

**East Renfrewshire Alcohol and  
Drug Recovery Service (ADRS)**

**Residential Rehabilitation  
Care Pathway**

**August 2023**

## **Consultation Process**

In reviewing and updating this Residential Rehabilitation Pathway the following were consulted:

- East Renfrewshire Alcohol and Drug Partnership
- Alcohol and Drug Service Management Team
- ADRS Team
- Community Recovery Team
- ADRS Medical Officer
- ADRS Consultant Psychiatrist
- East Renfrewshire Lived Experience Panel
- East Renfrewshire Peer Researchers
- PARTNER Mutual Aid Group

Updates:

May 2023 - Following Healthcare Improvement Scotland Self-Assessment for Residential Rehabilitation Pathway this was reviewed and updated.

August 2023 - Following change of Service name from Community Addiction Service to Alcohol and Drug Recovery Service this Pathway was updated.

**Residential Detox/Rehabilitation – No Barrier Access**  
**East Renfrewshire Alcohol and Drug Recovery Service**

Criteria for consideration of one or more of the following:

- Service user has continued to have difficulty addressing or changing alcohol/drug use within a community setting.
- Service user requests access to residential rehabilitation.
- Psychosocial interventions and/or medical interventions have not affected desired change.
- Community alternatives have been explored and deemed to be unsuitable or unsuccessful.
- Risks have increased significantly. (This may include unsuccessful attempts at controlled/abstinence from alcohol or continued opiate use when appropriate therapeutic dose of MAT (Medication Assisted Treatment) has not been effective in reducing/eliminating illicit drug use; and unable to engage in psychosocial interventions being offered.
- Numerous attendances at Emergency Department admissions for non-fatal overdose, alcohol withdrawals.

Planned hospital Admissions for detoxification/treatment should have been explored and outcomes recorded.

Initial discussion to take place with Allocated Worker and Team Co-ordinator/Nurse Team Leader. If agreed to progress referral discussion will take place at a Multidisciplinary Team Meeting (MDT). Care Plan Review Meeting to take place with Allocated Worker and Service User.

Identify needs of service user.  
Consider and discuss range of residential rehabilitation options/variations of programmes and approaches with service user.  
Advise service user that any application will have to go through an internal approval process and external assessment from residential rehabilitation service.  
**Discuss Family Support with the service user.**

Advise Team Co-ordinator/Nurse Team Leader when the following are completed:

- Reviewed Recovery Care Plan
- Updated SSA
- Updated CRAFT Risk Assessment
- Completed Rehabilitation Application Form including details of Intervention Required; Service Identified to best meet needs

Approved

Not Approved

Worker to make referral and process as per Guidelines.  
Worker to support service user in preparation for this intervention.

Worker to advise service user and continue to support in community and can revisit as required.

Team Co-ordinator/Nurse Team Leader/Lead Officer to review application.  
If further information required this will be requested prior to a decision.  
Written/verbal response to allocated worker with reasons for approval or non-approval within 5 working days. (Ensure service user is fully supported throughout this process)

Worker to participate in review and discharge process within identified residential rehabilitation establishment. Once placement completed, Recovery Care Plan to be reviewed and updated prior to discharge.  
Agree community supports to be in place with service user prior to discharge.  
Recovery Care Plan Review Meeting with allocated worker and service user to be set up as soon as possible following discharge.

## **Residential Detoxification and Rehabilitation Guidelines East Renfrewshire Community Addiction Team (ADRS)**

Guidance to be followed in conjunction with Care Pathway.

### **Planning and Preparation**

Before considering any residential placement application, the following needs to have been fully explored and evidenced within case file recording.

Consider if the service user may be not be deemed clinically appropriate to access residential detoxification/rehabilitation and what is available to work towards this or as an alternative.

Take account of protected characteristics and 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.

**In all cases a Recovery Care Plan Review** should be carried out by the allocated worker and service user. Allocated worker should liaise with all parties involved in service users care to fully inform this review – this includes children and families social work, community justice social work, adult services. This should also include family members and/or significant others as identified by the service user; children and families where there is caring responsibility or access to children as well as those with children who are involved in social work services. Consideration should also be given to any third sector supports in place that will be impacted on by any residential placement – eg Peer Support, Peer Navigators, Housing Support. The service user should be made fully aware of the commitment required to fully engage in a residential rehabilitation placement in order to get the best outcomes and to identify who can assist in their preparations for readiness to access residential rehabilitation in order to achieve their best outcomes. There should also be discussion and planning for when the placement will end and what the next steps will be. The end of a placement can be a daunting and sometimes scary concept and additional support should be set up to ensure a smooth transition back to community.

Advise service user of the internal approval process and the process of assessment by the residential rehabilitation service to establish that they can manage the persons care.

- Consider all requests from service users for referral to Residential Rehabilitation.
- Review community approach and fully explore all supports available and outcomes.
- Consider the Need for Detoxification only and the need for further Residential Rehabilitation.
- Explore the options for hospital admission through alcohol and drug routes; mental health route; general physical health route and Acute Admissions if there are urgent concerns. This should be discussed fully with Nurse Team Leader.
- Discuss referral for residential rehabilitation with the Team Co-ordinator/Nurse Team Leader or Lead Officer.

- Update **Single Shared Assessment** and **CRAFT Risk Assessment** Complete all residential rehabilitation paperwork
- Identify with the service user the specific Outcomes they want to achieve and consider which of the residential rehabilitation services will be able to meet these outcomes.

Consider the different ethos within each organisation and the range of treatment approaches with the service user and agree which would fit with the service users' needs and will help them achieve their desired outcomes. Give service user appropriate literature regarding the resource. Advise service user that this is a consideration for referral and their application will go through a formal process before any agreement is reached. A pre-referral visit can be arranged if deemed appropriate and if possible. Some services may have a preparatory programme for service users and this should be explored and agreed with the individual.

There may be opportunities for engaging with local volunteering/employment/training/leisure services – if this takes place within the Residential Rehabilitation service this would fall within the responsibility of that service; however, if this was to take place on return to community then this would fall within the responsibility of the referring service and Allocated Worker to facilitate and support.

A quick guide to examples of places available or previously accessed which is not exhaustive. More details contained within in Appendix I.

<b>Organisation</b>	<b>Criteria</b>	<b>Detox Yes/No</b>	<b>Recovery/ Stabilisation Y/N (Details)</b>	<b>Benzo Maintenance</b>	<b>Length of Placement</b>
Abbeycare	Private Clinic  Male/Female	Yes	Recovery	Yes Person centred Subject to review	12 weeks
Calderglen House	Male/Female	Yes Drugs MAT  No Alcohol	Recovery	Yes	3 to 6 Months
Cross reach Residential Recovery Service	Drugs/Alcohol Male/Female  Drug/Alcohol Free Goal	Yes	Recovery Abstinence	Yes (see further details)	12 week or longer
Phoenix Futures	Drugs/Alcohol  Male/Female  Age:16+	Yes	Recovery	Yes Person centred Subject to review	3 & 6 Months
Turnaround – Turning Point Scotland	Drugs/Alcohol Justice Service Referral and	Yes	Yes Recovery Abstinence	Yes	6 weeks Throughcare

	Access only Male only				12 weeks Aftercare
--	--------------------------	--	--	--	-----------------------

If an alcohol detoxification is required this will to be progressed through the ADRS Health Assessment Process. If a hospital detoxification is identified as most appropriate this will be co-ordinated by allocated worker to allow direct referral from hospital to residential rehabilitation service. Alcohol detoxification will not be funded from the residential rehabilitation budget.

- Team Co-ordinator/Nurse Team Leader/Lead Officer will meet to review the application and provide verbal/written response to worker within 5 working days of meeting.

### **Family Support**

Within ADRS the Community Recovery Team offers family support to individual/families affected by a loved one’s alcohol and/or drug use. If family members are not involved in support then they should be encouraged by the service user to take up the support available. If agreed with the service user, Recovery Team staff can reach out to family to offer family support.

### **Once agreed the following can be progressed by Allocated Worker:**

### **Referral Process**

Please refer to information from specific residential rehabilitation providers for the referral process.

### **Financial**

There is no financial contribution required from the service user. This is a finite budget for residential rehabilitation and if all funds are committed then further discussion will take place with HSCP senior management on a case by case basis.

A Service Agreement will need to be put onto Care First (Business Support GR can do this) to enable the establishment to be paid. Once Service Agreement is on this will be authorised by Team Co-ordinator/Nurse Team Leader or Lead Officer. If detox is part of the agreed plan a separate service agreement will need to be put on for the detox element.

### **Forms to be completed as part of the Assessment**

- Recovery Care Plan Review Updated
- Single Shared Assessment to be updated with the need for residential rehabilitation identified and reason why.
- CRAFT Risk Assessment to be reviewed with review date noted
- RAG Risk Status to be reviewed and updated – record the review in notes.

- Residential Rehabilitation Application
- Forms are stored electronically in the ERC Shared Drive Folder: L:\Teams\St Andrews\Substance Misuse Team\RESIDENTIAL REHABILITATION
- Each residential organisation may have their own paperwork that requires authorisation from Team Co-ordinator/Nurse Team Leader or Lead Officer.

### **Other Issues – Housing/Welfare Benefits**

- If the service user is a Council or Housing Association tenant, then contact should be made with the Housing Authority to advise of the plan for being away from the tenancy for a specific time. This could result in the tenancy being made secure for the time away, or if there are circumstances to give up the tenancy then arrangements can be made for furniture and personal items to be securely stored until return to the community.
- If service user is sole tenant, Council Tax Exemption form to be requested from ERC – to be completed with client to ensure maximum rebate is received by them. MART Team can also help with this.
- The DWP (Department of Work and Pensions) may need to be informed of change in circumstances by the service user and this may impact on current benefits received – eg if in receipt of Employment Support Allowance (ESA) then this may change to Universal Credit.

### **Reviews**

Allocated worker will attend regular reviews with service user to monitor and review their progress and to make plans for the end of their placement and possible return to the community. A revised recovery care plan will be agreed prior to discharge and this will be followed up by a recovery care plan review meeting with allocated worker and service user within the community as soon as possible following discharge

### **Return to the Community**

- Establish community supports prior to discharge from the residential rehabilitation placement – this could include family/significant others, Mutual Aid Groups (PARTNER); Peer Support from Penumbra or others of your choice; Fellowships – AA, NA, CA.
- Housing applications should be completed for those who were homeless prior to admission – ensure that a homeless application, as well as a normal application is completed to ensure the service user gains the maximum priority status. This should be completed at 2 months before discharge and will not be accepted by housing before that time.
- Service users are a high priority for DWP Grants – this should be explored and supported by allocated worker.
- Travel cards will be offered from ADRS for a period up to 3 months following discharge for the purpose of attending AA/NA, SMART Recovery Groups, Mutual Aid or Peer Supports.

## Appendix I

More information on all Residential Rehabilitation Services across Scotland can be found online on Service Websites and by contacting Services directly. This is just a snapshot that may be helpful with the Residential Rehabilitation Pathway.

<b>Organisation</b>	<b>Details of Service</b>
<p>Abbeycare Erskine Mains House Meadows Drive PA8 7ED</p>	<p>The Abbeycare 12-week program is designed for clients recovering from chemical dependence/addiction, addictions and psychological trauma, as well as presenting co-occurring mood and anxiety disorders. It is an integrated model incorporating best practice abstinence-based addiction treatment approaches, Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT) and Trauma Treatment approaches and protocols. Safety, stabilisation, efficacy and empowerment are emphasised throughout the client's treatment journey. The program is developed from research and evidence identifying the variety and levels of burden clients in active addiction, early recovery in treatment settings, and on-going abstinence-based recovery consistently experience and report.</p>
<p>Calderglen House Residential Rehabilitation Off Blantyre Farm Road South Lanarkshire Scotland G72 9UG 01698823 624</p>	<p>Multi-model treatment - Therapeutic Community</p> <p>Assessment and 3 to 6 months stay. Aftercare weekly.</p> <p>Provides Methadone/Drug Detox. No Alcohol Detox – this would need to be arranged via Community Addiction Team prior to admission.</p> <p>Offer a range of interventions. Has some videos on website to view facilities</p> <p>Provides: Group work, 1-2-1, Mutual aid, Mindfulness, Animal care –goats and chickens, CBT, Yoga, Gym and meaningful activity</p>
<p>Cross reach Residential Recovery Service 21 Westland drive Glasgow G14 9NY 0141 950 1772 PA8 7ED</p>	<p>RECOVERY ABSTINENCE</p> <p>Maximum 60mls Methadone may require longer than 12 week detox.</p> <p>30mls Methadone – 12 week detox.</p> <p>Buprenorphine – oral and long acting – reduction or 12 week detox.</p>
<p>Phonenix Futures Scottish Residential Service Glasgow 15 Castlebank Villas G13 2XA 0141 332 0121</p>	<p>THERAPEUTIC COMMUNITY MODEL OF INTERVENTION</p> <p>The service offers a drug and alcohol free environment Residential Support Service and structured support for men and women looking to address their problematic drug or alcohol use. The programme runs for 3-6 months providing 1-2-1 support and group work</p>



	<p>There are 31 large modern en-suite rooms.</p> <p>Supported by staff, residents are responsible for the day-to-day running of the house and supporting each other throughout the programme with more senior residents becoming ‘buddies’ and role models for new residents.</p> <p>The service has excellent links with the local community and service users have great opportunities to gain volunteering and educational opportunities. After completing treatment at the residential, residents are supported to move onto supported housing services or their own accommodation.</p> <p>A range of detox treatment is available – for more information you can call the referral line on 0141 332 0121 or email <a href="mailto:glasgow@phoenixfutures.org.uk">glasgow@phoenixfutures.org.uk</a></p>
<p>Turing Point Scotland – Turnaround Contact Details Turnaround 219 Gleniffer Road Paisley PA2 8UL T: 01505 810 800</p>	<p>Drugs/Alcohol - Justice Service referral and access. Only for Male offenders who have a maximum of 6 months left on an order.</p> <p>Criminal Justice Social Work Referral.</p> <p>Turnaround - The Turning Point Scotland Turnaround service delivers focused services that address the complex and interrelated issues of offending behavior and problematic use of alcohol and other drugs.</p> <p>Through care service - Turnaround Through care is the preparatory stage of the service and provides individualized, practical support in the community before entering Turnaround Residential service.</p>

**RESIDENTIAL REHABILITATION REFERRAL EAST RENFREWSHIRE ALCOHOL AND DRUG RECOVERY SERVICE**

<b>Service User Name:</b>	<b>Care First No:</b>
<b>Address:</b>	<b>DOB/CHI:</b>

<b>Brief summary of history of alcohol/drug use, engagement in treatment and outcomes both in community and hospital/residential rehabilitation. (include dates)</b>	<b>History:</b>
	<b>Engagement:</b>
	<b>Outcomes:</b>
<b>Alcohol and Drug Use – <u>current use and duration.</u></b>	
<b>Detox -This is only for drugs (Alcohol/Benzodiazepine detox can be facilitated via the Team)</b>	<b>Why is residential detox required for drug use (are there any drugs that will be maintained whilst on the placement):</b>
	<b>What arrangements are being made for Alcohol/Benzodiazepine detox prior to residential placement:</b>
<b>Rehabilitation - main reason for considering residential rehabilitation</b>	
<b>Readiness – how ready is the person for residential rehabilitation?</b>	<b>Persons Views:</b>
	<b>Workers Views:</b>
	<b>Family/Significant Others Views:</b>
<b>Indicators for success – all views on why this will be a successful outcome</b>	<b>Persons Views:</b>

	<b>Workers Views:</b>
	<b>Family/Significant Others Views:</b>
<b>Health – Please give details and potential impact on or specific needs for placement.</b>	<b>Physical Health:</b>
	<b>Mental Health:</b>
<b>Throughcare – arrangement/plans for engaging in service reviews and frequency.</b>	
<b>Aftercare (Please include family/ significant others and services)</b>	<b>Arrangements for sustainment of change following completion of residential rehabilitation:</b>
	<b>Supports to be in place within the community for Discharge:</b>
<b>Risks</b>	<b>All risks identified in relation to treatment engagement, outcomes and sustaining changes:</b>
	<b>Any risks to staff/ other residents (has this been shared with the residential rehabilitation service):</b>
<b>Housing</b>	<b>Current situation and plans for tenancy whilst in residential detox/ rehabilitation:</b>
	<b>Housing situation and plans for discharge:</b>
<b>Residential Rehabilitation</b>	<b>Service –identified:</b>

	<b>Assessment Date (Please insert here even if provisional):</b>
	<b>Why is this most appropriate to meet needs:</b>
<b>Duration of Stay</b>	<b>Detoxification (Drugs Only): Admission date and timescale:</b>
	<b>Rehabilitation: Admission date and timescale:</b>
	<b>Planned Discharge Date:</b>
<b>COST TO SERVICE</b>	<b>Weekly Rate    £    x weeks</b>  <b>Total        £</b>

<b>Allocated Worker:</b>	<b>Date of Request:</b>
<b>Approved by:</b>	<b>Date of Approval:</b>