

# Effective Interventions Unit

## Evaluation of the Scottish Prison Service Transitional Care Initiative

### INTERIM FINDINGS - Four Month Client Interviews

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**This is the second 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. This report presents early results of follow-up interviews with ex-prisoners who had initially agreed to take up the offer of Transitional Care. These preliminary findings indicate a number of potentially positive outcomes for those who participated in the programme – especially in relation to injecting and offending behaviour. It is important to point out, however, that these findings are based on very 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). Further results from the evaluation will be available in November 2004.**

### 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.

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](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. This evaluation includes an analysis of the process and outcomes of Transitional Care and the identification of areas where practice may potentially be improved.

### Methodology

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 79 survey interviews and 5 in-depth interviews conducted with ex-prisoners around 4 months following their release from prison. The interviews took place between May 2003 and January 2004. The sample includes 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 looks at:

- levels of engagement with Transitional Care
- the extent to which Transitional Care effectively linked ex-prisoners to services in the community
- outcomes for prisoners at four months – in particular, outcomes related to drug use and offending behaviour

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.

### **Clients' engagement with Transitional Care**

In principle, pre-release case conferences with the prisoner and his/her Transitional Care worker were to have been a high priority. It was thought that this face-to-face contact would increase the likelihood of the prisoner attending Transitional Care appointments following their release. In reality, however, these meetings are not always able to happen. In some cases, remand prisoners have already been released before a meeting can be arranged. In other cases, Transitional Care agencies may send just one member of their team to attend pre-release case conferences in prisons at some geographical distance away. Following release, and return to their local community, the ex-prisoner may be allocated to a different worker in the same team.

Fifty-six of the 79 interviewees 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. Interestingly, and contrary to expectations, those who had seen their worker in prison appeared to be no more likely to attend Transitional Care appointments after release than those who had not seen their worker in prison.

Half of those who saw their Transitional Care 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. At this stage it is not possible to corroborate this finding but it is hoped that the in-depth interviews with ex-prisoners will be able to shed some further light on this issue.

Transitional Care workers who had made themselves known to respondents while they were in prison and following release, were viewed positively and proactive intervention was generally appreciated, particularly in relation to arranging appointments with benefits agencies.

However, some respondents did indicate that despite having an appointment made for them to attend on release, continued drug use had deterred them from attending.

Those who did attend Transitional Care appointments were positive about the service they received. This was illustrated through respondents' tendencies to agree with positive statements about the Transitional Care worker and the appointments.

### **Effectiveness of linking clients with services**

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 pre-existing community services, based on an individual's assessed needs. To determine whether or not Transitional Care was making a difference, all respondents were asked about their needs since leaving prison. Questions focussed on five main areas:

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

These particular domains were chosen because they corresponded to those covered by the Transitional Care service.

Given that all these individuals had been identified by prison caseworkers as substance users, it is not surprising that the most commonly identified need was help in relation to health, and drug or alcohol misuse. Prisoners also regularly mentioned their needs for housing and help or advice with education, training or employment. Less commonly, other identified needs related to benefits and issues to do with family and relationships.

Overall, there were few differences in perceived needs between those who attended Transitional Care appointments and those who did not. One difference, however, was that those who had attended were more likely to say that they had a housing need. However, interviewees also commented that what they really wanted was help with negotiating the bureaucracy of services they were likely to encounter on release (for example, benefit applications).

In general, those who had attended Transitional Care appointments said that their Transitional Care worker had linked them to the services that could meet their identified needs. In addition, people also reported that, when meetings with other services had been arranged, they did in fact attend those meetings and found them very helpful.

These findings are reasonably positive. However, at this stage, the sample of those who had attended Transitional Care appointments is small (n=28). It is too early to say with certainty whether Transitional Care is effectively linking clients with community services or whether it is better at linking clients with one type of service or another. It also remains to be seen, once the results are available for the whole sample, whether Transitional Care is linking clients with services with which they would not otherwise be linked.

## Other Outcomes

### Drugs

In general, there was no difference between those who had attended Transitional Care appointments and those who had not in terms of: (a) the number of days they had used drugs in the previous month, or (b) the amount they had spent on drugs.

However, there did appear to be a difference in injecting behaviour. Only two (out of 28) of those who saw a Transitional Care worker were currently injecting compared with 14 (out of 51) of those who had not.

### Offending

A fifth of those who had attended Transitional Care appointments reported that they had committed a crime in the previous month. This was in contrast to those who had not attended. Roughly half of these individuals said they had committed a crime in the previous month.

## Conclusions

These initial results seem to indicate that Transitional Care is reasonably effective in linking clients with services, and that those who participate in the service find it beneficial in a number of ways. However, these reports are based on a very small sample of individuals and may not be fully representative of all those who signed up for Transitional Care. It is likely that those able to provide better contact details, and so who were able to be followed up by the researchers, were in a more stable situation and were possibly less 'difficult' cases.

In addition, it is worth noting that this report is based on the experiences of some of the first prisoners to take part in the Transitional Care initiative. There may well have been a 'bedding-in' period for the service and the experiences of those taking part a few months later may be different.

**The next Interim Findings report will present early findings from three case study areas along with early results from the 7-month prisoner follow-up. This report will be available in November 2004.**