. This aims to avoid patients waiting for long periods on either subtherapeutic doses of OST or having been detoxified from alcohol and not having the resources required to maintain abstinence whilst waiting for RR. Naloxone should be provided if appropriate following detoxification.

Only in exceptional circumstances, where there is supporting evidence of clinical need from the lead clinician, will detoxification be provided elsewhere, generally by the rehab provider. This would usually incur significant extra costs which may have to be approved by the assessment panel.

Rehab Phase:

While the individual is in rehab, it is essential that their key worker keeps in contact with the individual and the centre. This allows the individual to have a sense of familiarity during the process, and lets both the individual and the centre feedback to the key worker on their wellbeing and progress.

There needs to be ongoing support, liaison and review between the residential service, the individual in recovery, family and community-based support services.

Early Discharge Planning

As soon as the applicant enters rehab, it is important for the key worker/ WithYou Rehab worker to begin discharge planning and work with the individual, their family, and relevant professionals. Early planning helps identify potential challenges and barriers the individual may face upon discharge and supports a smooth, coordinated transition back to their home or community.

This includes:

- Housing and benefits arrangements
- Communication with the individual's GP to confirm admission of their patient's admission to residential rehab (see Appendix Four) and request support for transition back to local services following completion of treatment.
- In some cases, the individual may need to register with Primary Care Services in the locality of the rehab provider.
- Planning for aftercare, including referrals and community support
- Assuming continued involvement with services such as BAS, CHIMES, or WithYou, consider referrals to Addictions Psychological Therapies Team (APTT) where appropriate. If referring to APTT, include details of any therapeutic work already undertaken during rehab, particularly in relation to the individual's psychological needs.

Recovery plans should include a review and preparation for aftercare as the individual approaches the end of their stay. For out of area placements, a referral to a support service in the area the individual is returning to should be made, with an appointment offered as quickly as possible, ideally within the same week of discharge. Immediate signposting to local recovery activities/meetings should also be arranged.

Post-rehab/Aftercare:

The transition out of RR is a high risk period, particularly for overdose or drug-related death. Effective aftercare is essential to ensure people receive harm reduction advice and support when leaving residential rehab. BAS, WithYou and Chimes should work

together to ensure the return to the community is seamless, smooth and highly supportive.

Key elements of aftercare include:

- Ensuring the individual returns to a warm, safe, and stable home
- Immediate access to community treatment services, mutual aid, and recovery activities
- Support with benefits, housing, employment, volunteering, or other meaningful activity
- Overdose prevention training and naloxone provision for individuals with a history of drug use

Duration and support

Post-rehab support should last a minimum of three months, with flexibility based on individual needs. This period helps build emotional resilience, independence, and connection to recovery communities.

During this time, the Key worker/WithYou rehab worker should:

- Encourage access to wellbeing, financial, and housing support
- Promote engagement with Recovery Communities and lived experience support
- Support pathways into education, volunteering, or employment

Phased Approach to Discharge

When post-rehab support is nearing completion, the key worker/WithYou rehab worker must take a phased approach to discharge. Sudden withdrawal of support can increase the risk of relapse. The goal is to ensure the individual feels confident and connected to ongoing support networks.

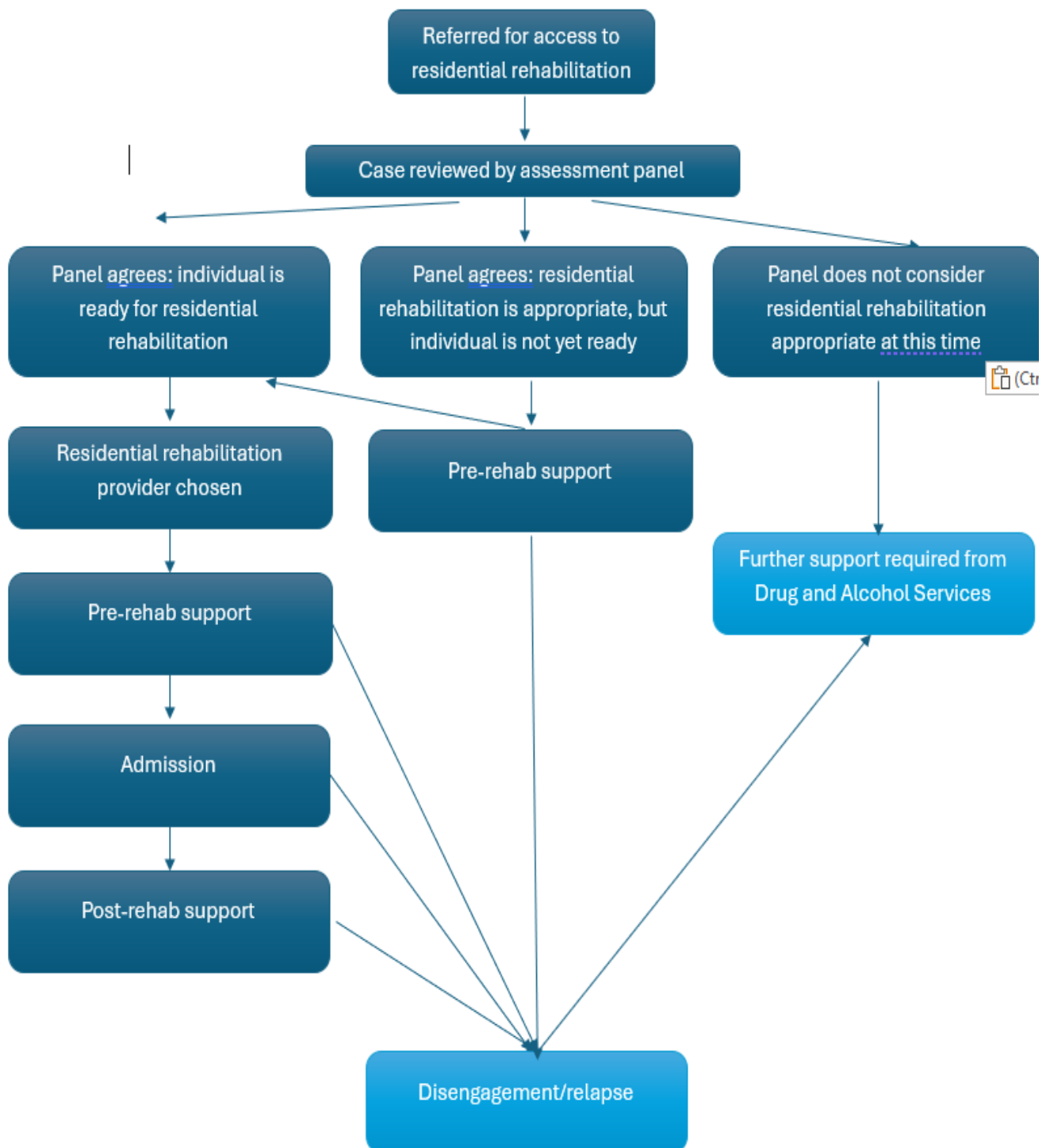
Written communication should be sent to the referrer and the individual's GP within a few days of discharge (see Appendix Five) to support continuity of care. All services should have a clear unplanned discharge policy in place.

Prison to Rehab Pathway

The Prison to Rehab Protocol sets out the process for prison based staff, residential rehabilitation providers and individuals on accessing the Prison to Rehab Pathway. The pathway supports individuals leaving prison who would benefit from accessing abstinence based treatment on release. A separate protocol is in place for people in prison who are looking to enter residential rehab following their stay in prison.

[Prison to Rehab Protocol - gov.scot](#)

The Residential Rehab Pathway: Overview



Appendix One: Residential Rehabilitation Referral/Supporting Information Form

Residential Rehabilitation Referral/Supporting Information

1. SERVICE USER DETAILS

Forename:	Surname:
Age:	Date of Birth:
Gender:	Religion:
Ethnicity:	Nationality:
Disability:	Primary Language:
Education/Employment Status:	
Statutory orders/criminal convictions:	Are there any children living with individual?
Name of current Justice Service Worker:	Are they on the Child Protection Register or any statutory measures?
Vulnerable adult status:	
Service User's Address:	Telephone:
GP Name and Contact Details:	Housing provider:

2. REFERRER DETAILS

Date of Referral:	
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Service completing referral: Please tick BAS: <input type="checkbox"/> WAWY: <input type="checkbox"/> Chimes: <input type="checkbox"/>		Name of Key Worker completing referral:	
Telephone:		Email:	
Other agencies working with the individual:			
Are they aware of this referral? Yes/No			

3. FAMILY / HOUSEHOLD / OTHER SUPPORT NETWORK DETAILS

<u>Next of Kin</u> Name: D.O.B Relationship: Address (if different): Tel No (if different):
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<u>Adult Household Members:</u> Name: D.O.B Relationship: Address (if different): Tel No (if different):

Adult Household Members:

Name:

D.O.B

Relationship:

Address (if different):

Tel No (if different):

Child Household Members:

Name:

D.O.B

Address (if different):

Tel No (if different):

Child Household Members:

Name:

D.O.B

Address (if different):

Tel No (if different):

Child Household Members:

Name:

D.O.B

Address (if different):

Tel No (if different):

Other Support Network Details:

Name:

D.O.B

Relationship:

Address (if different):

Tel No (if different):

4. SUPPORTING INFORMATION FOR ASSESSMENT

Please provide as much information as possible. Please include:

- Substance history
- Involvement with WithYou, CHIMES and/or BAS
- Previous treatment/support (e.g. Medication, detox, residential rehab, community engagement, including experiences of group settings, any previous psychological intervention/input)

Current and historical substance use:

Contact with Drug & Alcohol Services Summary (include details of therapeutic groupwork):

Previous treatment/support:

Current and historical mental health/emotional wellbeing:

Trauma awareness and triggers: Note any known trauma-related triggers (e.g. environmental, relational, procedural) that may affect the individual's experience in rehab. Discuss with the applicant and share relevant information with the provider to help avoid inadvertent re-traumatisation.

Current and historical physical health:

Functional ability, mobility, activities of daily living (consider if referral to **BAS Occupational Therapy** is required):

Any other health needs including literacy/numeracy ability, learning difficulties, disabilities:

Medication:

5. ADDITIONAL SUPPORTING INFORMATION (FINANCES, HOUSING, SOCIAL CIRCUMSTANCES)

There is an expectation that the following will have been discussed prior to referral:

- **Motivation and readiness** to engage with RR process
- **Current income and benefits** – what is the applicant's financial situation?
- **Living arrangements** - who currently lives with applicant?
- **Housing and tenancy plans** – during and after RR
 - Applicant should be supported with a Housing Options Assessment
 - An action plan should be developed using a wellbeing framework
 - Consider access to Recourse and Dual Housing Support Fund
- **Dependents** - Are there children, pets or others at home who need care?
- **Specific risks to self or others** - Is there is an existing Care Plan or Risk Assessment?
 - If yes, please provide a copy.
- **Domestic abuse concerns** – is the applicant affected by domestic abuse?

- Consider if a perpetrator may be sabotaging or controlling access to support or is likely to encourage relapse following rehab ending
- Ensure the risks of this are discussed with client and basic safety planning conducted
- Offer referral to DAAS to initiate a safety plan that can be used whilst in rehab
- DAAS can continue to support the client in rehab and plan for ongoing support following conclusion of treatment.

- **Potential barriers** – are there any other issues that may affect engagement?

Please provide information below:

6. VIEWS, CRITERIA AND EXPECTATIONS OF RESIDENTIAL REHABILITATION

Has views, criteria and expectations of RR been discussed?

Applicants should be advised to choose their preferred option – therefore, if the waiting list is too long the allocated worker can explore other options with the individual.

Please detail below choices:

I, the applicant agree that the information provided is accurate and I give consent for the information to be shared with appropriate services/professionals regarding my request for residential rehabilitation:


Name:

Signed:

Date:


Appendix Two: Housing Contact Numbers

Berwickshire Housing Association (BHA)

 Freephone: 0800 652 8104


 Email: info@berwickshirehousing.org.uk


Eildon Housing Association (EHA)

 Phone: 03000 200 217

 Email: tenancysustainment@eildon.org.uk


Scottish Borders Housing Association (SBHA)

 Freephone: 0800 0193 222

 Alternative: 01750 724444


 Email: enquiries@sbha.org.uk

Waverley Housing

 Freephone: 0800 104105


 Email: info@waverley-housing.co.uk


Scottish Borders Council – Homelessness Services

 Phone (Weekdays):

01896 661 385

 Monday–Thursday: 8:45am–5pm

 Friday: 8:45am–3:45pm

 Emergency (Out of Hours):

01896 752 111

 Email:

homelessnessservices@scotborders.gov.uk

Appendix Three: Residential Rehab Providers

<p>Abbey Care Scotland</p> <p>Erskine Mains House, Meadows Drive, Erskine, PA8 7ED</p> <p>Phone: 01603 513 091</p> <p>Email: hello@abbeycarerehab.com</p> <p>Website: abbeycarerehab.com</p>	<p>Abbeycare Scotland offers private residential detox and rehabilitation for alcohol and drug use. Located near Glasgow, it provides 14–28 day abstinence-based programmes, combining CBT, counselling, and relapse prevention. Each client works with a dedicated case manager on a personalised care plan.</p>
<p>Castle Craig Hospital</p> <p>Blyth Bridge, West Linton, EH46 7DH</p> <p>Phone: 01721 546 263</p> <p>Email: info@castlecraig.co.uk</p> <p>Website: castlecraig.co.uk</p>	<p>Castle Craig is a private inpatient rehab centre set in 50 acres of countryside near Edinburgh/Borders. It provides medically managed detox, 12-step therapy, and dual diagnosis treatment for addiction and co-occurring mental health issues. The centre supports up to 82 residents and is known for its structured, evidence-based care.</p>
<p>CrossReach</p> <p>21A Westland Drive, Scotstoun, Glasgow G14 9NY</p> <p>Phone: 0131 657 2000</p> <p>Email: info@crossreach.org.uk</p> <p>Website: crossreach.org.uk</p>	<p>CrossReach offers an abstinence-based residential programme for people committed to living drug and alcohol free. The service includes group work, one-to-one therapy, and community reintegration support, aiming to rebuild confidence, relationships, and life skills in a supportive environment.</p>
<p>Phoenix Futures Scotland</p> <p>Munro Court, 15 Castlebank Villas, Glasgow, G13 2XA</p> <p>Phone: 0141 332 0121</p> <p>Email: glasgow@phoenixfutures.org.uk</p> <p>Website: phoenix-futures.org.uk</p>	<p>Phoenix Futures provides a therapeutic community model with structured support for adults recovering from substance use. The service includes detox options, CBT-based group work, and complementary therapies. Residents live in en-suite rooms and participate in communal activities, with strong links to local volunteering and education opportunities.</p>
<p>Rae House</p> <p>Phoenix Futures, Grampian</p> <p>Phone: 0333 041 6071</p>	<p>This Aberdeenshire-based service offers drug and alcohol-free residential rehab for men and</p>

<p>Email: raehouse@phoenixfutures.org.uk Website: www.phoenix-futures.org.uk</p>	<p>women, with 27 en-suite rooms, including accessible options. The Therapeutic Community programme lasts 3–6 months, combining individual and group support, peer mentoring, and structured daily routines.</p> <p>After treatment, individuals are supported through a discharge and aftercare plan, with options for supported housing in Aberdeen or Glasgow, or transition to independent living.</p>
<p>Calderglen House</p> <p>Off Blantyre Farm Road, Blantyre, South Lanarkshire, G72 9UG</p> <p>Phone: 01698 823 624</p> <p>Email: info@calderglenhouse.co.uk</p> <p>Website: calderglenhouse.co.uk</p>	<p>Calderglen House offers abstinence-based residential rehab in a historic estate with 24 en-suite rooms. The programme includes 12-step approaches, mental and physical health support, and holistic therapies like mindfulness and yoga. The setting promotes recovery through community living and access to nature.</p>
<p>The Haven Kilmacolm</p> <p>Horsecraigs, Kilmacolm, Inverclyde PA13 4TH</p> <p>Phone: 01505 872099</p> <p>Email: info@thehavenkilmacolm.com</p> <p>Website: https://www.havenkilmacolm.com</p>	<p>The Haven is a Christian faith-based residential programme for men aged 18+ with addiction issues. It offers a structured 10-month programme with optional extended support, focusing on trauma-informed care, personal development, and spiritual growth. Many staff have lived experience, and the service includes independent living support.</p>
<p>Avena Healthcare Ltd 10-12 Scott Street, Largs , KA30 9NU</p> <p>Phone: 01475 910255</p> <p>Email: admissions@avenahealthcare.org.uk</p> <p>Website: Footer 1 – Avena Healthcare</p>	<p>Avena Healthcare Ltd provides a psychology-led, holistic recovery programme at our residential alcohol recovery facility. The approach is grounded in trauma-informed care, combining 24-hour nursing and medical support with a robust therapeutic model to promote long-term sobriety and personal growth. The multidisciplinary team includes registered nurses, junior doctors, psychologists, assistant</p>

	psychologists, and support workers who collaborate to deliver comprehensive, person-centred care. They focus on empowering service users through structured routines, life skills training, evidence-based therapies, and peer support
Family Focused RR Providers: If individuals require drug screening prior to admission and are not currently open to Borders Addiction Service (BAS), this should be carried out as a point-of-care urine toxicology test. BAS can provide support and education around how to perform and interpret these tests to ensure appropriate screening is completed.	
Harper House Address: Harper House, 92 Canal Street, Saltcoats, North Ayrshire, KA21 5JB Phone: 01294 474312 Email: specialist.family@phoenixfutures.org.uk Website: Phoenix Futures – Harper House	Harper House is a family-focused RR centre in Saltcoats, North Ayrshire, offering support for parents with substance use issues while allowing them to stay with their children. Harper House accepts single parents and couples with children up to the age of 10.
Cowan Grove Cowan Grove, 5 Cowan Place, Dundee, DD4 6QL Phone: 01382 711020 Website: Aberlour – Mother & Child Recovery Houses	Cowan Grove is a RR service in Dundee designed specifically for mothers and their children, allowing families to stay together during recovery. Cowan Grove supports mothers and their children up to the age of 5.

Appendix Four: Letter to GP re admission to rehab

Dear GP,

Re: [Patient's Full Name], [Date of Birth or CHI Number]

I am writing to inform you that your patient, **[Patient's Name]**, has been admitted to residential rehabilitation at **[Rehabilitation Centre Name]**.

The planned duration of admission is **3 to 6 months**, during which time they will register with a local GP near the rehabilitation centre to ensure access to primary care services.

We would be grateful if you would kindly re-register them with your practice upon their return, to ensure continuity of care and support their ongoing recovery.

Please do not hesitate to get in touch if you require any further information.

Kind regards,

[Your Full Name]

[Your Job Title]

[Your Contact Details]

Appendix Five: Letter to GP re: discharge from rehab

Dear GP,

I am writing to inform you that your patient, [Patient's Name], has been discharged from residential rehabilitation at [Rehabilitation Centre Name].

If the individual registered with a local GP during their stay, we would be grateful if you could re-register them with your practice to support continuity of care. If they remained registered with your practice throughout, we appreciate your continued support in their recovery.

The individual may require ongoing support with their physical and mental health, recovery planning, and access to community-based services. A referral has been made to [Name of local support service] to ensure continued support following discharge.

Please do not hesitate to get in touch if you require any further information.

Kind regards,

[Your Full Name]

[Your Job Title]

[Your Contact Details]