

Effective Interventions Unit

Evaluation of the Scottish Prison Service Transitional Care Initiative

INTERIM FINDINGS - Four Month & Seven Month Client Interviews

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This is the third 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. This third report presents 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. It is important to point out, however, that these findings are based on small numbers. Further, the data has not yet been linked to other contextual data and so does not differentiate between sub-categories of respondent (e.g. in terms of previous level of substance use, age, sex, length of sentence etc). 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 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

This evaluation employs a range of research methods. This includes the analysis of Transitional Care monitoring data, surveys of prisoners at 4 and 7 months following release and in-depth interviews with prisoners and other service providers in 3 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 158 survey interviews and 37 in-depth interviews conducted with ex-prisoners around 4 months following their release from prison, plus 177 questionnaires returned from ex-prisoners around 7

months post-release. The data were collected between May 2003 and July 2004. The sample consists of ex-prisoners released from short-term prisons who returned to communities across Scotland. All of these individuals signed up for the Transitional Care service prior to leaving prison.

This report summarises:

- information about ex-prisoners' needs 4 months following release from prison
- levels of engagement with Transitional Care
- the extent to which Transitional Care effectively linked ex-prisoners to community services
- outcomes for prisoners at 4 and 7 months (for example, health, offending behaviour, drug and alcohol use)
- ex-prisoners' overall perceptions of Transitional Care

Because of the relatively small number of interviews completed at this stage 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.

Client needs

The key outcome by which the effectiveness of the Transitional Care initiative is to be evaluated is the extent to which it facilitates access to community services. To determine whether or not Transitional Care was making a difference, all respondents were asked about their needs since leaving prison. Questions focussed on 5 main areas which corresponded to those covered by the Transitional Care service:

- health and drug and alcohol use
- housing
- education, training or employment
- benefits or money
- issues to do with partners, children or other family members.

All individuals assessed for Transitional Care were identified as substance misusers. Therefore, it is not surprising that 4 months after leaving prison, clients mentioned that they needed help in relation to health, drug or alcohol misuse (more specifically, "an appointment with a drugs agency or information on a drop in centre" and "an appointment to register with a GP"). Housing was mentioned by half the respondents at the 4 month stage and was the most common need at the 7-month stage. A relatively high proportion of respondents (38% at the 4 month stage and 42% at 7 months) said that they had needed help or advice in relation to education, training or employment. In relation to needs, there were few differences at the 4 month stage between those who attended Transitional Care appointments and those who did not.

Clients' engagement with Transitional Care

Of the 158 ex-prisoners interviewed at 4 months, 65% said they had met their Transitional Care worker while they were still in prison and 28% said they saw their Transitional Care worker at least once after release.

Half of those who saw their worker post-release said they had attended all of their appointments. The single most common reason given for non-attendance was not receiving an appointment while in custody or following release. Almost half of those who participated in qualitative interviews said they had been told that a Cranstoun worker would contact them on release but then said that this had not happened. Other reasons provided for non-attendance were: that respondents felt that they no longer needed help; or that a continuation of drug use on release had dissuaded them from accessing Transitional Care, (possibly because this made them less motivated to address other issues or because they mistakenly believed that it made them ineligible for the service).

Those who had *not* met their worker pre-release were just as likely to attend appointments as those who *had* seen their worker pre-release. However, those who had *not* met their worker were more likely to give 'not receiving an appointment' as a reason for non-attendance. While appointments probably were issued to many of those claiming not have received them, this finding suggests that the process for engaging the client at the outset needs to be improved.

Three geographical areas with varying operational arrangements for Transitional Care were selected for study in more depth. The take-up of Transitional Care appeared to be lower in Fife and Glasgow and higher in Dumfries and Galloway where the Transitional Care workers were based within the prison. However, due to the low number of cases on which these data are based (7 in Fife, 20 in Glasgow and 4 in Dumfries and Galloway) no firm conclusions can be made at this stage regarding the impact of local arrangements on engagement with Transitional Care.

Interview respondents thought that their assessment in prison was realistic and helpful, not only in identifying their needs, but also in enabling them to talk through problems with somebody who seemed genuinely keen to help. However, it was noted that it would be useful for assessments to be tailored *more closely* to individual needs.

Effectiveness of linking clients with services

As stated above, the effectiveness of the Transitional Care initiative depends on the extent to which it facilitates ex-prisoners' access to community services. The current findings suggest that Transitional Care is reasonably effective in linking clients with services. It appears most effective at arranging appointments for rehab assessments, arranging appointments with alcohol agencies and/or providing information on drop-in centres, providing general information about housing and providing information on courses/colleges. It seems less effective at arranging registration with GPs, arranging appointments with GPs and arranging appointments with social workers on housing matters. Most clients who were linked with services indicated that they *had* attended appointments and had found the service useful.

At this stage in the evaluation these findings should be considered provisional and may change once the analysis of all the data is complete. Many of those *not* making

use of Transitional Care on release were, nevertheless, making contact with other agencies and valuing the services they received. At this stage, the findings suggest that *unmet need is greater amongst ex-prisoners who did not attend* Transitional Care appointments than among those who did. However, this difference is statistically significant only in relation to an *overall measure* of unmet needs rather than a measure of need in a specific area.

Other Outcomes

The Evaluation also looked at a number of other outcomes: health, drug and alcohol use, offending, accommodation and economic activity. Given the lack of contextual information at this stage, which would enable us to look at sub-groups of ex-prisoners with different characteristics, there is a limit to how much analysis of these outcomes can be undertaken and how much should be read into the results. Moreover, the primary aim of Transitional Care is to link clients with services. Ultimately, of course, the assumption is that facilitating better links with services will lead to an improvement in these outcomes — but the evaluation must be focused on the primary aim of facilitating links. At this stage, there were no differences in outcomes between those who attended Transitional Care appointments and those who had not.

Overall perceptions of Transitional Care

The aspect of the service *least* appreciated by respondents was that Transitional Care does not necessarily 'deliver' on its promises. The aspects of the service *most* appreciated by those who had direct experience of Transitional Care, both within the prison and on release, were the workers' friendly and courteous approach, the fact that they made clients feel comfortable, and the sound advice they gave on drug and alcohol problems. For those who had contact in the prison but not on release, the aspect most appreciated was the fact that the worker was someone they could talk to and seek advice from when required. Many respondents suggested they were grateful for the advice that they had received from Cranstoun caseworkers in the prison in which they had been held.

Conclusions

At this stage, 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 as yet unclear. Those who attended appointments were positive about the workers and the service, they appreciated the relationship with the worker and the advice provided. However, there was also a perception that the service is being 'oversold' and promises were not fulfilled. This may suggest that the process for engaging ex-prisoners at the outset and encouraging attendance at appointments needs to be improved.

The next Interim Findings report will be available in May 2005. The final report of the Evaluation will be available in the Autumn of 2005.