

Effective Interventions Unit

Evaluation of the Scottish Prison Service Transitional Care Initiative

INTERIM FINDINGS - Client Interviews and Monitoring Data

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This is the fourth in a series of reports on the evaluation of the Scottish Prison Service Transitional Care arrangements. The first report provided information about the Transitional Care service, and described the views of staff providing the service. The second report presented early results of 4 month post-release interviews with ex-prisoners who had initially agreed to take up the offer of Transitional Care. The third report presented the results from a larger sample of ex-prisoners interviewed 4 months post-release and the early results from ex-prisoners surveyed 7 months post-release. This report summarises the key findings from the completed survey of ex-prisoners 4 and 7 months after release and an analysis of Transitional Care monitoring data. The final report will be published in the autumn of 2005.

Introduction

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 is to facilitate access to pre-existing community services based on an individual's assessed needs. This is done through the provision of support during a 12-week period immediately following a prisoner's return to the community. The Transitional Care arrangements are provided by Cranstoun Drug Services under contract to SPS. Further information about the Transitional Care service and the way in which it is provided is available from the first Interim Findings report at: http://www.drugmisuse.isdscotland.org/eiu/pubs/eiu_067.htm.

A research team from the University of Stirling, TNS Social Research and the University of Kent was commissioned to evaluate the operation and effectiveness of the Transitional Care initiative.

Methodology

The evaluation employs a range of research methods. This includes the analysis of Transitional Care monitoring data collected by Cranstoun Drug Services, surveys of prisoners at 4 and 7 months following release and in-depth interviews with prisoners and other service providers in three case study areas. The research also includes interviews with prison and community-based staff associated with Transitional Care.

The current report presents the findings derived from an analysis of monitoring data on 4,794 ex-prisoners who signed up for Transitional Care between October 2002 and

April 2004,¹ 175 survey interviews conducted with ex-prisoners around 4 months after their release from prison and 222 questionnaires completed by ex-prisoners around 7 months post-release. The survey and questionnaire data were collected between May 2003 and December 2004 from a sample consisting of ex-prisoners released from short-term prisons who returned to communities across Scotland, and who had signed up for the Transitional Care service prior to leaving prison.

This report summarises:

- the characteristics of prisoners who had signed up for Transitional Care
- levels of engagement with Transitional Care following release
- ex-prisoners' needs at different points following release
- the extent to which ex-prisoners were linked to appropriate community services
- outcomes for prisoners at 4 and 7 months (for example, health, offending behaviour, drug and alcohol use)

Because of the relatively small number of interviews completed and the difficulties in contacting ex-prisoners after their release, those interviewed may not be fully representative of all those who signed up for Transitional Care.

Prisoners who signed up for Transitional Care

Monitoring data were available for 4,794 prisoners who signed up for Transitional Care while in prison. The mean age of ex-prisoners on release was 28.4 years and 90% of the sample was male. Most prisoners (95%) were unemployed when they received their prison sentence and just over a third (35%) were recorded as being of no fixed abode. Ex-prisoners most commonly returned to Glasgow City (24%), Tayside (10%), Lanarkshire (10%), Ayrshire (9%) and Grampian (9%).

Engagement with Transitional Care on release

Just over one-quarter (28%) of prisoners were recorded as having attended their first Transitional Care appointment on release, 15% attended a second appointment and 8% attended a third appointment. Survey responses indicated that those who attended Transitional Care appointments were positive about the service they received.

Reasons for non-attendance were not recorded in most cases. Where the reason was recorded, arrest or return to custody accounted for most instances of non-attendance. However, those ex-prisoners who were surveyed indicated that the single most common reason given for non-attendance was not receiving an appointment while in custody or following release. On the other hand findings from the wider evaluation suggest that ex-prisoners could not always differentiate between Transitional Care and other services that were available to them upon release. Ex-prisoners who had not seen their Transitional Care worker prior to release were more likely to give 'not

¹ The format of the Cranstoun database was amended with effect from April 2004. This analysis therefore focuses upon the data collected prior to that point.

receiving an appointment' as a reason for non-attendance, suggesting that the process for engaging clients at the outset could be improved.

Attendance rates at first appointment were similar for men and women, but ex-prisoners under 21 years of age were least likely to attend. In addition, attendance rates were lower among those who were recorded as having no fixed abode. These findings are consistent with staff perceptions that these groups were more difficult to engage with Transitional Care.

Sixty-four per cent of those interviewed at 4 months said they had met their Transitional Care worker while they were still in prison. There was, however, no evidence — either from the monitoring data or the survey — that attendance at a pre-release case conference 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 the service in the prison as well as in the community.

Client needs

The Cranstoun monitoring data indicated that health (drug and alcohol) (63%) and housing needs (58%) were most commonly identified among those who attended at least one appointment, followed by benefits/financial needs (34%), education/training (26%) and employment (22%). Women were significantly more likely than men to have housing needs while men were more likely to have needs in relation 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 broadly similar pattern of needs was obtained from the 4-month ex-prisoner survey data. Seven months after release housing was the most commonly identified need (51% of respondents) followed by education, training or employment (42%).

Effectiveness of linking clients with services

The effectiveness of the Transitional Care initiative depends on the extent to which it facilitates ex-prisoners' access to community services. Whether or not the required action to meet identified needs (usually making an appointment with a relevant agency) had been achieved within the 12-week post release period was recorded in the monitoring database. The most common needs and whether the required actions were achieved are summarised in the Table below. This suggests that the appropriate action had been achieved for between 51% and 69% of individuals who attended Transitional Care appointments.

Top ten needs of clients and percentage of actions achieved within 12 weeks

Ranking	Need	Number of cases	% actions achieved
1	Drugs agency	399	67%
2	Housing Officer	381	69%
3	Benefits officer	195	66%
4	Local authority housing waiting list	189	62%
5	GP drugs appointment	153	54%
6	Specialist agency	129	51%
7	Emergency accommodation	128	68%
8	GP register	124	65%
9=	Employment agency	115	63%
9=	GP other	115	58%

This suggests that Transitional Care was reasonably effective in linking clients with services but it should be noted that these data only indicate that an appointment had been made — not that the client necessarily followed it up, nor that the appointment with existing services fell within the 12 week post release period. However, most clients surveyed who were linked with services indicated that they *had* attended appointments and had found the service they received useful. However it was also the case that many of those *not* making use of Transitional Care on release were, nevertheless, making contact with other agencies and valuing the services they received. The survey data indicates that those who had not attended Transitional Care appointments were just as likely to have been linked up with the services they needed as those who did attend appointments.

Other Outcomes

Although the primary aim of Transitional Care is to link ex-prisoners into community-based services, there is an assumption that facilitating better links with services will lead to an improvement in outcomes such as health, drug and alcohol use, offending, accommodation and economic activity. Even though the evaluation must be focused on the primary aim of facilitating links, evidence for improved outcomes was also, therefore, of interest.

When ex-prisoners attended Transitional Care appointments in the community the worker would undertake an assessment using the Cristo Inventory, which provides an indication of the impact that substance misuse may be having on an individual's psychological well-being and social situation. The use of the Cristo Inventory over subsequent appointments can be used to measure client progress. Cristo scores were available for only 292 clients who attended three Transitional Care appointments. For these, there was a significant reduction in mean scores over successive appointments. While this suggests an improvement in psychological and social well-being for those who attended three Transitional Care appointments, the number of cases is comparatively small and the completion of the Inventory is based on practitioner judgement. Therefore, in the absence of an appropriate comparison group, it is not possible to attribute any changes to Transitional Care.

There were no differences in drug use, injecting behaviour, alcohol use and offending among survey respondents who attended Transitional Care and those who did not. Survey respondents reported more physical health symptoms and symptoms of depression at seven months than at four, but there were no differences between those who attended appointments and those who did not.

Conclusions

It appears that Transitional Care is *reasonably effective* at linking clients with services, although the extent to which it links them with services they would not have accessed by some other means is unclear. 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. This suggests that the process for engaging ex-prisoners – may need to be improved and the appropriateness of the current model for certain groups of ex-prisoners reviewed.