

Effective Interventions Unit

Evaluation of the Scottish Prison Service Transitional Care Initiative

INTERIM FINDINGS – Staff Views of Transitional Care

April 2004

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This is the first in a series of short reports on the findings from an evaluation of the Scottish Prison Service Transitional Care arrangements. This report presents the results of interviews with staff involved in Transitional Care, and provides information about their reviews of the assessment and referral process in particular. The next report – based on a survey of, and in-depth interviews with, ex-prisoners offered Transitional Care – will be available in June 2004. A final report of the evaluation will be published in August 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 four years) and remand prisoners with an identified substance misuse problem. Prisoners serving four years or more are already catered for through the SPS Sentence Management System and statutory post-release arrangements and are therefore not included in the Transitional Care initiative.

The Transitional Care initiative was established to alleviate problems associated with the uneven provision of services throughout the penal estate and to co-ordinate and enhance ex-prisoners' access to community-based services upon their release from prison. The main aim of Transitional Care is to facilitate access to pre-existing community services based on an individual's assessed needs, through the provision of support during a 12-week period immediately following their return to the community.

Transitional Care is voluntary on the part of prisoners. The Transitional Care arrangements are provided by Cranstoun Drug Services under contract to SPS. Cranstoun are responsible for conducting prison-based assessments that identify the key needs of individuals and for co-ordinating service provision while the prisoner is in custody. Caseworkers are employed by Cranstoun and based within the SPS. They are also responsible for liaising with community-based Transitional Care workers and, for those prisoners who choose to participate in Transitional Care, facilitating case conferences prior to their release.

Cranstoun are also responsible for sub-contracting the community-based element of Transitional Care to other agencies who are, in turn, responsible for enabling ex-prisoners to access relevant services on their liberation. Transitional Care workers are employed by various sub-contracted agencies and are based within a range of community settings.¹ Their aim is, by offering ex-prisoners three appointments over a period of 12 weeks following their release, to link them into appropriate agencies and services within the community.

¹ With the exception of some Cranstoun staff who are based in prisons but who also provide a Transitional Care service in the community.

Methodology

A research team from the University of Stirling, NFO System Three Social Research (now TNS Social Research) and the University of Kent was commissioned to evaluate the operation and effectiveness of the Transitional Care initiative. This includes an analysis of the process and outcomes of Transitional Care and the identification of potential areas where practice may be improved.

A range of research methods is being employed in the evaluation. This includes the analysis of Transitional Care monitoring data; surveys of prisoners 4 and 7 months following release; in-depth interviews with prisoners and other service providers in three case study areas; and the analysis of longer-term outcomes (including health-related outcomes and recidivism). The research also includes interviews with prison and community-based staff associated with Transitional Care.

The current report summarises the findings derived from these latter interviews, which were aimed at documenting respondents' views on the efficiency and effectiveness of the prison- and community-based elements of Transitional Care. Semi-structured interviews were carried out between March and May 2003 with thirty-seven staff involved in the Transitional Care Initiative. These included ten caseworkers, fourteen Transitional Care staff and thirteen managers from the sub-contracted agencies, Scottish Prison Service and Cranstoun Drug Services.

Prison-based work

The broad aims of casework provision within the prisons are to assess the needs of all short-term and remand prisoners with substance misuse problems and to co-ordinate the referral process based on those assessed needs, both within the prison and upon release. Casework is provided by staff employed directly by Cranstoun Drug Services. The way in which these aims are to be achieved is through the assessment and referral process.

Evaluation of the assessment process

A standardised addictions assessment tool — the CAART (Common Addictions Assessment Recording Tool) — is employed in Scottish Prisons. While serving as a useful general assessment tool, it was viewed by respondents as unable to address the needs of specific groups of clients such as women and young offenders. It was also viewed as repetitive, inflexible and unnecessarily cumbersome to administer. (For example, a one-hour assessment resulted in between 1 and 1.5 hours post assessment administration.) The primary output of the assessment was a draft care plan.

Staff expressed doubts over whether the CAART was being used systematically and adequately by SPS to identify, but particularly to address, gaps in service provision. Identified needs were said often to reflect what was available in prison rather than the clients' needs for services (such as counselling) that were not widely available: in other words there were queries about whether the care plan was service-led or needs-led.

The contract between SPS and Cranstoun stipulates targets for different stages of the Transitional Care process. Respondents suggested that caseworker assessment targets encouraged an emphasis on quantity rather than quality. The emphasis on meeting contractual targets seemed to impinge upon staff working practices more

generally, detracting from their ability to undertake more qualitative, one-to-one and mentoring work in prison and the community.

Evaluation of the referral process to Transitional Care

Where a prisoner expresses a willingness to be assisted by Transitional Care, a case conference should be convened, attended by the caseworker, Transitional Care worker, any other relevant professionals and, where possible, the prisoner. Case conferences were seen by caseworkers as crucial for obtaining prisoners' signed consent to participate in Transitional Care and encouraging them to engage with the process. However there was some confusion among Transitional Care workers with respect to what constituted a case conference and the ability to carry out face-to-face case conferences was constrained by time, distance and budget. For this reason some Transitional Care agencies visited only 'local' prisons, while others sent a single team member to see a number of clients, some of whose cases they would not subsequently be allocated.

Pre-release meetings were regarded by staff as good practice but caseworkers felt unable to facilitate them if they were to meet their assessment targets. Instead, pre-release meetings tended to be arranged through the defence agents visits system and this was said to be time-consuming.

Clients deemed to have complex/high needs were seen by caseworkers once a month. Otherwise clients were usually seen two or three times over the course of their sentence. Remand clients tended to be seen only once for assessment and many did not receive a case conference or have an opportunity to meet their Transitional Care worker. Instead, they were usually given the telephone number of the local Transitional Care scheme and sometimes an appointment. Given that the onus was on the client to contact Transitional Care, this may have detracted from the ability of Transitional Care staff to follow up these clients in the community.

Some communication difficulties were reported with respect to lack of co-ordination within and between prison and community services. There appeared to be no system for co-ordinating whom clients saw whilst in prison and what referrals were made by the various agencies working there (for example, social workers or staff from voluntary organisations), which sometimes resulted in a duplication of effort.

Post-release work

The overall aim of community-based Transitional Care is to refer to and access pre-existing community services and to provide support and mentoring in the 12-week period following release. However, Transitional Care staff perceived that the amount and quality of pre-release work had an impact on clients' attendance for the first post-release appointment.

Opportunities for establishing and maintaining contact with clients seemed constrained due to a lack of opportunity for face to face involvement and planning between Transitional Care staff and clients prior to release. This appeared more acute with remand clients, due to their numbers and circumstances.

Prisoners having no fixed abode and those deemed vulnerable were generally seen by Transitional Care workers on the day of release. The way in which Transitional Care workers engaged with ex-prisoners was said to influence attendance at post-release appointments. A more proactive, client-centred approach was thought to result in a

better take-up of Transitional Care. Transitional Care was perceived to work better if staff were able to accompany clients to appointments with other agencies and to advocate and mediate on their behalf. However, Transitional Care workers reported encountering difficulties in locating suitable 'neutral' venues at which to meet clients.

The community-based element of Transitional Care consists of three appointments with the Transitional Care worker but this was considered by staff to be insufficient. They suggested that clients needed more intensive support in the week immediately following release and that the number of appointments thereafter should be determined by need.

The 12-week period was also seen to be insufficient to 'effectively link' clients into existing service provision in the vast majority of areas. This was partly because Transitional Care staff were unable to action much of the care plan until the client was liberated or, in the case of ex-prisoners having no fixed abode, until s/he was allocated a place in a hostel or B&B.

Housing and drug services were most in demand. With the exceptions of Grampian, Ayrshire, Dumfries and Galloway and the Borders, areas were considered to have an adequate *range* of services, but these did not have the *capacity* to deal with client demand. Waiting lists for substitute prescribing varied between areas from 6/7 weeks to over one year. Clients were reported often to be back in prison before they had been effectively linked into services. Housing services were thought to have improved as a result of recent legislative changes, but there remained a lack of supported accommodation and a lack of housing support workers.

The context of Transitional Care

There was general agreement as to the aims of Transitional Care among the various stakeholders, although awareness of and support for the initiative was reported to vary across prison establishments. Other agencies were said at times by staff to have been hostile towards the initiative, which they feared might 'poach' their clients, or, conversely, increase their caseloads. A lack of early consultation with statutory agencies was thought to have resulted in a lack of co-operation, especially from social work departments.

Conclusions

Based on these early findings, it would seem that the effectiveness of the Transitional Care service was affected by a number of internal and external factors such as the prisoner's outstanding charges, the complex management and staffing structure and the amount of administration that was required. It was also constrained by the existence and accessibility of services in the community.

It is inevitable, however, that an initiative as complex and ambitious as Transitional Care will encounter some areas of difficulty in its early stages. The training provided for staff was generally viewed positively and offered an opportunity to contribute to the ongoing development of Transitional Care. Moreover many of the issues highlighted by the evaluation are being addressed by SPS in their on-going development of Prison Addiction Services (including Transitional Care).

The next Interim Report of the Transitional Care evaluation will present findings from a survey of, and in-depth interviews with, ex-prisoners who participated in Transitional Care. This will be available in June 2004.