

# Residential Rehabilitation Pathway for Scottish Borders

Staff and Practitioners Guide

V5 22.09.22

Review Date: 12 months from publication

## Contents

What is residential rehabilitation?.....	4
Who is this guidance aimed for?.....	4
The national mission .....	5
Funding .....	5
Different Phases of Pathway .....	6
Referrals: .....	6
Assessment: .....	6
Pre-rehab: .....	7
Detoxification.....	8
Rehab Phase:.....	9
Post-rehab/Aftercare:.....	9
Process for access to Residential Rehabilitation.....	11
1. Referral for Residential Rehabilitation Treatment.....	11
2. Triage .....	11
2.1 Eligibility Criteria .....	11
3. The Assessment Panel.....	12
4. Once application approved, preparation for rehab:.....	14
5. Housing Options and Dual Housing Support Fund.....	15
6. The Process: Overview – Update once agreed .....	16
Appendix One: Residential Rehabilitation Referral/Supporting Information Form .....	17
Appendix Two: Housing Contact Numbers .....	25

## Summary - Quick Guide

- Anyone seeking residential rehabilitation must be in one of the three drug and alcohol services in Borders (BAS, We Are With You, Chimes).
- Assessment for readiness including discussion around expectations and motivation should be completed by most suitable worker within drug and alcohol service by completing the Referral /Supporting Information Form.
- Referral forms to be emailed to [addiction.secretaries@borders.scot.nhs.uk](mailto:addiction.secretaries@borders.scot.nhs.uk)
- Triage to be completed by BAS.
- Multi-disciplinary Assessment Panel to consider information provided through referral and provide decision to referrer.
- Preparation for residential rehab to commence including choice of rehabilitation and detoxification.
- Those who are not offered progression to a place in residential rehabilitation should be offered ongoing work within the most appropriate drug and alcohol service.
- Key worker to provide support pre-rehab ensuring links with housing where applicable are made.
- Ongoing support to be provided by WAWY and BAS during rehab phase and post rehab.

## **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 treatment for drug and alcohol problems is a well-established intervention acknowledged in the Drug Misuse and Dependence National Clinical Guidelines as an important option for some people requiring treatment. A recently published international review of residential treatment outcomes for substance use disorders, which included a methodologically strong study from Scotland, found evidence for the effectiveness of residential treatment in improving outcomes across a number of substance use and life domains. In November 2021, Scottish Government published 'Phase One Report: Good Practice Guide for pathways into, through and out of Residential Rehabilitation Scotland'<sup>1</sup>. 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 residential rehabilitation 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. Residential rehabilitation can make a significant contribution to reducing substance related deaths in Scotland. However residential rehabilitation 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 residential treatment pathways should be provided to staff and members of local lived experience forums. There is a 'no wrong door approach' which means connected

---

<sup>1</sup> [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-3.aspx)

services e.g. housing, justice services, mental health services are all aware of the pathways to support people.

### **The national mission**

The aim of the national mission is to reduce deaths and improve lives. Improving access to residential rehabilitation as a treatment option is a key part of this aim. The Scottish Government is clear that residential rehabilitation should be part of the full range of drug prevention and treatment services available to people in Scotland. As part of the national mission programme, £100million has been allocated nationally over the next five years (2021 – 2026) to increase the number of publicly funded placements so that by 2026 at least 1,000 people are funded for their residential rehabilitation. Quarterly monitoring of referrals and spend on residential rehabilitation is provided to Scottish Government.

### **Funding**

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

If an individual is deemed eligible for residential rehabilitation, the placement may be fully or partially funded. Funding towards residential rehabilitation will depend on the rehabilitation centre chosen by the service user. The centre's service type (private, voluntary or not for profit) may affect funding options, depending on what payment routes the chosen rehabilitation accepts. 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 BAS key worker ensures the applicant is made aware of this during their decision-making process, and it is the responsibility of BAS key worker to liaise with the rehabilitation provider to confirm what forms of payments they accept.

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 (RR) must be through one of the three drug and alcohol services in Borders i.e. Borders Addiction Service (BAS), We Are With You (WAWY) or Chimes. If an external agency i.e. Justice Services, GP, Mental Health 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 worker within either BAS, WAWY or Chimes. The key worker must work with the individual and their family to prepare the person for RR by discussing Opioid Substitute Treatment and detoxification (if applicable), alcohol detoxification (if applicable), expectations of RR, readiness, motivation, housing, benefits, concerns about distance to services or loss of connection with supportive relationships/pets and aftercare. This information should be used to populate the **Residential Rehabilitation Referral/Supporting Information Form** (Appendix One).

**Second Phase:** Referrals are to be sent to BAS to allow triage at weekly clinical team meeting against eligibility criteria (on case-by-case basis) and ensure information is complete. At this stage further information may be sought. If agreed to go through for assessment, BAS will coordinate an Assessment Panel for final assessment decision.

**Third Phase:** A multi-agency assessment panel will be coordinated by BAS and the panel will review information provided and make final assessment decision to accept referral for RR. 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
- Social background including parenting/responsibilities, relationship, peer/social networks and family history
- Offending behaviour history including link to substance use
- Exploration and identification of strengths
- Education and employment
- Motivation and readiness to engage in a residential rehabilitation programme
- Detoxification needs
- Continuity needs for ongoing treatment / aftercare
- Informed Consent to engage and share information with relevant partners e.g. GP
- Housing needs

#### **Pre-rehab:**

The purpose of pre-rehab support is to prepare the person for their residential rehabilitation stay. Pre-rehab support is a person centred and flexible process, to support the applicant to mentally prepare for rehabilitation.

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

- Views and expectations of residential rehabilitation
- Current mental wellbeing
- Current physical wellbeing
- Current drug use
- Family and friends
- Housing
- Protective factors
- Any potential barriers
- 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 regarding their current circumstances and how they may be affected post discharge.

Co-operation with the chosen rehabilitation centre before admission is an important step during the pre-rehab process. The key 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?

If possible the key 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, WAWY and Chimes should work with rehab providers to ensure smooth transition from detox into rehab in order 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 residential rehabilitation. 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 residential rehabilitation. 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 applicant 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.

As soon as the applicant enters rehab, it is important for the key worker to begin discharge planning. This is to help identify what challenges and barriers may affect the individual upon discharge and to try and ensure a smooth transition for their return home.

Recovery plans should include a review to plan aftercare as a resident comes towards the end of treatment. For out of area rehabilitation episodes, on discharge a referral into a support service in the area the client is moving to should be made, with an appointment given as quickly as possible and at least within the same week as discharge takes place. Signposting into local recovery activities/meetings can then be made immediately. Written communication should take place with the referrer and the resident's GP within a few days of discharge. All services should have unplanned discharge policies.

Harm reduction should be part of recovery plans and should be discussed.

#### **Post-rehab/Aftercare:**

This transition is an area of vulnerability. The preparation and support for this phase is important. Leaving a service can be a high-risk time for overdose or drug-related death. Aftercare is crucial to ensure people receive harm reduction advice and support when leaving residential rehab. BAS, WAWY and Chimes should work together to ensure the return to the community is seamless, smooth and highly supportive. Operational matters such as access to

benefits, housing, and GP registration require to be completed in advance. Individuals need to be able to return to a warm comfortable home. There needs to be a strong, supportive recovery community, immediate access to community support and treatment services and immediate access to training, employment, voluntary work or other meaningful activity. This work has traditionally been referred to as “aftercare”. It should now be viewed as a long-term commitment by all stakeholders involved in supporting the person through relapse prevention, engagement with services, mutual aid and recovery communities and onto self-managed recovery development. Training on overdose prevention and naloxone should be provided as part of discharge from rehab for those who have had difficulties with drugs.

To try and reduce the risk of relapse, specific post-rehabilitation support should be a minimum of three months. This timeframe is crucial to help strengthen the individual’s emotional resilience and enable their independence. Signposting into local recovery activities/mutual aid meetings should be made along with availability of continued access to community support.

During this time, the applicant should be encouraged by their allocated worker to access further support, if relevant, in relation to their wellbeing, finances, housing, etc. The applicant should also be encouraged to seek lived experience support, such as Recovery Communities, which in turn may support them to discover education, volunteering opportunities and/or employment opportunities if relevant.

When nearing the end of post-rehabilitation support, the allocated worker must take a phased approach to discharge, ensuring not to cut off contact and support suddenly and abruptly with the individual. The goal of this phased discharge approach is to reduce the risk of relapse.

## Process for access to Residential Rehabilitation

### 1. Referral for Residential Rehabilitation Treatment

An individual must be accessing BAS, We Are With You or Chimes to be assessed for residential rehabilitation.

BAS, WAWY or Chimes should complete the Residential Rehabilitation Referral/Supporting Information Form ensuring that expectations, views and criteria of RR is discussed at this stage and email to [addiction.secretaries@borders.scot.nhs.uk](mailto:addiction.secretaries@borders.scot.nhs.uk)

Confirmation of referral should be sent back to the referrer.

### 2. Triage

BAS will review the 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 to the Assessment Panel. If insufficient information is included BAS will contact the referrer to provide further information.

The referring professional may be invited to attend to discuss the referral with the wider BAS Multidisciplinary Team at a BAS team meeting if further information is needed.

#### 2.1 Eligibility Criteria

Individuals accessing residential rehabilitation 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.

### **3. The Assessment Panel**

The purpose of the assessment panel is to discuss the individual's application form and come to a mutual agreement about the potential for the applicant to benefit from residential rehabilitation.

#### **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 individuals care):

- Representative with Lived Experience of residential rehabilitation
- BAS
- WAWY
- Chimes
- Housing
- Social Work
- Any other appropriate staff as identified through the assessment form

When possible, an individual with lived experience of residential rehabilitation 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 feedback 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 residential rehabilitation 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.
- Evidence that the patient has been unsuccessful in sustaining abstinence following previous admissions to residential rehabilitation and/or referrals following drop-out from a previous residential rehabilitation placement.
  - Decisions on if to offer further placement in residential rehabilitation to this group 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 residential rehabilitation 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 BAS. BAS will then follow the Scottish Borders Council complaints 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 residential rehabilitation should be offered ongoing work within the most appropriate partner agency (BAS, We Are With You 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.

#### **4. Once application approved, preparation for rehab:**

##### **Choosing a Rehab Centre**

At time of writing there is national work taking place to potentially have a national approach to accessing to RR provision.

In the meantime, Scottish Borders Council (SBC) will continue to manage commissioning of RR places. BAS will maintain a list of approved residential rehabilitation providers agreed with SBC. These will be where the service is satisfied that the quality of the programme offered is high and that the cost is reasonable. Patients should be able to freely choose from this list with the support of their keyworker. If a patient wishes to access a provider that has not been preapproved this would require further consideration by the assessment panel and may be declined to be funded if the panel is not satisfied in the quality of the programme or the cost is higher than an approved provider.

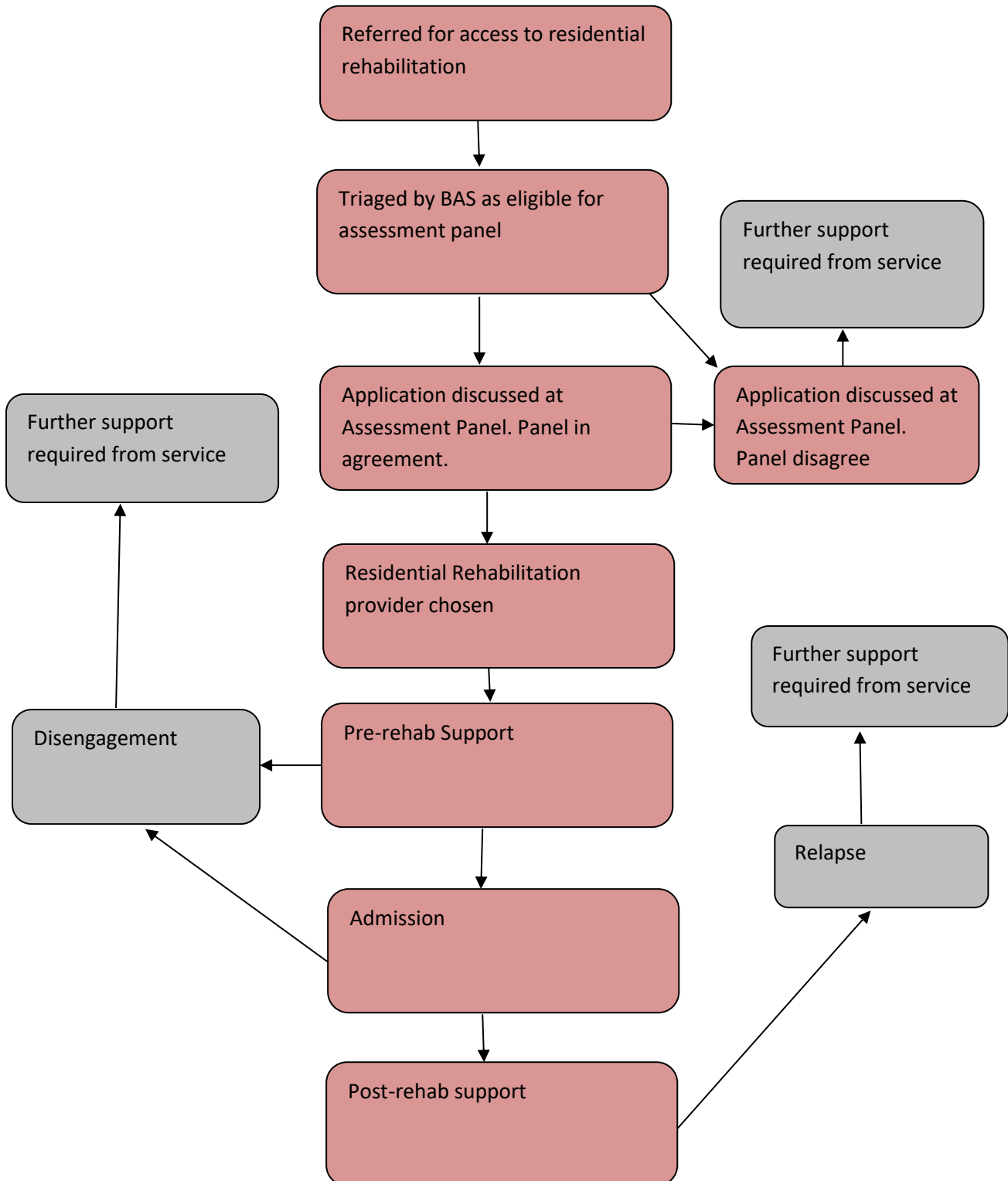
Each residential provider will have their own eligibility criteria, bed capacity and waiting lists; therefore, it is essential that the people looking for RR consider their preferred option. If the person does not meet the criteria of their chosen provider, or the waiting list is too long; the key worker can then explore other options with the person.

## **5. Housing Options and Dual Housing Support Fund**

The key worker should ensure contact is made with any appropriate housing provider and appropriate assessment is carried out to ensure there are plans in place for any tenancy whilst during and exiting RR placement. This should include consideration of funding available to cover the cost of tenancy for the duration of RR placement. If the person applying for a placement does not have an allocated housing officer, key worker should contact the main office. See appendix two.

Scottish Government have made funding available which is intended to provide immediate support to any individual looking to access residential rehabilitation, who is in receipt of housing benefit/universal credit which is being stopped/diverted to cover the cost of the rehab. The Dual Housing Support Fund will cover the cost of the tenancy for the full duration of the rehab placement. Guidance on this will be shared with local authorities and rehabilitation providers. In the meantime, key workers who are aware of an individual facing this barrier and are looking to access the Dual Housing Support Fund should email [drugsmissondeliveryteam@gov.scot](mailto:drugsmissondeliveryteam@gov.scot) with Housing Benefit Request in the subject line.

## 6. The Process: 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:  Name of current Justice Service Worker:	Are there any children living with individual?  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:			
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):
--

<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 We Are with You, Action for Children's CHIMES Service and/or BAS
- Previous treatment/support (e.g. Medication, detox, residential rehab, community engagement)

Current and historical substance use:

Contact with Drug & Alcohol Services Summary:

Previous treatment/support:

Current and historical mental health/emotional wellbeing:

Current and historical physical health:

Any other health needs including learning difficulties, disabilities:

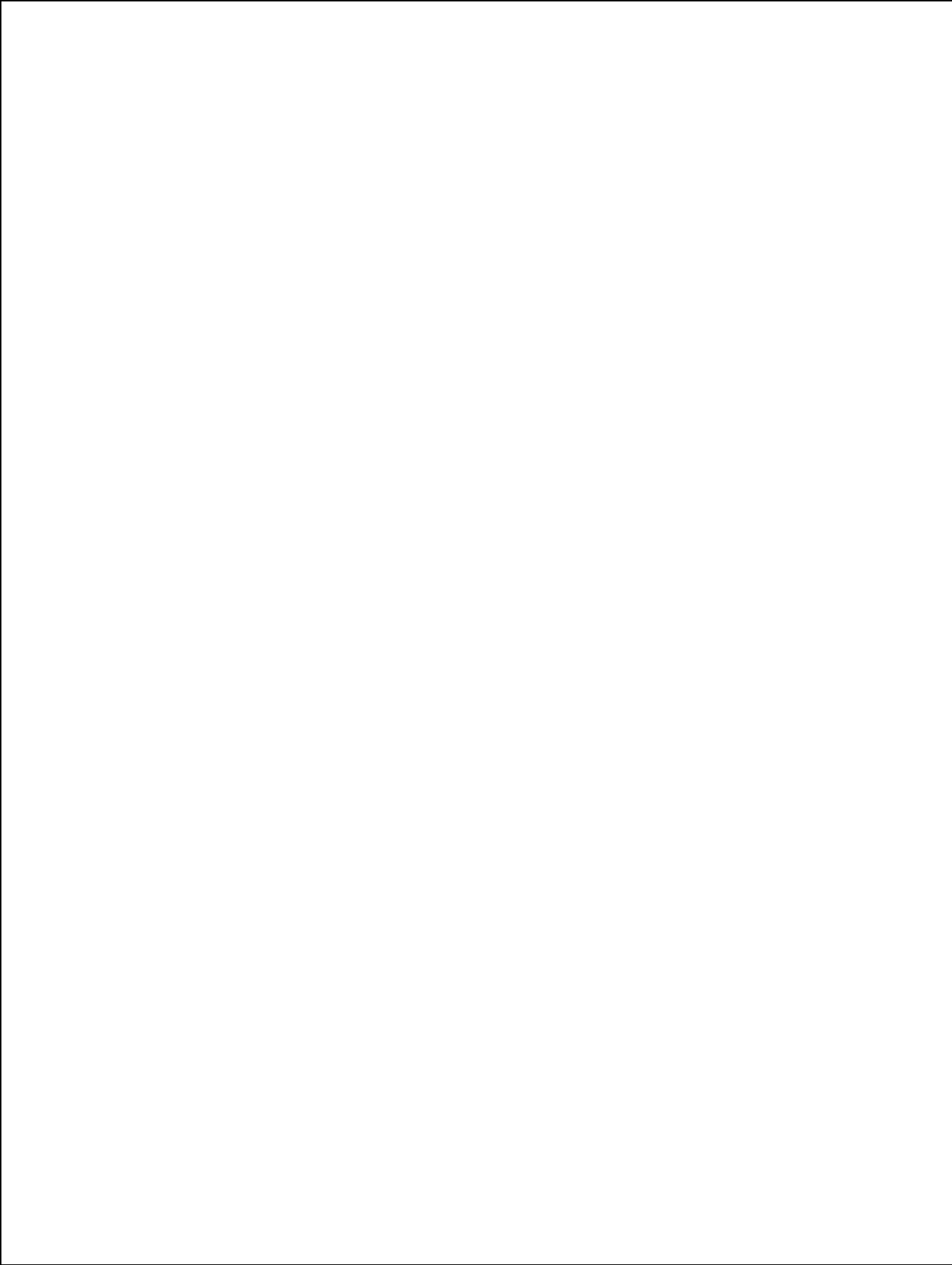
Medication:

**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 residential rehabilitation process
- What is the current situation with income/benefits?
- Who currently lives with applicant/service user?
- What are the plans regarding housing/tenancy during and after residential rehabilitation? Applicant should be supported with a Housing Options assessment and an action plan via a wellbeing framework including access to recourse and Dual Housing Support Fund
- Are there any dependents at home /care of children/ care of pets
- Specific risks to self or others? Is there is an existing Care Plan or Risk Assessment? Please provide a copy.
- Any potential barriers?

Please provide information below:



**6. VIEWS, CRITERIA AND EXPECTATIONS OF RESIDENTIAL REHABILITATION**

Has views, criteria and expectations of residential rehabilitation 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 service user 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

Scottish Borders Housing Association	01750 724444
Waverley Housing	01450 364200
Eildon Housing Association	03000 200 217
Housing First	01896 661385